

10/7/26

RAINBOW HOSPITALS

Himayathnagar, Hyderabad

EEG Report

Patient Information

Generated :

ID	36-2026 HNH-0016390	In Out	
Name	Master DHEVANSI	Doctor	Abhishek Ravindra jain
Sex	Male	Examiner	Mr Sagar Sukapatla
Age	1	Referring Department	Ped Neurology
Reporting Physician	Acute onset encephalitis	Examination Date	07/10/2026

Remarks

Technical aspect :

The scalp EEG record was done by 10-20 international scalp electrode placement with minimal technical requirements .

SUMMARY:

Background activity : 24 hours EEG record showing intermittently background activity showed 1.5-2Hz activity amplitude of up to 150 uv

sleep markers : No Sleep markers

Epileptiform abnormalities : No Epileptiform abnormalities with generalized diffuse slowing left > right .

Electrographic and clinical events : During 24hours EEG recording several clinical and Electrographic events were captured in the form of left temporal onset seizures followed by secondary generalization lasted for up to 3 minutes ,Electrographic seizures started at left anterior temporal leads spread to left hemispherical leads lasted for up to 1-2 minutes . seizures stopped at 10-7-2026: 11-50 PM and again reappear at 11-07-2026 : 9 am lasted for up to 2 minutes and last seizure at 11-07-2026 at 9-50 AM lasted for up to 10 minutes after that no Clinical and Electrographic seizures .

Activation procedures : Not used .

Artifacts : The record showing intermittent electrical and movement, EMG artifacts .

IMPRESSION: Abnormal EEG record findings are suggestive of diffuse cerebral dysfunction with left temporal onset clinical and electrographic seizures (to correlate clinically)

Dr Abhishek Ravindra Jain
Consultant Ped Neurologist

Signature: Mr Sagar Sukapatla/Incharge Neurotec

SENS 09:38:11[0010:57:12] [SENS *7 HF *30 -LF *1.6 CAL *50]
70uV Patt. BiPOLAR ACfilt. *ON Refer. OFF Reset *OFF
x1

Date: 07/11/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANSI

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

Resp

22 Cz-Pz

ECG

23 X1-0V

SpO2

24 EtCO2

EtCO2

Scale 84% 0

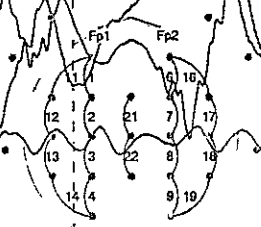
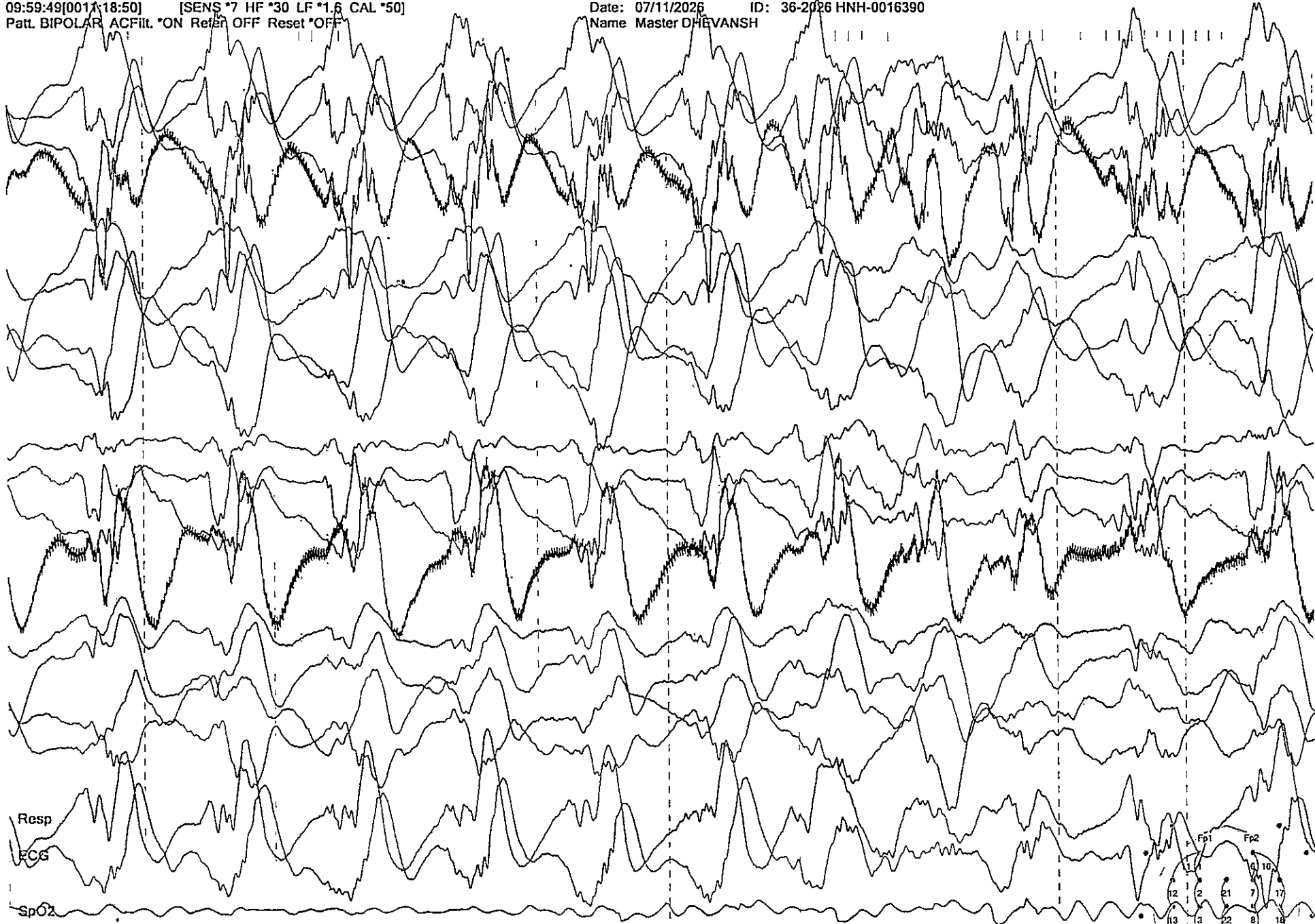
BIPOLAR

10:

SENS 09:59:49[0011:18:50] [SENS *7 HF *30 LF *1.6 CAL *50]
70uV
x1
Patt. BIPOLAR ACfilt. *ON Refen OFF Reset *OFF

Date: 07/11/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANSI

- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz Resp
- 22 Cz-Pz ECG
- 23 X1-0V SpO2
- 24 EtCO2 EtCO2



SENS 70uV x1
09:37:27[0010:56:28] [SENS *7 HF *30 LF *1.6 CAL *50]
Patt. BIPOLAR ACFilt. *ON Refer. OFF Reset *OFF

Date: 07/11/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANSI

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

22 Cz-Pz

23 X1-OV

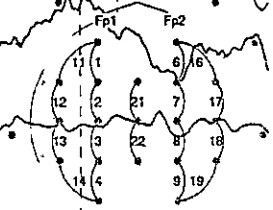
24 EtCO2

Resp

ECG

SpO2

EtCO2



Scale 84%

0

5

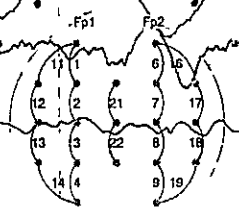
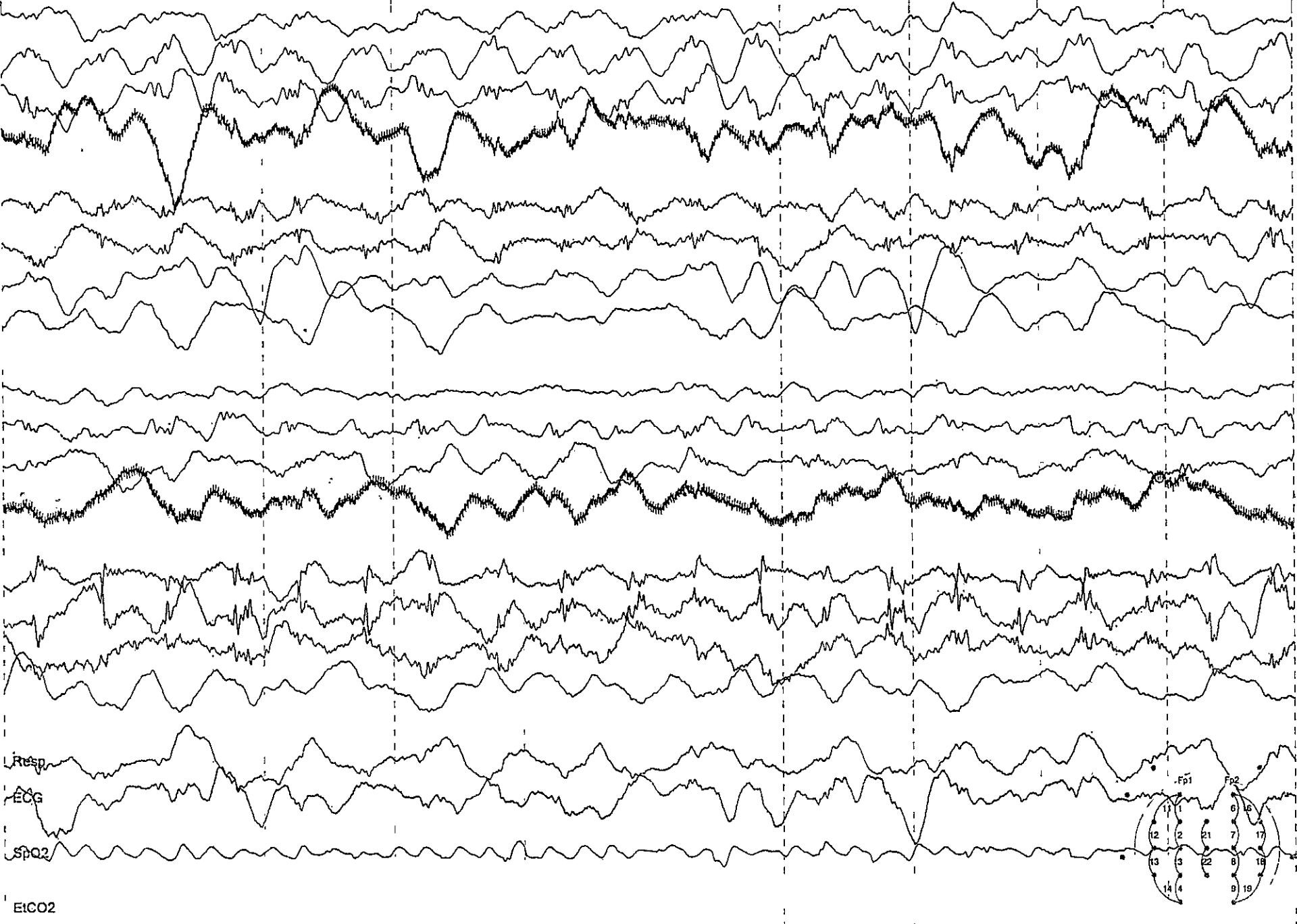
10

BIPOLAR

SENS 70uV x1
09:03:24[0010:22:25] [SENS *7 HF *30 LF *1.6 CAL *50]
Patt. BIPOLAR ACfilt. *ON Refer. OFF Reset *OFF

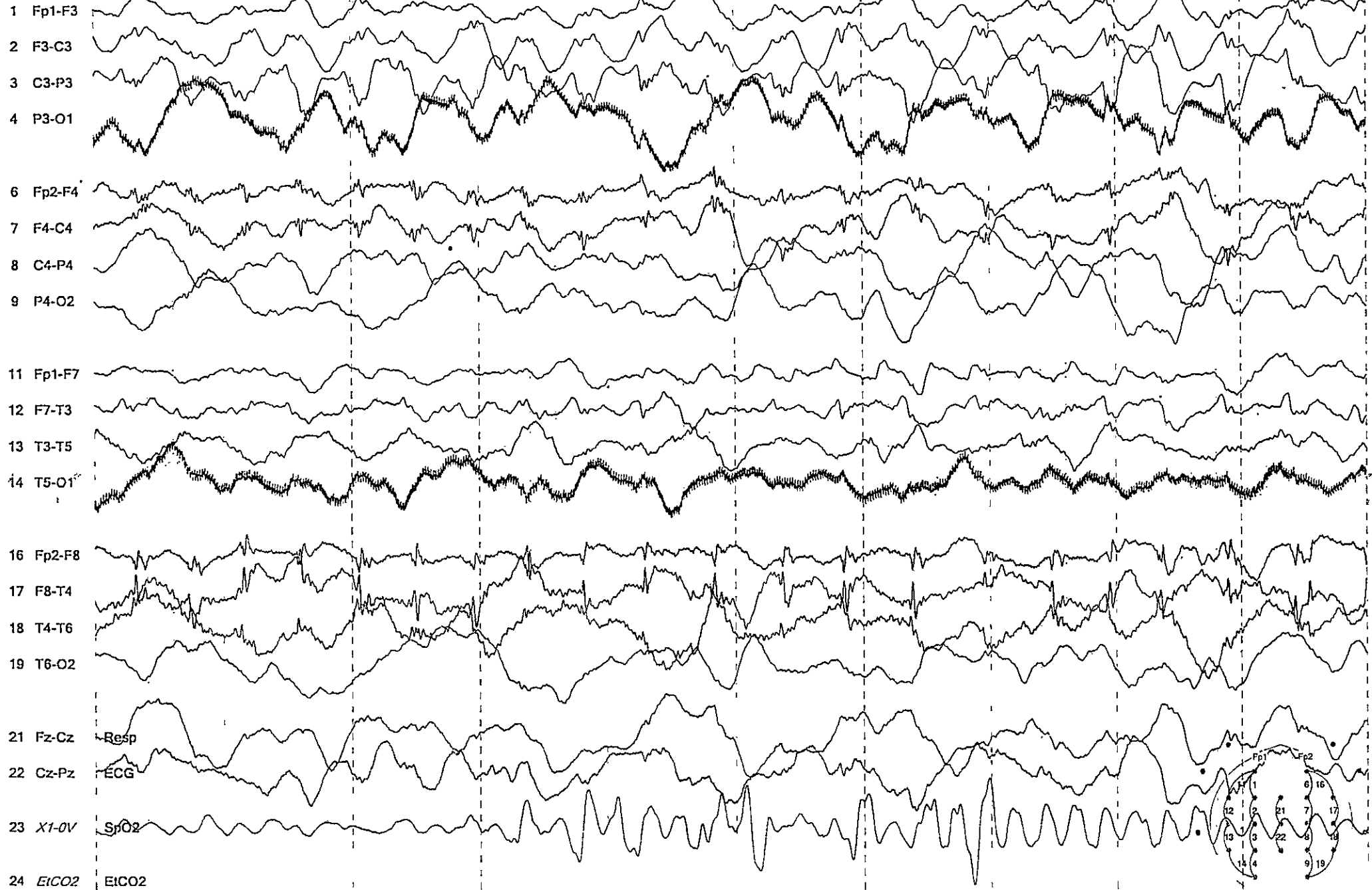
Date: 07/11/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANS

- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz
- 22 Cz-Pz
- 23 X1-0V
- 24 EtCO2



SENS 70uV x1
09:03:54[0010:22:55] [SENS *7 HF *30 LF *1.6 CAL *50]
Patt. BIPOLAR ACfilt. *ON Refer. OFF Reset *OFF

Date: 07/11/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANSI



Scale 84% 0

5

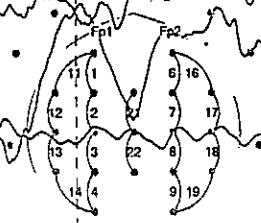
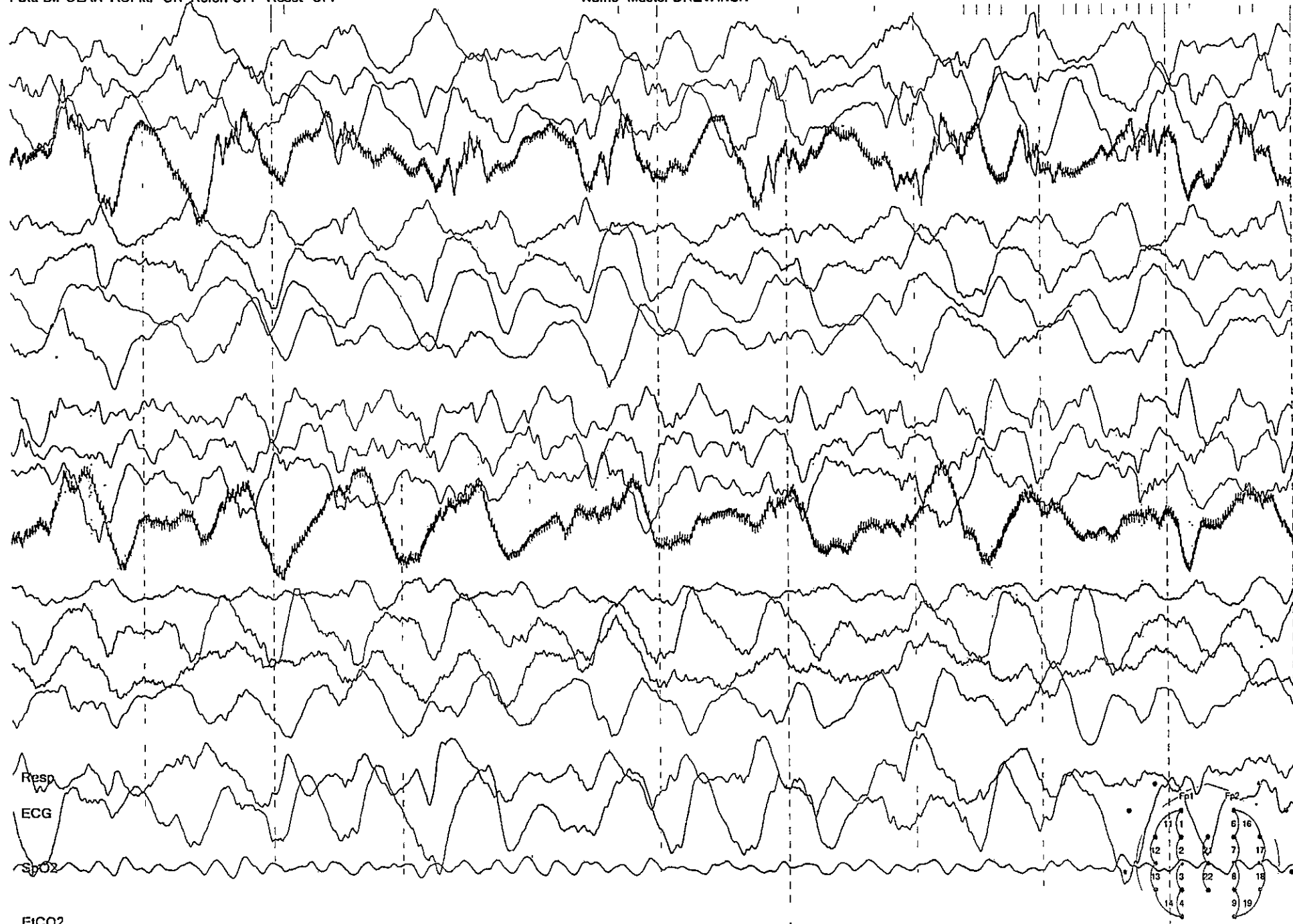
BIPOLAR

10

SENS 09:36:49[0010:55:50] [SENS *7 HF *30 LF *1.6 CAL *50]
70uV Patl. BIPOLAR ACfilt. *ON Refer. OFF Reset *OFF
x1

Date: 07/11/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANS

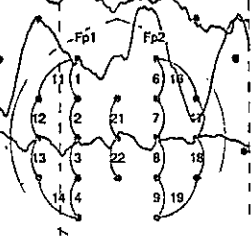
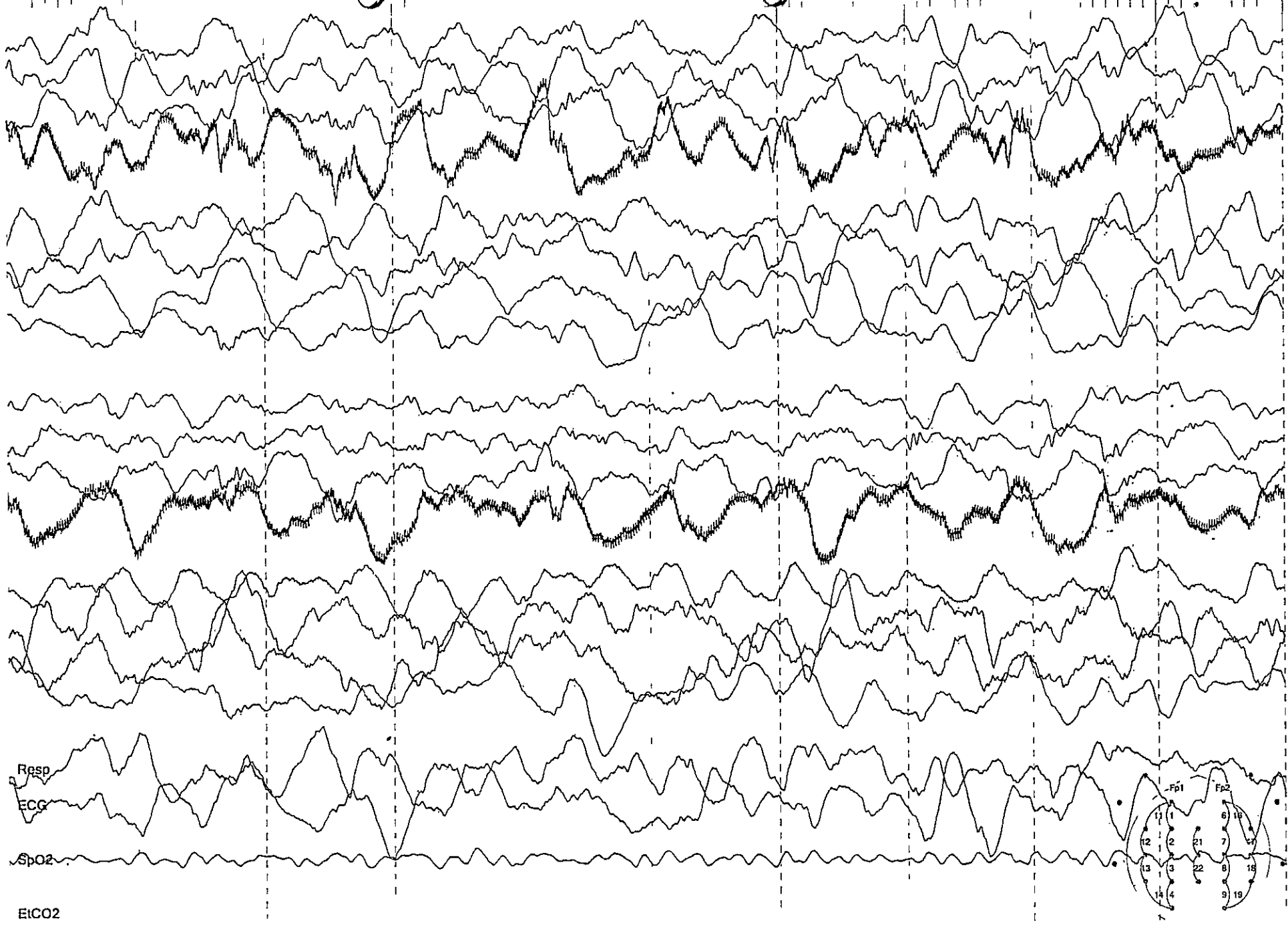
- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz Resp
- 22 Cz-Pz ECG
- 23 X1-0V SpO2
- 24 EtCO2 EtCO2



SENS 09:36:12[0010:55:13] [SENS *7 HF *30 LF *1.6 CAL *50]
 70uV Patt. BIPOLAR AC Fil. *ON Refer. OFF Reset *OFF
 x1

Date: 07/11/2026 ID: 36-2026 HNH-0016390
 Name Master DHEVANS

- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz Resp
- 22 Cz-Pz ECG
- 23 X1-0V SpO2
- 24 EtCO2 EtCO2



Scale 84% 0

5

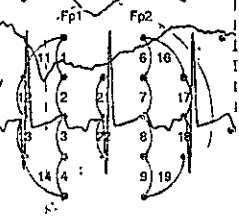
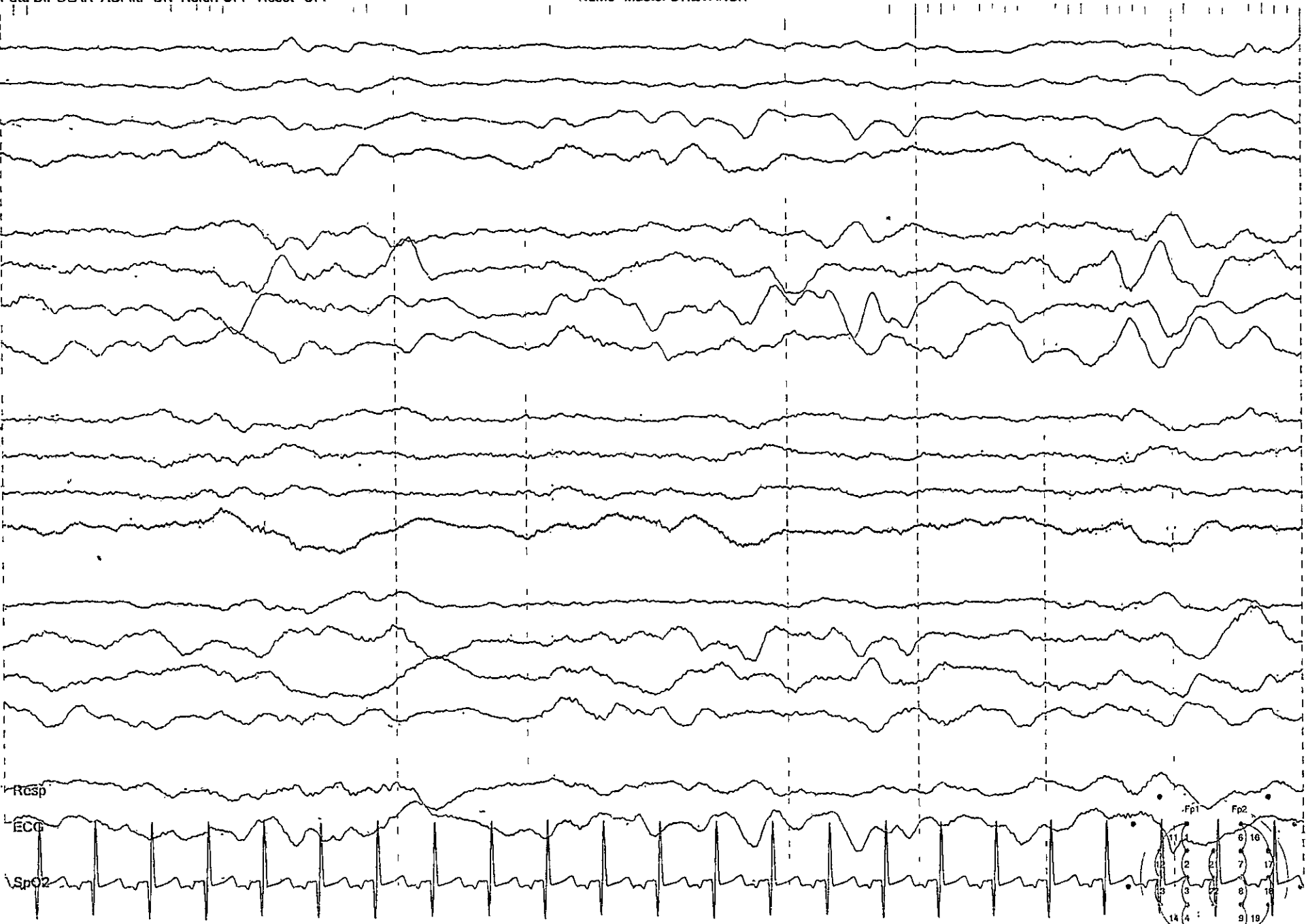
BIPOLAR

10

SENS 70uV x1
02:37:48[0003:56:49] [SENS *7 HF *30 LF *1.6 CAL *50]
PatL BIPOLAR ACFil. *ON Refer. OFF Reset *OFF

