

HNH-00011347
 Baby T MAHITA
 10-12-2008 17 Y 5 M 12 D (F)
 Dr. JYOTI BOTHRA

IP26-00006391



SURGERY DETAILS

Date : 22/5/26

Patient Name: Baby T. Mahita Date of Birth: 10/12/2008 Age: 17 Yrs.

Gender: Female Ward: OT UHID No.: HNH-00011347

Date of Surgery: 22/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Laparoscopic Appendectomy with Peritoneal lavage (Complicated)

Time in : 10:00 AM

Time Out : 12:45 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	: <u>Dr. Jyoti Bothra</u>
2. Anaesthetist	: <u>Dr. Ajeesha, Dr. Brunda</u>
3. Assistant Surgeon	:
4. OT Technician	: <u>Br. Saichandru, Sr. Saraswathi</u>
5. Circulating Nurse	: <u>Sr. Sushela</u>
6. Assistant Nurse	: <u>Br. Balu, Br. Sudipta</u>

Baby T MAHITA (17 Y 5 M 12 D / F)

OTHERS

HNH-00011347
 NNV04329
 HN26008653032

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

[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 26-0000201401/201402

Order by: M. Balu @ 22/5/26

HNH-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 12 D (F)
 Dr. JYOTI BOTHRA



Lap Appendectomy

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : *Archana* Technician : *chandu Sarasathi* Date : *22/5/26* Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>6.0 cutted</i>		<i>01</i>	Major Pack <i>General</i>	<i>1</i>	<i>1</i>	Inj Vit.K		
LMA			Sutures <i>2437, 5003</i>		<i>2+1</i>	Cord Clamp		
ECG leads : <i>A/P/N</i>		<i>05</i>				Suction Catheter		
HME filter : <i>A/P/N</i>						Feeding Tube		
Syringes : 10 cc		<i>05</i>				Vaccum Suction Set		
05 cc		<i>05</i>	Gloves <i>Encl. 7, 8 1/2</i>	<i>2+2</i>		Surgical Gloves		
02 cc		<i>04</i>	<i>S.G 7</i>	<i>2</i>		Gauze Pack		
01 cc			<i>Sarban normal</i>	<i>1</i>		Syringe 1ml / 2ml		
Cautery plate : <i>A/P/N</i>		<i>01</i>	Surgical blade <i>11</i>	<i>1</i>		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<i>03</i>	Cautery pencil			<i>Plastic Apron - 02</i>		
NS : 10ml / 100ml / 500ml / 1000ml		<i>01+02</i>	Koochies					
<i>paracetamol IV</i>		<i>01</i>	Ointments					
<i>PMD line 200cm (high press)</i>		<i>01</i>	Suction Catheter					
Fentanyl		<i>01</i>	Cap, Mask	<i>10+10</i>				
Morphine		<i>01</i>	Gauze Pack <i>7.5 x 7.5</i>	<i>5</i>				
Ketamine			Mop Pack	<i>1</i>				
Propofol			Steristrip					
Rocuronium		<i>02</i>	Underpad	<i>01</i>				
Glycopyrolate		<i>01</i>	Draw sheet					
Myopyrolate		<i>01</i>	Abgel					
Ondansetron			Foleys catheter <i>12</i>		<i>01</i>			
Pencan 25g/ Spinal Needle 22			Urbag		<i>2</i>			
Bupivacaine 0.25%		<i>01</i>	Chest Drainage Catheter <i>NO.20</i>		<i>1</i>			
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<i>Ryles tube 14G</i>		<i>01</i>	Tegaderm <i>Mucous Extracts</i>	<i>1</i>				
Suppositories			<i>Joban True loop</i>	<i>2</i>				
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<i>01</i>	Vaccum Suction set	<i>1</i>				
Justin : 12.5 mg / 25mg / 100mg		<i>01</i>	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		<i>02</i>			
<i>vaccum suction</i>		<i>01</i>	Microshield		<i>02</i>			
			Cotton Balls		<i>01</i>			
			Latex Gloves		<i>20</i>			
			Ramdione Scrub					
			Sara <i>T.U.R SET</i>	<i>01</i>				

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____
 Order No. *26-0000201371/1372/1378/1387/1388* Ordered by : *M. Ravi @ 22/5/26*
 Doc. No. : RCH / FRM / GENERAL / 125



Rainbow Childrens Hospital-Himayatnagar

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.
040-48873000, info@rainbowhospitals.in



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00011347 Name : Baby T MAHITA
Age/Sex : 17 Y 5 M 12 D / Female Doctor : JYOTI BOTHRA
Admission Date/Time : 20/05/2026 21:24 Payor : HDFC ERGO GENERAL INSURANCE CO LTD
Order Date : 22/05/2026 13:22 Ordernumber : 26-0000201372
Visit ID : IP26-00006391 Ward/Bed No : 2F -PICU / PICU-202
Patient Address : PLOT NO 60A ROAD NO 8 EAST K K NAGAR, Neredmet, Hyderabad, Telangana, INDIA, 500056

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NS 100ML ACCULIFE - EH		1 mL	External / 1-1-1 UP TO NEXT VISIT	1 Days		1 mL	Dispensed
2	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
3	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
4	ET TUBE - 6.0 MM WITH CUFFED-HELMIER		1 Nos	External / 1-1-1 UP TO NEXT VISIT	1 Days		1 Nos	Dispensed
5	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed

JYOTI BOTHRA

Reg No : TSMC/FMR/0296

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Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Printed Date/Time : 22/05/2026 19:36

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Page 1 of 1



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MRN : HNH-00011347 Name : Baby T MAHITA
Age / Sex : 17 Y 5 M 12 D / Female Doctor : JYOTI BOTHRA
Adm/Reg Date/Time : 20/05/2026 21:24 Payor : HDFC ERGO GENERAL INSURANCE CO LTD
Order Date : 22/05/2026 13:22 Ordernumber : 26-0000201371
Visit ID : IP26-00006391 Ward/Bed No : 2F -PICU / PICU-202
Patient Address : PLOT NO 60A ROAD NO 8 EAST K K NAGAR, Neredmet, Hyderabad, Telangana, INDIA, 500056

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	5 Days		5 Nos	Partially Dispensed
2	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
6	NS 1000 ML CLOSED EUROFLEX	NORMALSALINE 1000ML CLOSED	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

JYOTI BOTHRA

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Page 1 of 1



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00011347 Name : Baby T MAHITA
 Age / Sex : 17 Y 5 M 12 D / Female Doctor : JYOTI BOTHRA
 Adm/Reg Date/Time : 20/05/2026 21:24 Payor : HDFC ERGO GENERAL INSURANCE CO LTD
 Order Date : 22/05/2026 13:51 Ordernumber : 26-0000201387
 Visit ID : IP26-00006391 Ward/Bed No : 2F -PICU / PICU-202
 Patient Address : PLOT NO 60A ROAD NO 8 EAST K K NAGAR, Neredmet, Hyderabad, Telangana, INDIA, 500056

S.	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GENERAL SURGICAL KIT (MEDITAKE)	GENERAL SURGICAL KIT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	VICRYL 3-0 VP,2437	VICRYL 3-0 VP 2437	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
3	TRULOOP 2215	TRULOOP2215	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
4	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
6	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 1-1-1 UP TO NEXT VISIT	1 Days		1 Nos	Dispensed
7	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
8	SAVLON 100 ML		1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
9	FOLEYS CATHETER 12FR POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	MUCOS EXTRACTOR	MUCOS EXTRACTOR	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	SURGEON CAP (FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Dispensed
12	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
13	CHEST DRAINAGE CATH-20G-PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00011347 Name : Baby T MAHITA
Age / Sex : 17 Y 5 M 12 D / Female Doctor : JYOTI BOTHRA
Adm/Reg Date/Time : 20/05/2026 21:24 Payor : HDFC ERGO GENERAL INSURANCE CO LTD
Order Date : 22/05/2026 13:30 Ordernumber : 26-0000201378
Visit ID : IP26-00006391 Ward/Bed No : 2F -PICU / PICU-202
Patient Address : PLOT NO 60A ROAD NO 8 EAST K K NAGAR, Neredmet, Hyderabad, Telangana, INDIA, 500056



S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 1-1-1 UP TO NEXT VISIT	1 Days		1 Nos	Dispensed
2	MYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
3	PYROLATE INJ AMP 0.2MG 1 ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
4	ROCUNIUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Dispensed

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011347	Name	: Baby T MAHITA
Age / Sex	: 17 Y 5 M 12 D / Female	Doctor	: JYOTI BOTHRA
Adm/Reg Date/Time	: 20/05/2026 21:24	Payor	: HDFC ERGO GENERAL INSURANCE CO LTD
Order Date	: 22/05/2026 13:51	Ordernumber	: 26-0000201388
Visit ID	: IP26-00006391	Ward/Bed No	: 2F -PICU / PICU-202
Patient Address	: PLOT NO 60A ROAD NO 8 EAST K K NAGAR, Neredmet, Hyderabad, Telangana, INDIA, 500056		

No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
2	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
3	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
4	MERSILK 3-0 NW 5003(5002)	MERSILK 5003	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	UROBAG (ADULT)- URODYNE		1 Nos	External / 1-1-1 UP TO NEXT VISIT	1 Days		2 Nos	Dispensed
9	IRRIGATTO(T.U.R SET)	IRRIGATTO(T.U.R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
13	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
14	RYLES TUBE 14 POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed

JYOTI BOTHRA

Reg No : TSMC/FMR/02962

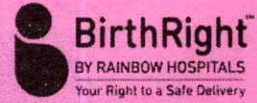
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26-0000-201298



NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: <u>BABY T MAHITA</u>	Age: <u>17 Y</u>	Gender: <u>F</u>	
UHID No: <u>HNH-00011347</u>	IP No: <u>SP26-0000639</u>	Date: <u>22/5/26</u> Time: <u>8:58 Am</u>	
Diagnosis: <u>APPENDECTOMY</u>			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<u>100 MCG</u>	<u>ONE AMP</u>
2.	Morphine Sulphate Inj. 15mg/ML	<u>-</u>	<u>-</u>
3.	Remifentanyl Hydrochloride Inj. 2MG	<u>-</u>	<u>-</u>
4.	Remifentanyl Hydrochloride inj. 1MG	<u>-</u>	<u>-</u>
Doctor Name: <u>Dr. SWATHI.H</u>		Doctor Registration No: <u>TSMC-15501</u>	
Signature: <u>[Signature]</u>			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: SP26-0000639 Date: 22/5/26

Aadhaar No. of the Patient (Optional):

1.	Name: <u>BABY T. MAHITA</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>Plot No 60A ROAD NO 8 BAS- IKK NAGAR NEREDMET. HYD.</u>		
3.	Brief description of the illness	<u>APPENDECTOMY</u>		
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	<u>NO</u>		
5.	Details of essential Narcotic drug dispensed	<u>FENTANYL</u>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>22/5/26</u>	<u>FENTANYL</u>	<u>ONE AMP</u>	<u>[Signature]</u>	

Dispensed by (Name & ID No.): Sania (013442) Signature: [Signature]

Received by (Name & ID No.): Sai CHANDU 021153 Signature: [Signature]

Time:

26-0000201321

**NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)**

Patient Name:	BABY MAHITA	Age:	17 Y	Gender:	F
UHID No:	ANK-0001347	IP No:	IP26-00006391	Date:	22/5/26
Time:	10:36 Am				
Diagnosis:	LAP APPENDECTOMY				
PRESCRIPTION DETAILS (Tick only one of the following)					
S.No	Drug Name	Dosage	Remarks		
1.	Fentanyl Citrate Inj. 50mcg/MI	-	-		
2.	Morphine Sulphate Inj. 15mg/MI	15 MG	ONE Amp		
3.	Remifentanyl Hydrochloride Inj. 2MG	-	-		
4.	Remifentanyl Hydrochloride inj. 1MG	-	-		
Doctor Name:	Dr. SK. Ayasha		Doctor Registration No:	TSMC/FMR/107725	
Signature:					

**NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E**

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006391 Date: 22/5/26

Aadhaar No. of the Patient (Optional):

1.	Name:	BABY MAHITA	Remarks
2.	Complete postal address (with contact number, if any)	PLOT NO 60A ROAD NO 5 PAST K KANA WATIA. NR 60M BT HYD	
3.	Brief description of the illness	LAP APPENDECTOMY	
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO	
5.	Details of essential Narcotic drug dispensed	MORPHINE	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
22/5/26	MORPHINE	ONE Amp		

Dispensed by (Name & ID No.): Sania (015442) Signature: Sania

Received by (Name & ID No.): AM CHANDU NO 1153 Signature:

Time:

DISCHARGE SUMMARY

Name	Baby T MAHITA	UHID	HNH-00011347
Father/Guardian	Mr T KALYAN	Age/Gender	17 Y 5 M 11 D/ Female
Address	PLOT NO 60A ROAD NO 8 EAST K K NAGAR, Neredmet, Hyderabad, Telangana, INDIA, 500056		
IP No	IP26-00006391	Admission Date	20-05-2026
Ref Doctor	DR. RAVINDRANATH		
Discharge Date	27.05.2026		

Consultant:

Dr. JYOTI BOTHRA

DNB, MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGERY & UROLOGY
TSMC/FMR/02962

Co-Consultant:

Dr. PRITESH NAGAR

MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
ACUTE APPENDICITIS WITH PELVIC ABSCESS	
LAPROSCOPIC APPENDECTOMY + PERITONEAL LAVAGE (COMPLICATED)	

History: Baby T MAHITA , 17 Y 5 M 11 D , old girl presented with the history of fever associated with burning micturition since 6 days, decreased activity and acceptance of food, treated with treated with oral antibiotics (Unknown) in outside hospital on OPD basis, but didn't resolved. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Outside investigations: Done on 20.05.2026: Complete blood picture showed Hemoglobin - 9.5 gm%, White Blood Cells - 29400 cell/cmm, Platelets - 3.55lakh/cmm, C-Reactive Protein - 178.78 mg/L.