Date: 07/11/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANSI

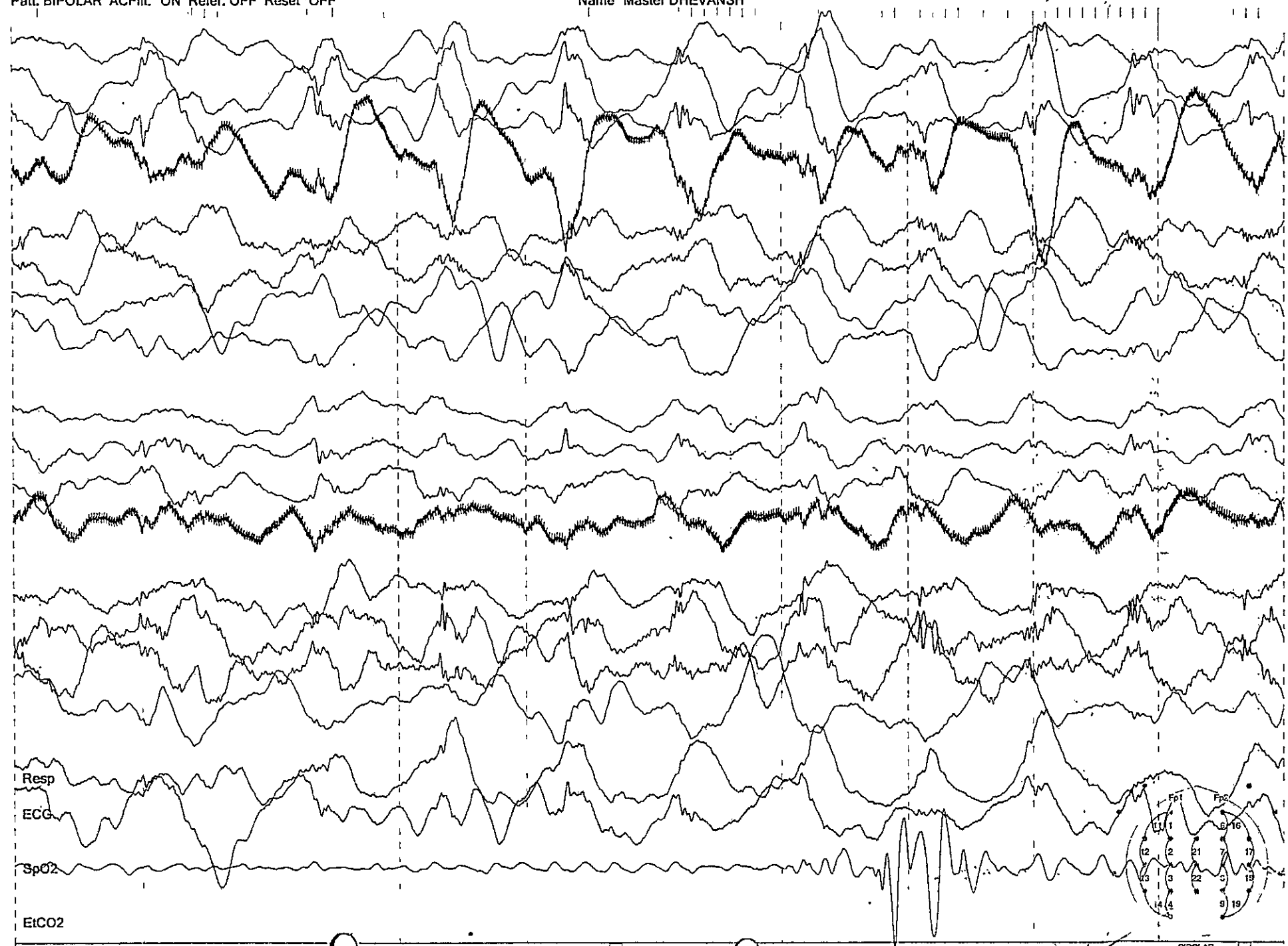
- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz
- 22 Cz-Pz
- 23 X1-0V
- 24 EtCO2



SENS 09:03:02[0010:22:03] [SENS *7 HF *30 LF *1.6 CAL *50]
70uV Patt. BIPOLAR AC Fil. *ON Refer. OFF Reset *OFF
x1

Date: 07/11/2026 ID: 36-2026 HH-0016390
Name Master DHEVANSI

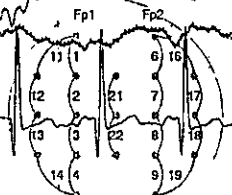
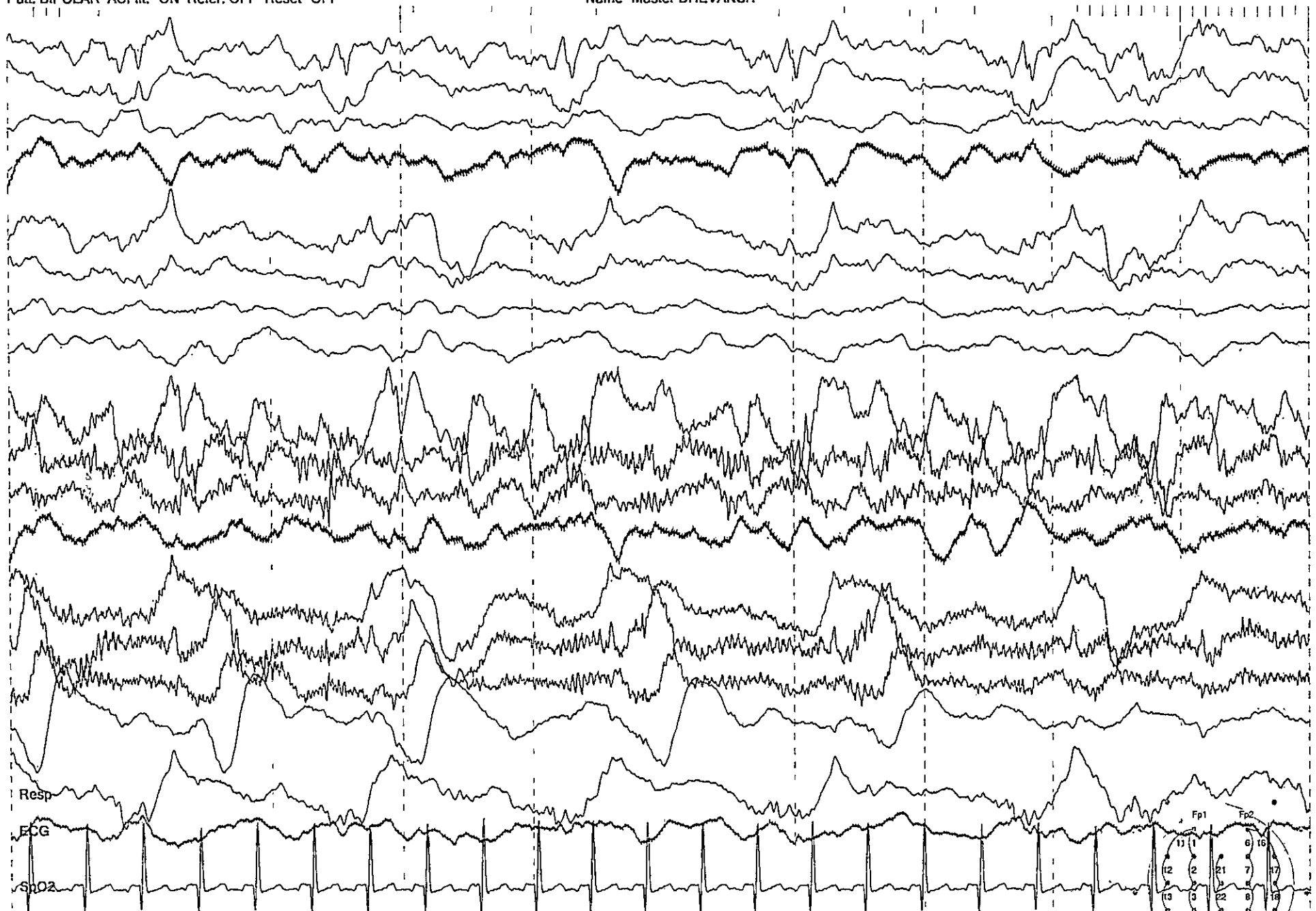
- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz Resp
- 22 Cz-Pz ECG
- 23 X1-OV SpO2
- 24 EtCO2 EtCO2



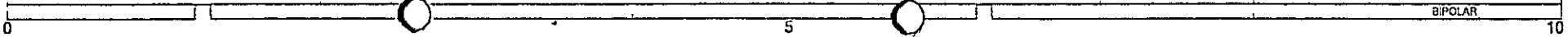
SENS 23:20:05[0000:39:06] [SENS *7 HF *30 LF *1.6 CAL *50]
70uV Patt. BIPOLAR AC Fil. *ON Refer. OFF Reset *OFF
x1

Date: 07/10/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANS

1 Fp1-F3
2 F3-C3
3 C3-P3
4 P3-O1
6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2
11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1
16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2
21 Fz-Cz Resp
22 Cz-Pz ECG
23 X1-0V SpO2
24 EtCO2 EtCO2



Scale 84%



SENS 23:20:28[0000:39:29] [SENS *7 HF *30 LF *1.6 CAL *50]
 70uV Patt. BIPOLAR ACFill. *ON Refer. OFF Reset *OFF
 x1

Date: 07/10/2026 ID: 36-2026 HNH-0016390
 Name Master DHEVANSI

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

22 Cz-Pz

23 X1-OV

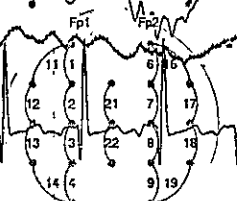
24 EtCO2

Resp

EOG

SpO2

EtCO2



Scale 84% 0

5

BIPOLAR

10

SENS 23:21:05[0000:40:06] [SENS *7 HF *30 LF *1.6 CAI
70uV Patt. BIPOLAR ACfilt. *ON Refer. OFF Reset *OFF
x1

Date: 07/10/2026 ID: 3026 HNH-0016390
Name Master DHEVANSI

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

22 Cz-Pz

23 X1-OV

24 EICO2

Resp

ECG

SpO2

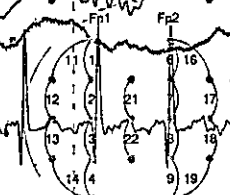
EICO2

Scale 84% 0

5

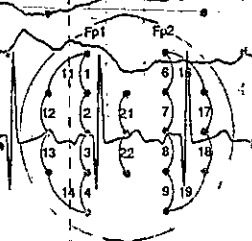
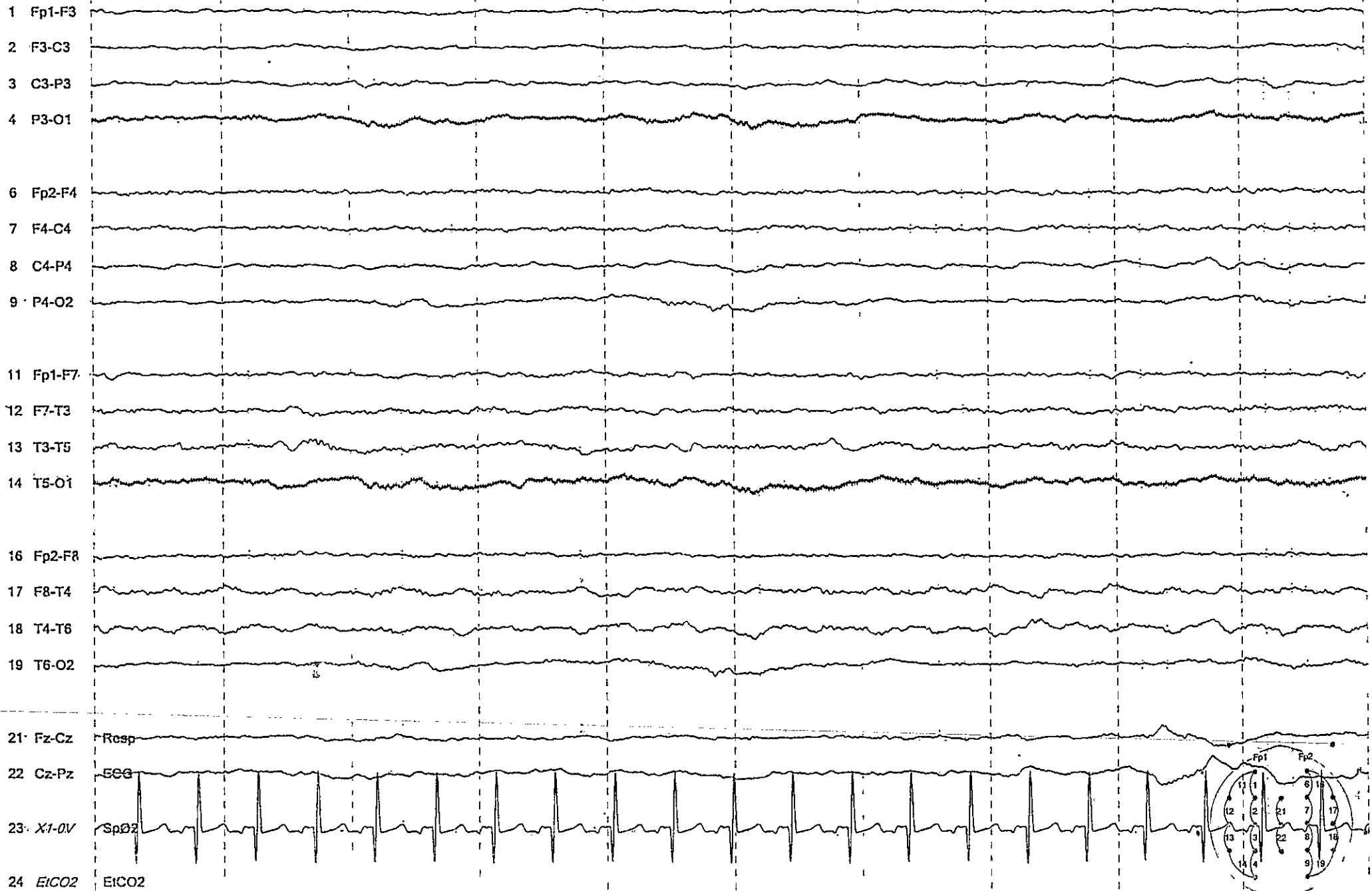
BIPOLAR

10



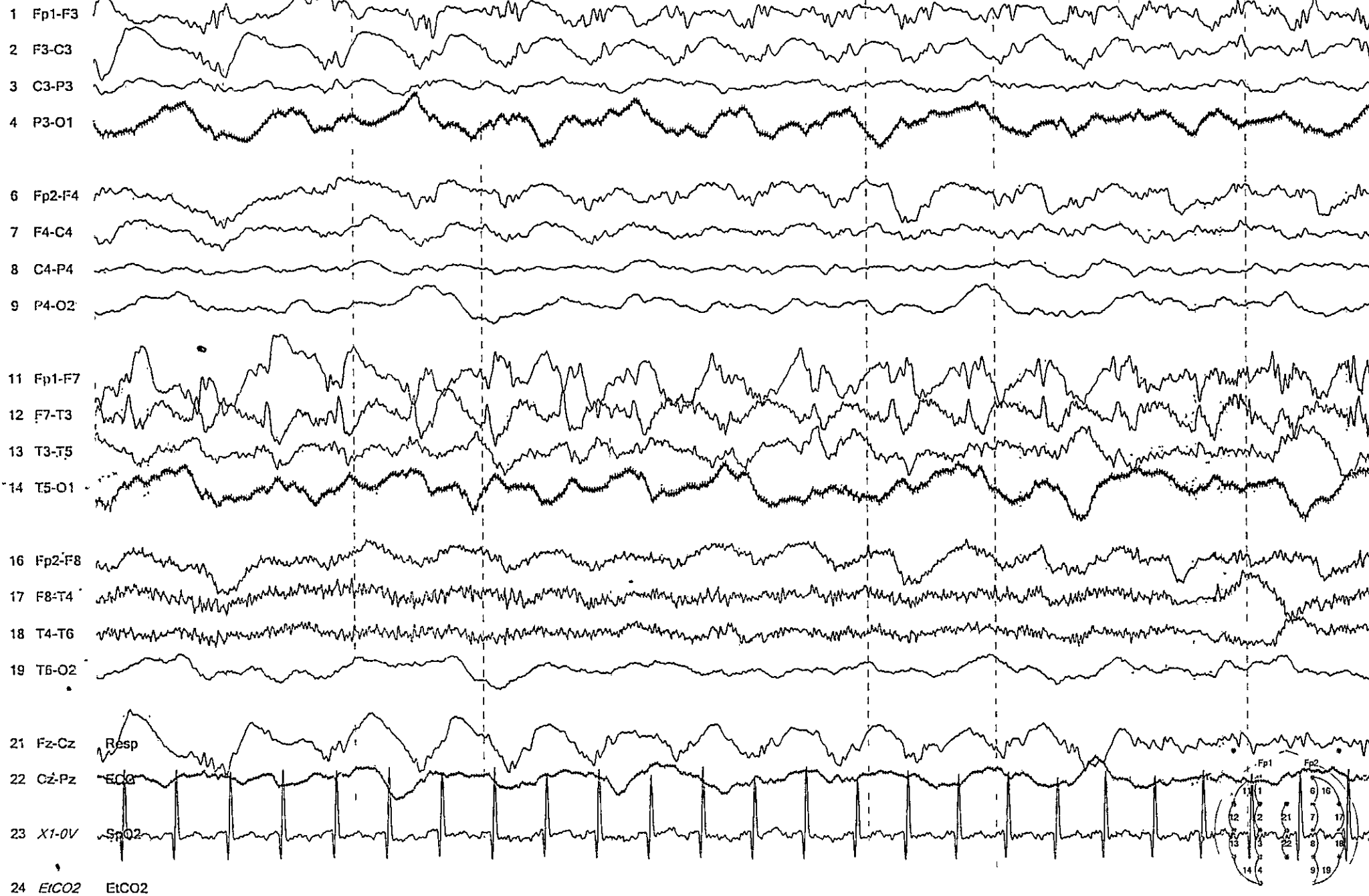
SENS 70uV x1
 01:01:21[0002:20:22] [SENS *7 HF *30 LF *1.6: CAL
 Patt. BIPOLAR ACFilt. *ON Refer. OFF Reset *OFF

Date: 07/11/2026 ID: 3026 HNH-0016390
 Name Master DHEVANSI



SENS 23:20:43[0000:39:44] [SENS *7 HF *30 LF *1.6 CAL *50]
70uV x1 Patt. BIPOLAR ACfilt. *ON Refer. OFF Reset *OFF

Date: 07/10/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANSR



Scale 84% 0

5

BIPOLAR

10

SENS
70uV
x1

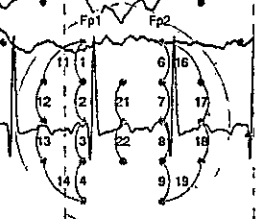
22:43:45[0000:03:12]

[SENS *7 HF *30 LF *1.6 CAL *50]
Patt. BIPOLAR ACFill. *ON Refer. OFF Reset *OFF

Date: 07/10/2026
Name Master DHEVANSI

ID: 36-2026 HNH-0016390

- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz Resp
- 22 Cz-Pz ECG
- 23 X1-0V SpO2
- 24 EtCO2 EtCO2



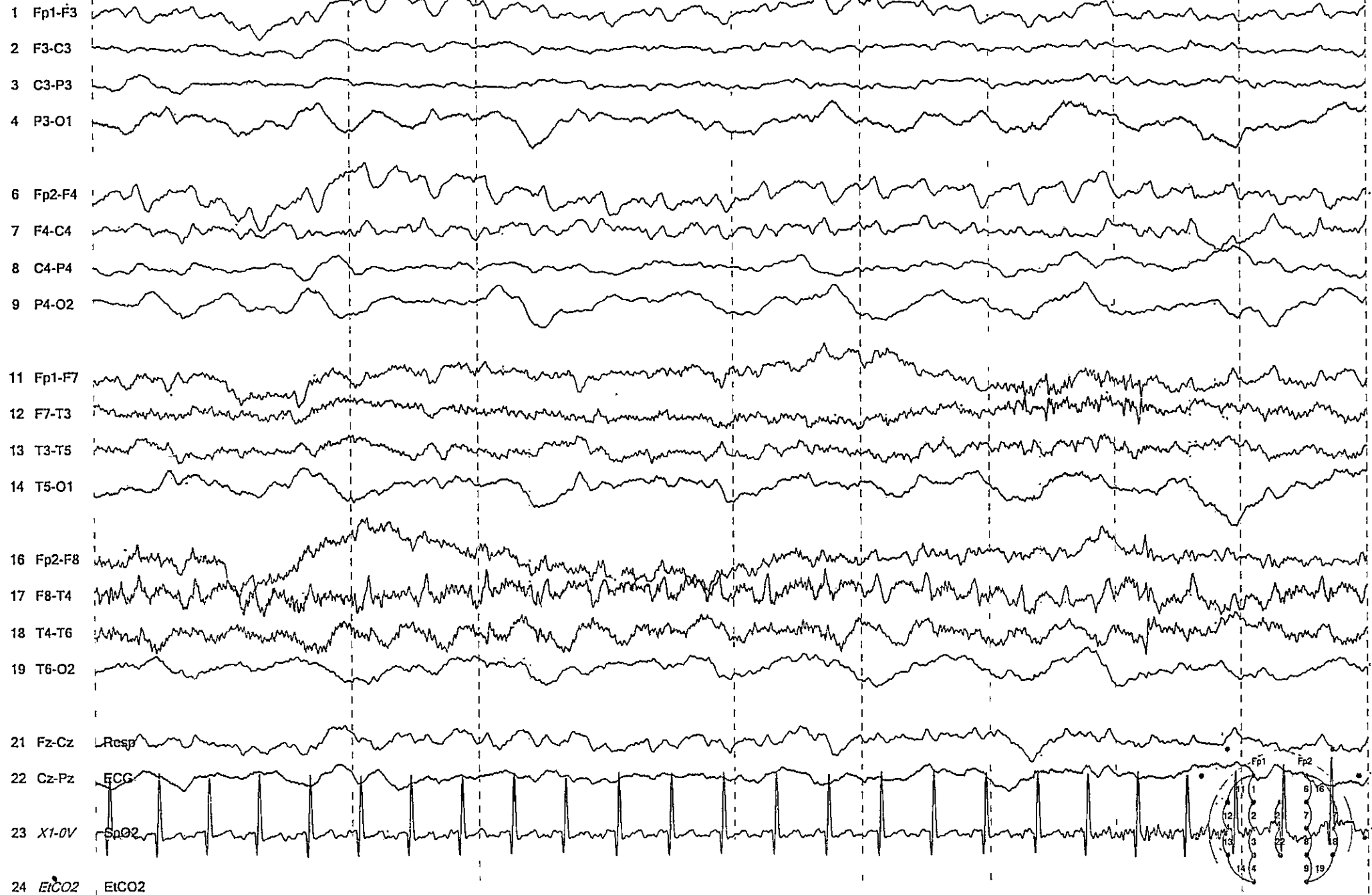
Scale 84% 0

5

10

SENS 70uV x1
22:59:50[0000:19:17] [SENS *7 HF *30 LF *1.6 CAL *50]
Patt. BIPOLAR ACFilt. *ON Refer. OFF Reset *OFF

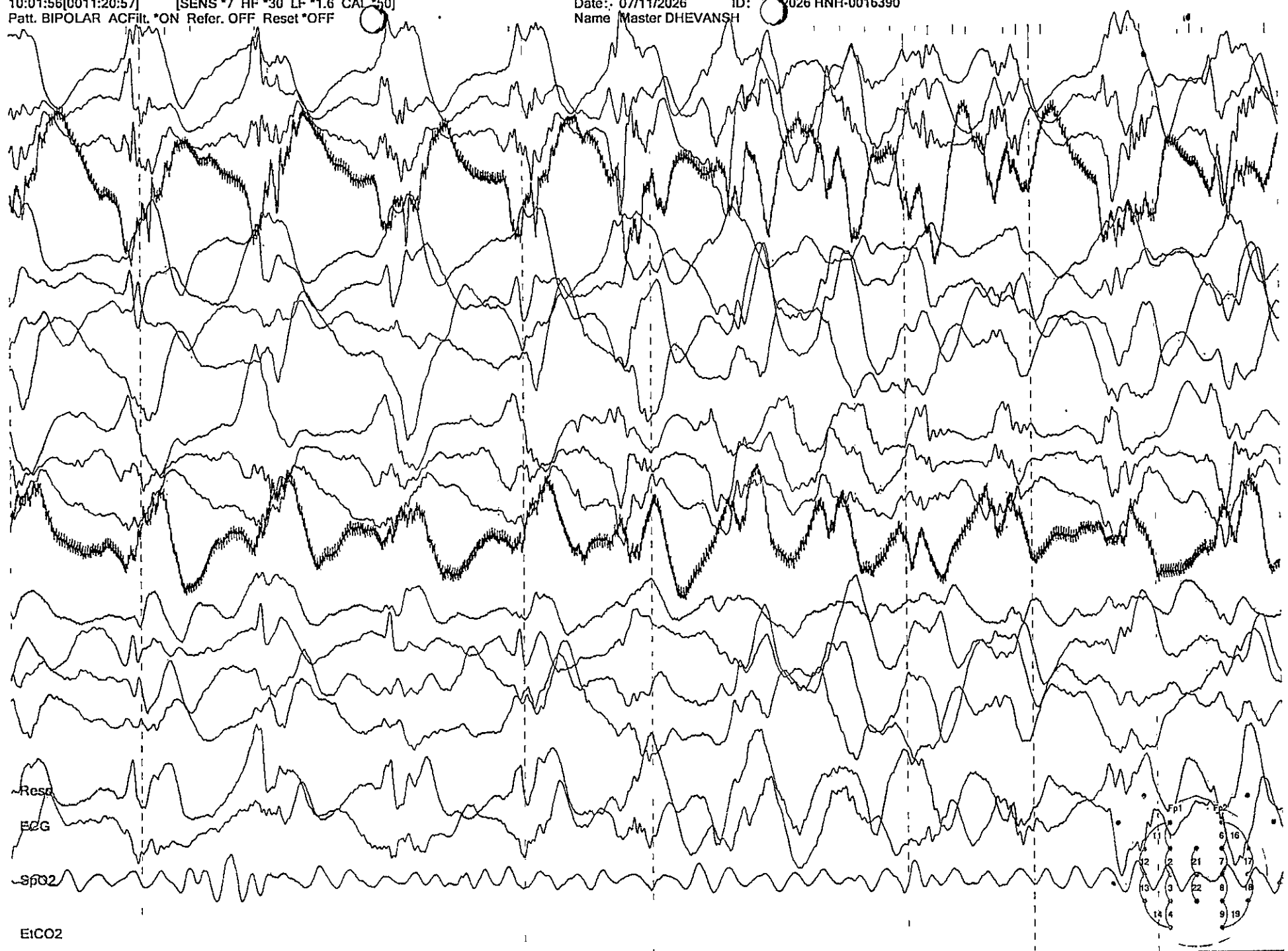
Date: 07/10/2026 ID: 36-2026 HNH-0016390
Name Master DHEVANSI



SENS 10:01:56[0011:20:57] [SENS *7 HF *30 LF *1.6 CAL *50]
70uV Patt. BIPOlar ACfilt. *ON Refer. OFF Reset *OFF
x1

Date: 07/11/2026 ID: 2026 HNH-0016390
Name Master DHEVANSI

- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz ~Resp
- 22 Cz-Pz EEG
- 23 X1-OV ~SpO2
- 24 EtCO2 EtCO2



Scale 84% 0

5

BIPOLAR

12/7/26.



RAINBOW HOSPITALS

Himayathnagar, Hyderabad

EEG Report

Patient Information

Generated :

ID	37-2026 HNH-0016390	In Out	
Name	Master DEVANSH	Doctor	Abhishek Ravindra Jain
Sex	Male	Examiner	Mr Sagar Sukapatla
Age	1	Referring Department	Ped Neurology
Reporting Physician		Examination Date	07/12/2026

Remarks

Technical aspect :

The scalp EEG record was done by 10-20 international scalp electrode placement with minimal technical requirements .

SUMMARY:

Background activity : The EEG record showing 2-2.5Hz activity on posterior leads with drug induced superimposed fast activity , amplitude of up to 80-100 uV which is bilaterally symmetrical and synchronous .

Sleep markers : No Sleep markers

Epileptiform abnormalities : No Epileptiform abnormalities with generalized diffuse slowing left > right .

Electrographic and clinical events : No electrographic and clinical events were captured .

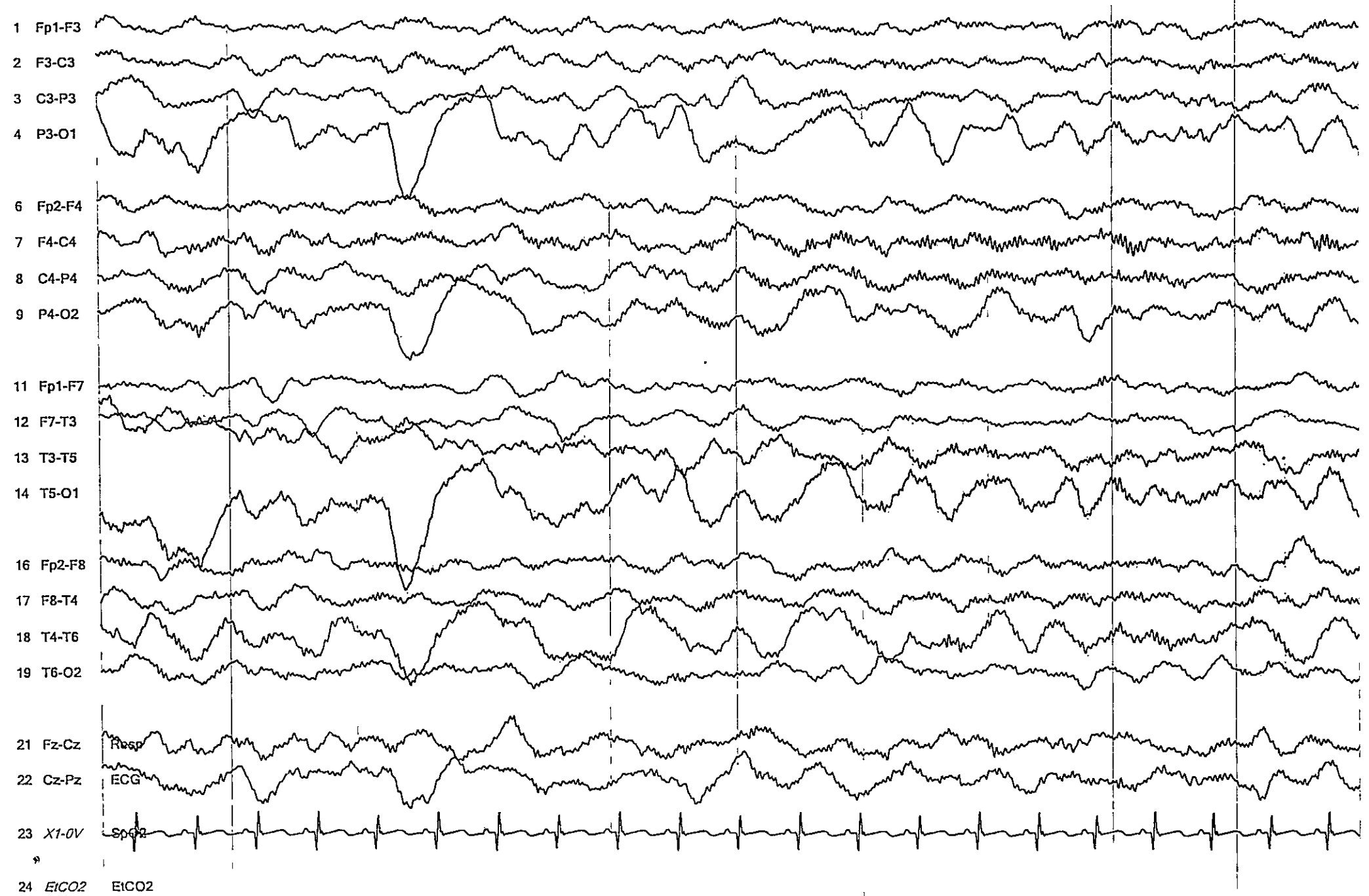
Activation procedures : Not used .