Name	Baby T MAHITA	UHID	HNH-00011347
IP No	IP26-00006391	Admission Date	20-05-2026

Examination: She was afebrile. Her heart rate was 134/min, Blood pressure - 94/59mmHg and Respiratory Rate - 35/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft, mild tenderness on the right lumbar and right iliac area. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 42 kilo grams.

Investigations: Enclosed reports

VBG showed pH of 7.36, pCO₂ of 31.8 mmHg, pO₂ of 37 mmHg, HCO₃ of 18.6 mmol/L and BE of -7.2 mmol/L.

Name	Baby T MAHITA	UHID	HNH-00011347
IP No	IP26-00006391	Admission Date	20-05-2026

Date	On 20.05.20 26	On 21.05.2026	On 22.05.20 26	On 23.05.202 6	On 26.05.20 26
TEST	Result	Result	Result	Result	Result
CBP: Hemoglobin	-	-	8.1 g/dl	-	7.9 g/dl
While blood cell	-	-	14040 cell/cmm	-	7920 cell/cmm
Platelets	-	-	3.56 lakh/cmm	-	5.05 lakh/cmm
CRP	-	-	-	-	69 mg/L
S.electrolyt es: Natrium (Na)	-	-	-	136 mmol/L	-
Potassium (K)	-	-	-	3.8 mmol/L	-
Chloride (Cl)	-	-	-	106 mmol/L	-
Serum.CREA TININE	0.6 mg/dl	-	-	-	-
PROCALCITO NIN	-	1.23 ng/ml	-	-	0.663 ng/ml
Complete urine examination shows	Pus cells - 6-8, epithelial cells - 12- 14, RBCS - 10-12.	-	-	-	-
BLOOD CULTURE	48 Sterile	-	-	-	-
BLOOD GROUP	-	A positive	-	-	-

Name	Baby T MAHITA	UHID	HNH-00011347
IP No	IP26-00006391	Admission Date	20-05-2026

CT WHOLE ABDOMEN & PELVIS WITH CONTRAST

1) Mildly inflamed mid part of appendix with large heterogeneous multi loculated peripherally enhancing hypodense collection seen in pelvis and in POD. It measures ~10.6 x 9.5 x 9.3 cm (TR x AP x CC) volume ~ 450 cc. Mild mesenteric fat stranding noted in pelvis - Likely acute appendicitis with pelvic abscess formation.

2) Rest unremarkable.

Ultrasound abdomen shows:

- * Mild hepatomegaly.
- * Internal echoes in urinary bladder, Suggestive of cystitis.
- * Well defined complex heterogeneously hyperechoic lesion in the right adnexa with no internal vascularity, most likely in keeping with complex ovarian cyst - Hemorrhagic cyst. Other differential could include a dermoid.
- * Findings in keeping with acute complicated appendicitis with appendicolith, likely perforation, with large pelvic/lower abdominal loculated abscess collection (appendicular abscess/phlegmon).
- Suggested clinical correlation and CECT abdomen / pelvis for further evaluation.

Repeat ultrasound abdomen shows

- * Mild hepatomegaly.
- * Internal echoes in urinary bladder.
- * Mild residual partially loculated postoperative fluid collection in the right iliac fossa, slightly anterior and superior to the drain tip, with thin internal septations.
- * Mild residual free intraperitoneal fluid in the left paracolic gutter/pelvis.
- * Mild reactive post operative adjacent bowel inflammatory changes.

Urine culture and sensitivity shows.

Gross examination: Yellow in colour, clear.

Gram stained smear: Shows no polymorphs or organisms

Culture: Candida utilis isolated (moderate growth).

Name	Baby T MAHITA	UHID	HNH-00011347
IP No	IP26-00006391	Admission Date	20-05-2026

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. In view of pain abdomen, she was administered antispasmodics and advised gastrodiet. USG whole abdomen done on 21.05.2026 suggestive of acute complicated appendicitis with appendicolith, likely perforation, with large pelvic/lower abdominal loculated abscess collection (appendicular abscess/phlegmon). CECT whole abdomen done on 21.05.2026 - suggestive of acute appendicitis with pelvic abscess formation. In view of appendicular rupture, IV antibiotics were upgraded (IV PIPTAZ). Pediatric surgeon consultation was taken, who advised for surgical management. Repeat ultrasound whole abdomen done on 27.05.2026 suggestive of Mild residual partially loculated postoperative fluid collection in the right iliac fossa, slightly anterior and superior to the drain tip, with thin internal septations.

Surgical Procedure: Laparoscopic Appendectomy + Peritoneal lavage (complicated)

Indications for Surgery: Appendicular mass with pelvic collection.

Operation notes:

- 5 mm umbilical, RHC and LIF port created.
- Cocoon abdomen - severe intrabowel adhesions.
- Pelvis cordoned off, pus collections ~ 300 ml - 350 ml
- Sloughed off detached appendix.
- Cecum base closed.
- Pus drained, adhesions freed.
- Appendix mobilised and removed.
- Cecum base sutured with vicryl 3-0
- Pelvis examined and lavage given.
- Peritoneal drain kept No. 20
- Incision closed in layers.

Name	Baby T MAHITA	UHID	HNH-00011347
IP No	IP26-00006391	Admission Date	20-05-2026

Post-Operative Notes: Post operative period was uneventful. Initially child was started on clear liquids, later as she tolerated it, soft diet was also given. She was regularly monitored for fever spikes, hemodynamic status, vital parameters. Pelvic abscess - pus was sent for culture and sensitivity, which showed Shows densely cellular background with plenty of polymorphs and few gram positive cocci in pairs. Comprehensive TB workup panel was sent, report awaited.

Child had intra-abdominal drain, for drainage of residual collections. Child was continued on intravenous antibiotics. Her fever spikes and other symptoms gradually settled. Child remained hemodynamically stable during the hospital stay and operated site remained healthy.

She improved with the above line of management and is being discharged with the following advice.

At the time of discharge : She is active, having low grade fever and hemodynamically stable. Blood culture was sent on 28.05.2026 report awaited.

Medication during hospital stay:

- Injection. Ceftriaxone
- Injection. ESmoprazole
- Injection. Metronidazole
- Injection. Piperacillin + tazobactam
- Nebulisation Hyperneb
- Injection. Ondansetron
- Injection. paracetamol
- Syrup. Sucralfate
- Tablet. Domstal
- Tablet. Pan D
- Tablet. Cyclopan

Advice:

- * Diet as advised.
- * Remove dressing at home and bath.

Name	Baby T MAHITA	UHID	HNH-00011347
IP No	IP26-00006391	Admission Date	20-05-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tab. CIPLOX TZ (Ciprofloxacin 500mg/ Tinidazole - 600mg)	1 tab	8am - 8pm (after food)	For 7 days.
2	Syrup. PAN - D (Pantoprazole 40mg/ Domperidone 30mg)	1 tab	once daily 30min before breakfast	For 7 days.

Plan:

- * **Comprehensive TB panel report on followup.**
- * **To collect final blood culture report on follow up.**

Fever Management

- * Tab. Crocin (Paracetamol - 500mg) 1 tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
- * Tepid sponging if fever > 101 *F.

Review consultation with Dr. JYOTI BOTHRA on Thursday (04/06/2026) or SOS in case of high grade fever (>101 F) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Review consultation with Dr. PRITESH NAGAR on Thursday(04.06.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Regular followup with DR. RAVINDRANATH, Primary Pediatrician.

Food instructions while taking medications:

- * **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
- * **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.

Name	Baby T MAHITA	UHID	HNH-00011347
IP No	IP26-00006391	Admission Date	20-05-2026

* **Antiemetics** can be taken before food.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**



Registrar/Resident/C.M.O

Dr. JYOTI BOTHRA

DNB, MCh (Pediatric Surgery), FMAS

SENIOR CONSULTANT PEDIATRIC SURGERY & UROLOGY

TSMC/FMR/02962



Hyperneb - 6th hourly stop

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
23/1/26	02.00	Hyper neb		
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
11	08.00	Hyperneb.		
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

1533

2

Swirter

Nebt 02 → 5

cross checked by Mumukshu @ 12AM



3% NS
 GH

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
22/5/26	02.00	3% NS	(1) S	Shobha
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00	3% NS	(2) S	Shobha
	09.00	Budecort & levolin 201271 JB		
	10.00			
	11.00			
	12.00			
	13.00			
22/5/26	14.00	3% NS + Budecort	E	
	15.00			
	16.00		(2) 201459	
	17.00			
	18.00			
	19.00			
22/5/26	20.00	Hyper Neb.		
	21.00			
	22.00			
	23.00			



3 yrs 6th holey



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			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
21/5/26	20.00	3 yrs NS	(7) Jyoti	12/18
	21.00			
	22.00			
	23.00			

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006391 Admit Date : 20-May-2026 Admit Time : 09:24 PM UHID : HNH-00011347

Patient Details :

Patient Name	: Baby T MAHITA	Age	: 17 Y 5 M 11 D
Guardian	: Mr T KALYAN	DOB	: 10-12-2008
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: PLOT NO 60A ROAD NO 8 EAST K K NAGAR Neredmet Hyderabad Telangana INDIA 500056	Phone No	: 9989853300/ 9000300038
		E-mail	: tinmagikalyam@gmail.com

Admission Details :

Admission Type : PRIVATE ROOM Bed No : PVT-211 Ward Name : 2F -PRIVATE ROOM
Room No : PVT-211 Admission Type : First Visit

Contact Details :

Name : Mr T KALYAN Relationship : Father
Contact Address : PLOT NO 60A ROAD NO 8 EAST K K NAGAR Phone No : 9989853300
Neredmet Hyderabad Telangana INDIA 500056

Signature


Referral Details :

Referring Doctor Name : Dr. JYOTI BOTHRA Specialisation : PEDIATRIC SURGERY
Referral Doctor : DR. RAVINDRANATH Phone No :
Co-Consultant : Dr. PRITESH NAGAR

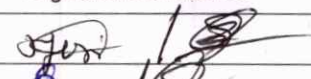
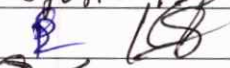


Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 10000.00
Payor Name : HDFC ERGO GENERAL INSURANCE
CO LTD


ACTIVITY RECORD FOR BILLING

Name: ----- 4NH-00011347 IP26-00006391 -----
 Baby T MAHITA
 UHID No: ----- 10-12-2008 17 Y 5 M 13 D (F) ----- Consultant: ----- Dept: -----
 Dr. JYOTI BOTHRA
 Date of Admis:  ----- Date of Discharge: ----- Time: -----
 Room / Bed No: ----- Ward: ----- Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/5/26	9:50pm	ER	Ward	
21/5/26	9:35AM	ward.	OT	
22/5/26	01:00PM	OT	PCU	
23/5/26	11:30am	PCU	2nd floor 211	

Cross Consultation Visit

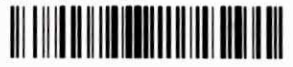
	Doctors Name	Date	Order No.	Signature
1.	Dr. Jyoti	21/5/26	1154	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked done by Sachin