Artifacts : The record showing intermittent electrical and movement, EMG artifacts .

IMPRESSION: Abnormal EEG record findings are suggestive of diffuse cerebral dysfunction (Left > Right) (to correlate clinically)

Dr Abhishek Ravindra Jain
Consultant Ped Neurologist

Signature: Mr Sagar Sukapatla/Incharge Neurotec



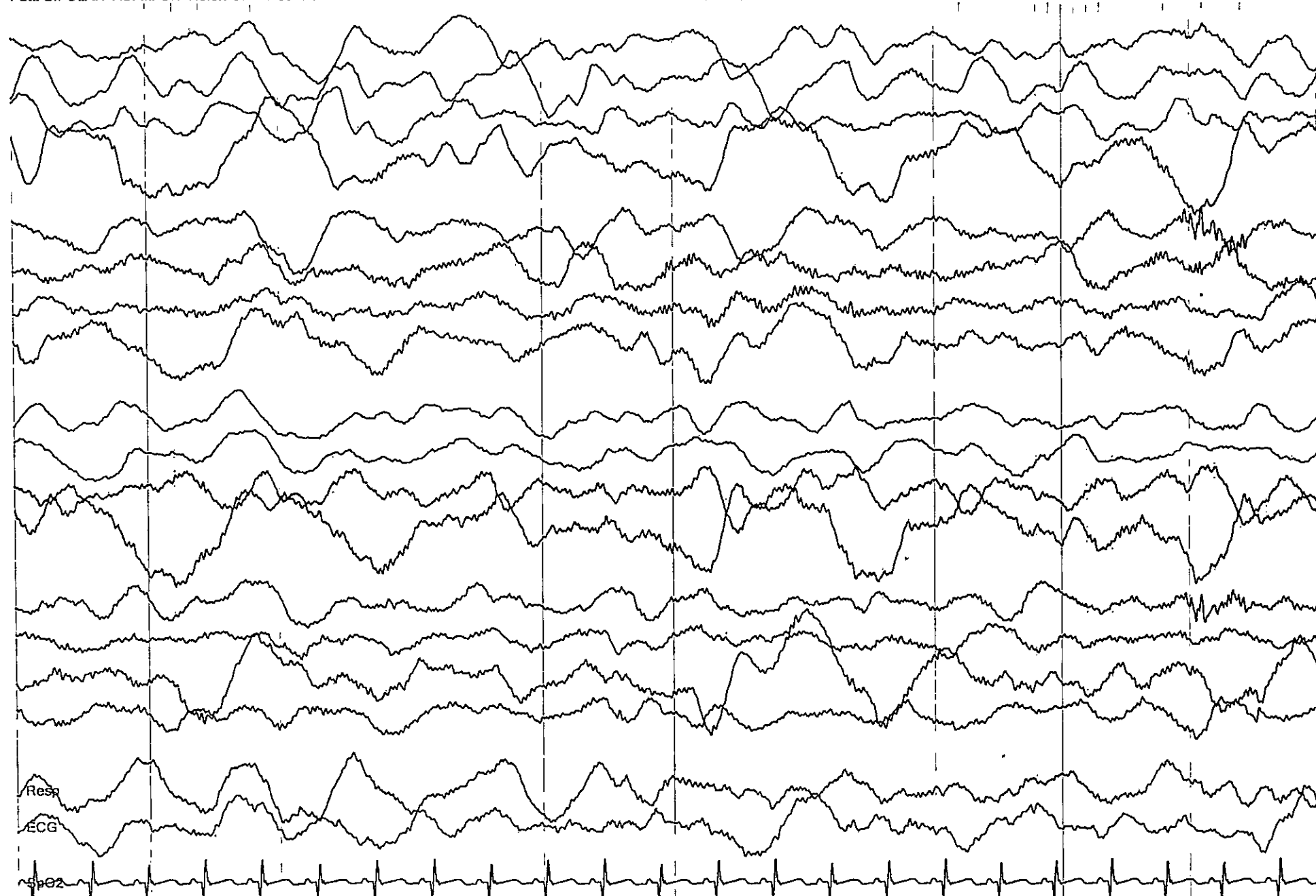
1 Fp1-F3
2 F3-C3
3 C3-P3
4 P3-O1

6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2

11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1

16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2

21 Fz-Cz
22 Cz-Pz
23 X1-OV
24 EICO2



SENS
70uV
x1

10:58:18[0000:48:59]

[SENS 7 HF 30 LF 1.6 CAL 50]

Patt. BIPOLAR ACfilt. ON Refer. OFF Reset OFF

Date: 07/12/2026

ID: 37-2026 HNH-0016390

Name Master DEVANSH

1 Fp1-F3
2 F3-C3
3 C3-P3
4 P3-O1

6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2

11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1

16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2

21 Fz-Cz
22 Cz-Pz
23 X1-OV
24 ETCO2

Resp

ECG

SpO2

ETCO2

Scale 84%

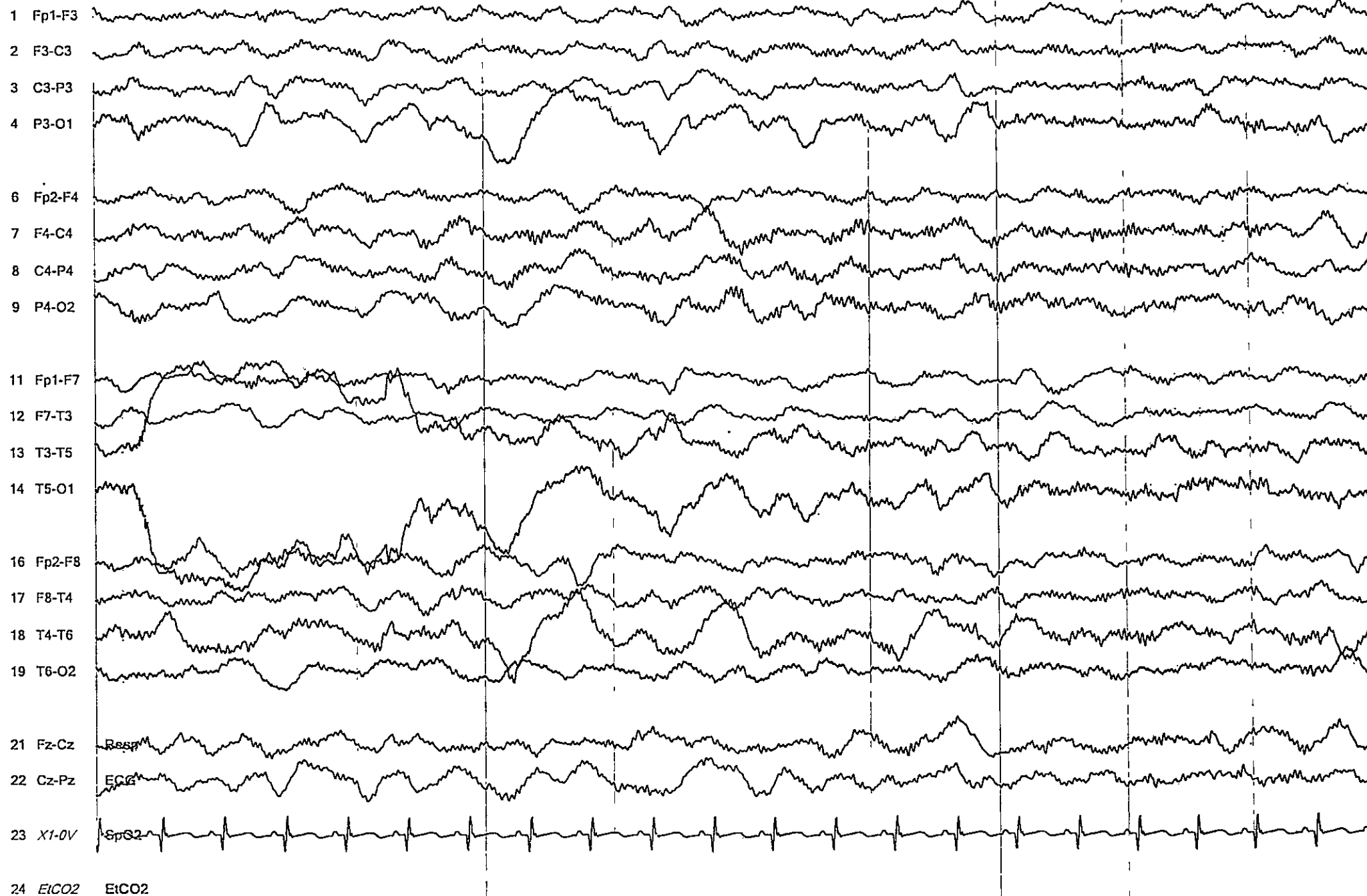
0

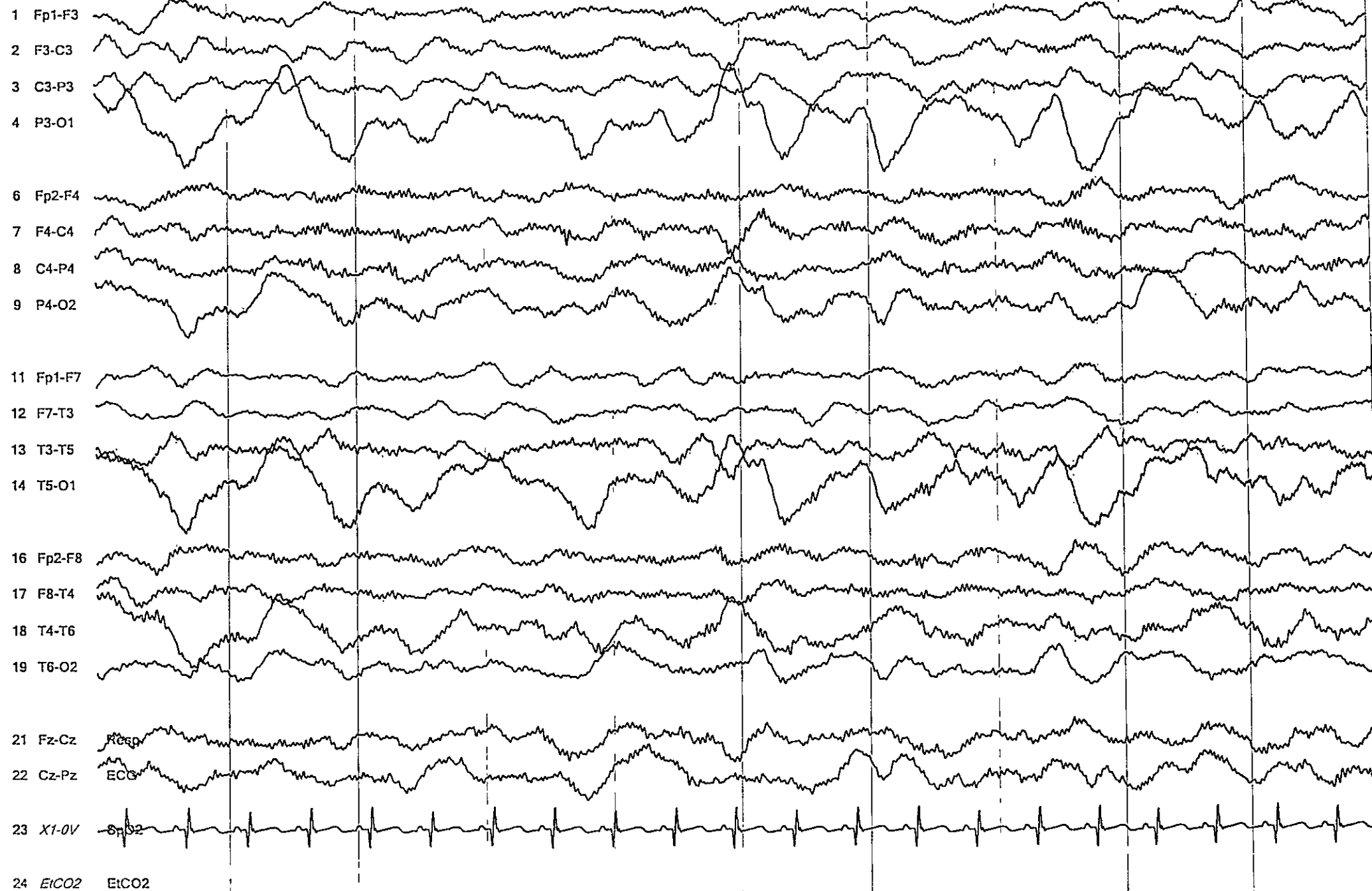
5

10

SENS 10:21:52[0000:12:52] [SENS 7 HF 30 LF 1.6 CAL 50]
70uV Patt. BIPOLAR AC Fil. ON Refer. OFF Reset O!
x1

Date: 07/12/2026 ID: 37-2026 HNH-0016390
Name Master DEVAN





SENS
70uV
x1

11:07:10[0000:57:48]

[SENS 7 HF 30 LF 1.6 CAL 50]

Patt. BIPOLAR AC Fil. ON Refer. OFF Reset OFF

Date: 07/12/2026

ID 37-2026 HNH-0016390

Name Master DEVAN

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

Resp

22 Cz-Pz

ECG

23 X1-OV

SpO2

24 EICO2

EiCO2

Scale 84% 0

5

Pain

10:

SENS
70uV
x1

10:17:53[0000:08:53]

[SENS 7 HF 30 LF 1.6 CAL 50]

Patt. BIPOLAR ACFilt. ON Refer. OFF Reset OF

Date: 07/12/2026

ID: 37-2026 HNH-0016390

Name Master DEVANS

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

22 Cz-Pz

23 X1-OV

24 EICO2

Resp

ECG

SpO2

EICO2

SENS 10:37:06[0000:27:47] [SENS 7 HF 30 LF 1.6 CAL 50]
70uV Pat. BIPOLAR AC Fil. ON Refer. OFF Reset OF

Date: 07/12/2026 ID: 37-2026 HNH-0016390
Name Master DEVANS

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

Resp

22 Cz-Pz

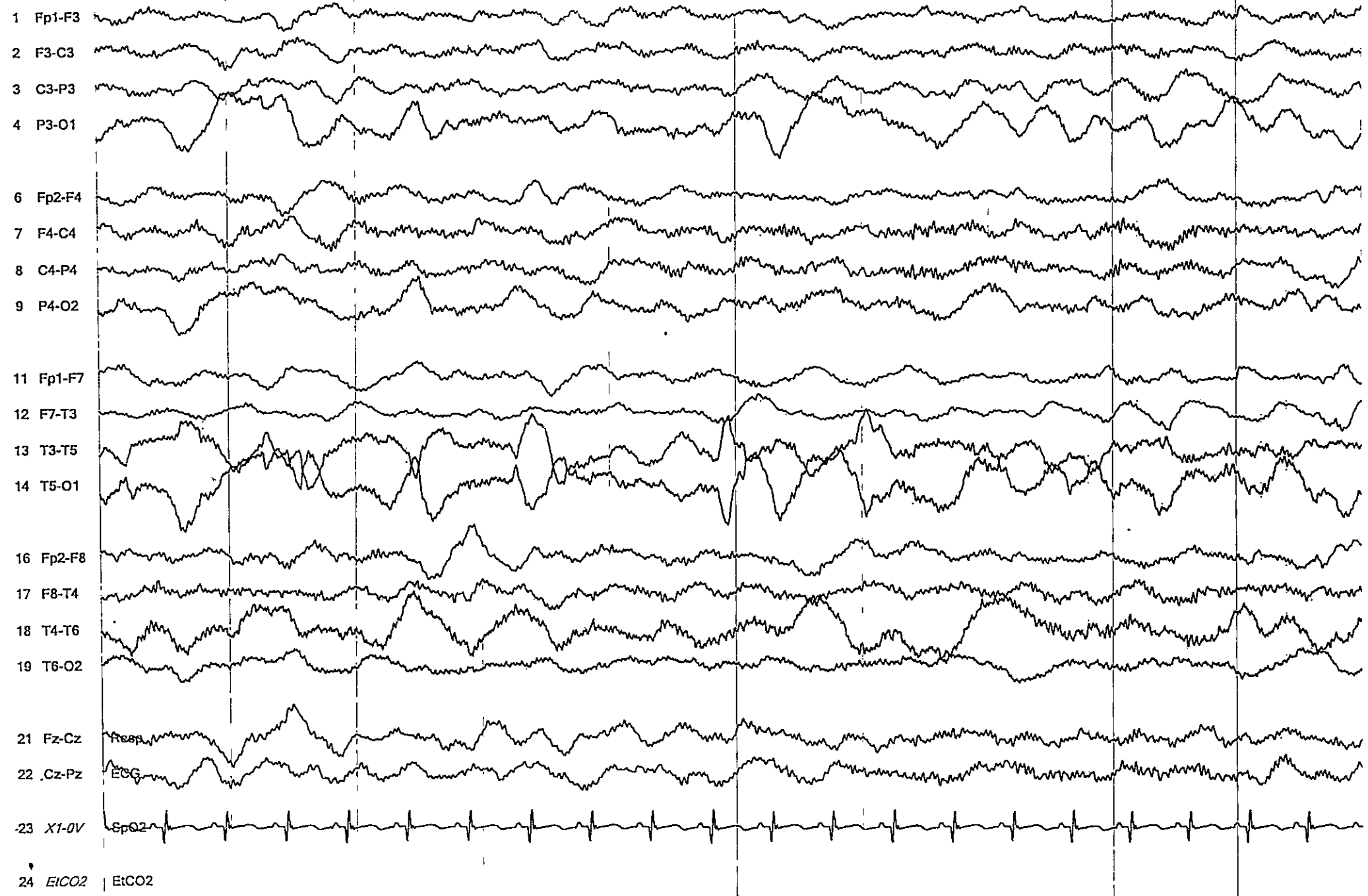
ECG

23 X1-OV

SpO2

24 EtCO2

EtCO2



SENS
70uV
x1

10:31:33[0000:22:14]

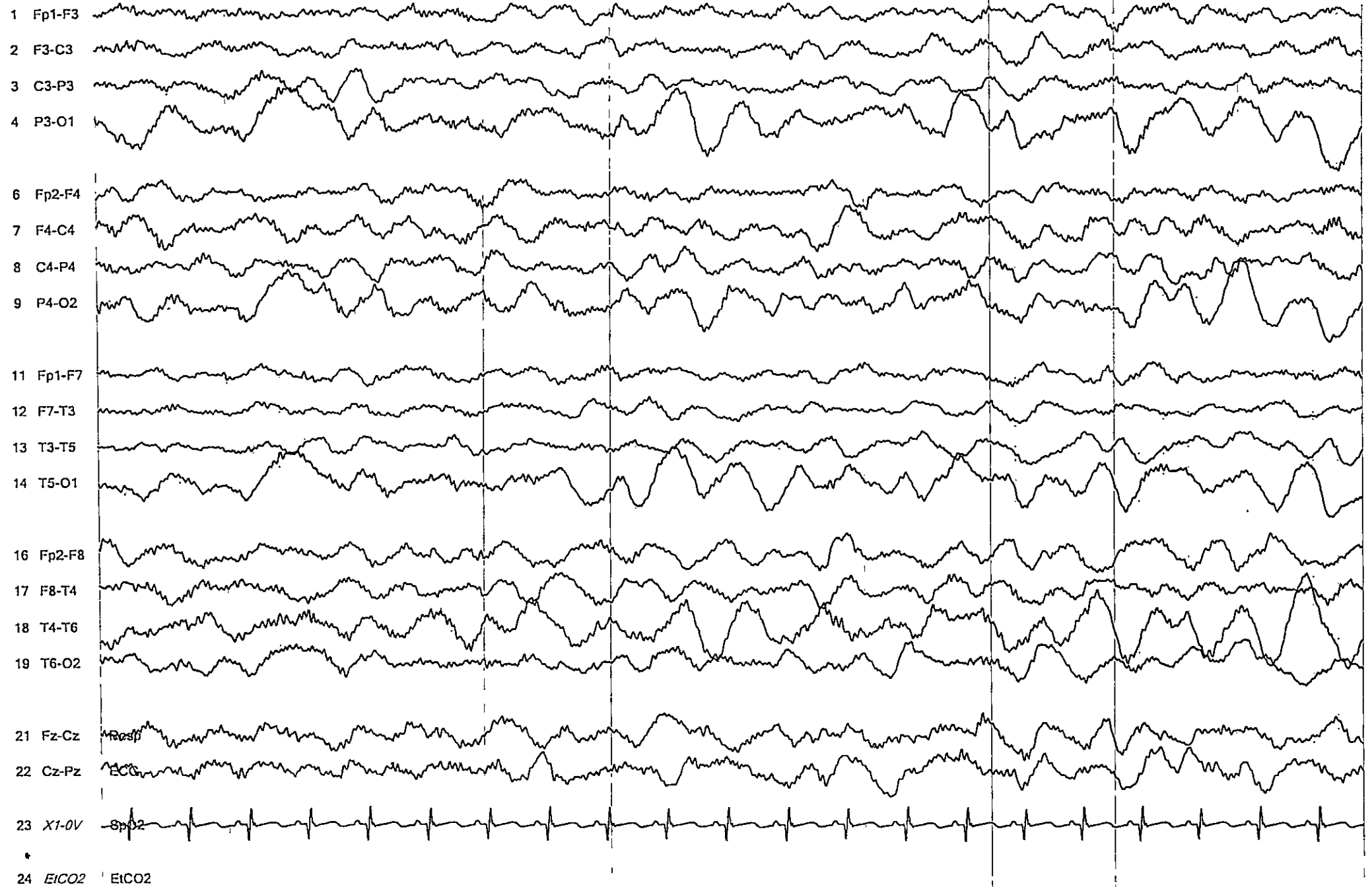
[SENS 7 HF 30 LF 1.6 CAL 50]

Patt. BIPOLAR ACFilt. ON Refer. OFF Reset OFF

Date: 07/12/2026

ID: 37-2026 HNH-0016390

Name Master DEVANSH



Scale 84% 0

5

10



Patient Name	: Master . DEVANSH	Reg No	: HMN072600566
Age/Gender	: 1 Y(s) / Male	Reg Date	: 07-Jul-2026 17:42
Ref.Dr	: Rainbow Childrens Hospital	Reported Date	: 07-Jul-2026 19:01
Reference	: Self		

CT SCAN OF BRAIN WITH CONTRAST

Technique:

CT scan of brain was performed on Light Speed VCT 32 slice MDCT scanner after administration of 30ml of non-ionic contrast IV.

Findings:

Cerebellum, 4th ventricle, brain stem and CPangle regions are within normal limits.

Sella, suprasellar & parasellar areas are normal.

The extracerebral spaces and supratentorial ventricular system are normal.

Brain parenchyma shows normal grey white matter differentiation.

Midline structures and corpus callosum are normal.

No evidence of micro / macro hemorrhage seen.

No extra-axial collection seen.

No abnormal parenchymal, leptomeningeal enhancement seen.

IMPRESSION: No significant abnormality detected.

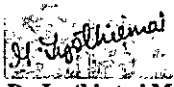
SUGGESTED CLINICAL CORRELATION AND FOLLOWUP

Dr.Sunitha Lingareddy
Consultant Radiologist

Dr.Praveen Jagarlamudi
Consultant Radiologist

Dr.Vikas Reddy P
Consultant Radiologist

Dr.Rajya Lakshmi.D
Consultant Radiologist


Dr.Jyothirmai M
Consultant Radiologist



Laboratory Report

Master DEVANSH

9573632738

1 Y-6 M 3 D

HN26011285

Male

08-07-2026 08:40 PM

IP26-00006775

08-07-2026 08:50 PM

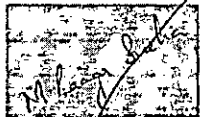
HNH-00016390

10-07-2026 01:59 PM

Dr. ABHISHEK RAVINDRA JAIN

2F -PICU / PICU-201

Investigation	Result	Unit	Biological Reference Interval	
CSF ANALYSIS (Specimen : CSF)		TEST RESULT STATUS : REPORT AUTHORISED		
COLOUR (Visual Examination)	COLOURLESS			
APPEARANCE (Gross Examination)	CLEAR			
PH (Reagent Strip/Double PH Indicator)	8.0	unit	H	7.35 - 7.45
CLOT FORMATION	NO CLOT			
CSF PROTEIN	1323	mg/dl	H	15 - 45
CSF GLUCOSE (Trinder)	51	mg/dl	L	60 - 90
CELL COUNT	FEW RBC SEEN			
	WBC - 925 Cells/mm ³			
CELL TYPE	56% - LYMPHOCYTES			
	44% - POLYMORPHS			



Dr. MUPPALA RAAGA SNEHA

MD Pathology

Reg No : TSMC/FMR/26831

Laboratory Report

Master DEVANSH

9573632738

1 Y 6 M 5 D

HN26011459

Male

IP26-00006775

HNH-00016390

Dr. ABHISHEK RAVINDRA JAIN

2F -PICU / PICU-201

Investigation	Result	Unit	Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)		TEST RESULT STATUS : REPORT ENTERED	
PH (Reagent Strip/Double PH Indicator)	7.44	unit	7.35 - 7.45
pCO2	34.8	mm Hg	L 35 - 48
pO2	53	mm Hg	L 83 - 108
HCO3	23.8	mmol/L	
BE	-0.3	mmol/L	
O2 Sat	88.2	mmol/L	

Interim Report

This is an interim report. The final report will be released after 24 hours

Patient Name	Master DEVANSH	Patient Ph. No	9573632738
Age	1 Y 6 M 6 D	Requisition No	R2626-008404
Gender	Male	Collected on	12-07-2026 07:22 AM
IP / Bill No.	IP26-00006775	Received on	13-07-2026 04:04 PM
UHID No.	HHN-00016390	Reported on	13-07-2026 04:04 PM
Ref. Doctor	ABHISHEK RAVINDRA JAIN	Ward / Bed No	

X-RAY CHEST AP VIEW

Feeding tube and ET tube insitu.

Retrocardiac subsegmental atelectatic changes noted on the left side.

Cardiothoracic ratio within normal limits.

No evidence of fracture of the ribs.

No pneumothorax / pleural effusion.

CP angles are clear.

Domes of diaphragm are normal.

For clinical correlation.



Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

Print Date/Time : 13-07-2026 04:04 PM

Printed By : SHIRISHA
KALERU

Page: 1 of 1

For Further Details
Scan QR Code



Patient Name	Master DEVANSH	Patient Ph. No	9573632738
Age	1 Y 6 M 6 D	Requisition No	R2626-008404
Gender	Male	Collected on	12-07-2026 07:22 AM
IP / Bill No.	IP26-00006775	Received on	13-07-2026 04:04 PM
UHID No.	HHH-00016390	Reported on	13-07-2026 04:04 PM
Ref. Doctor	ABHISHEK RAVINDRA JAIN	Ward / Bed No	

X-RAY CHEST AP VIEW

Feeding tube and ET tube insitu.

Retrocardiac subsegmental atelectatic changes noted on the left side.

Cardiothoracic ratio within normal limits.

No evidence of fracture of the ribs.

No pneumothorax / pleural effusion.

CP angles are clear.

Domes of diaphragm are normal.

For clinical correlation.



Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

Print Date/Time : 13-07-2026 04:04 PM

Printed By : SHIRISHA
KALERU

Page: 1 of 1

Note: Clinically Correlate, Kindly discuss if necessary.

For Further Details
Scan QR Code



Patient Name	Master DEVANSH	Patient Ph. No	9573632738
Age	1 Y 6 M 4 D	Requisition No	R2626-008317
Gender	Male	Collected on	10-07-2026 06:15 PM
IP / Bill No.	IP26-00006775	Received on	13-07-2026 04:00 PM
UHID No.	HNH-00016390	Reported on	13-07-2026 04:00 PM
Ref. Doctor	ABHISHEK RAVINDRA JAIN	Ward / Bed No	

X-RAY CHEST AP VIEW

☒ Interval insertion of ET tube.

No gross interval change compared to the previous radiograph.

For clinical correlation.

Dr. YELMAREDDY POOJA REDDY

MD, CONSULTANT RADIOLOGIST

Reg No: 74406

Print Date/Time : 13-07-2026 04:00 PM

Printed By : SHIRISHA
KALERU

Page: 1 of 1

For Further Details
Scan QR Code



Patient Name	Master DEVANSH	Patient Ph. No	9573632738
Age	1 Y 6 M 2 D	Requisition No	R2626-008158
Gender	Male	Collected on	08-07-2026 10:41 AM
IP / Bill No.	IP26-00006775	Received on	13-07-2026 03:53 PM
UHID No.	HHH-00016390	Reported on	13-07-2026 03:53 PM
Ref. Doctor	BEJAWADA SREEGHAN	Ward / Bed No	

X-RAY CHEST AP VIEW

ET and feeding tube insitu.