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/5/26	VBG	8569	}
	Blood c/s	✓	}
	Creatinine		}
20/5	COE, Urine c/s	8570	S
		checked ✓	done by Sneh
		cross	
21/5	PCT	8587	S
21/5	USG Abd & Pelvis	6180	S
21/5/26	CT-Whole abdomen & Contrast	6195	S
21/5	Hepatitis B surface,	8605	S
	Anti-HV antibodies,	8605	S
	Anti-HIV antibodies	8605	S
	Blood grouping	8601	S
		checked ✓	done by Sneh
		cross	
22/5/26	CBP	8649	S
22/5/26	VBG	8648	Ranjana
22/5/26	Biopsy for histopathology	8653	Ranjana
22/5/26	medicines, pus culture	8650	Ranjana
	and sensitivity		

cross checked by Manish @ 12AM 26/5/26



INVESTIGATIONS

Date	Investigations	Order No.	Sign
22/5/26	Genexpert MTB/RIFPCR	8663 4014889	Remya
11	RBC (78mg/dl)	8661	Remya
22/5/26	Biopsy for Histopathology - Medium	8653	Sangeetha
23/5/26	Comprehensive Tuberculosis work-up	8684 8684	E
23/5/26	Sr. Electrolytes	8688	E
Cross checked by Sujatha on 23/5/26 at 10			
26/5/26	CBP	8855	E
	CRP		
	PCT		
Cross checked by Montushi @ 12 AM, 26/5/26			
27/5/26	USG Abdomen	6396	E

ACTIVITY RECORD FOR BILLING

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/5/26	IV placement	(1)	200974	[Signature]
21/5/26	NHA	(1)	1150	[Signature]
21/5/26	IV-placement	(1)	1140	[Signature]
21/5/26	PAC	(1)	1220	[Signature]
<i>Cross checked done by Sneh</i>				
22/5/26	Nebulization c O2	2	1459	Ramys
23/5/26	Nebulization c O2	2	1533	(8)
<i>Cross checked by Sneh on 23/5/26</i>				
<i>Cross checked by Moushik @ 12AM, 26/5/26</i>				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

Ref.No. F/IN/PR/10



**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

INH-00011347 IP26-00006391
Baby T MAHITA
10-12-2008 17 Y 5 M 13 D (F)
Dr. JYOTI BOTHRA



Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- c/o fever since 4 days
- c/o burning micturition since 4 days
- c/o decreased actvty & decreased appet of food

History of present illness :

- Child presented to GR with c/o fever since 4 days high grade a/w chills & rigors not a/w rash
- decreased oral intake & vomiting again
- c/o decreased actvty & decreased appet of food

- Diets

Ht 9.5
WBC 29400
AT 87 / LOS

CRP - 128.78

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 12 kg (Centile _____)

On Examination :

Temperature : 102 F Pulse Rate: 134 Description _____

B.P. 94/59 (71) SPO2 98% at _____

Resp. rate and type of breathing : _____

Sign of dehydrat (+)

Rash _____

Lymphadenopathy _____

- Dry lips / oral muc.

Oedema : _____

- sunken eye

Respiratory system :

- decreased output

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLCAE (+)

Any addes sounds : NUMB (+)

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+)

Any murmur : No mur.

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

Per Abdomen :

Inspection _____

Palpation : Soft, non tend

Ausculation : No organomegaly

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : 2 Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR 2 Superficials : _____

Plantars _____

Sensory System :

2

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFI & dehydrated
2 UTI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent hypovolemic shock

Desired goals of the treatment :

Planned Labs :

ECG
CUE
B/c/p
u/c/p
Creatinine
& Extra Plasma
USG Abcd Tim mng
noted by Anand

Planned Management :

← IV fluid (1/2M)
← 4 CEFTRIAXONE
← 7 PARACETMOL
← Enten oral
SpO₂, BP Monitoring
← Hyerm sos
noted by Anand

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 _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 9:30 pm	<p>S/B Dr. Priteesh</p> <p>△ AFI = Dehydration ?UTI.</p> <p>C/o fever x 4 days Burning micturition x 4 days Decreased activity</p>	<p>Adv.</p>
	<p>O/c HR 134/min RR 26/min BP 94/59 (71).</p> <p>S/c CVS SIS + CNO WNL RI BAC + No added sounds. PA: 87%</p>	<p>1 CT. in Ceftriaxone</p> <p>2 IVF 1/2 Moutanec</p> <p>3 Trace. See reports</p>
	<p>PA: 87%</p>	<p>4 w/f fever spikes NBS Suck 9:30 pm</p>
21/5/26 2:40 AM	<p>S/B Dr. Sreeragh</p> <p>BP 82/56 BP - 82/56</p>	<p>PLG</p>
	<p>↓ 3:04 AM 104/75</p>	<p>IVF PLASMACTE @ 100ml/h In 1h ↓ 100</p>
		<p>PLASMACTE @ 60ml</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/08	S/B Dr. Sreyas	Plan
7:15 AM	<p>Δ AFE = dehy dia, 3am - 100.5° F spike</p> <p>BP - 94/55</p> <p>CVS - S₁ S₂ ⊕</p> <p>R - BLL - AIC ⊕</p> <p>PIA - soft</p> <p>conscious</p>	<p>CF CEFTRIAXONE</p> <p>- Trace urine</p> <p>- IF IV fluids @ 6am</p> <p>- Encourage oral</p>
21/5/08	S/B Dr. Prateek	Plan
8:45 AM	<p>Δ AFE = dehydration</p> <p>Temp spiked</p> <p>CVS - S₁ S₂ ⊕</p> <p>R - BLL - AIC ⊕</p> <p>PIA - soft</p> <p>conscious</p>	<p>- IF CEFTRIAXONE</p> <p>- Trace urine</p> <p>CF IV fluids @ 6am</p> <p>USh Abdomen esp. body</p> <p>- send procalcitonin.</p>

CT Abdomen & IV and oral contrast

Add Mebexyl

Dr. Pritosh Nagar
Consultant Pediatrician & Intensivist
Reg. No. 47134

(Signature)

HNM-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 13 D (F)
 Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 11:55AM	<u>Counselled</u>	
	Appendix → (Mass) ✓ Ovary → ? Mass doubt	? Reoperation Pus ? Reason
	CT Scan Needed ✓	
	↳ after report → (Surgery)	
		Surgery @ Internal Now Surgery
	(Rec)	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist No: 47184	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/20 12pm	<u>Upto Dr. Perleth</u>	CT Scan Order no: R26267-006195
	- no pain today	
	- usg : ? mass in appendix	
	Ruptured appendix	
	?	
	? mass in cecum.	
		Plan CT abdomen
		1) CT c IV contrast & oral contrast now
		2) add metrogyl
		3) PAX to be done
		4) ct: ceftriaxone
		5) Rint ct as per Rx chart.
		6) NPO until CT is done
		[clear liquids allowed upto 2h. before].
		NB Mouthwash @ 1PM.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 4:30pm	<p>Udo re. Jyothi</p> <hr/> <p>Acute appendicitis [complicated]</p> <hr/> <p>- Plan for lap & +/- open appendectomy tomorrow morning.</p>	
	<p>- vitals stable</p>	
	<p><i>Jr</i></p>	<p>Plan</p> <ol style="list-style-type: none"> 1) PAC now 2) NPO from 12 am (22/5/26) 3) plan for surgery T/morning. 4) Rest it as per Rx chart.
	<p>Dr. JYOTI BOTHRA Reg. No: 02962</p>	<p>NIB Jyothi</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5:45pm	<u>Counselled</u>	
21/5/26		1/2/1 3/2/1
	> 500mc Pus	Appendix
	/ →	uterus
	Appendix rupture	ovaries
	↓	
	<u>Surgery</u> (Need)	
	↓	
	<u>Laparoscopic / open</u>	
	Antb high / upgrade	

(Signature)

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

HNH-00011347

IP26-00006391

Baby T MAHITA

10-12-2008

17 Y 5 M 11 D (F)

Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 5:45 pm	c/s/IS Dr. Pooja	
	Acute Appendicitis & Appendicolith & Pelvic Abscess	
	Planned open H - laparoscopy appendicectomy to mass resection.	
	Vitals stable	Advise:
	(sic) PLA - S/E	① Review RASC
21/5/26 6:45 pm	c/s/by Dr. Anuha Acute Appendicitis & Appendicolith. & Pelvic Abscess.	
	DAC done	NPO from 12 AM
		NEB & BUDECORT 1mg } 30 min LEVOGIL 0.637. before sx
		- Recv 10PRBC & cross match - Send cross match / HIV / HBS Ag / HCV /
		(BGT) trace.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 7:30pm	<p><u>cb/b DA. Pram</u></p> <p>clo - Nausea & Throat irritation c Mucus</p> <p>child alert vitals stable R-S - B/LAE ⊕, clear PLA - soft Throat - mild congestion ⊕</p>	<p>Ph</p> <p>1) Stat - Dig Order Neb c 3/1 NaCl</p> <p>2) NPO from 12 Am</p> <p>3) Send labs</p> <p>4) Trace B/G/T & send for cross matching</p> <p>5) Monitor Vitals.</p>
		<p>N/B founder</p> <p>Pram</p>
	<p>CT c 14 h oral contact → 'oracy ? upravel emergency - Jyothi</p> <p>- add metoxygl</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 1pm	<p>ultr Dr. Perleth lat op laparoscopic Appendectomy + Pelvic Abscess drainage</p>	
	<p>- steroids ⊕</p>	
	<p>- on O₂ support c/jene mark.</p>	
	<p>- u/o : 100 ml. - drain : 75 ml.</p>	<p>Plan</p>
	<p>metals</p>	<p>1) send Pus cl. / MTB PCR / gene Xpert</p>
	<p>HR : 117 bpm RR : 16 cpm SpO₂ : 100 %</p>	<p>2) IVF - full main.</p>
	<p>BP : 78 / 42 [54].</p>	<p>3) uroflowmeter per u/o</p>
	<p>- Pulvel : good - Peripheries : warm.</p>	<p>4) clear liquids by evening</p>
		<p>5) send VIBG now CBP.</p>
		<p>6) Strict BP monitoring u/o hourly.</p>
		<p>7) neb c/ adrenaline / stat</p>
		<p>8) assess pulvel. / energy Peripheries / hourly</p>
		<p>9) monitor drain output -</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	<u>Dr. B. Pranki</u>	
2:30 PM	S/P lap. appendectomy c Pelvic abscess drainage	
	- sterile ↓	
	- conscious	
	- cough (+)	
	<u>OLE : 4L : 15 / 15</u>	
	HR : 136 bpm	<u>Plan</u>
	RR : 25 bpm	1) Leave CBP
	SpO2 : 100% cRA	Pus cl
	BP : 110/80 [90]	MTB PCR
	RS : BAE (+)	2) ut. IVF - full main
	- peripheries : warm	3) start liquids by evening
	- pul. vel : good.	4) Strict BP } monitoring UO } hourly Pul vel }
		5) monitor drain output
		6) ut. piperz. metronidazole IV Pen
		7) monitor vitals.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/25	<u>dr. Prateesh</u>	
5pm	<u>s/p</u>	
	- 1 episode of vomiting (+)	
Vitals stable		<u>Plan</u>
	vitals	1) if v/o not better in the next 4h
	HR: 136 bpm	↓ give
	RR: 20 bpm	0.1mg/kg dose of lasix.
	SpO ₂ : 100%	2) clear liquids can be given
	BP: 116/80	3) start s/p monitoring v/o
	v/o/p - 1ml/kg/hr.	4) Put it as per Rx chart
		5) have vitals
	Dr. Prateesh Nagar Consultant Pediatrician & Intensivist R. No. 47184	
		Noted by Ramya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4:55pm		
<u>22/5/16</u>	<u>Counselled</u>	
	Stable / Vitals ok	
Intestine } Relieve } Organs } adhesions }	[U/o ↓↓ BP Borderline - Now ok	
	1 day ICU ↳ T/M Decide	
	Oral liquids - clear.	