Cardiothoracic ratio within normal limits.

No evidence of fracture of the ribs.

No pneumothorax / pleural effusion.

Both lung fields are clear

CP angles are clear.

Domes of diaphragm are normal.

For clinical correlation.



Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

Print Date/Time : 13-07-2026 03:53 PM

Printed By : SHIRISHA
KALERU

Page: 1 of 1

Note: Clinically Correlate, Kindly discuss if necessary.

For Further Details
Scan QR Code



Patient Name	Master DEVANSH	Patient Ph. No	9573632738
Age	1 Y 6 M 4 D	Requisition No	R2626-008292
Gender	Male	Collected on	10-07-2026 01:05 PM
IP / Bill No.	IP26-00006775	Received on	13-07-2026 03:57 PM
UHID No.	HNH-00016390	Reported on	13-07-2026 03:57 PM
Ref. Doctor	ABHISHEK RAVINDRA JAIN	Ward / Bed No	

X-RAY CHEST AP VIEW

Rotation noted to left side.

Feeding tube insitu.

Cardiothoracic ratio within normal limits.

No evidence of fracture of the ribs.

No pneumothorax / pleural effusion.

Subtle increased density noted in the left midzone. Retrocardiac atelectasis noted on the left side.

CP angles are clear.

Domes of diaphragm are normal.

For clinical correlation.



Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

Print Date/Time : 13-07-2026 03:57 PM

Printed By : SHIRISHA
KALERU

Page: 1 of 1

Note: Clinically Correlate, Kindly discuss if necessary.

For Further Details
Scan QR Code



R

MASTER DEVIANSI 12.5M 20.11.1990 CHEST AP 08-10-2005 10.10 AM
INBOW CHILDREN'S HOSPITAL HIMAYATHI GAR

INBOW CHILDREN'S HOSPITAL HIMAVALIN GVR
REGISTER DIVISION 27 PM 27 M HIN-00016386 Check Vr 08 2002 20 43 AM

2

Master DEVANSH
08-01-2025 1 Y 6 M 4 D (M)
Dr. ABHISHEK RAVINDRA JAIN



MASTER DEVANSH 1Y 6M 4D M HNH 00016390 CHEST AP 10-JUL-25 3:20 PM
RAINBOW CHILDREN'S HOSPITAL (MAYATH NAGAR)

CHILDREN'S HOSPITAL (MAYAGUAY)
MAYAGUAY, P.R. 00806
TEL: 845-3000

2

R

HNH-00016390
Master DEVANSH
08-01-2025 1Y 6M 4D (M)
Dr. ABHISHEK RAVINDRA JAIN

After
Re-Intubation

MASTER DEVANSH 1Y 3M 4D M HNH 00016390 CHEST AP 10-JUL-25 3:13 PM
RAJ KOW CHILDREN'S HOSPITAL HIMAYATH NAGAR

RAJON OM CHILDREN E HOSEJA JIMAYALIN NA
MAGLE DELAVASH 22 QM 40 M HIN 00016360 CHEG VE 10 30 20 P 20 PM

Acute Meningoence
phalitis

MASTER DE/ANIL 1 / 5M 3D M -NH 000 05 190 CHEST AP 12 01 - 05 57 05 AM
RAINBOW CHILDREN'S HOSPITAL HIMAYATH VAGAR

FAHLOW, CHILDREN'S HOSPITAL, MONTREAL, QUEBEC

天

Name : Master . DEVANSH HNH-00016390
Age/Gender : 1Y(s) /Male
Ref By : DR ABHISHEK RAVINDRA JAIN
Reg.No : 26BNJH0022795

TID : UMR4828022
Registered On : 08-Jul-2026 03:30 PM
Reported On : 09-Jul-2026 10:52 AM

MRI BRAIN SPINE PLAIN AND CONTRAST STUDY

PROTOCOL:

DWI, 3D T1, T2, FLAIR, GRE/SWI sequences
Coronal T2 and Sagittal T2 Wt sequences
Spine and Contrast sequences

FINDINGS:

Multifocal changes of cytotoxic edema demonstrated the peripheral regions of the bilateral frontal, posterior temporal lobes, corpus callosum, capsular white matter, posterior basal ganglia, thalami, hypothalamus, medial temporal lobes, subthalamic nuclei, dorsal pons, superior cerebellar peduncles, anterior vermis, perisylvian regions.

Confluent changes demonstrated in the cortical subcortical regions of the left temporal lobe - mca territory. Thin subdural collection along the left cerebral convexity with maximum thickness of approximately 3 mm.

Focal areas of restricted diffusion with FLAIR hyperintensities demonstrated in the extra-axial spaces of the anterior frontal convexities, middle cranial fossa, basal cisterns, anterior aspect of the posterior fossa and cisterna magna - likely protein cellular rich contents.

Mild dural enhancement demonstrated along the fronto-temporo-parietal convexities (left more than right), leptomeningeal enhancement with restricted diffusion along the ventral aspect of brainstem, optic, oculomotor, trigeminal, facial and vestibulocochlear nerves on both sides.

No focal parenchymal enhancing lesions in parenchyma.

Reduction in the caliber of the anterior and middle cerebral arteries on both sides.

Mild generalized reduction in the cerebral and cerebellar volumes.

Diffuse enhancement of the cauda equina nerve roots and perimedullary regions of the mid and lower thoracic cord.

No definite changes of cord myelopathy.

IMPRESSION:

Multifocal acute small- and medium-vessel infarcts secondary to infective vasculitis, associated with meningitis, diffuse cranial neuritis, thoracic perimedullary inflammation, diffuse cauda equina radiculitis, and proteinaceous/cellular extra-axial CSF contents. Overall imaging features strongly favor an infective meningoencephalitic process, likely bacterial. Recommend correlation with CSF and microbiological studies.

*** End Of Report ***

Typed By: lakshmip

Nihaal Reddy

Dr.K.Nihaal Reddy
Paediatric Neuroradiologist

multicath2

PUR - XRO / ORX / RXC)

REF. / Art.-Nr. / Code / Apt **157.114**

2 lumen catheter-set / Cathéter 2 lumières / Catéterset 2 lumene /
2-lumiges Katheter-Set / Set Catetere a 2 lumi /
2-lumen Katheter-set / Conjunto de cateter de 2 lumen /
2 lumen kateter kit / Катетер 2-просветный в наборе

Size / Taille / Tamaño / Größe / Misura /
Grootte / Tamanho / Storlek / Размер

Length / Longueur / Longitud / Länge /
Lunghezza / Lengte / Comprimento / Längd / Длина



REF 157.114

2028-09-04

2023-09-04

LOT

040923GP

Insertion Date

VYCON

REF 157.114

2028-09-04

2023-09-04

LOT

040923GP

Insertion Date

VYCON



(01)03660812128087(17)280904(30)1(10)040923GP

Prox. 3 lml/min*
Vol. 0.09ml**

Dist. 3 lml/min*
Vol. 0.07ml**



VYCON

Generic Name: Multilumen Softgrip Catheter
Brand Name: Vygon Multilumen Softgrip Catheter
Net Quantity: 10
NIP: 8872 (2nd of all sales)
Manufactured for: Vygon, Inc. (USA)
Imported and Marketed By: M/s Vygon India Pvt. Ltd.
8-17, Indira Nagar, Sec-24 Gurgaon-122 002, Haryana
Tel: (0124) 448 2801, 2
Mfg Date: Please refer to pack.
Exp Date: Please refer to pack.
Customer Care Address: info@multicath2.com
Customer Care Number: 0124 4482801/02
Import License Number: 180/1901/2019/000004
Actual Manufacturer: Vygon GmbH & Co. KG, Prager Ring
190 12079 Aachen - Germany
Legal Manufacturer: Vygon GmbH & Co. KG, Prager Ring
190 12079 Aachen Germany
Country of Origin: Made in Germany



* Flow Rate, Débit, Flajo, Flussrate, Flusso, Flow, Débito, Flöðeshastigheit, Скорость потока

** Priming Volume, Volume mort, Volumen muerto, Totraumvolumen, Volume di riempimento, Dose morte, Volume de preenchimento, Fyllnadsvolym, Объем заполнения

Pack contents may vary / Représentation non contractuelle / Representación no contractual / Abbildungen nicht verbindlich / Rappresentazione non contrattuale / Niet-bindende afbeelding / O conteúdo da embalagem pode variar / Forpakkingsinnehåll kan variera / Содержимое упаковки может отличаться



VYCON GmbH & Co. KG
Prager Ring 100
D-52070 Aachen
info@vygon.de
Tel: +49/241 9130-0
Fax: +49/241 9130-106
www.vygon.de



Symbols/Symbols ISO 7000 / ISO 15223



2L - 3Fr - 10cm



multicath2





RAINBOW HOSPITALS
Himayathnagar, Hyderabad

EEG Report

Patient Information

Generated :

ID	34-2026 HNH-0001639	In Out	
Name	MASTER DEVANSH	Doctor	Abhishek Ravindra Jain
Sex	Male	Examiner	Mr Sagar Sukapatla
Age	1	Referring Department	
Reporting Physician	Acute febrile with Meningitis	Examination Date	07/08/2026

Remarks

Technical aspect :

The scalp EEG record was done by 10-20 international scalp electrode placement with minimal technical requirements .

SUMMARY:

Background activity : The EEG record showing 2-2.5Hz activity on posterior leads , amplitude of up to 80-100 uV which is bilaterally symmetrical and synchronous .

Sleep markers : No Sleep markers

Epileptiform abnormalities : No Epileptiform abnormalities with generalized diffuse slowing left > right .

Electrographic and clinical events : No electrographic and clinical events were captured .

Activation procedures : Not used .

Artifacts : The record showing intermittent electrical and movement, EMG artifacts .

IMPRESSION: Abnormal EEG record findings are suggestive of diffuse cerebral dysfunction (to correlate clinically)

Dr Abhishek Ravindra Jain
Consultant Ped Neurologist

Signature: Mr Sagar Sukapatla/Incharge Neurotec

SENS 21:55:02[0000:21:18] [SENS 10 HF 70 LF 1.6 CAL 50]
100uV Patt. BIPOLAR AC Fil. ON Refer. OFF Reset OFF
x1

Date: 07/08/2026 ID: 34-2026 HNH-00016390
Name MASTER DEVANSH

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

Resp

22 Cz-Pz

ECG

23 X1-0V

SpO2

24 EtCO2

EtCO2

M
Scale 84% 0

5

10

SENS 100uV x1

21:51:14[0000:17:30] [SENS 10 HF 70 LF 1.6 CAL 50]
Patt. BIPOLAR ACfilt. ON Refer. OFF Reset OFF

Date: 07/08/2026 ID: 34-2026 HNH-00016390
Name MASTER DEVANSH

- 1 Fp1-F3
- 2 F3-C3
- 3 C3-P3
- 4 P3-O1
- 6 Fp2-F4
- 7 F4-C4
- 8 C4-P4
- 9 P4-O2
- 11 Fp1-F7
- 12 F7-T3
- 13 T3-T5
- 14 T5-O1
- 16 Fp2-F8
- 17 F8-T4
- 18 T4-T6
- 19 T6-O2
- 21 Fz-Cz Resp
- 22 Cz-Pz ECG
- 23 X1-0V SpO2
- 24 EtCO2 EtCO2



Scale 84% 0

5

10:

SENS
100uV
x1

21:34:35[0000:00:51]

[SENS 10 HF 70 LF 1.6 CAL 50]

Date: 07/08/2026

ID: 34-2026 HNH-00016390

Patt. BIPOLAR ACFilt. ON Refer. OFF Reset OFF

Name MASTER DEVANSH

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

Resp

22 Cz-Pz

ECG

23 X1-0V

SpO2

24 EtCO2

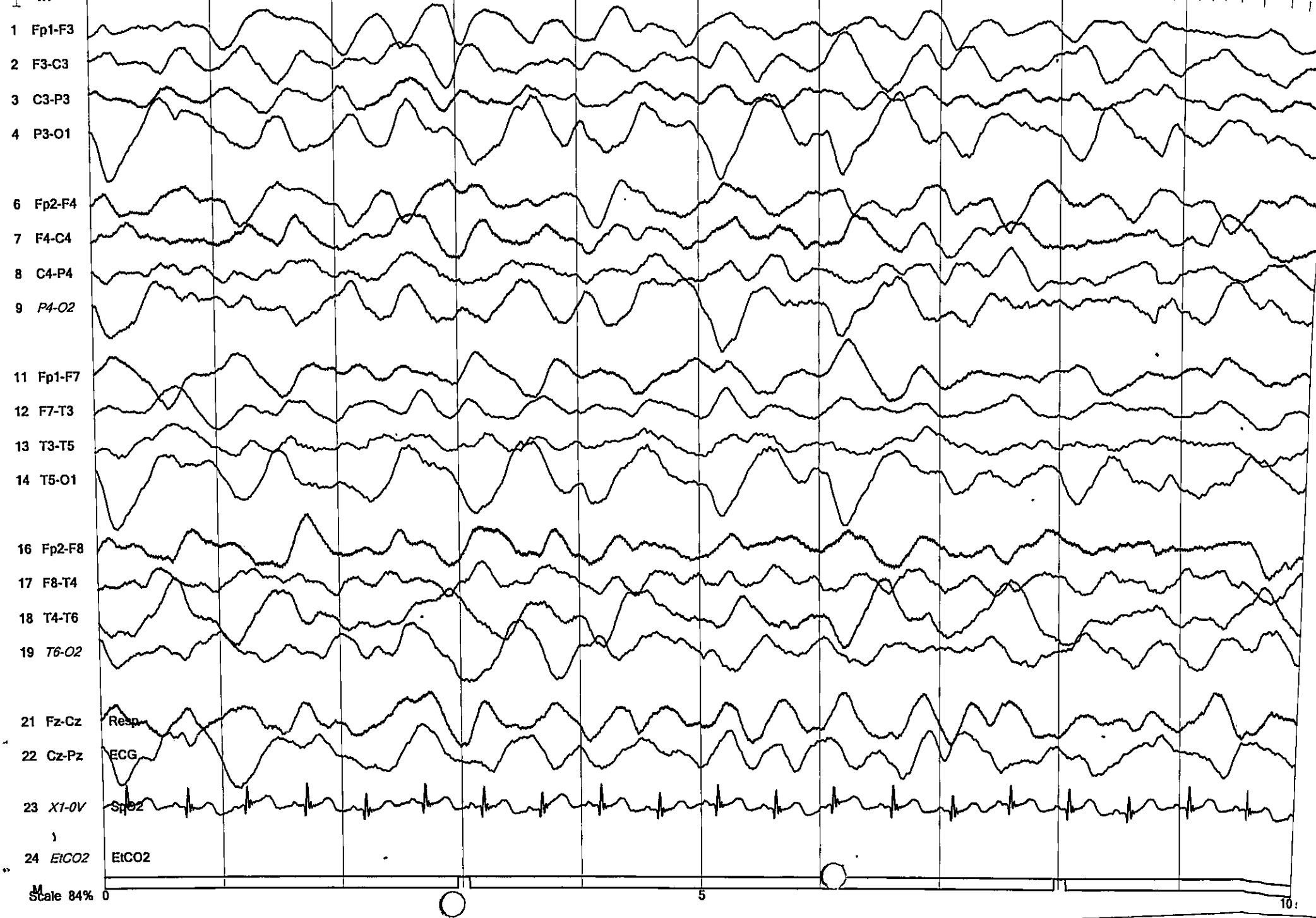
EtCO2

Scale 84% 0

5

10





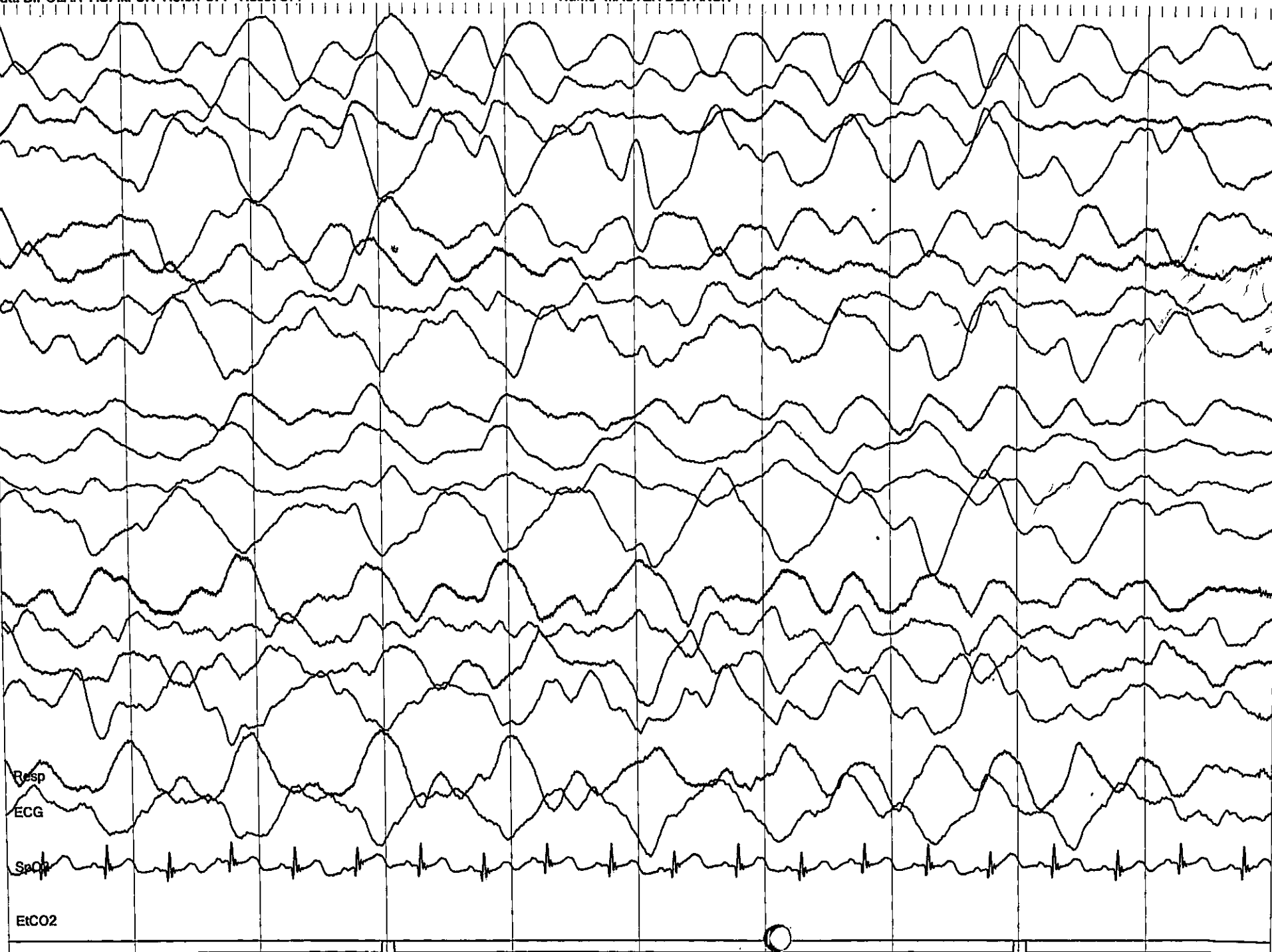
1 Fp1-F3
2 F3-C3
3 C3-P3
4 P3-O1

6 Fp2-F4
7 F4-C4
8 C4-P4
9 P4-O2

11 Fp1-F7
12 F7-T3
13 T3-T5
14 T5-O1

16 Fp2-F8
17 F8-T4
18 T4-T6
19 T6-O2

21 Fz-Cz
22 Cz-Pz
23 X1-OV
24 EtCO2



100uV
x1
Patt. BIPOLAR AC Fil. ON Refer. OFF Reset OFF

Name MASTER DEVANSH

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

22 Cz-Pz

23 X1-OV

24 EtCO2

Resp

ECG

SpO2

EtCO2

Scale 84% 0

5

10

SENS 21:44:39[0000:10:55] [SENS 10 HF 70 LF 1.6 CAL 50]

Date: 07/08/2026

ID: 34-2026 HNH-00016390

Patt. BIPOLAR ACfilt. ON Refer. OFF Reset OFF

Name MASTER DEVANSH

100uV
x1

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

22 Cz-Pz

23 X1-OV

24 EtCO2

Resp

ECG

SpO2

EtCO2

Scale 84% 0

5

10

SENS 21:46:29[0000:12:45] [SENS 10 HF 70 LF 1.6 CAL 50]

Date: 07/08/2026 ID: 34-2026 HNH-00016390

100uV
x1
Patt. BIPOLAR ACFill ON Refer. OFF Reset OFF

Name MASTER DEVANSH

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

Resp

22 Cz-Pz

ECG

23 X1-0V

SpO2

24 EtCO2

EtCO2

Scale 84% 0

5

10

[SENS 10 HF 70 LF 1.6 CAL 50]

Date: 07/08/2026

ID: 34-2026 HNH-00016390

100uV x1

Name MASTER DEVANSH

1 Fp1-F3

2 F3-C3

3 C3-P3

4 P3-O1

6 Fp2-F4

7 F4-C4

8 C4-P4

9 P4-O2

11 Fp1-F7

12 F7-T3

13 T3-T5

14 T5-O1

16 Fp2-F8

17 F8-T4

18 T4-T6

19 T6-O2

21 Fz-Cz

22 Cz-Pz

23 X1-OV

24 EtCO2

Resp

ECG

SpO2

EtCO2

Scale 84% 0

5

10

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP No : ----- Consultant : ----- Dept : *pediatric*
 Date of Admission : *7/7/26* Time : ----- Date of Discharge : ----- Time : -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>7/7/26</i>	<i>4:09 PM</i>	<i>ER</i>	<i>PIU</i>	<i>K. Vijaya Lakshmi</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1. ☒	<i>Dr. Alka Chandhara</i>	<i>1</i>	<i>13407</i>	<i>&</i>
2.				
3.	<i>Cross checked by Sujata on 13/7/26 at 4 PM</i>			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
7/7/26	CRP ✓ CRP ✓ PFT ✓ Ser. creatinine ✓ urea ✓ Blood cl - @ R/L ✓ Respiratory pump ✓ Smf ✓ VBG ✓	11184 11344 11185	
7/8/26	Dengue NSI ✓ Ferritin, Dengue antibody, PT (prothrombin time) ✓ APTT ✓	11184 11205	Be
7/8/26	Scrub typhus IgM antibody ✓	11208	Dengue
7/8/26	VBG ✓	11185 ✓	
7/8/26	RBS (105 mg/dl) ✓	11209 ✓	Dengue
8/7/26	VBG ✓ RBS (135 mg/dl) ✓	11211	
8/8/26	RBS (159 mg/dl) ✓		
8/8/26	CRP ✓	11212	Dengue
8/8/26	VBG (poc done) ✓	11213	
"	RBS (151 mg/dl) ✓	11212	
8/8/26	(x) ray chest ✓	8158 ✓	E
8/8/26	VBG ✓, RBS ✓ RBS - 145 mg/dl ✓	1226	Be

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/7/26	VBG ⁽⁸⁾ , GRBS ⁽⁶⁾ (115)	1276	Be
	CSF analysis		
	CSF Gram stain	1285	Be
	CSF cts		
8/7/26	E.C.G (Electroencephalogram)	8214	Be
9/7/26	VBG ⁽⁹⁾ , RBS ⁽⁷⁾ (150mg/dl)	11297	Be
9/7/26	GENXPERT MTB/RIF PCR	11337	Be
9/7/26	CBP		
	CRP	11337	Be
cross checked by Dr. Gupta on 9/19/26 at 11:00			
9/7/26	GRBS ⁽²⁾ (143mg/dl)	11368	Be
10/7/26	VBG ⁽²⁾ , RBS ⁽⁹⁾ (119mg/dl)	11388	Ramya
10/7/26	CBP	11389	
10/7/26	VBG ⁽⁹⁾	11412	
10/7/26	VBG ⁽¹⁰⁾	11428	Be
10/7/26	RBS ⁽¹⁰⁾ (157mg/dl)	11429	Be
10/7/26	Gpm VBG ⁽¹¹⁾	11429	Be
10/7/26	GRBS ⁽¹¹⁾ (117mg/dl)	11444	
10/7/26	X-ray ⁽¹²⁾	8317	
10/7/26	VBG	Cross checked by Ramya 11/2/26 at 2 am.	
10/7/26	RBS (117mg/dl)	11444	
11/7/26	VBG ⁽¹²⁾	11459	Ramya
10/7/26	X-ray chest	8292	Be

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/7/26	CBP, CRP	11467	} <i>Amr</i>
11/7/26	VBG ⁽¹³⁾ , RBS ⁽¹²⁾ (131 mg/dl)	11466	
12/7/26	CBP, CRP	11467	} <i>Be</i>
12/7/26	ABG ⁽¹⁴⁾	11542	
12/7/26	GRBS ⁽¹³⁾ (80mg/dl)	11538	
12/7/26	urea, Creatinine	11537	
12/7/26	x-ray ⁽³⁾ chest	8404	<i>Be</i>
13/7/26	ABG ⁽¹⁵⁾ , RBS ⁽¹⁴⁾ (120mg/dl)	11600	<i>Be</i>
13/7/26	CBP, CRP	11601	<i>Be</i>
cross checked by Sumit 13/7/26 at 2AM			
12/7/26	GEG upto 1 hour	8473 13014	<i>Be</i>
11/7/26	GEG upto 2 hours	8473 13014	<i>Be</i>
12/7/26	EEG	8499	<i>Be</i>
13/7/26	ABG ⁽¹⁶⁾	08416	<i>Be</i>
	osmolality	11646	} <i>Be</i>
	urine for osmolality		
	Urine Electrolytes		
cross checked by Sumit on 13/7/26 at 4pm			

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	Invasive monitor		14/7/26 at 8 AM	11608	Sonihe
	Infusion pump	4pm	14/7/26 at 8 AM		
	Oxygen		14/7/26 at 8 AM		
2/2/26	Syringe pump (3% NS)	4pm	8/7/26 at 1 AM	11617	Ramgar
8/7/26	Ventilator	8/7/26 at 10 AM	8/7/26 at 1:30 PM	11721	E
9/7/26	Syringe pump Fentanyl	at 10 AM	10/7/26 at 7 AM	2155	Q
Coxe checked by Sujata on 9/7/26 at 3 PM					
10/7/26	Hfnc	10/7/26 at 1:30 PM	10/7/26 at 6:30 PM	12470	E
10/7/26	Ventilator	6:30 PM	14/7/26 at 1 AM	12542	Q
10/7/26	Syringe pump (medex)	10/7/26 at 11 PM	13/7/26 at 1 AM	12653	Ramgar
11/7/26	Syringe pump (Norad)	11/7/26 at 2:30 PM	12/7/26 at 5 PM		
11/7/26	Syringe pump ketamin	11/7/26 at 9 AM	14/7/26 at 1 AM	212705	E
11/7/26	Syringe pump Heptoc	11/7/26	14/7/26 at 1 AM	212707	E
Coxe checked by Sujata on 11/7/26 at 5 PM					
12/7	Infusion pump	11 PM	14/7/26 at 1 AM	13274	Q
13/7	Syringe pump NG feeding	10 AM	14/7/26 at 1 AM	13398	E
Coxe checked by Sujata on 13/7/26 at 10 AM					

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
7/7/26	W placement	1	11542	[Signature]
"	Central line	1		
"	Foley's Catheter	1	11607	[Signature]
7/7/26	PAC for CT ①	1	11734	[Signature]
8/7/26	ET Intubation	1	11733	[Signature]
8/7/26	PAC for MRS ②	1	11743	[Signature]
8/7/26	LP	1	11916	[Signature]
9/7/26	NHA	①	12054	[Signature]
Cross checked by Sujata on 9/7/26 at 2PM				
11/7/26	Nebulization	3	12471	[Signature]
11/7/26	Arterial line	1	212699	[Signature]
11/7/26	Nebulization	4	212701	[Signature]
10/7/26	ET Intubation	1	12541	[Signature]

Cross checked by Sujata on 13/7/26 at 2AM

ANY OTHER INFORMATION

13/7/26 PAC ③ ① 213397

Cross checked by Sujata on 13/7/26 at 2AM

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
VBG - 13 ABG - 3 Chloroform - 4 ECG - 4 PAC - 3 PSS - 14 Cross checked by Sujata			

Date: 14.07.2026

CONSENT FOR DO NOT RESUSCITATE

Patient name: **Master DEVANSH SANKHLA**
Age/Sex: 1 Y 6 M 2 D
UHID : HNH00016390
IP26-00006775

I, Mr MUKESH SANKHLA, father of baby Master DEVANSH SANKHLA, Resident of RAM SADAN, 2-2-1109/B/SBK/38, STREET NUMBER 10, VAIBHAV COLONY Amberpet Hyderabad Telangana INDIA 500013, who is admitted in PICU of Rainbow Children's Hospital - Himayatnagar Branch, with the diagnosis of ACUTE MENINGOENCEPHALITIS (STREPTOCOCCAL PNEUMONIAE)/ SEVERE CEREBRAL EDEMA/ CEREBRAL HERNIATION/ GLOBAL HYPOXIC ISCHEMIC INJURY/ SEVERE ENCEPHALOPATHY. Doctors have counselled and explained us in detail regarding the critical condition of my child and about the guarded prognosis and surgical & long term treatment plan. After understanding the possible outcomes, I hereby give consent not to escalate his care including need for prolonged ventilator support, and any form of cardiopulmonary resuscitation in case if he worsens. I have been explained in detail that not resuscitating or not escalating his care may lead to cardiopulmonary arrest and death. Being aware of all that, I give consent for not to escalate in case of deterioration.

Parent's Signature: **Mukesh**
Name: **Mukesh**
Date and Time:

14/7/26

10:5 A.M

Dr. N. VARUN

Witness 1 sign:

Name: **र. म. कि. शर्मा**

Date and Time: **14/7/2026**

Relation: **ग्रामपंडित 10:5 AM**

Witness 2 sign:

Name: **MUKESH**

Date and Time: **14/07/26**

Relation: **10:05 AM**

uncle

Rainbow Children's Medicare Limited

Door No. 3-6-267, Himayatnagar, Opp. Café Niloufer, Hyderabad - 500029, Telephone: +91 40 48873000
email: billingbanjara@rainbowhospitals.in | tpa.bnj@rainbowhospitals.in

GST: 36AABCR4014M1ZE | email: info@rainbowhospitals.in | CIN: U85110TG1998PLC029914 | www.rainbowhospitals.in

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mast Denanoh Age : 1y6m Gender : Male ☒ Female ☐

UHID NO: 4NH-16390 Surgeon Name: —

Anaesthesiologist : Dr. Lamin Inayath

Operative procedure planned : CT- Brain

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 : <u>Cardio respiratory anest / High risk transport</u> | | | |

Comments :

- 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 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 : Suman Kachhawa

Name : Mrs Suman

Relationship with Patient : Aunt

Date & Time : 13/7 2pm

Witness :

Signature : Santosh

Name : Mrs Santosh (aunt)

Date & Time : 13/7 2pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr Samir Chayati

Date & Time : 13/7 at 2pm



CROSS CONSULTATION FORM

Doctor Name : Dr. Chandana Date : 13/7/26 Time : 12:30pm

Diagnosis : Acute Meningoencephalitis / ? C&F Rhinorrhea.

Hospital :

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 :

Thanks for referral

11/0 Junc - 1 week
dull activity

Bloods/MRI Brain noted

opinion reqd - early Elective
Tracheostomy

11/0 - poor neurological
resp / prolonged vent
requirement

Requirements - -4 and 4.5 size cuffed and uncuffed.
tracheostomy tube

- opinion from Radiologist - MRI

- Inform eos.

to look for any skull base
Brain defect

Consultant :

Name : Dr. Chandana Signature : [Signature] Date & Time : 12:30pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Max Denash Age: 1y6m Sex: Male UHID.No:
Date: 13/7 Time: 2pm Proposed Operation: CT - Brain plain
Diagnosis: Acute meningoencephalitis
B.P / CRT: 93/64 H.R: 113 Weight: 9.5 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: —

Medical History: CVS: /

RESP: CT Scan for neuroprognostic alter Diabetes: —
CNS: Child on MV, EIVM, NOAD + KETAMINE INFUSION.
Renal: no cough reflex,
Hepatic / GE: / Physical Activity: nil.
Others: /

Past Anaesthetic History: prev. CT/MRI done i anaesthetic

Physical Exam:

Airway: 4.5 MP 1 2 3 4 Mouth Opening: Mento-hyoid Distance: Neck: Teeth:
Lungs: ETT 3/4 AE (+) Chest is clinically clear
Heart:
CNS: No response GCS EIVM,
Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: peripheral (+) Spine Exam for regional: —

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

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

CURRENT MEDICATIONS	DOSAGE
<u>as per chart</u>	

Pre-Operative Instructions:

- DVT Prophylaxis :
 - Water / ORS 2 Hours
 - Others 6 Hours
- NIL ORAL
- Informed Consent: ☐ Standard ☒ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Danni Mayak
Docu. No. : RCH / FRM / CLINICAL / 044

ANAESTHESIA CHART



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

[illegible]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

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 ₂	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 :			
		☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway	☐ Nasal Prongs ☐ T-Piece ☐ 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:			

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY					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 move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	RESPIRATION					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\pm$ 20 of Pre Anaesthetic level	= 2	CIRCULATION					
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1						
BP $\pm$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	CONSCIOUSNESS					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL							

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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
 - Within 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker

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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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 :

Patient Name : **Master . DEVANSH**
Age/Gender : **1 Y(s) / Male**
Ref.Dr : **Dr Abhishek Ravindra Jain**
Reference : **Self**

Reg No : **HIMN072600968**
Reg Date : **13-Jul-2026 14:32**
Reported Date : **13-Jul-2026 15:43**

CT BRAIN WITHOUT INTRAVENOUS CONTRAST

Technique:

Non-contrast CT scan of the brain was performed on a multislice MDCT scanner.

Clinical indication: 1-year-old child with fever, cold, seizures and positive Dengue IgM.

Findings:

Diffuse cerebral edema is noted with near-complete effacement of the extra-axial cerebrospinal fluid spaces.

Large ill-defined hypodense areas are noted involving the bilateral cerebral hemispheres, bilateral basal ganglia and cerebellar hemispheres, with diffuse loss of normal grey-white matter differentiation.

Marked mass effect is present with near-complete effacement of the fourth ventricle, along with effacement of the perimesencephalic, prepontine and perimedullary cisterns, bilateral cerebellopontine angle cisterns, bilateral foramina of Luschka and the foramen of Magendie, consistent with severe posterior fossa edema.

Dilatation of the bilateral lateral ventricles and third ventricle is noted, with the right temporal horn measuring approximately 10 mm, suggestive of obstructive hydrocephalus secondary to fourth ventricular compression.

No acute intracranial hemorrhage is identified.

No significant midline shift is identified.

Incidental pan-sinus mucosal disease (pansinusitis) is noted.

IMPRESSION:

*** Diffuse severe cerebral edema with extensive hypodensity involving the bilateral cerebral hemispheres, bilateral basal ganglia and cerebellar hemispheres, associated with diffuse loss of grey-white matter differentiation, highly suggestive of global hypoxic-ischemic injury and/or severe encephalopathy/cerebritis. Correlation with the clinical setting is recommended.**

*** Severe posterior fossa edema with near-complete effacement of the fourth ventricle, basal cisterns, bilateral foramina of Luschka and foramen of Magendie.**

Dr.Sunitha Lingareddy
Consultant Radiologist

Dr.Praveen Jagarlamudi
Consultant Radiologist

Dr.Vikas Reddy P
Consultant Radiologist

Dr.Rajya Lakshmi.D
Consultant Radiologist


Dr.Sai Sanjana U
Consultant Radiologist

Regd. Office:

Page:1 of 2

Plot # 18, Rao & Raju Colony, Road No.2, Banjara Hills, Hyderabad-500 034.
Ph: 91 40 4419 4444 Toll Free No : 1800 123 4577

www.luciddiagnostics.com



PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016390 IP26-00006775
Master DEVANSH
08-01-2023 1 Y 8 M 2 D (M)
Dr. ABHISHEK RAVINDRA JAIN



Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____



Physical Examination

Name : _____

Age/Sex _____

Informant _____

Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- no fever $\therefore$ 3 days
- no cold $\therefore$ 3 days.
- no dull activity & unresponsiveness $\therefore$ 1 day.

History of present illness :

child was apparently normal 3 days ago,
 jlb developed fever - high grade, also
 chills, not relieved on taking
 medication.

child also no cold $\therefore$ 3 days also runny
 nose

- child was dull, & not responding properly
 $\therefore$ 1 day

- passing urine & stools adequately

- no vomiting / pain abdomen /
 bleeding manifestations

outside

- dengue IgM (+)
- CRP: 19 $\uparrow$
- Received ceftriaxone
 $\times$ 2 days.
- urea: 65
- creat: 0.6

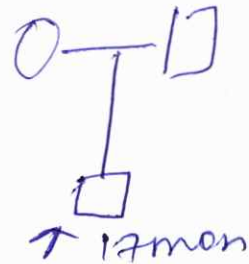
Pediatric Multiorgan History & Physical Examination

HNH-00016390 IP26-00006775
Master DEVANSH
08-01-2025 1 Y 6 M 2 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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

Birth & Neonatal History :

term / 2.8 kg / asps /
no NHI admission



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

upto date

Immunization History :

upto date .



History & Physical Examination

Anthropometry

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

Weight (kgs) 9.5 kg (Centile _____)

On Examination :

Temperature : 97.8 Pulse Rate: 117 bpm Description _____

B.P. 100/75 (83) SPO2 100% at _____

Resp. rate and type of breathing : 23 bpm 2 NP 22/min

Rash ⊖

Lymphadenopathy ⊖ Bp at 90th centile

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : RDE ⊕ clear

Air entry & breath sounds : _____

Any addles sounds : _____

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

Cardiovascular System :

Inspection of precordium : S1 S2 ⊕ no murmur

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection soft, no distension

Palpation : ? mild hepatomegaly

Ausculation : _____

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

HNH-00016390
Master DEVANSH
08-01-2025
Dr. ABHISHEK RAVINDRA JAIN
1 Y 6 M 2 D
(M)
IP26-00006775

Central Nervous System :

Level of Consciousness : AVPU/GCS Score :

- GCS : E2 V4 M5
10/15.

Cranial Nerves :

Pupils : reacting to (sluggish)
light
normal in
size

Motor System :

attenuated
sensillum (+)

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials :

Plantars

Sensory System :

normal.

Bladder / Bowel :

Clinical Summary & Diagnostic :

meningoencephalitis
2° to ? dengue

Pediatric Multiorgan History & Physical Examination

HNH-00016390 IP26-00006775
 Master DEVANSH
 08-01-2025 1 Y 6 M 2 D (M)
 Dr. ABHISHEK RAVINDRA JAIN

Preventive aspects of the treatment :

Bp centiles :

50th → 87/41

90th → 100/54

95th → 104/56

Desired goals of the treatment :

95th+12 → 116/68.

Planned Labs :

- VBG
- CBP, CRP
- LFT
- ss. creat, urea
- Paired Blood ds
- Resp. Panel
- dengue NS,
- SMP
- extra sample - 1
- CECT Brain

Planned Management :

- 1) IV ceftriaxone
- 2) IV acyclovir
- 3) 3% NS - 25ml/kg
solus.

NIBSHISTIN

NIBSHISTIN

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
(Including the name of City)
3. Contact number of the Referring Doctor : _____
(Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on
whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

201

Name : Devansh

Age: 1 Year 6 months

Weight : 9.5kg

Diagnosis: Acute Meningoencephalitis

N.G Feeds - 3rd Hourly [Liquid]

7 AM : Vegetable Clear soup - 120ml

10 AM : Tender Coconut water - 120ml

1 PM: Tomato Clear Soup - 120ml

4 PM : ORS [WHO]/Rice Starch Water - 120ml

7PM : Mixed vegetable soup - 120ml

10 PM : Carrot Clear Soup - 120ml

1 AM : Vegetable Clear Soup - 120ml

4 AM :Dal water :120ml

Important Precautions:

- Blend until completely smooth and strain to avoid blocking the NG Tube.
- Prepare feeds fresh using safe food hygiene practices.
- Do not leave feeds at room temperature for more than 2 hours.
- Flush the NG Tube with 5 - 10ml sterile or boiled and cooled water before and after feeds
- Stop feeds and inform the treating team if the child develops vomiting, marked abdominal distension, diarrhea, sign of aspiration or poor feed tolerance.
- Keep the child 30 to 40 Head - up position during feeding and for 30 to 40 mins afterward.
- Gradually increase 10ml per feed depends on child tolerance.

Dietitian Signature

Sathwika G

12/7/26



Adrenaline - 6/15 hourly

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
11/7/26	00.00	Adrenaline	Dr	
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
11/7/26	06.00	Adrenaline	Dr	
	07.00			
	08.00			
	09.00			
	10.00			
	11.00		(21) &	
11	12.00	Adrenaline		
	13.00			
	14.00			12761
	15.00			
	16.00			
	17.00			
11	18.00	Adrenaline		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



Adrenaline @ 4th hourly

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
10/7/26	14.00	Adrenaline	} ② ③ 12471	
"	15.00	Budecort		
	16.00			
	17.00			
"	18.00	Adrenaline		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



plcu-201

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order			
9/7/26 5:12 PM	∴ <u>NUTRITION REVIEW</u> ∴ ∴ <u>NG FEEDS 3rd HOURLY</u> ∴ Energy : 85-100 kcal/day carbohydrate : 22-27 g/day protein : 2.5-3.5 g/day fat : 20.5 g/day Total volume : 600ml/day	Age : 1Y6M Diagnosis : Acute meningococcalitis Weight : 9.5 kg			
TIME	FEED	ENERGY(kcal)	CARBOHYDRATE(g)	PROTEIN(g)	FAT(g)
1pm	Carrot clear soup	8-12	2-3	0.2-0.4	0
4pm	Tender Coconut water	14-16	3.5-4	0.3	0
7pm	pail water	12-18	2-3	0.8-1.2	0.1
10pm	Mixed vegetable clear soup	8-12	2-3	0.3-0.5	0
1AM	Tomato clear Soup	10-15	2-3	0.3-0.5	0
4AM	vegetable clear soup	8-12	2-3	0.3-0.5	0
7AM	ORS(WHO)/rice starch water	~15(or)15-20	3.4(or)4	0(or)0.2	0
10AM	Tender coconut water	14-16	3.5-4	0.3	0
<u>IMPORTANT PRECAUTIONS:</u>					
→ Blend until completely smooth & strain to avoid blocking the "NG" Tube.					
→ prepare feeds fresh using Safe food hygiene practices.					
→ DO not leave feeds at room temperature for more 2 hours					
→ Flush the NG Tube with 5-10ml Sterile (or) Boiled & cooled water before & After feeds.					

Docu. No. : RCH/FRM/CLINICAL/088

(PT.O)



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

**RESULT SHEET**

Date	13/7/26					
Time	5.30am					
Hb	7.9					
PCV	23.5					
RBC	3.49					
WBC	23.20					
N/L	80.6/15.5					
Platelets	484					
CRP	122					
ESR						
PCT						
RBS						
Na	223					
K	35.3					
Cl	184					
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						
osmolality	240					
urine osmolality	442					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



①

RESULT SHEET

Date	7/7/26	8/7/26	9/7/26	10/8/26	11/8/26	12/7/26
Time	3:43 pm					6:04 am
Hb	9.0	7.9	7.9	7.8	9.3	
PCV	25.9	23.1	23.5	23.9	27.4	
RBC	3.95	3.53	3.54	3.48	4.10	
WBC	9.46	7.43	11.95	14.67	16	
N/L	53.4/44.7	65.1/33.5	49.6/45.6	49/42	43.5/49.4	
Platelets	63	60	122	214	437	
CRP	294.0		41	16	16	
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	48					13
Creatinine	0.5					0.2
ALP	143					
SGPT	12					
SGOT	44					
T.Bill/Conj	0.3-0.2 -0.1					
T.Protein	4.8					
S.Albumin	2.6					
S.Globulin	2.2					
A/G Ratio	1.1					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L Ferritin	793					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
PT (prothrombin time) -						
PT - 14						
PT calculated Biological - 12.5 - 14.5 secs						
Reference interval -						
MMP - 13.5						
IMR 1.0						

Culture and Sensitivities : Blood culture - no growth after 48 hrs of incubation.

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.) :



® Banjarahills Hub
8-2-269/4/B, Beside New
Rainbow Children's Hospital,
Road no.2, Banjara Hills,
Hyderabad - 040 47169189,
GST :36AAGCC8833Q1ZX

TID : UMR4828022
Name : Master.DEVANSI HNH-
00016390
Age/Gender : 1Y(s) /Male
Ref.By : DR ABHISHEK RAVINDRA JAIN

Req No : 26BNJH0022795
Mobile No : 7702851492
Reg.Dt : 08-Jul-2026 03:30.46 PM
Email : -
Client Name :

**Tenet Medcorp Pvt Ltd
Bill Cum Receipt**

S.No	Service Cd	Service Name	Rate	Discount	Net Amount	Can.amt
1	TNT4046	Pediatric MRI Brain Plain	11,500.00		11,500.00	
Total :			11,500.00		11,500.00	
					Total Amount	11,500.00
					Net Amount	11,500.00
					Paid Amount	11,500.00

Walleys : 11500.00

Received with thanks from DEVANSI HNH-00016390 a sum of Rs. 11,500.00/-

In Words ELEVEN THOUSAND FIVE HUNDRED



* This is an Electronically Generated Receipt & Does Not Require Signature *



26BNJH0022795



UMR4828022

Printed By/Date Time : arunaa/08-Jul-2026 03:30 PM

Created By/Date time : arunaa/08-Jul-2026 03:30 PM

By availing the above Service(s) and accepting this Bill cum Receipt, you indicate that you have read the Terms and Conditions, Privacy Policy, Refund and Cancellation Policy available on www.tenetdiagnostics.in (as modified from time to time) and agree to be bound by the same. Report collection and follow-up with Tenet Diagnostics & consultant remain the sole responsibility of the customer.



Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB ; <https://rainbowhospitals.in>

[illegible]

Admission No : IP26-00006775 Admit Date : 07-Jul-2026 Admit Time : 03:12 PM UHID : HNH-00016390

Patient Name	: Master DEVANSH	Age	: 1 Y 6 M 2 D
Guardian	: Mr MUKESH	DOB	: 06-01-2025 01:00 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: RAM SADAN,2-2-1109/B/SBK/38, STREET NUMBER 10, VAIBHAV COLONY Amberpet Hyderabad Telangana INDIA 500013	Phone No	: 9573632738/ 9032332520
		E-mail	: 9573632738@GMAIL.COM

Bed Type	: PICU	Bed No	: PICU-201	Ward Name	: 2F -PICU
Room No	: PICU-201	Admission Type	: First Visit		

Name	: Mr MUKESH	Relationship	: Father
Contact Address	: RAM SADAN,2-2-1109/B/SBK/38, STREET NUMBER 10, VAIBHAV COLONY Amberpet Hyderabad Telangana INDIA 500013	Phone No	: 9573632738

Signature

Doctor Name	: Dr. ABHISHEK RAVINDRA JAIN	Specialisation	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self.	Phone No	:
Co-Consultant	: Dr. PRITESH NAGAR		

Payment Mode	: DC/CC Card	Payor Name	: SELFPAY
--------------	--------------	------------	-----------

IP26-00006775

06-01-2025

1Y6M2D

(M)

Dr. ABHISHEK RAVINDRA JAIN



~~11th hourly~~
12th hourly



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

RBS CHART				
Date	Time	RBS (mg/dl)	IVF %	Signature
7/7/26	8pm	105	DNS + 5ml KCl	
8/2/26	12 AM	135 mg/dl	DNS + 5 ml KCl	
"	4 AM	159 mg/dl	"	Remye
"	8 AM	151 mg/dl	"	
8/7/26	12 pm	145		
"	6 pm	115	DNS + 10ml KCl	Swick
9/7/26	8 AM	150 mg/dl	"	Remye
9/7/26	8 pm	143 mg/dl	"	Beuf
10/7/26	6 AM	119 mg/dl	"	
10/7/26	12 pm	152 mg/dl	"	
10/7/26	6 pm	117 mg/dl	"	
11/7/26	6 AM	131 mg/dl	"	
12/7/26	6 AM	80 mg/dl	"	
13/7/26	6 AM	120 mg/dl	"	dy



mat. Devansh



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26		
02:30 pm	Counselling note.	
	Acute febrile Encephalopathy.	
	Fever with altered consciousness since 2 days.	
	Already received IV fluids, IV antibiotics at referral Hospital; however, symptoms persisting & worsening.	
	Child responding only to painful stimuli.	
	Needs PICU admission & further investigation including CT/MRI brain.	
	Risk of worsening consciousness, seizure explained, & may need mechanical ventilation.	
	Overall guarded prognosis explained to parents & family in their own language.	
	Dr. Aniket P. PADASHAR Reg No: 08568	Mukesh (Uncle)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/26 4:30pm	<u>cl/hy. Dr. Pritish</u> Acute febrile Encephalopathy. 2 Dengue Encephalopathy. (Dengue IgM +ve)	
	- HR = 112/min - SpO ₂ = 100% BP = 91/62 (73) mmHg - GCS = 10/15. E2 V3 M5	- IV fluids. - catheterize child. (U/O monitoring) → ct CEFTRIAXONE ACYCLOVIR.
	ONSD.	→ 3.5. NS Inj. 2ml/h. (0.1-0.2 ml/kg)
	CVS - S ₁ , S ₂ @ RY - B ₂ - ACF @ pulse volume @ DP - 92/61 (74) PLA - 50 cc	← CCT Brain. C Contrast - 4 RBB chub @ 6pm.
	RM:- pup: 6 - B ₂ - rectly p light - none	- Avoid plasma/lys - send Ferritin APTT/PT, INR dengue IgM
		- Inj. Methyl Prednisolone 2mg IV stat
		- Plan for central line insertion

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
(5pm)	<u>Counselled</u>	Father / N/A
7/6/26	<u>Serious</u>	Mother / ✓
	<u>Dengue</u>	Mama / ✓
	Attack Brain	Masi / ✓
(+ve) ✓	Platelet: 60k	Conscious level ↓ ↓
	Neobbs	Bacterial No evidence
	R/o other Reasons	✓ Danger
	Supportive // No Medicine for Dengue	✓ Life Risk //
	Infection Antib ✓	
	[48-72h] ✓ Idea	Brain ONSD
		Brain Swelling
	Sudden Collapse + Breathing	
	Then Time frame decide BP HR Risk	
	Ventilation may be need / Central line	

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/2/25 6:30 pm	Dr. Abhishek Δ: Acute febrile Encephalopathy ? (Dengue Encephalopathy) GCS: 10	
	CT Not showed like - <u>ENEC</u>	
	dental Nuchal - prominent	
	If symptoms worsen → vent	
	Methyl pred → pulmonary	
	Togilzomal	
7/2/25 7:30 pm	Dr. Prateek / Dr. Aniket GRBS → 105 mg/dl central line established Foley's inserted	
	HR - 128 bpm RR - 28/min pp - wt	
		Advice • Watch chloride levels • Blood gas every 6 th hourly • Discontinue Acyclovir • Monitor GCS • GRBS monitoring 1 st hourly • (T) Labs noted by sister



Date & Time	Progress Notes	Doctor's Order
2/2/2026 8pm	S/B Dr. Naveen / Dr. Aniket / Dr. Pritesh <u>Acute febrile encephalopathy</u>	
		Plan
HR - 106/min		(1) Kcl correction now
BP - 106/64 mmHg		(2) Next blood gas at 12am
		(3) monitor CRBS
CRP - <u>29</u> mg/dL		(4) If Na^+ $\rightarrow$ 150 - stop 3% NaCl
		(5) Plan for LP 1/m <u>key</u>
		(5) <u>scmb IgM</u>
		- Add Doxycycline
		- Stop Ceftiozone & start meropenem
		- (5) CBP coming morning along w VBC
		- Plw Dr. Abhishek (clm)
		Noted by Sunitha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/1/26 10 pm	S/B Dr. Archana GCS - E3 V2 M5 (10/15) - on O ₂ by np → 2L ole pupils - BL reactive to light HR - 124/min RR - 22/min PP - w/f BP - 98/72 (81) mmHg SpO ₂ - 99% S/E CRS - active, dis-oriented Rd - ASBC, BL clear P/A - soft, int CRS - S/S	Adv • Blood gas @ bpm • Ct meropenem & doxycycline • Monitor GRS 4 th hourly with blood gas • T labs • Ct ZVF • Ct rest same • Monitor GCS Ld / Dr. Archana
12 pm	GRBS - 135 mg/dl U/O (4 hrs) - 8.6 cc/kg/hr Rd - S/S	Advice • Stop 3% NS infusion • Make O ₂ support @ 1L by np • (S) CBP, VBG (C/M) @ 6 am • Ct ZVF @ 25 cc/hr • Monitor GCS



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 7AM	1B Dr. Achane Δ: Acute febrile encephalopathy on O₂ by np @ 1 L O₂ Euthermic NBM GCS - E2 M4 V2 (8/15) o/e HR - 98 bpm RR - 24/min pp - wf SpO₂ - 98% BP - 102/62 (73) mm Hg (90-95th %ile) Keenings sign (+) ΔE CNS - GCS 8/15, Bk pupils reactive to light CNS - 8/5 (+) Re - ASBE, Bk clear PlA - soft int.	Adv • Ct meropenem & Doxycycline • Ct 2vf @ 2/3 mty • Ct GCS monitoring • (P) Respiratory panel SMP (Dengue NS, IgM) -ve - Scrib. Typhus IgM - Blood C&S • (S&S) Intubate if consciousness deteriorates • Plan to do LP today W/B Sufame 6/ Dr. Achane

PROGRESS NOTES AND DOCTOR'S ORDER	
	Doctor's Order

PROGRESS NOTES AND DOCTOR'S ORDER	
Date & Time	Progress Notes
8/7/2	SB Dr. Abhishek
9 AM	Δ: Acute Meningo Encephalitis
	GCS: E3 M4 V2 (9/15). Worsening in sensorium (+)
	SE CNS - reflexes B/L knee-brisk (L > R)
	Kernigs - positive neck sign Spasticity (+ve)
	Adv • LP today for CSF analysis • Eng m. (SOS) MRI Brain with contrast • Lt meropenem + doxycycline • Monitor fever spikes • Intubation
	N/B Sufama
	Dr. ABHISHEK RAJINDRA JAIN Reg. No: 02757
	Abhishek

6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7 9:15 AM	4/6/23 Dr. Prateesh / Dr. Aniket <u>Acute Meningoencephalitis</u>	(? ADEM)
	Sensorim Worsening E, M, M ₄ GCS → 8-9/15 Neck rigidity ⊕ Kernig's Sign ⊕	<u>Plan</u> 1) Transfer to Neuro 2) MRI Brain Contrast + Spine screening 3) Intubate & Mech-Ventilation 4) LP after MRI brain 5) Inj Meropenem Inj Doxycycline 6) Monitor GCS - Respiratory effort - Vitals 7) Decide on M.P. & IVIG after 27 8) Term - Screen M.P. / Screen type - Blood tests 9) NIBS screen
	Vital HR - 88/min SpO ₂ - 100% on low flow O ₂ RR - 23/min BP - 106/66 (76) mmHg Parity of movement of Left side even on stimulus Pupils - B/L reactive to light	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am 8/07/26	<u>Counselled</u> Platelet ↓ Hb ↓ CRP 294 LOC / unconscious CT Scan Swelling+	MENINGITIS ✓ MENINGO ELEPHALITS Dengue card Test tre But ELISA Negative
	Antib already Adm 1st dose * ✓ Meropenem ✓ → Inj R Maximum / No further scope	Rx Same -
	Brain Infection Nerves Damage - ADEM	LONG Rx
	(LOC) → Down Eye open x Pain Response low (R) > (L) → weakness Movement	CSF analysis ↓ * Airway MRI CSF ventilation ✓
	(MRI) - (Plan)	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/12/26	S/B Dr. Purosh / Dr. Anshu	
10 AM	Child Intubated with ET 4.5 Fr and fixed at 13.5 cm under strict Aseptic conditions and taken on ventilator in Volume control mode	Play
	Post Intubation	
	HR - 115/min	VC mode
	SpO ₂ - 99%	PEEP - 5
	BP - 113/84 (93)	Tv - 60
		Rate - 30
		F _i O ₂ - 30%
	CVS - S ₄ , S ₅ ⊕	
	CRT - 2 sec	IC MEROPENEM
	M-BL - ACE ⊕	DOXYCYCLINE
	Femur	
	CMi - Sedated	IV Fluid DM
	pre-intubation	@ 25% VBE repeat @ 12 PM
		MRI Brain plain + contrast
		Spine Spine Screening
		Ym
		N/B Sent the



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/2/26 12:30 PM	SIB Dr. Sreyhan	Plg
	VBG done	
	pH - 7.32	- Add 7.5u KCl
	pCO ₂ - 42.6	in 500ml DM
	pO ₂ - 44	
	K ⁺ - 3.6	- Repeat VBG @ 6 PM
	Na ⁺ - 151	
8/2/26 2:15 PM	SIB Dr. Sreyhan	
	Δ Acute Meningoencephalitis	
	? ADEM	
	on ventilation	
	in VC mode	
	HR - 116/min	
	SpO ₂ - 99%	
	WBC - 5.4, SIB	
	CRTC 2 sec	
	RY - BLK - AKB	
	Equal	
	CNS: 4 E, V, M, Y	
	GGC CS - 6/10	
	Pupils - BLK - reactivity	
	normally to light	



8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 6 PM	S/B Dr. Prateesh Δ Acute Meningoencephalitis ? Post-infectious sequelae	
	on ventilation in Volume control mode - cf IV fluids DMS @ 2.5 u/h HR - 110/min SpO ₂ - 98%	PLE
	BP - 104/61 (73)	cf MEROPENEM DOXYCYCLINE
	CNS - SpL @ CAT = 2 sec RI - BLK - ACF @ Equal.	Trace Scratch typhoid IgM Start LASIX Infusion
	CNS - ACS - 6/15 E, V, M4	VBL - Now
	Pupils - B/L - reacting to light normally	VC mode PEEP - 6 Rate - 30 FTV - 60 FiO ₂ - 30%
	(RP) Femoral Central line - In situ	Start Input/Output monitoring.