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

[Signature]
Father



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5 1:00 AM	CLSB for Naipunya / Dr. Sushanth	
	slp lap Appendicectomy & pelvic abscess drainage.	Plan
	on room air oral intake - poor.	- (+) CBP Puls Cls MTB PCR.
	Pain abdomen (+) RLS - BLAE (+) PLA - no distension Soft.	- Cont IVF - cont liquid diet
	U/O/P - 1ml/kg/hr.	- strict I/O/P charting BP monitoring
	Drain fluid - 170ml.	- monitor drain output
	1 episode vomiting (+)	- cont piperaz metronidazole IV PCM
		Noted by Sushanth

INH-00011347
 Baby T MAHITA
 10-12-2008
 Dr. JYOTI BOTHRA
 IP26-00006391
 17 Y 5 M 12 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5	C/S/B. Dr. Naipunya / Dr. Sushanth	
7:00 AM	s/p. laparoscopic. appendectomy & pelvic abscess drainage.	
	No fever.	<u>Plan</u>
	HR - 102.	
	Vitals - RR - 20.	- Trace pus c/s
	- SpO2 - 98%.	MTB PCR
	Bp - 102/68 (A2).	
	R/S - B/L AEP.	- Cont IVF
	PIA - soft, nodistension.	- Encourage orally
	Oral intake - Poor.	= strict I/O/P charting
	U/O/P - 1ml/11g/1w.	BP monitoring
		- Cont PIP/AZ
		Metronidazole.
		IV PCM.
		- Monitor vitals
		@ey
		All in order

INH-00011347 IP26-00006391
 Baby T MAHITA 17 Y 5 M 12 D (F)
 10-12-2008
 Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 <hr/> 9 AM	<u>S/O Dr Pritesh</u>	
	Stable Vomited Once	
true Balance 3L w/o		(Plan)
		- Lasix 4mg stat
		- Ambulate
<hr/> Trace urine c/s Blood c/s		- Shift Solids - Foley's out } Dr Jyothi
		- Oral Domstal } - Oral PCM } Dr Jyothi
		<p style="font-size: small; color: purple;">Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist Reg. No: 47114</p> <p style="font-size: x-large; color: purple; text-align: center;">(Signature)</p> <p style="font-size: large; color: purple; text-align: center;">27 May 2026</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:15am		
23/05/06	Counselled	
	Stable	
	Comfortable	
	Ambulate ✓	
	Urine pipe - Surgery decide	
	Shift } - Dr Jyothi	
	Solid }	
	Case disc Dr. Jyothi	Plan
	- one episode of vomiting yesterday	- Remove Zolaps
		- Empty the drain
	Drain - 200ml	- Ambulated the child
		- Add Sp. SUCRAE
		- Shift to ward
		N M



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Alebric Vital stable	- send comprehensive went up for Tuberculosis
	eye xpert for MTB - 100 detected	- start salt diet after taking Sucralose
		N/D of ...
		15/12
23/12/16 11:50 AM	S/B Dr. Jyoti	
	△ POD-7 laparoscopic Appendectomy	
	Alebric Vital stable	Plg - Paracetamol - change to oral.
	PIA-Jolt non-tender	- soft-diet - small quantity frequent feeds - Ambulate the child
		- ct DIPTAZ METRONIDAZOLE - ct ONDANSETRON

Dr. JYOTI BOTHRA
 Reg. No: 02962

N/D of ...



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/20 2:15 PM	SIB Dr. Sreeghar Δ POD-I	
	Post operative laparoscopic Appendectomy	Plan
	Albucic	- 8T PIPTAZ
	CNS - Sylo	Metformin 200
	M-BL - ALFO	- CF Ondansetron
	PLA - 500	Sucralofate
	Conscious	- Encourage oral
		- Ambulate the child
		11/3/20 N/A of joint
23/5/20 3:41 PM	SIB Dr. Sreeghar	Rest IV fluids @ 40ml
		Encourage oral
		11/3/20



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	slb Dr. Prakash	
	Post-operative (POD-I)	
5 PM	Laparoscopic Appendectomy	Ph
	Afebrile	
	Vital stable	- CE PIPITAZ
		METRONIDAZOLE
	CBS - S ₄ S ₁₀	
	R ₄ - BLU-ACE	- CE Ondansetron
		Paracetamol

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47124



Net by D. J. Joshi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/20 9:45 pm	<p><u>WBS re. Renal</u></p> <p><u>POD-2.</u></p>	
	<p>- oral intake = poor.</p>	
	<p>= one episode of vomiting (+)</p>	
	<p>- no diarrhoea (+)</p>	
	<p><u>O/E</u></p>	
	<p><u>vitals</u> : HR: 130 bpm</p>	
	<p>RR: 20 bpm</p>	<p><u>Plan</u></p>
	<p>SpO2: 98%</p>	<p>1) IVF PLASMA-LYTE</p>
	<p>Bp: 94/62</p>	<p>(1/2) main.</p>
	<p><u>URBS</u> : 91</p>	<p>2) U. order</p>
	<p><u>Inc.</u></p>	<p>3) Rest it. as per Rx chart.</p>
	<p><u>Inc.</u></p>	<p>not by <u>Dr. Jyoti</u></p>

HNH-00011347

IP26-00006391

Baby T MAHITA


17 Y 5 M 14 D (F)

10-12-2008

Dr. JYOTI BOTHRA

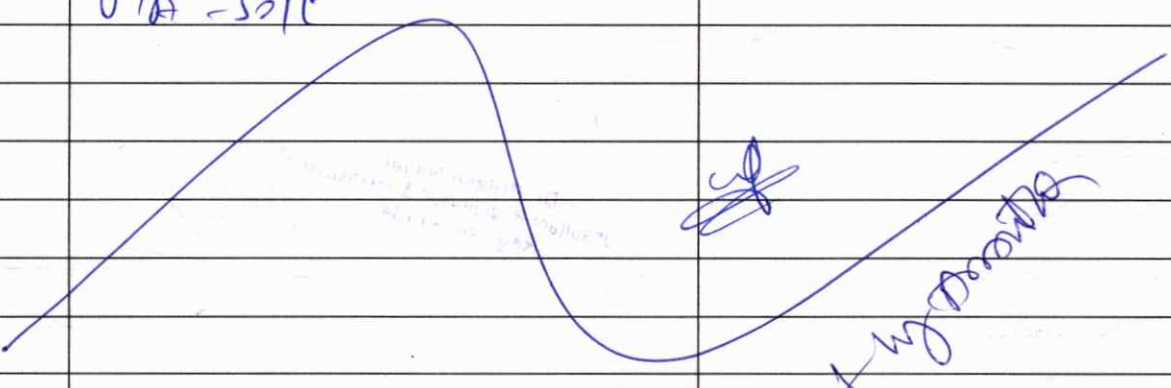


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>24/5/26</u> <u>11 AM</u>	<u>c/s/by. Dr. Pritesh Sis</u>	
	POD-3.	
	No vom spike	
	Modest Intake.	
	Vomitings (+)	<u>Plan</u>
	and	- ct IVF (1/2m)
	vital stable.	- Try to taper by afternoon.
		- ct Antibiotic
		- Monitor vital.
		<p>Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184</p> 
		<p>At WJ Anantha</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 2pm	CLAB - Dr. Alekhye Dr. Anurag	
	POD - 3. Fever spike - 101°F. No vomiting any further.	<u>Advice:</u> ① Encourage orally. ② Continue Antibiotics
	O/e - Vitals stable	③ Refill of SBP 20F
	PIA - 5/15 	SBP Not by mouth

HNM-00011347

IP26-00006391

Baby T MAHITA

10-12-2008

17 Y 5 M 14 D (F)

Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/08 4am	<p>cls/B - Dr. at bed</p> <p>POD-4.</p> <p>fever spikes 2 spikes at 9pm & 10pm. (High grade).</p> <p>No vomiting</p> <p>Nausea & etc</p> <p>Ole -</p> <p>Vitals stable -</p> <p>(Sle)</p> <p>Res - Bl</p> <p>AB - Bl</p> <p>AlA soft</p>	<p>Drain a gome</p> <p>(Emptied 23/5 on 9am)</p> <p>Advise!</p>
		<p>(1) Encourage orally</p>
		<p>(2) at night</p>
		<p>(3) Continue Antibiotics</p>
		<p>and</p>
		<p>not by mouth</p>

HNH-00011347 IP26-00006391

Baby T MAHITA

10-12-2008 17 Y 5 M 14 D (F)

Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9.15 AM	S/D Dr. Pritesh Post-operative Day - 3	Plg
	Fever spikes @	- CE PIP TAZ METRONIDAZOLE
	Cef-Su-Su @	- Encourage oral
	M-OLC-ACE @	- Trace pus culture comprehensive panel
	PIA sole conscious	- Next prick CBP CRP
	Droen - 75ml ↳ emptied rectum @ 10 AM	- Paed. surgeon - Stop ONDANSETRON
	Dr. Prilesh Nagar Consultant Paediatrician & Intensivist Reg. No: 47134	

HNH-00011347
 Baby T MAHITA
 10-12-2008
 Dr. JYOTI BOTHRA

IP26-00006391

17 Y 5 M 15 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/16 10:45 AM	S/B Dr. Mukta D POD-3	Plan
	Abdomen non vital, stable	SK PIPRAZ METRONIDAZOLE
	PIA Jolt non-tender	Encourage on orally SKP/ADAN
	Drain - 75 ml passed stool yesterday	To continue same.
	passy gas	
		Amantle
		P.B

Dr. Mukta

Dr. Mukta Subhash Waghmare
 Reg. No: 08964


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	SIB Dr. Sneyhan	
20m	DPOD Day-3	Pln
	Laparoscopic Appendectomy	
	Iv fluids	- CE PIPITAZ
	Iv fluids	- METRONIDAZOLE
	CVI - S/S	- Encourage orally
	M - BL - ACC	
	Sleepy	- Next prick CB, CRP
		- Tissue per culture
		- Campylobacter
		- TB workup
		- Monitor vitals

noted by S. Seneethya
 25/5/26
 20m

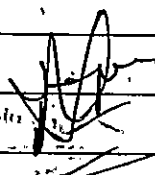


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 5pm	S/B Dr Pritesh	
	1 POD - Day 3	
	Lap appendectomy	
	Child comfortable	
	Low grade spikes (+)	
	o/c Vitals stable	Ado
	PA: 8gt-	(1) CT. Piptaz Metronidazole
		(2) New pulse CRP, CRP
		(3) Trace Pos culture & Comprehensive TB workup
		(4) Enzyme orders
	Dr. Pritesh Nagār Consultant Pediatrician & Intensivist Reg. No: 47134	
	 noted by S.v.sandhye 25/5/26 5:pm	



PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
25/5/26 5:20 PM	SIB Dr. Susapna	
	POD - Day - 3	P/Lg
	Abck - cf Senn Vital stable	
	P/A Joke - nasokender	- cf PIPTAZ MILTANIDAZOLE
		- Encourage oral
		- Next pack CBP/CRP
		- Trace Pus culture sensitivity
		- Comprehension TB workup.
		 noted by Dr. Susapna 25/5/26 5:30 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8 AM	e/s/B Dr. Pranan / Dr. Valan	
	POD-4	
	LAP - APPENDICECTOMY & PELVIC ABSCESS DRAINAGE	Pln
	Fever spike @ (4AM) - 102.3°F No Abdominal pain	1) Inj PIPTAZ Inj METRONIDAZOLE] D5-6
	Drain - ~ 50ml	2) Next Pk CBP, CRP
	Vital stable	3) Tera Pns c/s Completion TIS weekly
	R - S - B/LA @	
	PIA - soft, non tender	4) Tab PAN
		5) Tab DOMSTAL
		6) Tab CICLOPAM
		7) Monitor Vital
		8) Inj so-s
		MB Sachin @ 80h
		Pran

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/20 9:30am	MAB re-Pulch	
	POD 4	
	- fever spikes (+)	
	- drain output - some pus (+)	
		Plan
	O/E wound: stable	1) change cannula
	P/A - soft	↓ send CBP
		CBP
		PCT
		2) tit-analgesics
		3) leave pus cl MTB
		4) Rebut - as per chart
	<p>Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. 47184</p>	
		N.B Amrutha e 10Am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 10:45 AM	87 B 2 months	
	- 3-4 fever spikes - 102° F max.	
	- Tubercis diet well.	
	9/11 sq	
	9/10 - succ pendant	
	Awanti	- 9/10 - ct same
	C28 40	- will wait for drain removal
	Dr. Mukta Subhash Waghmare Reg. No: 08264	
		P-B Amoyth 21 AM.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 2pm	<u>WLB re-mammi</u> <u>POD-4</u>	
	- last spike e sam today	
	- no pink clo - oral intake: good OE	<u>Plan</u> 1) leave up PCT
	intake: stable SE: PIA - soft	2) ut. anaesthetics 3) leave pus ds MTB gene spec
	<u>deain output: ~ some</u>	4) monitor intake
		N.B Amnuth 2pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/12	cl/ly by Dr Pritesh n	
5 pm	POD-4 [post Appendicectomy]	
	No fever	
	child	
	stale	- (T) pur/cls MTD her xp.
	s/e	- cl Antibio
	P/A Soft	- Im clls plan
		- Monitor vitals - Monitor drain output.
		noted by Supriya
		@5pm
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

HNH-00011347 IP26-00006391
 Baby T MAHITA 17 Y 5 M 15 D (F)
 10-12-2008
 Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/16 8 AM	S/B. Dr. Kulkarni / Dr. Deshpande	
	△ Poo-5 typhoidectomy	
Drain output 2ml last 2 hrs.	fever spike - 101.5° F abdomen pain - ↓ Oral intake - fair o/g vitals Stable PA: - soft	Adv. Pn c/s MTB Gene x pert
		①
		② CT Antibiotics
		③ Monitor vitals
		④ Monitor drain output



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/20 9h	S/E On Penton	
	△ Pp-5 appendectomy	
	Fever spiro T _{ax} 101.5°	
	abdomen pain ↓	Adv
	1mg Pip taz D7	
	1mg Metroxyl D7 oral intake for	→ Paed sx opinion & plan Discharge
	of Gr. fin urine stable	Antibiotic to be deleted by surgeon
	PA GAT.	