Dr. Prateesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184

N/B Sumit

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6 PM	<u>Counselled</u>	
8/7/26	(MRI) → Diffuse Restriction	
Fits Weakness Vision area	Brain Damage	
	Infection Swelling	
	MAX ✓	
✓ Can Shift	↳ No further options	
✓ Can 2 nd opinion take		
✓ Doctors can see	(CSF) ↳ Defi Decide] ✓	
	Infection	
Long Time ✓		MP { IVIG
	5-7 day → (MIN)	
	MAX x Cant say	
	Conscious - full ventilation] ✓	

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184



Date & Time	Progress Notes	Doctor's Order
8/7/26 7:30pm	Dr. B. Dr. Amick Dr. Mann	
	<u>Procedure notes</u>	
	- under aseptic conditions, 22G LP needle was inserted in L3-L4 space.	
	- CSF clear & collected.	
	- vitals post LP: HR: 135 bpm RR: 27 bpm SpO2: 100% BP: 112/66 (81) <u>4RBS</u> : 127.	Plan 1) EEG 2) CSF - cell count protein glucose gram stain culture & sensitivity
	- Procedure uneventful.	
	<u>Mann</u>	Noted by: Smith

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/26 12 AM	O/S/G. On Subhant/D. Varun Healt Δ: Meningoencephalitis (post Infection sequelae) On Mechanical Ventilation (volume control) PEEP - 6/TV - 60/RR - 30/FiO₂ - 25% O/S/G. vital signs: L-RR - 116/min SpO₂ - 98% @ VC RR - 55/min TBP - 118/75 mmHg	Adm → Cont. MV (VC) → O/S are advised → Cont. Vancomycin Dexamethasone Meperidine → Trace ABG Analysis → Monitor vitals and Inform S/O Subhant



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/26 7 AM	CPIS. O. Luthant / O. Vanc Dr. Acute Meningoencephalitis (post Infection sequelae) - Fever spike @ Child on MV - (volume control) PEEP- 8 / VS- 60 / RR- 20/min / FiO₂- 25%	
	O/G- vitals. HR 115/min RR: 34/min TSR- 113/78 mm Hg SpO₂: 99% @ MV ACG: E2 V, M ser.	UD- 2.7 ml/kg/hr
	RS: TS CAB @ CNS: pupils 2mm reactive to light	
		Adm - Cont MV - Ev fluids (2/3m) - Trj Vancomycin - Meopenam - Trj Dexamethasone - Doctorian consultation for - Leishman feed - Tacu CSF Analysis - Monitor vitals and Inform Sr - Blood gas now Sankar

12

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/01/25 9 AM	4/15. Dr. Pritesh Dr. Varun Dr. Pritesh D: Acute Meningoencephalitis (? post Infection Sequela) Severe & Low grade Child in ICU PEEP: 6/VT - 60/ RR: 30/min / FiO₂: 25% O/G: Vitals: HR: 100/min SpO₂: 98% @ RA BP: 110/70 mmHg ACG: G₂V₁M₂ = G₂V₁M₆ (L₂S₄) Ache STG: R₁S₁T₁ (R₁S₁T₁) <u>No eye opening</u> <u>Pupils equal & reacting</u>	Motor Response Better Movements Better Repeat CSF CRP to send - Send 30ml to send - IgG, V₁ V₂ V₃ Meningococci Dexamethasone Dietician Consultation - CSF Analysis to send - Monitor vitals and Temp 200 - Trace MRI scans - Plan Guttation tomorrow - CSF Biochem to send ✓ CSF PCR Comprehensive panel

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/05/24 9am	CSF: D. Abhishek Dr. Acute Meningoencephalitis - fever (low grade) GCS: G2 V4 M6 Vitals: Stable on Mechanical Pupils: Reactive to light Tone: Mild spasticity (L side) DTR: Brisk (L side)	Adm - Ty Mergenerm Varicogen - Ty Oxemethazone - Monitor vitals and SpO2 at - If SpO2 > 95% + 12 ↓ Antihypertensives - Tran @ MRE Brain and CSF Analysis report - CSF PCR (Comparative panel) - MTE Core x put (P) Abhishek

Dr. ABHISHEK RAVINDRA JAIN
 Reg. No: 02757



13

PROGRESS NOTES AND DOCTOR'S ORDER

Continue
 Nose drip
 X 1 yr

Date & Time	Progress Notes	Doctor's Order
9AM 9/7/26	<u>Counselled</u> Severe Brain Blood } Concussion poor } Worsening } <u>ventilation</u> } <u>life supp.</u> MRI Infection/Swelling <u>INFECTION</u> (CSF) → <u>Aftersoon Report</u> <u>Maximum Rx</u> No ↑↑ possible wait time → 5-7 day, Response? Conscious Full ventilator out] → (Risk) Movement better] eye open X Tube Feeding START] Long term Complication Surgery if problem Risk of Ventilatoritis Subdural pus	

Dr. Prilesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184

K. D. Dugga

301

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 1:45pm	c/s/hy. Dr. Anu	
	Acute Meningoencephalitis (Post Infection Sequela)	
	HR = 86/min	
	SpO ₂ = 96/min	
	RR = 34/min	
	Bp = 95/54 (map = 84)	→ stat
		T. Amlodip (100mcg/kg/day) 1/2 dose
		- 0.5mg po OD
		- ct Antibiotic Mero Vanco.
		- ct Dexameth.
		- Monitor vitals.
		- ct pentoyl hfu
9/7 1pm	CLD/w Dr. Abhishek 2 Dystonia c Signs of Raised ICP BP = 115/79 (90) (> 95 th CchH) HR = 72b/min	Plan 1) D3 Mannitol - 5ml/kg - stat 2) ct - test urine 3) Record Video

Dr. Anu

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7	CHS D Anket	
2:15pm	Acute Meningoencephalitis	
	ONDS → 0.9mm	Pln
	on MV → VE mode	1) CBP } Now
	Responds to Pain (flexion) of Q/L	CRP
	natrl	2) Ct - Trj Rana
	Pupil - B/L Reactor	Murphy
		Dr. Desai
	Vital	
	HR - 88/min	3) Record Posturing of +
	SpO ₂ - 99%	
	RR - 36/min	4) Fentanyl infus
	BP - 114/70 (84) mmHg	5) Monitor Vital
	2 Dystonic movements noted	6) Trace MRI Brain Report
		7) SOS - Manometer 2.3 ml/kg sy
		Pran
		Dr. Aniket Parashar
		Reg No: 08568
		Noted by Smith
	29/10/21	

Date & Time	Progress Notes	Doctor's Order
9/12 2:30m	<u>Counselling Note</u>	(Dr Aniket)
	→ child is having abnormal posturing Due to Hypertension in Brain	→ Give injection for now to reduce pressure
	→ On screening ultrasound the optic nerve swelling noted (0.59mm) ✓ more than normal.	
	→ If such repeated posturing episode present, risk of brain damage & life threatening.	
	if such case - plan for CT Brain.	
	→ Risk of compromise of blood supply to or vital area of brain	
	→ Still critical condition,	due to brain infection
	→ CBP, CRP blood test update in evening again	sending now, will
		<i>[Signature]</i>
	Jay D. Aniket	

DR. ANIKET PARASHAR
Reg. No: 08568



15

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7	C/S - Dr. Aniket	
12:00 pm	A - Meningoencephalitis & cerebral edema	
	plan	
	On MV - VC mode	1) Trace CRP
	pupil → R/L RTL.	2) ct Inj. VANCOMycin eftra eftra
		3) Feeds 50ml Q3hly
		↓
		4) ↑ feeds to 75ml if 2 feeds of 50ml tolerated.
	PR - 80/min RR - 36/min SpO ₂ - 99% BP - 115/78 [95+12] antile	5) Trace MRI report
		6) VBG t/m morning CBP
		7) GRBS Q12h Q12h
		8) Reput Mannitol 25ml @ 8pm
	No further posturing.	
	U/O - Good.	
	Dr. ANIKET PARASHAR Reg. No. 08568	Dr. Aniket



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/1/26	Counseling note.	
05.15 pm	Acute Meningoencephalitis with Raised ICP.	
	on max mechanical ventilation	
	no fever since morning	
	Child has signs of raised ICP (increased pressure in the skull) in the form of low heart rate, increased blood pressure & involuntary posturing movements.	
	Already receiving maximal anti-raised ICP treatment.	
	may need repeat CT brain, to decide upon decompressive craniotomy.	
	Plan to continue ventilation, IV antibiotics, anti-raised ICP measures & deep sedation	
	Risk of complications - subdural abscess, Cerebral herniation & brain death explained.	
	overall guarded prognosis with high risk of mortality.	
	Plan - D. Aniket	Dr. Aniket



16

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2/25 7pm	16 Adm. Dr. Paterh <u>Acute meningoencephalitis</u> <u>c raised ICP.</u>	
	- on m.v. $\left\{ \begin{array}{l} \text{Fio}_2: 21 \\ \text{TV}: 60 \\ \text{PR}: \\ \text{PEEP}: 6. \end{array} \right.$	
	- Posturing (+).	Plan
	- pupils: symmetrical constricted non reacting to light.	1) ct. inj meo naxco dexamethasone
		2) inj mannitol - 8thh.
		3) feeds 50ml 3rdh ↓ ↑ to 75ml if tolerating well.
	intals: HR: 81bpm RR: 42rpm SpO₂: 100% Bp: 92/78(85)	4) VBG] T/M. usp
		5) URBS 8. 12thh
		6) CT brain urgent.
		Noted by Sunitha
		7) inj ketamine 10-20mg/ses is struggling
		8) if too much secretions can give inj glycopyrrate/ses

IP26-00006775

08-01-2025

1Y6M3D

(M)

Dr. ABHISHEK RAVINDRA JAIN



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



BirthRight™

BY RAINBOW HOSPITALS

Your Right to a Safe Delivery



17

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/20 12am	c/I/ds re-Ambu s/B re-Drain	
	- on m.v.	
	PEEP = 6	
	FiO ₂ : 21	
	TV = 60	
	- Posturing (+) rigidity of both UL.	
	<u>O/E</u>	
	- vitals: HR: 94 bpm	Plax
	RR: 42 bpm	1) in manual cmg/kg start
	SpO ₂ : 100%	
	Rp: 94 (sols)	2) T/M - CBP VBG
	<u>Pupils</u> : (L) side mild dilated	
	(R) side constricted	3) 4BBs Q-12th h.
	sluggish reacting to light	4) it. feeds.
		5) ent it. as per dx chart
		6) monitor vitals
		7) monitor pupils Q-2nd h.



18

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7am	U/D Dr. Tharuni I/H Dr. Aniket	
	<u>Acute meningococcalitis</u> caused ICP	
	- few spikes (+) - ET in situ - on m.v - PEEP: 6	<u>Plan</u>
	Fio ₂ : 21% TV: 60.	1) leave CBP.
	- Paing urine ✓	2) it my feeds - 75ml/3rd h
	U/O: 4.2ml/kg/hr one 24h.	3) it. mannitol - 8th h
	- Posturing (+)	4) STOP fentanyl 2h before rounds
	O/E	5) it. meperidine varicomyon DEX a
	vitals: HR: 96 bpm RR: 32 bpm spo ₂ : 96% BP: 98/69(79)	6) 4KBS monitoring - 12th h
	<u>Pupils</u> : symmetrical sluggish reaction to light.	7) inj Ketamine - sos. 8) monitor pupils - 2nd h.
		9) Relt it as per Rx chart.
		10) monitor vitals.
	- Foley's in situ.	
	<u>Mini</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 9am	<u>counselling by Dr. Ashish</u>	
	- rigidity + spasticity (+) on (L) > (R) LL due to (R) Basal ganglia invol.	
	- stopped sedation → mild movement on stimulation (+) but NO spont. movements & NO spont breathing movements.	
	- ct. fever spikes (+) → on highest antibiotics.	
	- csp: ↓ [41]	
	- Plan to extubate & trial of cpap if <u>consciousness</u> is <u>improving</u> . if <u>NOT</u> → will ct. on ventilator	
	- csf ds has to be traced.	
	- long term sequale will be (+).	
		<i>Hansraj</i>
	<i>Ashish</i>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/25 9am	Dr. Patel Dr. Aniket <u>Acute meningoencephalitis & Excluded/Exp</u>	
	- fever spikes ⊕ continuous	
	- cough ⊕ - on stimulation	Plan
	- no pupal movements.	1) U. 100ml feeds x 2 times ↓ HB 120ml feeds
	- U/O: 4.2ml/kg/day over 24h.	2) U. meas , vanco, dexam corticosterone
	- on mech. V - PEEP: 6 TV: 60 FiO ₂ : 21%.	3) send uric creat.
	<u>O/E</u>	4) leave CSF ILS Eps
	Intals: HR: 96 bpm RR: 38 bpm SpO ₂ : 95% Bp: 95/65	5) NO sedation till further order
	pupils: symmetrical	if struggling too much ↓ Propofol 1cc/stat.
	<u>suggests reacting to light</u>	6) deflate cuff - every 6 th h for 10 min
	- Rigidity ⊕ (L) UL & LL	7) STOP meopenem
	- dystonia ⊕	8) STOP - mannitol



20

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 9:50am	<u>Counselled</u>	
	Ventilation → Maintain	
	↳ Tight / Body & limbs	
	Brain Damage Result ≠	
	Movements	
	eye opening x	
✓ Reports] ✓	Csf → Pneumococcus] ✓ +	
✓ 2 nd opinion] ✓	↳ Antib - (Best) = effect	
✓ Doctor] ✓	Spread / Damage	
✓ Shift] ✓	↳ Spine Brain	
	problem Recovery] - Time will tell.	
	Long Time / ≠	
	↳ <u>NOT POSSIBLE</u>	
	Long Term Problems	
	Damage	
	Sequelae	
	possible] ✓	
	<u>Not Possible</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/26 12pm	S/B Dr. Aniket Dystonia (+) fever spikes (+) Eye opening (+) BL pupils - sluggish reaction to light (+)	Adv Shift to CPAP ↓ Monitor for 1 hour ↓ Repeat VBG @ 1:30 pm ↓ if maintaining Extubate
OK	RR - 108 bpm RR - 30/min PP - wf SpO ₂ - 98% BP - 130/82 (93) mm Hg	With-hold next feed - Start IVF
	for Dr. Aniket	
10/2/26 1pm	S/B Dr. Pritesh 1 hour post PS/ CPAP support VBG & pH: 7.42 PCO ₂ - 37.1 HCO ₃ - 24.2 Na/K/Cl (138/4.4/103)	Adv Extubate to HFNC NBW With-hold feeds until further orders CXR after 2 hours (3:30pm), VBG @ 2pm
	for Dr. Pritesh	



21

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/26	S/B Dr. Archana	
2pm	Δ: Acute meningoencephalitis	
	fever spikes ⊕ continuous	Adv
	Extubated to HFNC (flow: 16 L/min)	• Ct Inj CEFTRIAXONE
	FiO ₂ : 30%	Inj VANCOMYCIN
	Dystonia ⊕	Inj DEXAMETHASONE
	Rigidity ⊕	Inj ESMO PRAZOLE
	B/L pupils - reactive to light ⊕	• Ct Syp PARACETAMOL Q ^{6h} only
	Activity - present	• Inj IBUGESIC (805)
	but no purposeful movements	• Monitor sensorium & for distress
	U/O (6 hours) = 5.8 cc/kg/hr	• Inj GLYCOPYLLATE stat for secretions
	R/O : 195/335 (-140 cc)	• Repeat CXR in 1 hour (post extubation)
ole	HR - 110 bpm	• Monitor BP (@ rest)
	RR - 48/50 per min (↑ WOB)	• If BP > 95 ¹¹² mmHg cent
	(Hyperventilation ⊕)	plan for Hypotensives
	pp- wf	
	BP - 115/83 (89 mm Hg).	
	Temp: 102.0 F	
de	RS: ABBE, B/L conducting sounds ⊕	
	P/A: soft int.	
	CNS: dystonia, posturing ⊕	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 2:45pm	S/B Dr. Pritesh on HFNC FiO_2 : 30% flow: 16 L/min	<u>Advice</u> • Start Neb $\bar{c}$ Adrenaline Q6 hourly • Give 1 stat dose of Neb $\bar{c}$ Budecort 0.5mg stat • Repeat VBG @ 6pm
	<u>Lab</u> for Dr. Pritesh	
10/7/26 5pm	S/B Dr. Aniket HFNC FiO_2 : 40% flow: 16 L/min continuous fever spikes (+) Temp - 103.0°F continuous posturing / dystonia (+) Hyperventilation (+) OLE HR - 168 bpm BP - 88/65 (71 mm Hg) SpO_2 - 88% on HFNC FiO_2 : 40% flow: 16 L/min	<u>Plan</u> → EEG / imaging to discuss $\bar{c}$ Neurologist - Plan to reintubate if hyperventilation persists - Stat dose Lorazepam now - Increase flow to 20 L/min (HFNC)



22

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/26 5:20pm	D/w Dr. Abhishek hyperventilation ⊕ dystonia ⊕ ? seizure activity ⊕ on HFNC Bio ₂ : 50% flow: 20 l/min	Adv - wait on imaging - Load on Inj LEVIRL 40 mg/kg/dose
10/2/26 6:20pm	c/s/by. Dr. Anurag / Dr. Prateek Niketh Child reintubated ↓ 4.5 size ET fixed @ 14cm. VC Mode - flow 60 → 45 PEEP 7	- EEG to discuss w/ Neurolog. - VBG @ 7pm - start feds 120ml ↓ tape & stop nylidex. - maintn ETco ₂ ~ 35 - cb LEVIRL



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 7 30 pm	c/s by Dr. prithu / Dr. Abhishek <u>Δ</u> :- Acute Meningoencephalitis on vent. GRBS = 117. - FiO₂ 25%. PEEP 7.	<u>Plan</u>. - Ct vent - ct ZENIPIL. - ct Antibiotic. - ct feed & type stop ivf. - Monitor pupils - GRBS - BD - VBG Tm morning 7Am & Night 12Am - EEG do do. - CBP } 7am CRP } 11/7 VBG }

24

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/26 11:15pm.	<u>Canceled</u>	
	- Baby having multiple Episodes of seizure. both clinically & subclinical also.	
	- Baby started on EEG Monitor - showing recurrent subclinical seizure for which we started Phenytoin & 1/2 midazolam infusion also. ↓ C-meg/4/10	
	If needed further, we will try to increase the dose of midazolam infusion.	
	- On view of midazolam 1/2 - If any hypotension observed - change of starting <u>Tonotrope</u> infusion. (If needed)	
	- Child continuously having fever spikes.	
	- Guarded prognosis explained, difficult in extralate the child. (If this seizure continued)	
		(Father)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 120AM	c/s/by Dr Anuho	
	<u>Δ</u> :- Acute Meningo encephalitis	
	-HR = 128/min.	<u>U/O</u> last 6 hours
	SpO ₂ - 99% - on mech vent	@ 2-7 ml/kg/h.
	ETCO ₂ 32 PEEP-6	
	RR - 44 TV = 60	
	fio ₂ = 25% - 21%	
	<u>S/E</u> pupils - B/L reacting (+)	
	- No spontaneous mvt - on midz sedation.	
	- After Pheno & midz 30 lyon. 7	
	No further subclinical seizure notes.	
	<u>Child</u> :-	
	- on Bed side - EEG Monitoring (+)	
	<u>Bp</u> 78/36 (59)	
	- Tm mng [VBG, CBP, CRP] - 7AM	
	- w/ further seizure activity / EEG monitor	



Date & Time	Progress Notes	Doctor's Order
11/7/26 3AM.	<u>c/s/hy. Dr. Anuha</u> Acute Meningoencephalitis	
	HR = 138/min. spo ₂ = 99 on MV RR = 38/min STO ₂ = 34	
	- As baby having subclinical seizure on 3mcg/kg/h of midazolam infusion (2mcg/h) ↓ Infusion increased to 4.5mcg/kg/h (3mcg/h)	
	- As <u>BP</u> <u>falling</u> MAP = <u>50</u> ↳ Now <u>Adx</u> 0.1mcg/kg/h started.	
	- Intermittent Subclinical seizure. observed.	
	- <u>Pupils</u> & <u>BL</u> reacting	<u>Plen</u> - Tm mng CBP, CRP, VBG - ct EEG Monitor. - w/ BP, Seizure
	- No spontaneous mvt's.	
	<u>Al</u>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/11/24 7 AM	11/11/24. 2s Apnoea: Acute Meningoencephalitis Child on MV. HR: 150/min SpO₂ 99% - FiO₂ 21%. HR: 42/min PEEP 6 CT LO₂ 33 TV 60. BP = 86/56 (66) S/C B/L A/C (+) (R/S) NVBS (+) No spontaneous movements. B/L pupils react (pinpoint) Equally to light.	U/O: 4.3 ml/h/h. 1 episode vomiting. No power from IAM. <u>Plan</u> - (T) CBP, CRP - ct Mech vent - ct Levipil, Midazolam Infusion - Phenobarb (MD) - to decision sound - ct Antibiotics. - ct feeds 120ml @ 3 hly. - GRBS BD. - EEG Monitor ⇒ w/ seizure activity. - ct Lj NorAd @ 2mg/h. (@ 0.2 mcg/kg/min) - Monitor vitals - noted by Sunita

Date & Time	Progress Notes	Doctor's Order
11/2/26 8:20 AM.	c/d/w Dr Abhishek. Acute Meningoencephalitis.	
	(G/o) ~ 4.3 mcg/Ly/h.	
	- Li ketamine. - on jarrh (10mcg)/yr. seizure recorded	
	- ct Midazolam Injection - (5mcg/kg/min)	
	- ct levipil	
	- N/H maint dose pheno.	
	- (D) CBP, CRP	
	noted by snitch	

Docu. No. : RCH /FRM / CLINICAL / 088

~~Abstract~~
noted by Smith





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/2/26 9AM	S/B Dr. Aniket	
	Δ : Acute Meningoencephalitis	
	on Volume control MV	
	FiO ₂ : 21	Advice
	PEEP: 6	- To
	Rate: 28	- Establish arterial line
	TV: 60	for continuous BP
	seizure activity (+)	monitoring
	Eye twitching (R sided) +	- To monitor fever spikes
	BP: 50-90 th percentile	- To monitor for seizure
	on NorAdrenaline	activity (both clinically
	infusion @ 0.2 mcg/kg/min	& on EEG)
	on midazolam	- To continue sedation
	infusion @ 10 mcg/kg/min	- To continue inotropic
	on feeds 120 cc/3 hourly	support
	GRBS monitoring 2 hourly	- To continue Antibiotics
	de	(Inj CEFTRIAXONE +
	HR - 152 bpm	Inj VANCOMYCIN)
	RR - 28/min	- To continue LEVETIRACETAM
	PP - wf	





(29)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/2/26 11:15 AM	AW Dr. Aniket BP: 88/59(69) mm Hg 50-90th %ile	Adv Plan to taper Inotrope support gradually if BP is $\geq 50^{\text{th}}$ %ile ct rest same
	Ld for Dr. Aniket	
11/2/26 11:30 AM	AW Dr. Abhishek Seizure activity (both clinically & on EEG) = suppressed	Adv • At same sedation i Ketamine & midazolam infusions • Increase Ketamine infusion to 15 mcg/kg/min if seizure activity resumes
	Ld for Dr. Abhishek	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/12/26	SB Dr. Archana	
2:30pm	Δ: Acute MeningoEncephalitis	
	No fever spikes ∴ 12 hours euthermic.	Adv
	on Volume control MV support	• Ct Ceftriaxone + Vancomycin
	FiO ₂ : 21 / PEEP: 6 / Rate: 28 / TV: 60	• Ct Acetazolamide
	No seizure activity noted ~ 3 hours since 12 pm	• Ct NorAdrenaline infusion
	(on both EEG & clinically)	• Ct midazolam & ketamine infusion
	on feeds 120 cc / 3 hourly	• Ct Neb c Adrenaline
	(tolerating well)	• make paracetamol sol
	(Gms) Vlo → 4-8 cc/kg/hr (2h: 30g/255 = 54cc)	• watch for further seizure activity.
	No episodes of vomiting	• TPR 120C
	on Anotropic & sedation support	• Monitor vitals.
01/12	HR - 102 bpm	
	RR - 32/min	
	PP - wf	
	SpO ₂ - 98%	
	BP: 90/52 (66) mm Hg	
	Temp: 98°F	
01/12	CNS - sedated, BL pinkish pupils	

(30)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 5:40 PM	SIB Da. Aniket Δ Acute Meningoencephalitis Plg	
	Afebrile	- CT CEFTRIAXONE VANCOMYCIN
	HR - 127/min SpO ₂ - 97%	- CT LEVETIRACETAM
	Invasive BP - 87/48(6)	- CT IV MIDAZOLAM @ 2mg/kg
	CVS - S4S (+) M-BU-ACF (+) Equal	- CT IV KETAMINE @ 10mg/kg
	PIA - 104	- Nu feed 100ml/3hr
	on MIDAZOLAM KETAMINE } 9-10hr	- CT NORADRENALINE in line @ 0.2mg/kg
		- w/E seizure clinical + EEG
		- inv - VBG Urea Creatinine
		To do Tomm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/2/26 5:50 PM	Counselling Note - on Ventilation - stable for now but critical - on IV ketamine infusion @ 1mg/kg/hr IV Midazolam infusion @ 7mg/kg/hr - No seizure activity after start ketamine infusion and increasing Midazolam infusion to 7mg/kg/hr - IV Noradrenaline @ 0.2mcg/kg/hr to be continued in v/s hypotension for the baby - Cough reflex present during Suction - on IV Antibiotics & Antiepileptics - 9L child doesn't have seizure for 24hr after start ketamine, can start tapering gradually - CRP repeat 19 - better - Platelet counts increased.	



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7 9:00pm	C/SIS for Naipunya / Dr. prashanthi Acute Meningoencephalitis	
	last fever spike - 11:00AM Euthemic.	Plan - Cont MV-VC mode.
	On MV-VC.	
	FiO ₂ - 21 RR - 28 PEEP - 6 TV - 60.	- Cont. Zj ceftriaxone Vancomycin
	NO seizure activity Since 12 pm.	- Cont Zj levetiracetam
	HR - 128 Vitals - RR - 33 SpO ₂ - 97%.	- Cont IV midazolam infusion IV ketamine
	RLS - BIL AC-RJ PIA - soft INT CNS - sedated.	- NG feed 100ml / 3rd half - Cont Zj. Adrenaline infusion.
	U/O/P - 4.2ml/kg/hr.	- VBSG } 6:00 AM urea } tomorrow. Sr. Creatinine. ✓
		- Cont EEG monitoring - Strict I/O charting - watch for seizure - CXR tomorrow
		<u>Noted by Smith</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7	CLB Dr. Naipyeal / Dr. Prashanth P	
2:00 PM	Acute meningococcalitis.	
	No fever.	Plan
	On MV-VC.	
	Fio ₂ - 30 RR - 28	- Cont MV-VC mode
	PEEP - 6 TV - 60.	- Cont Ceftriaxone
		Vancomycin.
	No seizure activity	Levetiracetam.
	Since yesterday 12 PM.	- Cont IV midazolam
	Vitals - HR - 126	IV ketamine
	RR - 36	- NG feed. 100ml / 3rd hourly
	SpO ₂ - 98%.	- Cont Noradrenaline
		Infusion.
	EEG: Normal.	- VBA
	Monitoring	Urea
		Creatinine.
		CXR
		- Cont
		- Strict NO Clustering
		- watch for seizures
		- Monitor vitals
		Noted by Smita

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7 6:00 AM	CLSLIS Dr. Naipanya / Dr. prashanthi Acute Meningoencephalitis	
	No fever. no further Seizures noted. on MV-VC mode.	<u>Plan</u> - Cont MV-VC mode
	PiO ₂ - 30 RR - 26 PEEP - 6 TV - 60	- Cont Ceftriaxone Vancomycin Levetiracetam
	Vitals - HR = 124 - RR - 34 - SpO ₂ - 97	- Cont Midazolam infusion Ketamine infusion
	BP - 96/52 (60) (50-90 mmHg)	- Cont Noradrenaline infusion & Tapers.
	CNS - sedated Bk pupil constricted	breac Creat - VBG - EBP - ERP - CXR
	Vlo/p -	6A.M. now.
		- NG feed 100ml / 3rd hourly
		- Watch for Seizures - Strict I/O Charting
		Noted by Smith

(P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26	C/S/B - Dr ABHISHEK Counselling notes	
9 AM	No further seizure yet (clinical EEG) few spikes subsided ↑ secretion will do morning EEG if normal will taper midazolam (fits R _e)	
	↓↓ Nebact if no seizure in EEG tomorrow ↓ Taper ketamine will consider tapering ↑ BP medication No active movement / sedated ↓ will observe movements & decide once sedation is tapered	
	Infection ++ ✓ (if) Seizure ↓ can consider extubation Sensory improves Breathing better CSF infection ++ (WBC count ↑↑).	
		K. Durgam (Mother)

Docu. No. : RCH / FRM / CLINICAL / 088



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling note.	
12/1/25 06:30 pm	Streptococcal meningitis with Refractory status epilepticus.	
	on mechanical ventilation, Midazolam + Ketamine infusion.	
	Fever reduced. vital parameters stable.	
	No further clinical or electrographic seizures.	
	Plan to taper off Midazolam today & off Ketamine tomorrow if no recurrence of seizures.	
	Tolerating no feeds.	
	Risk of recurrence of seizure on stopping sedation explained.	
	Risk of long term neurological sequelae explained.	
	Overall guarded prognosis, with need for prolonged ICU stay explained.	
	Shruti D. Aniket	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 2:30pm	SB Dr. Aniket	
	vitals: HR: 87bpm RR: 30bpm SpO2: 97.1% BP: 118/71	Adv. • @ CBP, CRP, ABG] CM @ 6AM • Dulcolax suppository stat
	SB Dr. Aniket	
13/2/26 2:30pm	SB Dr. Aniket	
	Not tolerating feeds well Aspirates (+)	Adv. • Stop feeds rally • Start Z/F @ 2/3rd mt.
	SB Dr. Aniket	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/25 7am	ultr re-exam	
	- fine crackles (+) @ 7pm & 10pm	
	- <u>aspirates</u> (+)	
	70ml - yellowish	
	- on <u>MV</u>	
	Fio ₂ : 25%	
	PEEP: 6	
	TV: 60	
	- no further clinical services.	Plan
		1) Ketamine tapering @ 1mg every hourly
		2) leave WSP, WSP
	- vitals:	3) ct. feeds - STOP
	HR: 94bpm	4) ct. EEG monitoring
	RR: 30bpm	5) Ket ct. as per Rx chart.
	SpO ₂ : 98%	6) ct. IVF
	Bp: 123/75 (95)	Noted by Smith
	U/O: 2.9ml/kg/hr one 23h	
	<u>Shri.</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 9 AM	<u>counselling</u>	<u>by Dr. Akhilesh</u>
	- tapered & stopped midazolam - started to taper ketamine today ↓ - no clinical seizures & EEG - no seizures - slowing ⊕ - last night - few spikes ⊕ - oral aspirates ⊕ ~ 60-70ml. ∴ NPO till 24 hours. - to pain - with demand ⊕ - no spontaneous movements. ∴ difficult to extubate today. - can plan & assess only T/M. - teaching room - plan. - in the next 2-3 days.	
	<u>Handwritten signature</u>	<u>K. D. Duggal</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	MB 23. Packed	
9:15 PM		
	- fine rales (+)	
	- oral aspirates (+)	
	~ 60-70 ml	
	- passing urine & stools	
		Plan
	on MV - $FiO_2: 25\%$	1) ENT opinion today
	TV: 60	2) Plan tracheostomy
	PEEP: 6	equipment &
		counselling
	intals:	3) start 3% NS irrigation
	HR: 113 bpm	@ 3.5 ml/hr.
	RR: 28 bpm	4) leave CRP
	$SpO_2: 97\%$	5) monitor for clinical &
	RR: 128/85	EEG → services.
	- Pupils: Symmetrical	6) tape ketamine - 10mg
	reacting to	every 1 hour → only
	light.	if no success.
	- US: 3/15	7) nuchal folds
		@ 10 ml/hr - 3h on.
		↓ 2/1 hour off.
		↓ gradually ↑
		to 20 ml/hr.
		8) put it as per Rx chart.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 9:30am	<u>Counselled</u>	
	✓ NG Drip Feed → Try from start ✓	
		(10ml) Try
	✓ NE Stop	
	✓ Midaz - Stop	Ketamine ✓
	✓ No spont breathing No movement ✓	No cough Pooling Secretions ✓
	✓ Tracheostomy - Planning ✓ START	
	[Recovery → Difficult → if recover → Permanent Reile problems Prevent Try Save life ↳ efforts] ✓	
		K. Dugg



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12M	GB Dr. Patel Send VBG Serum Urine electrolytes Urine Osm check CRBS 3% NS 30ml STAT CT Brain.	Polyuria Hypothermia R/o Central DI Salt wasting



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/1/25 2 pm	SIB Dr. Sneegha D. Anur Meningoencephalitis	
	on ventilator	Plg
	in VC mode	
	HR - 117/min	cf IV fluids
	SpO ₂ - 97%	@ 5 mL
	Invasive BP - 101/88 (1-3)	cf CEFTRIAXONE
		VANCOMYCIN
	CNS - Sxli @	
	M - 322 - ACE @	- Monitor BP
	Eyes	- Topical Atropine Norepinephrine
	CM:-	
	pupils - B/L - dilated	cf 3% NS @ 3.5 mL
	sluggish reflex	
	to light	- Tapu ketamine
	No spontaneous	in fusion @ 0.1 mg/kg
	breath effort	stop
	Urine	cf cyclical feeds
	output - 3.6 mL/kg	@ 1 mL
	↓	
	over 8L	
		M Pb



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/16	Cole d/o Dr. Abhishek	
3:40 PM	Pupils - dilated	- IV MANNITOL 50ml over 2 hrs
13/7/16	SIB Dr. Patel	
3:50 PM	Acute Meningoencephalitis	
	On MV - VC mode	<u>Plan</u>
	Fio ₂ - 21 PEEP - 6	- Cont 10/2.
	HR - 116/min	- Cont MV - VC mode
	SpO ₂ - 97%	- Cont Ceftriaxone
	Invert BP - 86/53	- Vancomycin
	CVS - S ₄ S ₂ @	- Mannitol Stat dose now
	RJ - BL - ACE @	- Stop Ketamine
	Genes	- Cont Cyclical feeds @ 10ml/hr
	CM:-	- Cont 3% NS @ 3.5ml
	Pupils - dilated bilaterally	- Cont Noradrenaline @ 0.05mcg/kg/hr
	↓	- CF KEVETIRACETAM
	bilaterally sluggish	
	reacts to light	- VBL @ 4:30 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3:50 PM	<u>Counselled</u>	
13/07/26	> 12hr off Midazolam] ✓ (1 PM) → No movements ✓ BP Low → NE [Body Temp → Low] ✗ Uo ↑↑↑ D/w Abhinav - 'CT scan' ✓ Swelling / Damage ↑↑ ✓ Herniation ✓ Brain Stem → *** ✓ [Control Center] Recovery Very diff.] - Future problem ? Role of Surgery To Reduce Swelling will not change result or outcome If recover also permanent damage	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Damage Severe Swelling Brain Stem Surgery No Rx Reduce Brain stem Not recover Ventilator continue Life Loss Suman Lockhouse (Aunt)	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7 8:00pm.	C/S I/B Dr. Abhishek Acute Meningoencephalitis. O/E: G₁ V₄ M₁ Pupils: mid dilated (not reactive) No Cough reflex. Generalised Hypotonia. No Heart Rate Variability No Dolls eye response. NO Spontaneous CR Breathing efforts	<u>Plan</u> - Continue Antiedema Measures - Counselling for poor prognosis
		Abhishek

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/2 8:00pm	<u>Counselling notes</u>	
	→ Baby EEG showed flat line	
	→ CT Brain done today showed diffuse Cerebral edema, Pressure on Brain Stem. lead to brain Stem damage.	
	→ Brain Stem response is impaired, No cough reflex, Pupils mid-dilated. No spontaneous breathing efforts. Loss of thermal control. Blood Pressure → Hypotensive.	
	→ If surgical measures done, edema will be reduced, But Brain Stem damage is not recovered.	
	→ Pt attenders were explained about the prognosis of child in understandable language.	
	<i>Dr. Abhishek</i>	<i>Abhishek</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7	C/SB - Dr. Prashanti	
1:25	Dr. Prashanti	
Am		
	Δ- Meningoencephalitis	
	Cerebral herniation	
	HR- 131 BP- 84/58	
	RR- 28 on 100% O2	Plasma
	SpO2 96% on volume control	cl IVF @ 25 ml/hr
CNS	GCS - EIV, M1	
	Pupils mid dilated	cl Ceftriaxone
	No doll's eye	Vancomycin
		monitor Vitals
	Is- ET intub	
		cl Norad
	CVS- S1, S2+, no murmur	
		luera
u/o-		
		Parti
		Noted by Suite



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 2 AM	ABLB Dr. Pravar / Dr. Pushanathi Δ - Acute Meningoencephalitis (Strep Pneumonia) C Cerebral Edema - Cerebral Herniation GCS - E₁ V₄ M₁ No Spontaneous Breathing No Cough B/L Pupils - Mid dilated No doll's eye. on V-C mode Ventilation on Noradrenalin infusion Vital RR - 15/min SpO₂ - 94% RR - 28/min → 25/min BP - 25/48 (52) mmHg EtCO₂ - 31 R-S - B/L AS ⊕ CVS - S₁ S₂ ⊕ U.O → 941 ml (6 ml/kg/hr)	Plan 1) VC Mode PEEP - 6 Rate - 25 TV - 60 FiO₂ - 25% 2) IVF - 25 ml/hr 3) I₂ Ceftriaxone I₂ Vancomycin I₂ Cefepime 4) NORAD - 0.5 mcg/kg/min 5) Monitor Vitals Pravar Noted by Sunder

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9:35am	<u>Counselled</u>	
	<u>Legally</u> Life support stop x expt in situating Brain Death Can stop] ✓	
	BP ↓ ↓ 40 ↑ ↑] ✓ Body organs fail] ✓	Rx same <u>Support ↑ ↑ x</u>
(lu)		<i>[Signature]</i> 14/7/2026 <i>[Signature]</i> 9908184450

DRUG CHART

Date of Admission: 7/7/26 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 **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 : Int FEVERIL				Date Time
Dose	Route	Frequency	Start Date	
1 ml	IV	SOS	12/7/26	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				
PARACETAMOL (150 mg/ml) 1ml + 2cc NS				

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
Dr. Dhakshinam

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 9.7kg Ward.

DRUG : <u>Syp. DOMSTAL</u>				Date <u>13/2</u> Time <u>10</u>
Dose <u>2ml</u>	Route <u>oral</u>	Frequency <u>TID</u>	Start Date <u>13/2</u>	
Name & Signature of the Doctor Starting the Drugs: <u>B. Singh N</u>				
Additional Instructions: <u>DOMPERIDONE</u> <u>(1ml/1mg)</u>				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



DRUG CHART

Date of Admission: 7/10/26 Drug Allergies: N/A ☐ 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 : <u>SYP CROUN-DS</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>3ml</u>	<u>PO</u>	<u>sos/6h</u>	<u>7/6</u>																	
Doctor's Signature		Valid Period		Pharm.																
<u>[Signature]</u>				<u>[Signature]</u>																
Additional Instructions:																				
<u>if temp > 100.4°F</u>																				

DRUG : <u>SYP IBUYESIC</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>3ml</u>	<u>PO</u>	<u>sos</u>	<u>7/6</u>																	
Doctor's Signature		Valid Period		Pharm.																
<u>[Signature]</u>				<u>[Signature]</u>																
Additional Instructions:																				
<u>if temp > 100.4°F</u>																				

DRUG : <u>INJ ROWROMIUM</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>10mg</u>	<u>IV</u>	<u>sos</u>	<u>8/7</u>																	
Doctor's Signature		Valid Period		Pharm.																
<u>[Signature]</u>				<u>[Signature]</u>																
Additional Instructions:																				
<u>if routine (+)</u>																				

Verified by
Dr. Dhakshayani
Verified by
Dr. Dhakshayani
Verified by
Dr. Dhakshayani



REGULAR PRESCRIPTIONS

Weight. 9.5 kg. Ward.

DRUG : INJ LEFTRIAXONE				Date Time
Dose 1g	Route IV	Frequency OD	Start Date 7/6	
Name & Signature of the Doctor Starting the Drugs: <i>ln</i>				 <i>upgraded</i> <i>(D. Nameer)</i>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : INJ ACYCLOVIR				Date Time
Dose 100mg	Route IV	Frequency TID	Start Date 7/6	
Name & Signature of the Doctor Starting the Drugs: <i>ln</i>				 <i>stop</i>
Additional Instructions: <i>20mg/kg q. 8h</i>				
Daily Doctor's Endorsement by a Sign				
DRUG : <i>inj</i> MEROPENEM				Date Time
Dose 400mg	Route IV	Frequency BD	Start Date 7/7	
Name & Signature of the Doctor Starting the Drugs: <i>ln</i> <i>(D. Nameer)</i>				 <i>CHANGED</i> <i>8/7</i>
Additional Instructions: <i>over 2-3 hours infusion</i>				
Daily Doctor's Endorsement by a Sign				
DRUG : <i>lj</i> DOXYCYCLINE				Date Time
Dose 23mg	Route IV	Frequency BD	Start Date 7/7	
Name & Signature of the Doctor Starting the Drugs: <i>ln</i>				 <i>CHANGED</i> <i>8/7</i>
Additional Instructions: <i>(2.5mg/kg/dose) BD</i> <i>23mg in 20cc S.I.D. over 2 hours</i>				
Daily Doctor's Endorsement by a Sign				

HNH-00016390
Master DEVANSH
08-01-2025 1 Y 6 M 2 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Weight 9.5kg Ward

Sheet No.

DRUG : 1-1. CSMOPRAZOLE				Date Time	8/2/25	11/2/25	12/2/25	13/2/25
Dose	Route	Frequency	Start Dt.					
10mg	IV	OD	8/2					
Name & Signature of the Doctor Starting the Drugs: B. Singh				[Signature]				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign				[Signature]				
DRUG : 1-1. MEROPENEM				Date Time	8/2/25	11/2/25	12/2/25	13/2/25
Dose	Route	Frequency	Start Dt.					
400mg	IV	TID	8/2					
Name & Signature of the Doctor Starting the Drugs: B. Singh				[Signature]				
Additional Instructions:				[Signature]				
Daily Doctor's Endorsement by a Sign				[Signature]				
DRUG : 1-1. DORYCYCLINE				Date Time	8/2/25	11/2/25	12/2/25	13/2/25
Dose	Route	Frequency	Start Dt.					
25mg	IV	BD	8/2					
Name & Signature of the Doctor Starting the Drugs: B. Singh				[Signature]				
Additional Instructions:				[Signature]				
Daily Doctor's Endorsement by a Sign				[Signature]				
DRUG : 1-1. VANCOMYCIN				Date Time	8/2/25	11/2/25	12/2/25	13/2/25
Dose	Route	Frequency	Start Dt.					
10mg	IV	8H	08/07					
Name & Signature of the Doctor Starting the Drugs: [Signature]				[Signature]				
Additional Instructions:				[Signature]				
Daily Doctor's Endorsement by a Sign				[Signature]				

STOP

STOP

Verified by
Dr. Dhakshayani

Verified by
Dr. Dhakshayani

Verified by
Dr. Dhakshayani

Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.5 kg Ward

DRUG: <u>INO DEAMETHAZONE</u>				Date Time	8/7	10/7	11/7
Dose <u>1.5mg</u>	Route <u>IV</u>	Frequency <u>8H</u>	Start Dt. <u>08/07</u>	8AM	10AM	11AM	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				8pm x 8pm x 8pm x			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign				[Signature]			

stop
 STOP

DRUG: <u>T Amiodipine</u>				Date Time	9/6
Dose <u>0.5mg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Dt. <u>9/6/24</u>		
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				9AM x 12/11	
Additional Instructions: <u>[0.5mg in 5ml ns give 1 ml]</u>					
Daily Doctor's Endorsement by a Sign				[Signature]	

STOP

DRUG: <u>INO MANNITOL</u>				Date Time	9/7	10/7
Dose <u>25ml</u>	Route <u>IV</u>	Frequency <u>8AM</u>	Start Dt. <u>9/7</u>	8AM	10AM	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				8pm x 10pm		
Additional Instructions: <u>25ml over 1 hour</u>						
Daily Doctor's Endorsement by a Sign				[Signature]		

STOP

DRUG: <u>REFRESH EYE DROPS</u>				Date Time	10/7	11/7	12/7	13/7
Dose <u>20</u>	Route <u>Each Eye</u>	Frequency <u>6th hourly</u>	Start Dt. <u>10/7</u>	8AM	10AM	11AM	12AM	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				8AM x 10AM x 11AM x 12AM x				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign				[Signature]				

Verified by Dr. Dhakshayani
 Signature
 VERIFIED BY : Name
 Dr. Dhakshayani



Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.7kg Ward

DRUG : 8nj. LEVETACETUM.				Date Time												
Dose	Route	Frequency	Start Dt.													
100mg	IV	BD	11/7	6am												
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																
DRUG :				Date Time												
Dose	Route	Frequency	Start Dt.													
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																
DRUG :				Date Time												
Dose	Route	Frequency	Start Dt.													
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																
DRUG :				Date Time												
Dose	Route	Frequency	Start Dt.													
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																
DRUG :				Date Time												
Dose	Route	Frequency	Start Dt.													
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																

STAT / ONCE ONLY DRUGS

Name:

Weight: 9.7 kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
10/7	3Am	KETAMINE	1mg	IV	[Signature]	Ramya	Vaishu
10/7	4:45Am	PROPOFOL	1mg	IV	[Signature]	Ramya	Vaishu
10/7	12am	Mannitol	20ml	IV	[Signature]	Ramya	Vaishu
10/7	4:45Am	KETAMINE	20mg	IV	[Signature]	Ramya	Vaishu
10/7	2:30pm	Inj GLYCOPYROLATE	0.05mg (50mcg)	IV	[Signature]	Saithi	Saithi
10/7	2:30pm	Neb E BUDEKORT	0.5mg	Neb	[Signature]	Saithi	Saithi
10/7	5:25pm	Inj. LEVITIL	200mg	IV	[Signature]		
10/7	5:35pm	Inj. LEVETACETAM	400mg	IV	[Signature]	Lacmi	
10/7	5:55pm	Inj. LORAZEPAM	1mg	IV	[Signature]	Lacmi	
10/7	11:30pm	h ONIDAN	2mg	IV	[Signature]	Ramya	Vaishu
10/7	11:30pm	h Phenobarbital	200mg iv over 20min		[Signature]	Ramya	Vaishu
11/7	12:45Am	h Calom Glucose	(10ml + 10ml ASD) over 30min		[Signature]	Ramya	Vaishu
12/7	12:30Am	Inj. GLYCOPYROLATE	30mcg	IV	[Signature]	Shail	Saithi
12/7	1Am	Dulcolax (5mg) suppository	stat	P/R	[Signature]	Saithi	Vaishu

Dr. Dhakshayani

Verified by

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/6/26	3:00 pm	3% NS bolus	send once 30min	IV	h	Swifter
7/6/26	4:30 pm	inj methyl Prednisolone	20 mg	IV	h	Swifter
		20 mg				
7/6/26	8:30 pm	100 POTASSIUM CHLORIDE	Sml + 15ml NS	IV over 2hrs	h	Swifter
8/7	10 AM	100 KETAMINE	10mg	IV push	h	Swifter
8/7	10 AM	100 ROCURONIUM	10mg	IV push	h	Swifter
09/07	5:30 AM	100 KETAMINE	10mg	IV	h	Swifter
9/2	1 pm	100 MANNITOL	25ml over 30min / 1 hour	IV	h	Swifter
9/2	9 pm	100 MANNITOL	25ml over 1 hour	IV	h	Swifter

I.V. FLUIDS CHART

Weight: 9.7kg Ward:



Position of I.V. Fluid (mention ml/hr = Mcg/kg/min. etc)			Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/2/26	3:15 pm	DNS IVF 100ml/hr (1/3 main) + 5ml KCl	IV	25 ml/hr	h	Sunilk	8/2/26	h	h
8/2/26	4:30 pm	3% NS	iv	2ml/hr	Al	Crocker	8/2/26	h	h
8/2/26	12:30 pm	IVF DNS + 7.5ml KCl in 500ml DNS	IV	25 ml/hr	R	Q	8/2/26	h	h
8/2	6:45 pm	IV LASIX 9ml/hr 1ml Lasix (10mg) + 9ml NS (1ml = 1mg) (0.1mg/kg/hr)	IV	1 ml/hr	R	Q	STOP 9pm	h	h
8/2	6:45 pm	IV DNS 10ml/hr KCl in 500ml	IV	25 ml/hr	R	Q	9/2/26	h	h
9/2/26	6pm			20ml/hr		Q	10/2/26	h	h
10/2/26	2Am	DNS 10ml/hr KCl in 500ml		10 ml/hr	h	Q	10/2/26	h	h
10/2/26	8:20pm	"		25ml/hr	h	Q	10/2/26	h	h
10/2/26	11pm	"		25ml/hr	h	Q	10/2/26	h	h

Signature

VERIFIED BY : Name

(M)



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.V. FLUID CHART

[illegible]

HNH-00016390

IP26-00006775

Master DEVANSH

08-01-2025

1 Y 6 M 2 D

(M)

Dr. ABHISHEK RAVINDRA JAIN



ANTIBIOTIC JUSTIFICATION FORM

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date of Admission:

Antibiotic Name	Date & Time	Reason	48 Hours Culture	Antibiotic Reviewed at 72 Hours (If No Please Justify)
Aug meropenem	8/7/26	CRP - 296 Severe Thrombocytopenia Encephalopathy → worsening	awaited	

A. Reasons for Starting Empirical Antibiotics:

1. Preterm's with risk factors:
 - a. PPROM
 - b. Positive Maternal Culture (HVS/Urine C/S
 - c. Maternal Pyrexia / Chorioamnionitis
2. Term Babies
 - a. PROM > 18 hours
 - b. Sepsis Screen Positive at 12 hours
 - i. High TLC/ High CRP / High PCT / Thrombocytopenia / Leukopenia
 - ii. Shift to left / Band forms / Neutrophilia on PS
3. Out born with suspected sepsis
4. Culture negative Sepsis

5. Clinical Sepsis

- a. Frequent Apnoea's attributed to suspected sepsis
- b. Hemodynamic instability
- c. Temperature instability
- d. Suspected NEC
- e. Lethargy

6. VAP

7. Congenital Pneumonia
- ⑧ Meningitis - suspected
9. Aspiration Pneumonia
10. Any sick newborn

B. Prophylactic Antifungals

- B1 – Extreme PT (<28 Weeks) or ELBW (<1000 grams)
 B2 – Central line in situ (PICC / UVC) in < 28 weeks & or < 1kg.
 B3 – Septic Shock

C. Culture Positive Sepsis

Consultant Name & Signature:

Date & Time: 8/7/26

Docu.No. : RCH / FRM / CLINICAL / 076

Name & Signature of Infection Control Nurse: E. SUMATHIA / E. Sumathia

Date & Time: 8/7/26

IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension and status of skin at IV site and color and perfusion of the limbs and then while administering these drugs)

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

BRIGHT
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016390

IP26-00006775

Master DEVANSH

08-01-2025

1 Y 6 M 4 D

(M)

Dr. ABHISHEK RAVINDRA JAIN



Age : Gender : M F

I.P. No. : Sheet No. :

Date	Time	Name of Drugs	Concentration	Dose Range	Drugs	Concentration	Date	Time
11/7/26	1:50 AM	h' NORADR ENALINE	(3mg in 50ml 5% D)	(0.1 mcg/kg/min) 1 ml/hr	AP	11/7/26		Sai men
11/7/26	5 AM	h' NORADR	(3mg in 50ml 5% D)	2 ml/hr	AP	11/7/26		Sai men
11/7/26	6 PM	24g NORADRA	"	1.8 ml/hr				
12/7/26	10 AM	2mg NORADRENALINE	"	1.2 cc/hr	AP	12/7/26		Sai men
12/7/26		"	"	1 cc/hr	AP	12/7/26		Ramya
12/7/26	3 PM	"	"	0.5 cc/hr	AP	12/7/26		Ramya
12/7/26	4 PM	"	"	stop	AP	12/7/26		Ramya
13/7/26	12 PM	7g NORADRENALINE-3ml + 42ml 5% Dextrose	"	@ 1 ml/hr @ 0.1 mcg/kg/min	AP			

CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose : 0.5 - 1ml/hr - 5-10mcg/kg/min

Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min

Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr

Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml/hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose : 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min

Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)

Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)

Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML=0.5 MG) 0.5- 1.5ml/kg/hr (0.25 - 3mg/kg/hr)

HNH-00016390

IP26-00006775

Master DEVANSH

08-01-2025

1 Y 6 M 2 D

(M)

Dr. ABHISHEK RAVINDRA JAIN



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.

Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

Patient Name : Malter: Devansh Age : Gender : ☒ Male ☐ Female

Weight : 9.5 kg UHID No. HNH-00016390 Sheet No. : 10

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
9/7/26	10:45 AM	1/ FENTANYL	(1ml = 50mcg) (4ml in 16ml NS) (1ml = 10mcg)	(0.1-0.4 mcg/kg/hr) ↓ 1mcg/hr	Al	Sgt	9/7/26	:	Swith
9/7/26	2pm	1/ FENTANYL		2mcg/hr	Al	Swith	10/7/26	.	Kanyer
10/7/26	11pm	1/ MIDAZOLAM	(3mcg/kg/min) (1mg = 1ml)	→ 2mcg/hr	Al	Swith	11/7/26	.	Kanyer
11/7/26	3 AM	1/ MIDAZOLAM	(1mg = 1ml) (2.5mcg/kg/min)	→ 3mcg/hr	Al	Kanyer	11/7/26	.	Vaily
11/7/26	9: AM	1/ MIDAZOLAM	(7mcg/kg/min)	↓ 7.5mcg/hr	Al	Kanyer	12/7/26	.	Swith
11/7/26	9:22 AM	1/ KETAMINE	(6ml in 40cc NS) (300mg in 50ml) (10mcg/kg/min)	@ 1ml/hr	Al	Kanyer			
12/7/26	10 AM	1/ MIDAZOLAM		4cc/hr	Al	Kanyer	13/7/26	.	Swith

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg; 0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ; 0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)

0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.

Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

Patient Name : Age : Gender : ☐ Male ☐ Female

Weight : UHID No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
12/2/26	3:30pm	2mg MIDAZOLAM (1mg/ml)	→	3 cc/hr					
	3:30pm	u	→	2.5 cc/hr					

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)

0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Patel Department: _____ Date of Admission: _____

SITUATION		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: _____						
BACKGROUND	Diagnosis:	<u>Dengue</u>						
	Area	7/7/26 <u>Dr</u>	7/7/26 <u>N1</u>	8/7/26 <u>E2</u>	8/7/26 <u>N1</u>	9/7/26 <u>M6</u>	9/7/26 <u>E2</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>Dengue</u>	<u>Dengue</u>	<u>Dengue</u>	<u>Dengue</u>	<u>Dengue</u>	<u>Dengue</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
RECOMMENDATIONS	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Vital Signs:	Temp:	98.6°F	99.6°F	100.3°F	100.7°F	100.2°F	100.3°F
		Res:	26b/m	26b/m	20b/m	24b/m	31b/m	30b/m
		SpO ₂ :	100%	100%	100%	100%	100%	100%
		Pulse:	107b/m	114b/m	120b/m	115b/m	112b/m	127b/m
		BP:	104/65(78)	99/73		111/70	118/70	114/70
	Fall Risk Score:	-	-	-	-	-	-	
	Pain Score:	-	-	-	-	-	-	
Safety Needs:	yes	yes	yes	yes	yes	yes		
Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
Others Specify:	-	-	-	-	-	-		
Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		<u>Sunita</u>	<u>Ramya</u>	<u>Sunita</u>	<u>Ramya</u>	<u>Sunita</u>	<u>Sunita</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		7/7/26	8/7/26	8/7/26	9/7/26	9/7/26	9/7/26	
Time:		8PM	8AM	8PM	8AM	2PM	6PM	
Taken Over By Name :		<u>Ramya</u>	<u>Sunita</u>	<u>Ramya</u>	<u>Dejia</u>	<u>Sunita</u>	<u>Ramya</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		7/7/26	8/7/26	8/7/26	9/7/26	9/7/26	9/7/26	
Time:		8PM	8AM	8PM	8AM	2PM	8PM	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	9/10/26 NLS	10/10/26 NLS	11/10/26 NLS	11/10/26 NLS	12/10/26 NLS	
	Medical Condition (Any special condition to be noted):		Dengue	Dengue	Dengue	Dengue	Dengue	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	38.0	38.2	38.3	38.7	38.8	38.5
	Res:	20bpm	20bpm	20bpm	33bpm	33bpm	30bpm	
	SpO ₂ :	100%	100%	100%	99%	100%	97%	
	Pulse:	88bpm	80bpm	139bpm	126bpm	131bpm	127	
	BP:	99/24	97/85(89)	93/65	89/48	88/46	101/42	
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	-	-	-	-	-	-		
Recommendations	Safety Needs:	-	-	-	-	-	-	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	-	-	-	-	-	-	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	N/A	NA	N/A	NA	NA	NA	
Post Operative Procedure Special Orders:		N/A	NA	N/A	NA	N/A	NA	
Handed Over By Name :		Danye	Sujatha	Danye	Sujatha	Sujatha	Danye	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		10/10/26	10/10/26	11/10/26	11/10/26	12/10/26	12/10/26	
Time:		8pm	8pm	8pm	8pm	8pm	8pm	
Taken Over By Name :		Sarve	Danye	Sujatha	Sujatha	Danye	Sujatha	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		10/10/26	10/10/26	11/10/26	11/10/26	12/10/26	12/10/26	
Time:		8AM	8pm	8a	8pm	8AM	8pm	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Prateek Department: PLW Date of Admission: 13/1/25

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
	<u>Acute Meningoencephalitis</u>						
BACKGROUND	Area	Shift Time	<u>13/1/25</u> <u>12c</u>	<u>13/1/25</u> <u>12s</u>			
	Medical Condition (Any special condition to be noted):		<u>Dengue</u>	<u>Dengue</u>			
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.2°F</u>	<u>97.2°F</u>			
		Res:	<u>16/1m</u>	<u>35/1m</u>			
		SpO ₂ :	<u>95%</u>	<u>97%</u>			
		Pulse:	<u>138b/m</u>	<u>122b/m</u>			
		BP:	<u>112/50</u>	<u>101/64</u>			
		Fall Risk Score:	<u>-</u>	<u>-</u>			
Pain Score:	<u>-</u>	<u>-</u>					
Recommendations	Safety Needs:	<u>-</u>	<u>-</u>				
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>-</u>	<u>-</u>				
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>				
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>				
Handed Over By Name :		<u>Sunitha</u>	<u>Sowc</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>13/1/25</u>	<u>13/1/25</u>				
Time:		<u>8am</u>	<u>8pm</u>				
Taken Over By Name :							
Signature :							
Date:							
Time:							

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	7/7/23 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		0	0	0	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	0	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	0	0	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	0	0	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	0	0	NA	NA	NA	NA	NA	
Signature of the Nurse					60m	Sh	E	Be	Be	E	Be	Be	

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Beut Name : Sunithy

Signature of Ward In Charge :

Signature : Be Name : Sujatha

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	10/8 DAY-1			11/7 DAY-2			12/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA	NA		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA		
Signature of the Nurse				8/	8/	8/	8/	8/	8/	8/	8/		

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature :  Name : Panaye

Signature of Ward In Charge :

Signature :  Name : Sigal



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA									
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA									
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA									
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA									
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7/26	10pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sam
8/7/26	4pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	D
8/7/26	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Be
8/7/26	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	@
9/7/26	8a	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	D
"	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Be
"	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Be
10/7/26	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Be
"	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Be
"	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Be

Re-assessment Frequency:

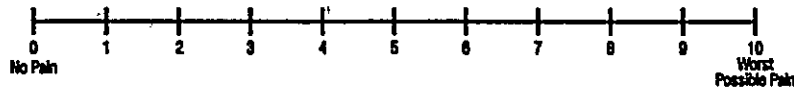
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynaecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO ₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/3/24	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re
12/2	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re
12/2	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re
12/2	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re
12/2	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re
13/2	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re
13/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
11/3/24	5pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Re