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:40 AM	Sp D Mvls POB-5th.	
	Stable.	Fever - 100° F - one spike.
	passive motion	
	P/A - 275 D/O 25ml.	
		→ UEG of abdomen
		→ Stop. Metrogyl. - ct. PIPPAZ.
		- Full diet. (high protein diet)
	<p>Dr. Mukta Subhash [illegible] Reg. No. [illegible]</p>	<p>on 13 of month Mukta</p>

HNH-00011347

IP26-00006391

Baby T MAHITA

10-12-2008

17 Y 6 M 17 D (F)

Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 2:15pm	<p>ds/by - Dr. Anu</p> <p>Post Appendicectomy</p>	
	POD 6	drain smt
	vital stable.	smt yield 9AM
	P/A soft drain intact	Plan
		- ct PIPTAZ
		- high protein diet
		- Enhance orally
	Al	- worm soap

HNH-00011347 IP26-00006391
 Baby T MAHITA 17 Y 5 M 17 D (F)
 Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Swapna	
	Acute appendicitis	
27/5/26 5:30PM	Dis - OP Lap. appendicectomy	
	POD - 6	
	GE - vitals stable.	
	GE - NML.	
		Plax - Drains removed.
		High protein diet.
		U. pipy.
		Encourage orally.
		N.B Divya @ 5:30PM 27/5/26

Drains removed.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/12/08	S/B Dr. Suresh	
21/12/08	Post-operated.	
	Laparoscopic Appendectomy	
	Low grade tumor spleen	
	WS - 3, 5 @	- CP - PHTAZ
	N1 - BU - AFP @	- Encourage oral
	P/A - 3 @ Constipation	- Trace per culture report
	P/S - 3 @	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 10 AM	CLINIC - Dr. Jyoti O ₂ port up cause of leprosy paper fever spike - dengue (yes)	Discharge oral Antibiotic x 7d
	O/E: ac - fine vitals stable hydration - good	Discharge oral Antibiotic x 7d
	S/C: PA: soft	Discharge oral Antibiotic x 7d
		Discharge oral Antibiotic x 7d
		Discharge oral Antibiotic x 7d
	Tab CIPROX-12 x 7 days	Discharge oral Antibiotic x 7d
	Tab PANT-D x 7 days	Discharge oral Antibiotic x 7d
	Tab CROCI 500 for fever	Discharge oral Antibiotic x 7d
	- Remove clothing @ home	Discharge oral Antibiotic x 7d
	- Remove during bath	Discharge oral Antibiotic x 7d
	- R/W next Thursday	Discharge oral Antibiotic x 7d
		Discharge oral Antibiotic x 7d

Dr. JYOTI BOTHRA
 Reg. No. 02962

HNH-00011347

IP26-00006391

Baby T MAHITA

13-12-2008

17 Y 5 M 10 D (F)

Dr. PRITESH NAGAR



211

A⁺ positive

RESULT SHEET

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OP basic

Date	20/5/26	21/5/26	22/5/26	26/5/26		
Time						
Hb	9.5		8.1	7.9		
PCV	27.5		22.8	22.7		
RBC	3.92		3.43	3.43		
WBC	29400		14.04	7.92		
N/L	87/08		83.5/9.7	720/15.3		
Platelets	3.55		356	505		
CRP	178.78					
ESR						
PCT		1.23				
RBS Blood group		A ⁺ positive				
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.6					
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						

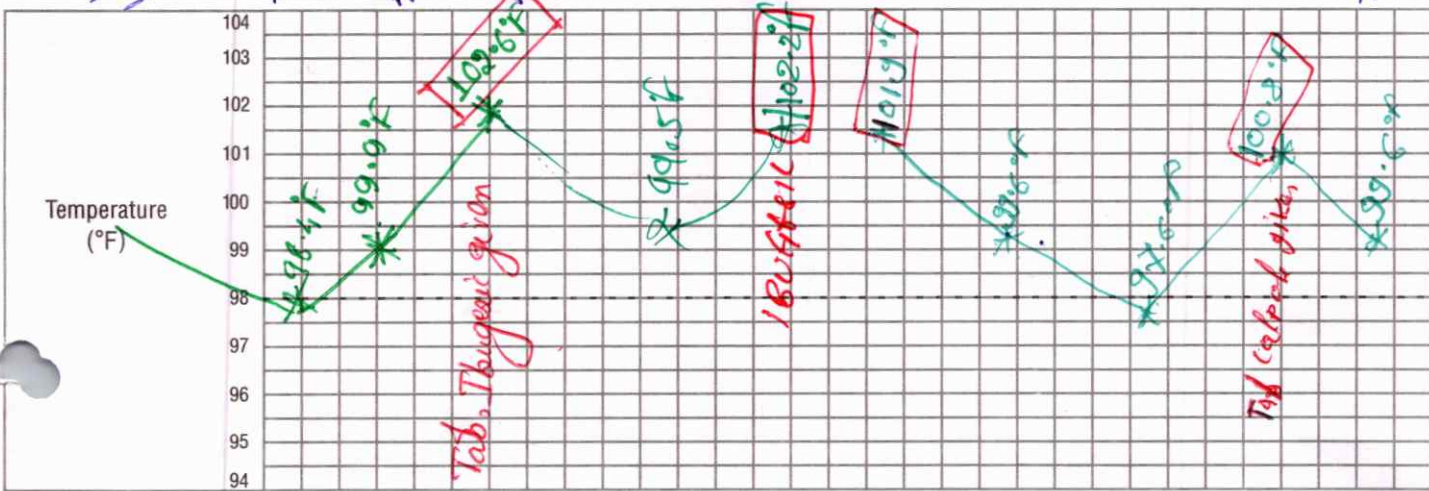
Date	20/5/26					
Time						
CUE-Alb						
CUE-Sugar	Nil					
CUE - Ketones						
CUE-PUS Cells	6-8					
CUE - RBC Cells	10-12					
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : Blood culture:- No growth after
 24 hours of incubation.

Radiology: USG :
 X-Ray:.....
 ECHO:
 CT:
 MRI
 Others (ECG, Contrast Studies etc.):

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/5 Time: 9 AM 11 AM 12:45 PM 6 PM 8:18 9: PM 10 PM 2 AM 7 AM 8:45 AM
 Doctor / Nurse / Family Concern? AM AM PM AM AM AM AM AM AM



Heart Rate (bpm) and Blood Pressure (mmHg) *	Heart Rate (number)
NOTE: BP does not score in early warning scoring 98 * 102 * 103 * 94 * 92 * 82 * 84 *	101bpm 102bpm 108bpm 136bpm 110bpm 122bpm

Resp Rate (bpm) (over 1 minute)	Resp Rate (number)
38 * 38 * 38 * 38 * 38 * 38 *	38bpm 38bpm 38bpm 38bpm 38bpm 38bpm

Resp. Mod/Severe Distress None/Mild	Receiving O2 (L/min) O2 saturations (%)
None	100% 100% 100% 100% 100% 100% 95%

Conscious Normal Level Decreased	GCS *
Normal	

TOTAL SCORE	Number of shaded boxes	Observer's initials
0	0	PN
0	0	PN
0	0	PN
0	0	PN
10	10	PN
0	0	PN
0	0	PN

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

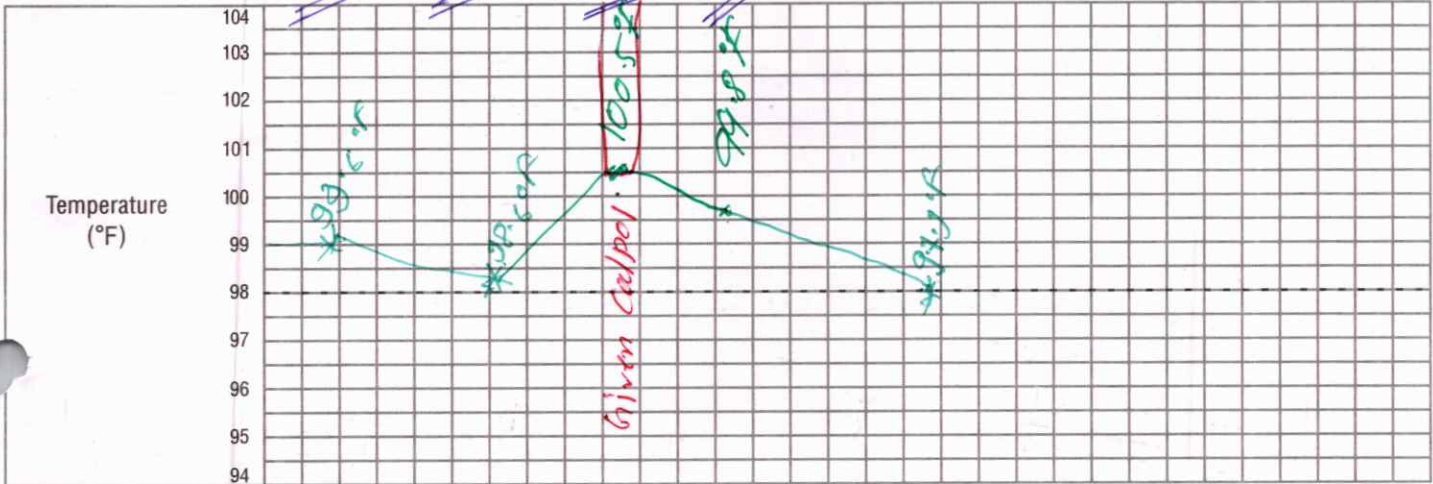
* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.
 : U85110 TG1998 PTC029914
 www.rainbowhospitals.in



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/5/26 Time: 10:30 2 3:40 4:20 6 7

Doctor / Nurse / Family Concern? AM AM AM AM AM AM



Heart Rate (bpm) and Blood Pressure (mmHg) *	10:30 AM	2 AM	3:40 AM	4:20 AM	6 AM	7 AM
Heart Rate (number)	127bpm	115bpm	110bpm	109bpm	120bpm	
Blood Pressure (mmHg)	83/55 (64)	88/53	82/56 (86)	84/55 (67)	94/55 (67)	

Resp Rate (bpm) (over 1 minute)	10:30 AM	2 AM	3:40 AM	4:20 AM	6 AM	7 AM
Resp Rate (number)	29bpm	29bpm	20bpm	20bpm	20bpm	

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%) 98% 99% 99% 99% 99%

Conscious Normal Level Decreased

GCS * 14/5

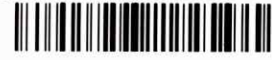
TOTAL SCORE	10:30 AM	2 AM	3:40 AM	4:20 AM	6 AM	7 AM
Number of shaded boxes	0	0	0	0	0	
Observer's initials	(R)	(R)	(S)	(R)	(R)	