Re-assessment Frequency:

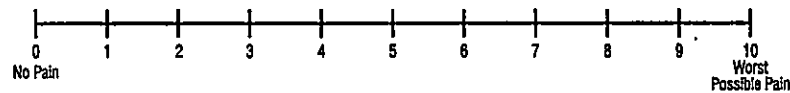
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not Irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO ₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ , 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation -- slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

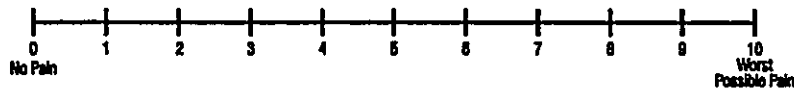
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO ₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Podiatrics) Above 7 Years



0
No Hurt

2
Hurts Little Bit

4
Hurts Little More

6
Even More

8
Hurts Whole Lot

10
Hurts Worst



BRADEN 'Q' SCALE

					Date : / /			
					Time : :			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.				
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.				
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.				
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.				
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."				
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.				
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.				
					TOTAL SCORE			
					Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BRADEN 'Q' SCALE

					Date :	7/7/26	8/13/26	8/14/26	9/7/26
					Time :	11	62	14	16
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	2	2	2	2	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	2	2	2	2	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	2	2	2	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	18	18	18	18
Docu. No. : RCH / FRM / CLINICAL / 119					Evaluator's Name	62	62	62	62

5/1 2/1 1 Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	7/7/26	8/7/26	9/7/26	10/7/26	11/7/26
	3 to less than 7 years old	3	4	✓	✓	✓	✓
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	✓	✓	✓	✓
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	✓	✓	✓	✓
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1				
	History of Falls or Infant-Toddler Placed in Bed	4		✓	✓	✓	✓
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	✓	✓	✓	✓
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2				
	More than 48 hours/ None	1		✓	✓	✓	✓
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	✓	✓	✓	✓
Total			13	15	15	15	15

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	✓	✓	✓	✓	✓
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Juan	Suella	Suella	Pat	Pat
Signature:	BR	BR	BR	BR	BR
Date:	7/7/26	8/7/26	9/7/26	10/7/26	11/7/26
Time:	10PM	5PM	5PM	5PM	8AM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	11/2	12/2	13/2		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	✓	✓	✓		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2	✓				
	Other Diagnosis	1	✓	✓	✓		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	✓	✓	✓		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	✓	✓	✓		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	✓	✓	✓		
	More than 48 hours / None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
Total			15	15	15		

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓		
Call device within reach		✓	✓	✓		
Wheels Locked		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair support		✓	✓	✓		
Other Intervention(s) Specify						
Nurse's Name:		Smith	Neu	Stair		
Signature:		[Signature]	[Signature]	[Signature]		
Date:		11/2	12/2	13/2		
Time:		8 am	8 pm	8 am		

HNH-00016390

Master DEVANSH

08-01-2025

Dr. ABHISHEK RAVINDRA JAIN

IP26-00006775

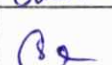
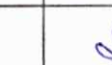
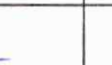
1 Y 6 M 2 D

(M)

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion:

Date of Removal:

Parameters	Date	Shift Time	7/7/26	8/7/26	8/7/26	8/7/26	9/7/26	9/7/26	9/7/26
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the line removed as Policy?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Name of the Nurse			Sanitha	Sham	Smita	Pammy	Sanitha	Smita	Pammy
Signature of the Nurse									



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 7/2/26

Date of Removal: 13/7/26

Parameters	Date	Shift Time	10/2/26 NLS	11/7/26 MS	11/2/26 NLS	12/2/26 MS	12/2/26 NLS	13/7/26 MS	
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			Pamya	San	Sanitha	Pamya	Sanitha	San	
Signature of the Nurse									



CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☒ Other

Date of Initial Line Insertion: 2/7/26 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

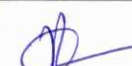
Parameters	Date	Shift Time	2/7/26 N1	8/7/26 t2	8/7/26 N2	9/7/26 Me	9/7/26 B2	9/7/26 N2	10/7/26 N2
Can we remove Central Line today (Discuss in the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is dressing clean and dry? (If no inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Central line changed on			-	NO	-	-	-	-	-
Name of the Nurse			Ramya	Saitha	Ramya	Shruti	Saitha	Ramya	Ramya
Signature of the Nurse									

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☒ Other

Date of Initial Line Insertion: 7/7/26 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	11/7/26 MS	11/8/26 NLI	12/7/26 MS	12/8/26 NLI	13/7/26 MS		
Can we remove Central Line today (Discuss in the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on			-	-	-	-	-		
Name of the Nurse			Sania	Sumitha	Ramya	Sumitha	Sania		
Signature of the Nurse									

VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 8/7/26 Re-intubate-10/7 No of Days on Ventilation: Date of Tracheostomy:

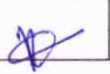
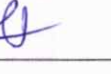
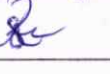
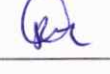
Parameters	Date	Shift Time	11/7/26 MS	11/8/26 MS	12/7/26 MS	12/8/26 MS	13/7/26 MS		
Ready for Extubation today? (Discuss during the clinical round)	☐ Yes ☒ No		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Sedation holiday discussed? (Discuss during the clinical round)	☐ Yes ☒ No		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)	☐ Yes ☒ No		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Suction container visibly Soiled? (If Yes - Please Change)	☐ Yes ☒ No		☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Inline Suction Used?	☒ Yes ☐ No		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is AMBU bag soiled? (If Yes - Please Change)	☐ Yes ☒ No		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)	☒ Yes ☐ No		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)	☐ Yes ☒ No		☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)	☒ Yes ☐ No		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Oral and Nasal Care every 4 Hrs	☒ Yes ☐ No		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is ET / Oral Suction needed (2nd hrly)	☒ Yes ☐ No		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sterile Suctioning Done	☒ Yes ☐ No		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis	☐ Yes ☐ No		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Jain		Sunita	Ramya	Smith	Jain			
Signature of the Nurse	[Signature]		[Signature]	[Signature]	[Signature]	[Signature]			

VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 8/7/26

No of Days on Ventilation:

Date of Tracheostomy:

Parameters	Date	Shift Time	8/9/26 M6	8/9/26 E2	8/9/26 N1	9/7/26 M6	9/7/26 E2	9/7/26 N1	10/6/26 N1
Ready for Extubation today? (Discuss during the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Sedation holiday discussed? (Discuss during the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Suction container visibly Soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Inline Suction Used?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is AMBU bag soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Oral and Nasal Care every 4 Hrs			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)			☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Is ET / Oral Suction needed (2nd hrly)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Sterile Suctioning Done			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
DVT Prophylaxis			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			Ramya	Sanjitha	Ramya	Shritha	Sanjitha	Ramya	Ramya
Signature of the Nurse									

CONSENT FORM FOR GENERAL REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : MAST. DEVANSH Age : 1y 6m Gender : Male ☒ Female ☐
UHID NO: HNH-16390 Surgeon Name: -

Anaesthesiologist : Dr SAMIR INAYATH

Operative procedure planned : MRI - BRAIN +/- CONTRAST
SPINE

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 : TUBE DISLODGEEMENT / VENTILATORY FAILURE / BRADYCARDIA /

Comments : CARDIAC ARREST

- 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 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 : MUKESH

Relationship with Patient : uncle

Date & Time : 08/07/2026

at 1030am

Witness :

Signature : [Signature]

Name : Khushbu

Date & Time : 8/7/2026

at 1030am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Sanjay Nayak

Date & Time : 8/7 at 1030am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: MAST DEVANSH Age: 1y 6m Sex: MALE UHID.No: HNH-00016390
Date: 8/7 Time: 10AM Proposed Operation: MRI BRAIN + SPINE
Diagnosis: MENINGOENCEPHALITIS
B.P: 113/84 CRT: 113/84 H.R: 146 Weight: 9.5 ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

Laboratory Data:

8/7 Hgb: 7.9 Glucose: 48 Protein: 0.5 HIV: X-Ray:
PCV: 23.1 Urea: Alb: HBS Ag: ECG:
WBC: 7.43 Creat: 0.5 Total Bill: HCV: 2D Echo:
↓ Plate: 60,000 Na: Dir. Bill: Blood group: Stress/Angio:
PT: 13.5 K: LDH: T3: Other:
PTT: Ca++: Alk phos: T4:
INR: 1.0 Mg++: Amylase: TSH:
Cl-: SGOT/SGPT:

Allergies: NKDA

Medical History: CVS: 1

RESP: SICK CHILD → POOR NEUROLOGICAL FUNCⁿ Diabetes:

CNS: INTUBATED NOW

Renal: APPARENTLY HEALTHY CHILD

Hepatic / GE: BIRTH - UNREMARKABLE - IMMUNISED

Physical Activity: NIL

Others: 1

Past Anaesthetic History: -

Physical Exam: CHILD SEDATED

Airway: MP 1 2 3 4 Mouth Opening: Mento-hyoid Distance: Neck: Teeth:

Lungs: SECURED, 4.5, FIXED AT 13, BL AE ⊕, CLINICALLY CLEAR

Heart: S1S2 + M2

CNS:

Pregnant: ☐ Yes ☐ No ☒ NA

Venous Access Site: PERIPHERAL

Spine Exam for regional:

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

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

CURRENT MEDICATIONS	DOSAGE
CEFTRIAXONE 1gm	IV OD
MEROPENEM 400mg	IV BD
DOXYCYCLIN	
METHYL Pred.	

KU/NS 3%

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL 22g 22g @ LL
→ Water / ORS 2 Hours
→ Others 6 Hours
- Informed Consent: ☐ Standard ☒ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: - Nil oral

Signature: Dr. Camir Name: Dr. Camir

Docu. No.: RCH/FRM/CLINICAL/044

Signature _____

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

BLOOD PRESSURE 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 ₂	PULSE 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	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	IV Cannula Site : ☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway ☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway Vomiting : ☐ Yes ☐ No NG Tube : ☐ Yes ☐ No Drain : ☐ Yes ☐ No Urinary Catheter : ☐ Yes ☐ No Chest Tube : ☐ Yes ☐ No Nil Oral ☐ Yes ☐ 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		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				
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0						CIRCULATION				
Fully awake = 2 Arousable on calling = 1 Not responding = 0						CONSCIOUSNESS				
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0						COLOR				
TOTAL										

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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
 - Within 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker

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		FHR	Comments
					BP	Pulse		

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 :

Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION

HNH-00016390
Master DEVANSH
08-01-2025 1 Y 6 M 2 D (M)
Dr. ABHISHEK RAVINDRA JAIN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Devansh Age: 14.6m Sex: M UHID.No: HNH-00016390
Date: 7/7/26 Time: 4:40pm Proposed Operation: CECT Brain
Diagnosis: 2 Meningo Encephalitis Dengue ⊕
B.P: 91/62 H.R: 114 Weight: 9.5kgs ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.2 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: 6700 Creat: 0.6 Total Bill: HCV: 2D Echo:
Plate: 1.96 Na: 137 Dir. Bill: Blood group: AB +ve Stress/Angio:
PT: K: 3.1 LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl-: 102 SGOT/SGPT:

Allergies: NIL

Medical History: CVS: FT/LSIS 2.8kgs / NO NICU admissions
RESP: H/o fever & vomitings 1mth Diabetes: Development appropriate
CNS: back - admitted in hospital Immunised: full date
Renal: conservatively managed
Hepatic / GE: H/o fever, cold & cough: 3 days Physical Activity: active
Others: drowsiness: 1 day ? neck stiffness now
Past Anaesthetic History: 2 H/o rhinorrhea

Physical Exam: couldnt assess

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

Lungs: BAE ⊕ chr Spw 100% on NP @ 2lit

Heart: SHR ⊕

CNS: GCS - E2V8M5 - 10/15

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: Water / ORS 2 Hours To continue
- NIL ORAL Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: Dr. Arun K. Name: Dr. Arun K.

Change in Patient Condition: ☐ Yes ☒ No		Fasting Status: Adequate	
Physical Status: ☒ Patient Identified		☒ Consent Present ☒ Chart Reviewed	
H.R.: 132	B.P.: 96/54	SpO ₂ : 100	R.R.: 14
Pre-OP Diagnosis: Meningeal Aneurysm		Operation: CECT Brain	
Surgeon:		Anaesthesiologist: Dr. Akhila	
Technician: Pallavi		Date: 21/12/26	

TIME: 5:40 AM N ₂ O / AIR / O ₂ / LPM: 100 / 100 HALO / SO / SEVO: Drugs: Inj. GYCOPYROLATE 10mg Inj. MIDAZOLAM 5mg	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Antibiotic</td> <td style="width: 5%;">✓</td> </tr> <tr> <td>Suppository</td> <td>✓</td> </tr> <tr> <td>Blood Loss</td> <td>✓</td> </tr> <tr> <td>NOTES</td> <td>✓</td> </tr> </table>	Antibiotic	✓	Suppository	✓	Blood Loss	✓	NOTES	✓
Antibiotic	✓								
Suppository	✓								
Blood Loss	✓								
NOTES	✓								

FIO ₂ / SaO ₂ : 100 / 100 ETCO ₂ : ECG: 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: TV PIP PEEP: 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">ABG</td> <td style="width: 5%;">.....</td> </tr> <tr> <td>GRBS</td> <td>.....</td> </tr> <tr> <td>Others</td> <td>.....</td> </tr> </table>	ABG		GRBS		Others	
ABG							
GRBS							
Others							

LAB Values ABG: GRBS: Others: 	Induction ☒ IV ☐ Inhal O ₂ via Nasal prongs ☐ Pre O ₂ ☐ RSI ☐ Others: ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ☐ ETT# at cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: Difficulty Why?	Regional: Extremity Specify: ☐ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Paresthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to ☐ PACU ☒ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☒ NA Name of the Doctor: Dr. Akhila Signature of the Doctor: (Signature)
--	--	--

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

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

RES PULSE > < BLOOD PRESSURE

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 :

☐ O₂ 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

NII Oral ☐ Yes ☐ 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	ACTIVITY					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 move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	RESPIRATION					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic leve	= 2	CIRCULATION					
BP ± 20-50 of Pre Anaesthetic leve	= 1						
BP ± 50 of Pre Anaesthetic leve	= 0						
Fully awake	= 2	CONSCIOUSNESS					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL							

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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 relieving intervention

d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:



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 and 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

HNH-00016390 IP26-00006775
Master DEVANSH
08-01-2025 1 Y 6 M 2 D (M)
Dr. ABHISHEK RAVINDRA JAIN



Patient Name : Devansh Age : 1y 6m Gender : Male ☒ Female ☐
UHID NO: HNH-00016390 Surgeon Name: Dr. Pratik
Anaesthesiologist : Dr. Samir Operative procedure planned : CECT Brain

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 : Laryngospasm, 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 : Suman Kachhawa
Name : Suman Kachhawa
Relationship with Patient : Aunt
Date & Time : 7/7/26 4:30pm

Witness :

Signature : [Signature]
Name : Preeti
Date & Time : 7/7/26 4:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. AKHILA K.

Date & Time : 7/7/26 4:30pm

CONSENT FOR SPECIAL SEDATION

Patient Name: **1NH-00016390** **IP26-00006775**
Master DEVANSH
18-01-2025 **1 Y 6 M 2 D** (M) male Gender: ☒ Male ☐ Female
Dr. ABHISHEK RAVINDRA JAIN
UHID No:  Department: _____ Date: _____

I _____ S/D/W/O _____

Here by give consent for procedure for my patient: _____

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : Hi FENTANYL
- Possible complications from the procedure of sedation:

Bradycard
hypotension.

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : Khushboo
Name : Khushboo
Relationship with Patient: Aunt
Date & Time : 9/7/26 at 6pm

Witness :

Signature : Sumitha
Name : Sumitha (RCH)
Date & Time : 9/7/26 at 6pm

Doctor (who is taking the consent) :

Signature : Amritha
Name : Amritha
Date & Time : 9/7/26

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 9/7/26 Time: 11:40 AM

Weight: 9.5 kg Centile: 5th

Height: Centile:

Inference: underweight child

RDA: Calories: 1200 kcal/d Protein: 20 gms/d

Diet Recommendations: N.G. feeds 3rd hourly - 75ml

Re-Assessment:

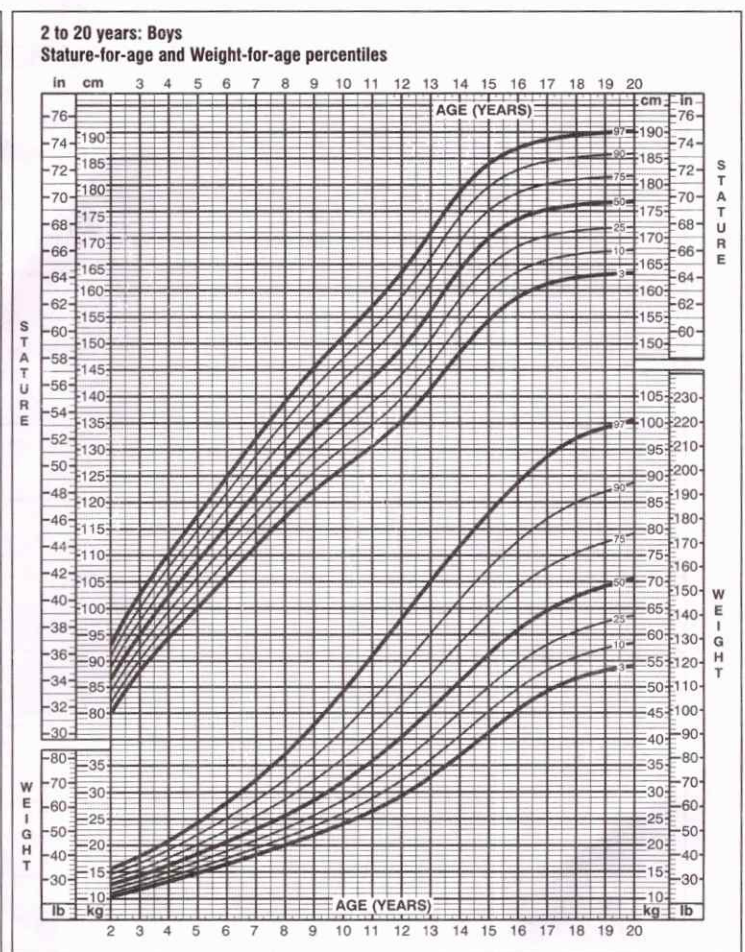
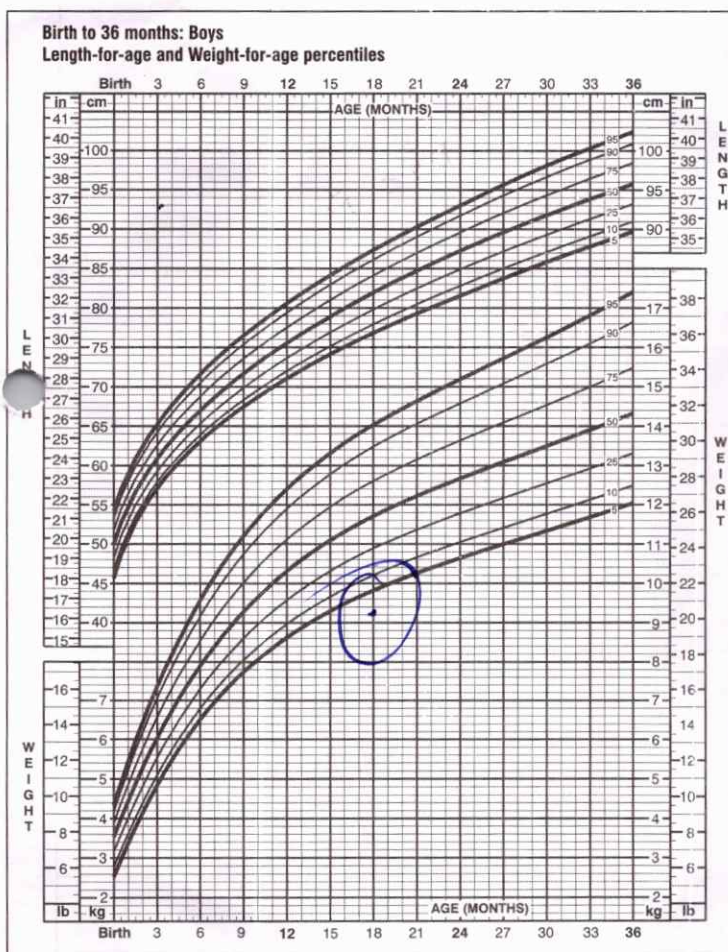
Food Allergies: Veg/Non-veg

Diagnosis: Acute meningoencephalitis

Nutritional Intervention - ☐ Oral ☒ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)



Dietician's Name: Sathwika G

Dietician's Signature: [Signature]



CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: Devansh Age: 1 1/2 yr Gender: Male ☒ Female ☐

UHID.No : _____ Date: 7/2/2026

I Mukesh S/o, D/o, W/o, uncle to Devansh hereby
declare that our patient Master/Baby Devansh who is related to me as nephew
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 7/2/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

Altered sensorium
low glasgow coma scale

The doctors have clearly explained to me that my patient Master / Baby _____ during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : _____
_____ in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: [Signature]

Name: MUKESH SANKHARIA

Relationship with Patient: Uncle

Date & Time: 07/07/26

Witness :

Signature: [Signature]

Name: Swilla (RCH)

Date & Time: 7/2/26 at 6pm

Doctor (who is taking the consent) :

Signature: [Signature]

Name: Dr. Archana

Date & Time: 7/2/26

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Devansh Gender: ☒ Male ☐ Female
UHID No : _____ Department : Pediatrics Date : 10/7

I _____ S/D/W/O _____

Here by give consent for procedure of : _____

For my patient, Named : _____

The doctors have clearly explained to me that the procedure has following possible complications:

local trauma
Hyperventilation

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Reduced Distress
from

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Aniket

Patient Attendant :

Signature : [Signature]

Name : Mr. Eshwar

Relationship with Patient: Grandfather

Date & Time : 10/7

Witness :

Signature : [Signature]

Name : laxmi

Date & Time : 10/7/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Naipayee

Date & Time : 10/7



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Maat Devanish Gender: ☒ Male ☐ Female
UHID No : 00016390 Department : paed. Date : 7/7/26

I S/D/W/O

Here by give consent for procedure of : Central line

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding
sepsis

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Benefit - prolonged line

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :

Signature : [Signature]

Name : MUKESH

Relationship with Patient: Uncle

Date & Time : 07/07/26

Witness :

Signature : [Signature]

Name : Sanitha (RCH)

Date & Time : 7/7/26 at 5pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Anurag

Date & Time : 7/7/26

HNH-00016390 IP26-00006775
Master DEVANSH
08-01-2025 1 Y 6 M 2 D (M)
Dr. ABHISHEK RAVINDRA JAIN



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Devansh Gender: ☒ Male ☐ Female

UHID No : Department : Paediatrics Date : 7/7/26

I S/D/W/O

Here by give consent for procedure of : Foley's catheter insertion

For my patient, Named : Devansh

The doctors have clearly explained to me that the procedure has following possible complications:

Trauma

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :

Signature : [Signature]

Name : MUKESH Samkhya

Relationship with Patient: uncle

Date & Time : 07/07/26

Witness :

Signature : [Signature]

Name : Sumitha (RCH)

Date & Time : 7/7/26 at 5 PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : V. Aschane

Date & Time : 7/7/26

4NH-00016390 IP26-00006775
Master DEVANSH 1 Y 6 M 2 D (M)
08-01-2025
Dr. ABHISHEK RAVINDRA JAIN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : DEVANSH Gender: ☒ Male ☐ Female

UHID No : Department : Perinatology Date : 8/7/26

I S/D/W/O

Here by give consent for procedure of : lumbar puncture

For my patient, Named : DEVANSH

The doctors have clearly explained to me that the procedure has following possible complications:

bleeding from puncture site
post-procedure headache

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :

Signature : [Signature]

Name : MUKESH Samkhia

Relationship with Patient : uncle

Date & Time : 08/07/26

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 08/07/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Signature]

Date & Time : 08/07/26



CONSENT FOR SPECIAL PROCEDURES

Patient Name : DEVANSH Gender: ☒ Male ☐ Female

UHID No : _____ Department : Pediatric Date : 8/7/16

I, Mukesh S/D/W/O Radheshyam

Here by give consent for procedure of : Intubation

For my patient, Named : DEVANSH

The doctors have clearly explained to me that the procedure has following possible complications:

laryngeal bleed.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Prakash

Patient Attendant :

Signature : [Signature]

Name : MUKESH

Relationship with Patient: Uncle

Date & Time : 08/07/26 9:40 AM

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 8/7/26 @ 9:40 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Prakash

Date & Time : 08/07/26



EMERGENCY ROOM TRIAGE FORM

Patient's Name: Master Devansh Age: 17 M Gender: ☒ Male ☐ Female
Date: 7/7/26 Time of Arrival: 2:30 PM
Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ☐ Not known
Source of Information: ☐ Parents ☐ Others (Specify):
Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Ambulance
Initial Vital Signs: Temp: 98.8°F PR: 117/61 M BP: 100/51/83 M RR: 16 M SpO₂: 100%
Chief Complaints: C/O fever since 3 days cat since 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance

- ☒ Normal
☐ Sick Looking

Circulation / Colour

- ☒ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing

- ☒ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☒ Stable

☐ Unstable:

- ☐ Not - Life - Threatening
☐ Life - Threatening

Triage Classification

- ☐ Level 1: Resuscitation
☐ Level 2: EMERGENT: Life or limb threatening
☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening
☐ Level 4: LESS URGENT: Significant illness but not life threatening
☐ Level 5: NON - URGENT: May receive care when convenient

CTAS

- ☐ Immediate
☒ < 15 min
☐ 30 min
☐ 60 min
☐ 120 min

NOTE: All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time: 2:40 PM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☒ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☒ No
If yes, State Location: _____
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☒ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
☐ The patient should be given a surgical mask immediately, if not already wearing one.
☐ Both patient and triage staff should perform hand hygiene.
☐ The staff should use PPE (as appropriate).

Name of Triage Nurse: B. N. Jaiswal

Signature of Triage Nurse: _____

Date & Time: 7/7/26 @ 2:40 PM

Docu. No.: RCH / FRM / CLINICAL / 085

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2/2/26 Time of arrival : 2:42pm

Chief Complaints: (10 severe lacer 3 days old suture 3 days)

Height : Weight : 9.5/228 Head Circumference (<2 years)

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

If yes, identify

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

☐ Character ☐ Location ☐ Frequency ☐ Duration

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☒ No

If 'Yes' tick below fall risk intervention directly

If Patient is > 6 years

If 'Yes' Assess the below parameters

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

Ambulatory Aids:

• Wheelchair ☐ Yes ☒ No

• Uses furniture for support ☐ Yes ☒ No

Gait/Transferring:

• Bedrest / immobile ☐ Yes ☒ No

• Weak ☐ Yes ☒ No

• Impaired ☐ Yes ☒ No

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : @ 2:44pm

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

HNH-00016390 IP26-00006775
Master DEVANSH
08-01-2025 1 Y 6 M 2 D (M)
Dr. ABHISHEK RAVINDRA JAIN



Time	Nursing Notes
2:46 PM	Assess the patient condition monitor the vital sign

Samples collected by: *hitaga*
Samples sent by: *hitaga*

Time: *3:50 PM*

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>117b/min</i> BP: <i>100/75</i> CFT: <i>(83) mmHg</i> RR: <i>22b/min</i> SPO2 at FiO2: <i>100%</i> GCS: <i>15/1</i> Temperature: <i>98.7</i> Pain Score: <i> </i> Repeat RBS (if applicable): <i>N/A</i>	Shift - out from ER to: <i>PDH</i> Time of Shift - out: <i>4:09 PM</i> Handover given to: <i> </i> (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): *Dr placement done*

Name of the Nurse: *Shikhar* Signature of the Nurse: *[Signature]*

Date & Time: *7/7/26 @ 2:48 PM*

MEDICATION RECONCILIATION FORM

Drug Allergies: all ☐ 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: ICU Shifted to: ICU

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. Ravi

Date & Time: 7/7/26 @ 3:15 PM

Nurse Name & Signature: Amey Jay

Date & Time: 7/7/26 @ 3:20 PM

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

PATIENT TRANSFER FORM

Patient Name & UHID No HNH-00016390 IP26-00006775 Master DEVANSH 06-01-2025 1 Y 6 M 2 D (M) Dr. ABHISHEK RAVINDRA JAIN 		Date & Time of Admission 7/7/26 @ 2:30 PM	Date & Time of Transfer Order 7/7/26 @ 4:09 PM
		Transfer Ordered by Dr. Ramesh	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 14	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Ramesh	
Patient & Clinical Records Received by : Sumit			
Date & Time of Patient Received : 7/7/26 at 4:20 PM			

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

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006775 Admit Date : 07-Jul-2026 Admit Time : 03:12 PM UHID : HNH-00016390

Patient Details :

Patient Name	: Master DEVANSH	Age	: 1 Y 6 M 1 D
Guardian	: Mr MUKESH	DOB	: 06-01-2025 01:00 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: RAM SADAN,2-2-1109/B/SBK/38, STREET NUMBER 10, VAIBHAV COLONY Amberpet Hyderabad Telangana INDIA 500013	Phone No	: 9573632738/ 9032332520
		E-mail	: 9573632738@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : ER02 Ward Name : GF -EMERGENCY
Room No : ER02 Admission Type : First Visit

Contact Details :

Name : Mr MUKESH Relationship : Father
Contact Address : RAM SADAN,2-2-1109/B/SBK/38, STREET
NUMBER 10, VAIBHAV COLONY Amberpet
Hyderabad Telangana INDIA 500013 Phone No : 9573632738


Signature *Uncle*

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Deposit Amount : 50000.00
Payment Mode : DC/CC Card Payor Name : SELFPAY

3