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

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

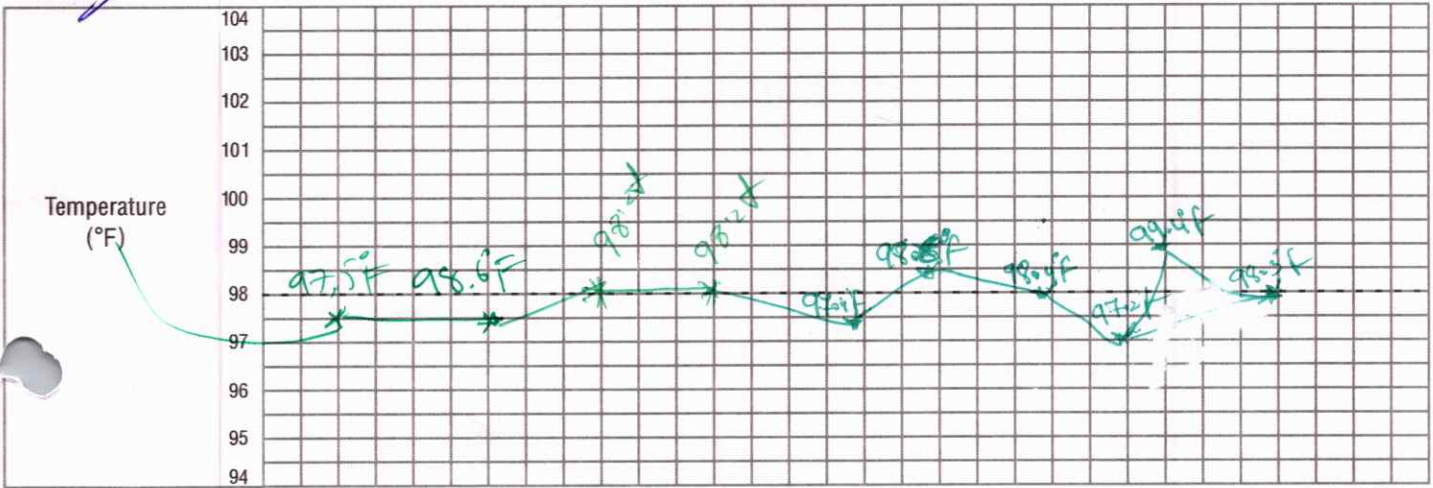
Patient Name :

Date of Birth :



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/5 Time: 1:00 2:00 4:00 6:00 8:00 10:00 12 2 4 6:30
 Doctor / Nurse / Family Concern? DM AM AM AM AM



Heart Rate (bpm) and Blood Pressure (mmHg) *	1:00	2:00	4:00	6:00	8:00	10:00	12:00	2:00	4:00	6:30
Heart Rate (number)	109b/m	118b/m	112b/m	108	110b/m	120b/m	118b/m	108b/m	110b/m	110b/m
Blood Pressure (mmHg)	86/63 (61)	86/63 (77)	94/59 (77)	99/60 (77)	100/61	99/61	99/61	100/60	101/60	101/65

Resp Rate (bpm) (over 1 minute)	1:00	2:00	4:00	6:00	8:00	10:00	12:00	2:00	4:00	6:30
Resp Rate (number)	20b/m	21b/m	20b/m	20b/m	20b/m	20b/m	20b/m	20b/m	20b/m	20b/m

Resp. Mod/Severe Distress None/Mild	1:00	2:00	4:00	6:00	8:00	10:00	12:00	2:00	4:00	6:30
Receiving O2 (L/min) O2 saturations (%)	99%	99%	100%	99%	100%	99%	98%	100%		
Conscious Normal Level Decreased										
GCS *										

TOTAL SCORE	1:00	2:00	4:00	6:00	8:00	10:00	12:00	2:00	4:00	6:30
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Observer's initials	J	J	J	J	J	J	J	J	J	J

ACTIONS

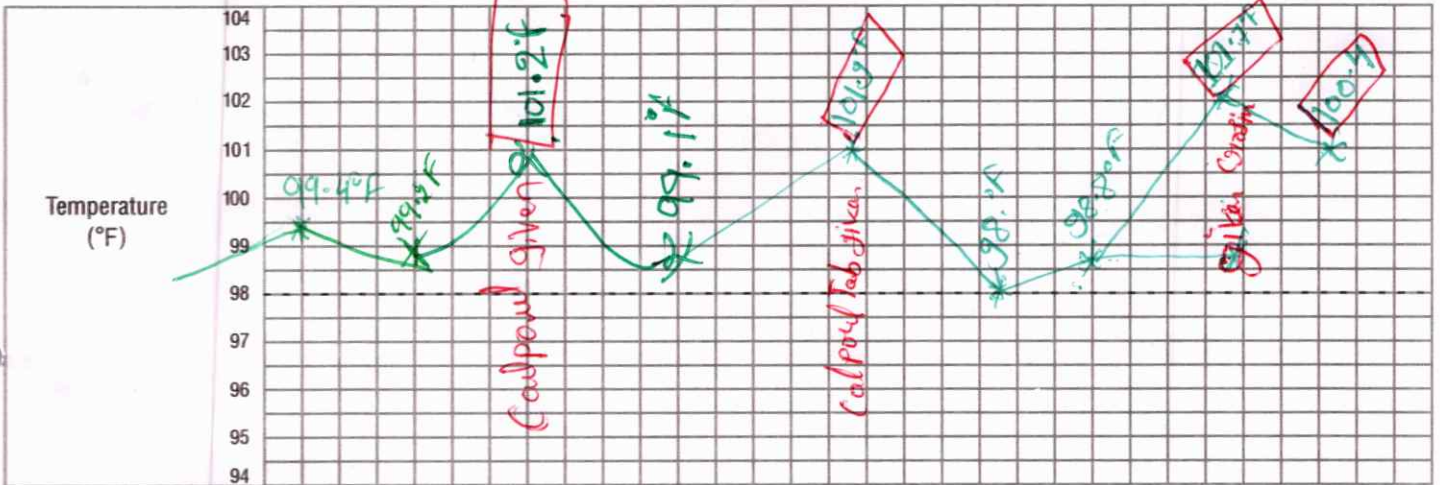
- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/4/15	Time: 10AM	2PM	3:50pm	6pm	10 PM	12 AM	2 AM	6 AM	8 AM
Doctor / Nurse / Family Concern?									



Heart Rate (bpm) and Blood Pressure (mmHg) *	190								
	180								
NOTE: BP does not score in early warning scoring	170								
	160								
Heart Rate (number)	150								
	140								
Heart Rate (number)	130								
	120								
Heart Rate (number)	110								
	100								
Heart Rate (number)	90								
	80								
Heart Rate (number)	70								
	60								
Heart Rate (number)	50								
	40								
Heart Rate (number)	30								
	20								
Heart Rate (number)	10								
	0								

Resp Rate (bpm) (over 1 minute)	70								
	60								
Resp Rate (number)	50								
	40								
Resp Rate (number)	30								
	20								
Resp Rate (number)	10								
	0								

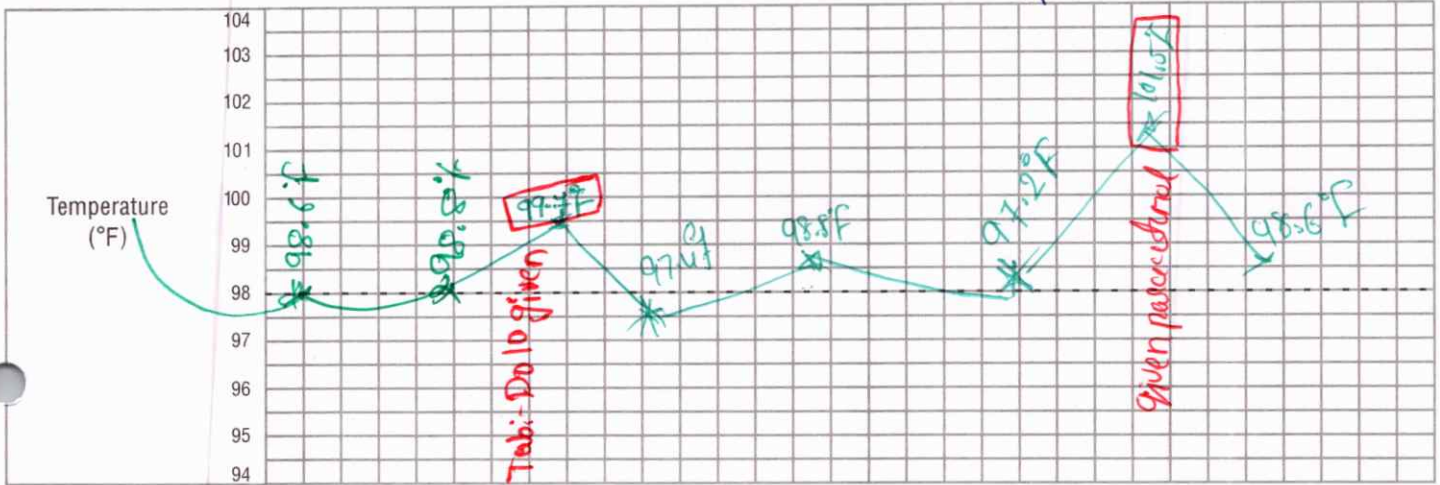
Resp. Mod/Severe Distress	None/Mild								
Receiving O2 (L/min)	O2 saturations (%)	97%	99%	100%	100%	100%	100%	100%	100%
Conscious Normal Level Decreased	GCS *								
TOTAL SCORE	Number of shaded boxes	0	0	0	0	0	0	0	0
Observer's initials		SR	SZ	B	TS	PS	PS	PS	PS

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/5/20 Time: 10:00 AM 2 PM 5:30 PM 6:30 PM 10 PM 2 AM 5:5 AM 6 AM
 Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
NOTE: BP does not score in early warning scoring	101	102	104	91	109	94									
Heart Rate (number)	91 bbs	95 bbs	95 bbs	91 bbs	98 bbs	92 bbs									

Resp Rate (bpm) (over 1 minute)	70	60	50	40	30	20	10
Resp Rate (number)	24 bbs	24 bbs	25 bbs	20 bbs	20 bbs	20 bbs	

Resp. Mod/Severe Distress None/Mild							
Receiving O2 (L/min) O2 saturations (%)	100%	100%	100%	99%	99%	99%	

Conscious Normal Level Decreased							
GCS *							

TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	0
Observer's initials							

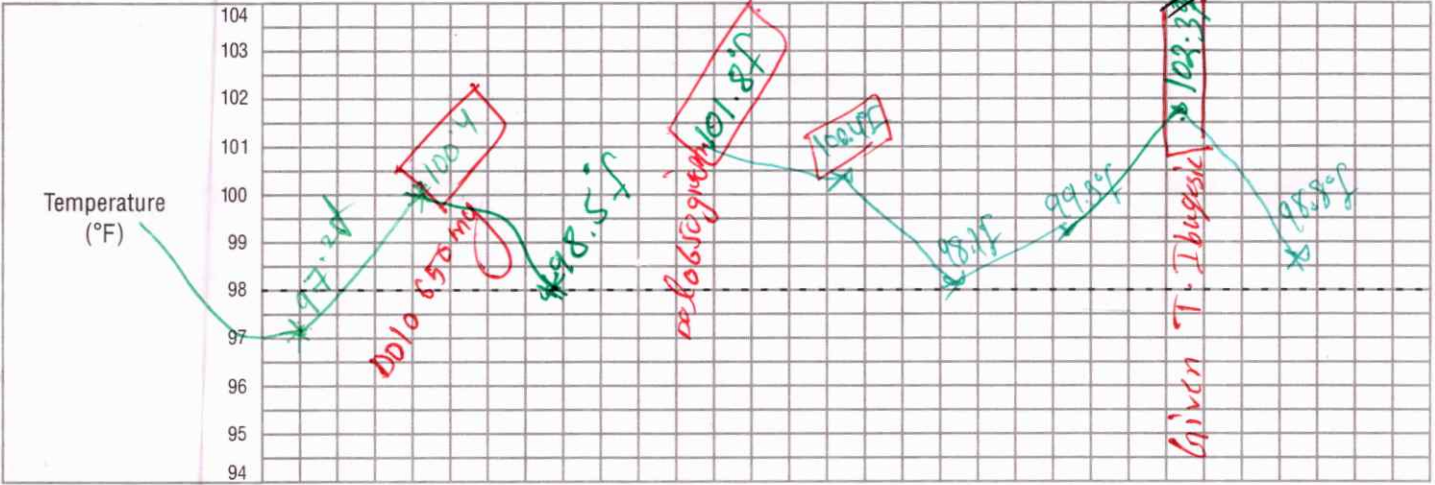
ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/5 Time: 10Am 1:30pm 5:30pm 7:30pm 9:30pm 12Am 2Am 4:30Am 6Am

Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *	10Am	1:30pm	5:30pm	7:30pm	9:30pm	12Am	2Am	4:30Am	6Am
NOTE: BP does not score in early warning scoring									
Heart Rate (number)	101	107	105	104	105	105	105	105	105
Blood Pressure (mmHg)	160/95	175/85	80	70/55	70/55	81/51	81/51	81/51	81/51
Heart Rate (number)	101	107	105	104	105	105	105	105	105

Resp Rate (bpm) (over 1 minute)	10Am	1:30pm	5:30pm	7:30pm	9:30pm	12Am	2Am	4:30Am	6Am
Resp Rate (number)	26	26	22	23	23	23	23	23	23

Resp. Mod/Severe Distress	10Am	1:30pm	5:30pm	7:30pm	9:30pm	12Am	2Am	4:30Am	6Am
Distress	None/Mild	None/Mild	None/Mild	None/Mild	None/Mild	None/Mild	None/Mild	None/Mild	None/Mild
Receiving O2 (L/min)	100%	98%	99%	99%	99%	99%	99%	99%	99%

Conscious Level	10Am	1:30pm	5:30pm	7:30pm	9:30pm	12Am	2Am	4:30Am	6Am
Conscious	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
Level	Decreased	Decreased	Decreased	Decreased	Decreased	Decreased	Decreased	Decreased	Decreased

TOTAL SCORE	10Am	1:30pm	5:30pm	7:30pm	9:30pm	12Am	2Am	4:30Am	6Am
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Observer's initials	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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

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

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

MNH-00011347

Baby T MAHITA

IP26-00006391

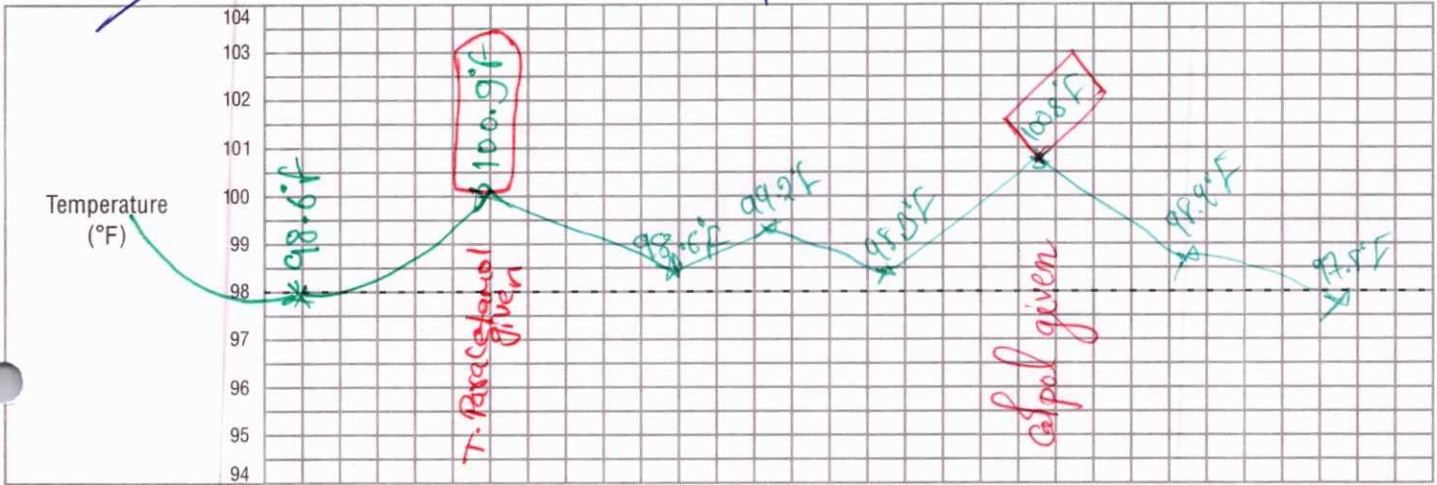
Patient Name 10-12-2008 17 Y 5 M 15 D (F)

Date of Birth: Dr. JYOTI BOTHRA



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/20 Time: 6:00 AM 2:25 PM 5 PM 10 PM 11:30 AM 2:30 AM 4 AM 6 AM
 Doctor / Nurse / Family Concern? PM PM



Heart Rate (bpm) and Blood Pressure (mmHg) *	6:00 AM	2:25 PM	5 PM	10 PM	11:30 AM	2:30 AM	4 AM	6 AM
Heart Rate (number)	94 bpm	93 bpm	104 bpm	101 bpm	105 bpm	101 bpm	98 bpm	92 bpm
Blood Pressure (mmHg)	107/69 (81)	109/67 (89)	105/74 (83)	99/67	105/68	98/58 (82)		

Resp Rate (bpm) (over 1 minute)	6:00 AM	2:25 PM	5 PM	10 PM	11:30 AM	2:30 AM	4 AM	6 AM
Resp Rate (number)	20 bpm	20 bpm	20 bpm	20 bpm	20 bpm	20 bpm	20 bpm	20 bpm

Resp. Mod/Severe Distress	6:00 AM	2:25 PM	5 PM	10 PM	11:30 AM	2:30 AM	4 AM	6 AM
Distress	None	None	None	None	None	None	None	None
Receiving O2 (L/min)	100%	100%	99% sat.	99%	99%	99%	99%	99%

Conscious Level	6:00 AM	2:25 PM	5 PM	10 PM	11:30 AM	2:30 AM	4 AM	6 AM
Conscious	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
Level	Decreased	Decreased	Decreased	Decreased	Decreased	Decreased	Decreased	Decreased
GCS *								

TOTAL SCORE	6:00 AM	2:25 PM	5 PM	10 PM	11:30 AM	2:30 AM	4 AM	6 AM
Number of shaded boxes	0	0	0	0	0	0	0	0
Observer's initials	B	B	B	B	B	B	B	B

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

HNH-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 10 D (F)
 D: PRITESH NAGAR



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
20/5	10:00 pm	Plasma	40ml										
	11:00 pm	Plasma	40ml										
	12:00 am	nick	40ml										
	01:00 am		40ml										
Total Intake :						Total Output :							
	02:00 am		100ml										
	03:00 am		60ml										
21/5	04:00 am	Plasma	60ml										
	05:00 am		60ml										
	06:00 am		60ml										
	07:00 am		60ml										
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00011347 IP26-00006391
 Baby T MAHITA
 12-12-2008 17 Y 5 M 10 D (F)
 Dr. PRITESH NAGAR



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse			
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine					
2/15			Mouth	I.V	N.G									
	08:00 am	Plasma-Lyte		60ml	NA			NA						
	09:00 am			60ml										
	10:00 am			60ml										
	11:00 am		NPO	60ml										
	12:00 pm		NPO	60ml										
01:00 pm	NPO		60ml											
Total Intake :					Total Output :									
2/15	02:00 pm													
	03:00 pm													
	04:00 pm	JDA			NA			NA						
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output :								
2/15	08:00 pm					60ml								
	09:00 pm	Rebamolyt		60ml	NA			NA						
	10:00 pm			60ml										
	11:00 pm			60ml										
	12:00 am		NPO	60ml										
	01:00 am		NPO	60ml										
Total Intake :						Total Output :								
2/15	02:00 am	Rebamolyt		60ml	NA			NA						
	03:00 am			60ml										
	04:00 am		NPO	60ml										
	05:00 am			60ml										
	06:00 am			60ml										
	07:00 am			60ml										
Total Intake :					Total Output :									
Total 24 hrs. Intake					Total 24 hrs. Output									

Patient Stick



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse			
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	N.G										
22/12	08:00 am	plenty liquid		50ml		/	/		/	/	/	/			
	09:00 am		50ml												
	10:00 am		50ml												
	11:00 am														
	12:00 pm														
	01:00 pm														
Total Intake : taken						Total Output : 0-1 M-									
23/12	02:00 pm	/				/	/		/	/	/	/			
	03:00 pm		100ml												
	04:00 pm		+												
	05:00 pm														
	06:00 pm		H2O												
	07:00 pm														
Total Intake : taken						Total Output : mod 0-2									
	08:00 pm	/				/	/		/	/	/	/			
	09:00 pm		100ml												
	10:00 pm		100ml												
	11:00 pm		100ml												
	12:00 am		100ml												
	01:00 am		100ml												
Total Intake :						Total Output :									
	02:00 am	/		100ml		/	/		/	/	/	/			
	03:00 am		100ml												
	04:00 am		100ml												
	05:00 am		100ml												
	06:00 am		100ml												
	07:00 am		100ml												
Total Intake :						Total Output :									

Total 24 hrs. Intake

Total 24 hrs. Output

MNH-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 14 D (F)
 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
24/5	08:00 am	Plasma Lyte		40ml									
	09:00 am		40ml										
	10:00 am		40ml										
	11:00 am		40ml										
	12:00 pm		40ml										
	01:00 pm		40ml										
Total Intake :						Total Output: U-1 M-1							
24/5/26	02:00 pm	Plasma Lyte		40ml									
	03:00 pm		40ml										
	04:00 pm		Soup	40ml									
	05:00 pm		+ H2O	40ml									
	06:00 pm												
	07:00 pm												
Total Intake : Taken						Total Output : M- U-1							
24/5/26	08:00 pm	Plasma Lyte		40ml									
	09:00 pm		40ml										
	10:00 pm		curry Rice	40ml									
	11:00 pm		40ml										
	12:00 am												
	01:00 am												
Total Intake :						Total Output : U-2 M-0							
25/5/26	02:00 am	Plasma Lyte		1									
	03:00 am		1										
	04:00 am		0										
	05:00 am		H2O	1									
	06:00 am		1										
	07:00 am												
Total Intake :						Total Output : U-2 M-0							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : (2)

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
25/5			Mouth	I.V	N.G							
	08:00 am								✓	0	} Empty	
	09:00 am								✓	0		
	10:00 am	0	100g + U			0	0	75ml		0		
	11:00 am								✓	0		
	12:00 pm		Apple						✓	0		
01:00 pm								✓	0			
Total Intake : Taken					Total Output : M-0 U-3							
25/5	02:00 pm								✓	0	} Empty	
	03:00 pm							✓	0			
	04:00 pm	0	300g						✓	0		
	05:00 pm								✓	0		
	06:00 pm								✓	0		
	07:00 pm								✓	0		
Total Intake : Taken					Total Output : U-3 M-0							
25/5	08:00 pm									0	} Empty	
	09:00 pm									0		
	10:00 pm									0		
	11:00 pm	i	Kichidi			i	i		✓	0		
	12:00 am									0		
	01:00 am		Ha							0		
Total Intake :					Total Output : U-3 M-0							
26/5	02:00 am									0	} Empty	
	03:00 am							✓		0		
	04:00 am	0	H ₂ O						✓	0		
	05:00 am									0		
	06:00 am									0		
	07:00 am								✓	0		
Total Intake :					Total Output : U-3 M-0							
Total 24 hrs. Intake												
Total 24 hrs. Output			U-3 M-0									



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
9/15/22	08:00 am						✓		50ml				
	09:00 am		Sally's breast				✓						
	10:00 am	0			N/A								
	11:00 am												
	12:00 pm									✓			
	01:00 pm												
Total Intake :						Total Output :						U-2	M-2
26/5/25	02:00 pm												
	03:00 pm		Kidney stone							✓			
	04:00 pm	0											
	05:00 pm												
	06:00 pm									✓			
	07:00 pm												
Total Intake :						Total Output :						U - 2	M - 2
20/5/20	08:00 pm												
	09:00 pm									✓			
	10:00 pm		Rice										
	11:00 pm		H ₂ O										
	12:00 am									✓			
	01:00 am												
Total Intake :						Total Output :							
28/5/20	02:00 am												
	03:00 am												
	04:00 am									✓			
	05:00 am		H ₂ O										
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
27/5/26	08:00 am												
	09:00 am		addy										
	10:00 am	o	hoo	no									
	11:00 am		hoo	no									
	12:00 pm		hoo	no									
	01:00 pm		hoo	no									
Total Intake :						Total Output :						U	no
27/6/26	02:00 pm												
	03:00 pm		hoo										
	04:00 pm	o	hoo										
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :						U-2	M-0
27/5	08:00 pm												
	09:00 pm												
	10:00 pm	o	hoo										
	11:00 pm		hoo										
	12:00 am		hoo										
	01:00 am												
Total Intake :						Total Output :							
28/5	02:00 am												
	03:00 am												
	04:00 am	o											
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00011347 IP26-00006391
 Baby T MAHITA 17 Y 5 M 17 D (F)
 10-12-2008
 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/12	08:00 am	↓									↓		
	09:00 am	↓	Adapt								↓	(Signature)	
	10:00 am	↓	↓								↓		
	11:00 am	↓	↓		NA						↓		
	12:00 pm	↓	↓								↓		
	01:00 pm	↓	↓								↓		
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake	Total 24 hrs. Output
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HNM-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 10 D (F)
 Dr. PRITESH NAGAR



NURSING CARE RECORD



Date: 20/5/26

- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation Reduce Anxiety
 - Patient & Family Education
 - Identify Potential Complications
 - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				ER			
Afternoon							
Night	8pm	Assess the pt condition. Monitor vitals & record. No maintain T10 chart. Provide the comfortable position. Medication give as per chart.	8pm	Assessed the pt condition. Monitored vitals & record. Maintained T10 chart. Provided the comfortable position. Medication given as per as chart.	Pt is stable.	Monitor vitals.	Snel
	8Am		8Am		Vitals normal & maintain T10 chart.		

HNH-00011347

IP26-00006391

Baby T MAHITA

10-12-2008 17 Y 5 M 10 D (F)

Dr. PRITESH NAGAR



NURSING CARE RECORD



Date: 21/5/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	→ Assess the general condition of pt. → Monitor vitals → Maintain I/O chart	8 AM	→ Assessed the general condition of pt. → Monitored vitals → Maintained I/O chart	Pt stable	Re-assessed vitals	(Signature)
	2 PM	→ Administer medication	2 PM	→ Administered medication			
Afternoon	9 PM	- Assess the pt condition - Monitor vitals - Maintain I/O chart - Administer medication as per doctor order	9 PM	- Assessed the pt condition - Monitored I/O chart - Administered medication as per doctor order	Pt is stable	Re-checked	(Signature)
Night	8 PM	Assess the pt condition monitor vitals Maintain I/O chart medication administer as per doctor order	8 PM	Assessed the pt condition monitored vitals Maintained I/O chart medication administer as per doctor order	Patient is stable now	Rechecked vitals	(Signature)
	8 AM		8 AM				



NURSING CARE RECORD

Date: 23/12/20

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 9am	Assess the Patient Monitor vitals Administer analgesics Stop IV fluids Chart looks good	8am 2pm	Assessed the Patient Monitored vitals Pain analgesics done Hydrating Patient well chart is clear.	Analgesics done	Reassess vitals	AP
Afternoon	2pm 8pm	→ Assess the pt condition → monitoring vitals checked and recorded. → I/O chart maintained.	2pm 8pm	→ Assessed the pt condition → Administering medication given as per doctor's orders	→ pt is stable	→ Re-checked vitals	R
Night	8pm 5am	→ Assess the pt condition → monitor vitals. → I/O chart maintained. → -lined.	8pm 5am	→ Assessed the pt condition → vitals checked & recorded. → I/O chart maintained. → All medication given	→ pt is stable	→ Re checked vitals.	R ruler

Patient Sticker

HNH-00011347 IP26-00006391
 Baby T MAHITA 17 Y 5 M 14 D (F)
 10-12-2008
 Dr. JYOTI BOTHRA



NURSING CARE RECORD



Date: 24/5/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication	8AM	→ Assess the general condition of pt. → Monitor vitals. → Maintained I/O chart. → Administered medication	pt is stable.	Re-assess vitals.	<i>[Signature]</i>
Afternoon	2pm	Assess the pt condition - Monitor vitals - Maintain I/O chart - Administer Medication as per doctor order	2pm	Assessed the pt condition - Monitored vitals - Maintained I/O chart - Administered Medication as per doctor order	pt is stable.	Re checked vitals	<i>[Signature]</i>
Night	8pm	Assess the pt condition monitor vitals Maintain I/O chart. drug given as per drug chart.	8pm	Assessed the pt condition monitored vitals Maintained I/O chart drug given as per drug chart.	Patient is stable now	Re checked vitals	<i>[Signature]</i>



NURSING CARE RECORD

Date: 25/5/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the pt condition	8am	→ Assessed the pt condition	→ pt is stable	→ Re-checked vitals	A
	2pm	→ monitoring vitals checked and record → 2/0 chest maintain	2pm	→ Administration of medication given as per doctor order's			
Afternoon	4pm	Amens kept condition - monitor vitals & 2/0 chest - drug as per chart		→ Amens kept condition - monitored vitals & 2/0 chest - drug as per chart	pt is stable	Rechecked vitals	jo
	8pm	provided comfortable position					
Night	8pm	Assess the pt condition. Monitor vitals & 2/0 chest. maintain I/O chart. Provide the comfortable position.	8pm	Assessed the pt condition. Monitored vitals & 2/0 chest. maintained I/O chart. Provided the comfortable position.	→ pt is stable.	→ monitor vitals.	Sneh
	8pm	medication given as per as doctor order.	8pm	medication given as per as doctor order.	→ vitals normal.	→ maintain I/O chart	

HNH-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 15 D (F)
 Dr. JYOTI BOTHRA



NURSING CARE RECORD



Date: 26/5/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	- Assess the condition - Monitor vitals - Maintain I/O chart - Administer Medication as per drug chart	8 AM	- Assessed the condition - Monitored vitals - Maintained I/O chart - Administered Medication as per drug chart	pt is stable	Re-checked vitals	A
	2 PM		2 PM				
Afternoon	2 PM	→ Assess the pt condition → Monitor vitals → Maintain I/O chart → IV cannula placed → Administer medication as per drug chart	2 PM	→ Assessed the pt condition → Monitored vitals & recorded → Maintained I/O chart → Drain Presented → IV cannula presented → Medication as per drug chart	pt is stable	→ re checked vitals	D
	5 PM		5 PM				
Night	8 PM	→ Assess the pt condition. → Monitor the vitals. → Maintain I/O chart. → drugs give as per drug chart.	8 PM	→ Assessed the pt condition. → Monitored the vitals → maintained I/O chart. → drugs given as per drug chart.	→ pt is stable now	→ Re assessed the vitals	B
	8 AM		8 AM				



NURSING CARE RECORD

Date: 27/5/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	- Assess the Pt Condition - Monitor the vitals - Maintain I/O Chart - Administer Medication as per drug chart	8 AM	- Assessed the Pt Condition - Monitored the vitals - Maintain I/O Chart - Administered Medication as per drug chart	Pt is stable	Re-checked vitals	
	2 PM		2 PM				
Afternoon	2 PM	- ASSESS THE PT CONDITION - Monitor vitals - maintain I/O chart - medication as per drug chart - Drain Present	2 PM	- assessed the pt condition - monitored vitals & recorded - maintained I/O chart - Drain presented - Administered medication as per drug chart	- PT is stable	- rechecked vitals	Dij
	8 PM		8 PM				
Night	8 PM	- Assess the pt condition. - monitor the vitals. - maintain I/O chart. - drugs give as per drug chart.	8 PM	- Assessed the pt condition - monitored the vitals - maintained I/O chart. - drugs given as per drug chart.	- pt is stable now.	- Reassessed the vitals	
	8 AM		8 AM				

HNH-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 17 D (F)
 Dr. JYOTI BOTHRA



NURSING CARE RECORD



Date: 22/12

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	→ assess the pt condition → monitor vitals & record → maintain	8AM to 2PM				
Afternoon							
Night							



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/5	12Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
21/5	6Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
21/5	10Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(A)
21/5	6Pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
21/5/26	10PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	XIP	(A)
22/5	9Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
22/5	10Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
22/5	4pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
22/5	8pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw
22/5	12am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sw

Re-assessment Frequency:

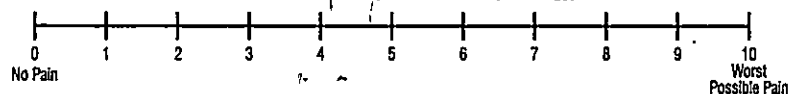
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

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, SaO₂	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



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 :	21/5/2020	21/5/2020	21/5/2020	21/5/2020
					Time :	8AM	10PM	12PM	2PM
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.	4	4	4	4	
"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.	3	4	4	4	
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.	4	4	4	4	
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.	4	4	4	4	
FRICION-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."	4	4	4	4	
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 of 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
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.	4	4	4	4	
TOTAL SCORE					24	28	28	22	
Evaluator's Name					SN	(Signature)	DB	(Signature)	

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

HNH-00011347
 Baby T MAHITA
 10-12-2008 17 Y 6 M 10 D (F)
 Dr. PRITESH NAGAR

IP26-00006391

BRADEN 'Q' SCALE



		Date :	21/5/26	23/5	23/5	24		
		Time :	8pm	8pm	NI	11		
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.	4	4	4	4
"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.	4	4	4	4
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.	4	4	4	4
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.	4	4	4	4
FRICION-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	4
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 of 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	4
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	4	4
TOTAL SCORE					25	25	26	27
Evaluator's Name					Dr. P. Nagar	Dr. P. Nagar	Dr. P. Nagar	Dr. P. Nagar

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

HNH-00011347
 Baby T MAHITA
 10-12-2008 17 Y 5 M 14 D (F)
 Dr. JYOTI BOTHRA

IP26-00006391



BRADEN 'Q' SCALE

Date: 24/05/2015
 Time: MG ES NI MB

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.	4	4	4	4
"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.	4	4	4	4
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.	4	4	4	4
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.	4	4	4	4
FRICION-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."	4	4	4	4
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 of 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
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.	4	4	4	4

TOTAL SCORE

Evaluator's Name

28 28 28 28
 [Signature]

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known						
	Surgery / Procedure:		If Yes Specify:						
BACKGROUND	Date	Shift	24/5 NI	25/5 mb	25/5 E	25/5 NI	26/5/26 MS	26/5/26 Ea	
	Medical Condition (Any special condition to be noted):			AEI	AEI	AEI		AEI	
Diet:			-	-	-	-	-	-	
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:		Temp:	98.6 ^{oF}	98.2 ^{oF}	98.6 ^{oF}	98.2 ^{oF}	98.6 ^{oF}	97.4 ^{oF}
			Res:	20b/m	20b/m	21b/m	21b/m	20b/m	20b/m
			SpO ₂ :	99%	100%	100%	99%	99%	99%
			Pulse:	120b/m	121b/m	120b/m	121b/m	120b/m	120b/m
			BP:	86/56	101/60	101/65	102/62	95/65	101/60
			LOC:	-	-	-	-	-	-
			Fall Risk Score:	-	-	-	-	-	-
		Pain Score:	-	-	-	-	0	0	
		Skin Integrity	-	-	-	-	Good	good	
Recommendations	Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Critical Lab Test / Values:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):		Yes	-	-	-	-	-	-	
Post Operative Procedure Special Orders:									
Handed Over By Name :			Suha	Amrutha	Apurva	Su	Manisha	SuPriya	
Signature / ID :			Su	Am	Ap	Su	Man	Su	
Date:			25/5/26	25/5	25/5	26/5	26/5/26	26/5/26	
Time:			8 AM	2 PM	8 PM	8 AM	2 PM	8 PM	
Taken Over By Name :			Amrutha	Apurva	Su	Manisha	Diya	mahi	
Signature / ID :			Am	Ap	Su	Man	Di	Ma	
Date:			25/5	25/5	25/5	26/5/26	26/5/26	26/5	
Time:			8 AM	2 PM	8 PM	8 AM	2 PM	8 PM	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	24/5 N1	27/5 M6	27/5/26 E2	28/5 N		
	Shift						
	Medical Condition (Any special condition to be noted):	—	—	—	—		
	Diet:	—	—	—	—		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	99.1°C	98.6°F	97.9°F	97.8°F	
		Res:	20b/m	20b/m	20b/m	20b/m	
		SpO ₂ :	99%	99%	98%	99%	
		Pulse:	96b/m	107/64	101/60	100/66	
		BP:	—	—	—	—	
	LOC:	—	—	—	—		
	Fall Risk Score:	—	—	—	—		
Pain Score:	10	"0"	"0"	10			
Skin Integrity	Good	Good	Good	Good			
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	—	—	—	—		
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	—	—	—	—		
	Critical Lab Test / Values:	—	—	—	—		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	—	—	—	—			
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00011347 IP26-00006391

Baby T MAHITA

10-12-2008 17 Y 5 M 10 D (F)

Patient Dr. PRITESH NAGAR



HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			21/5	21/5	22/5	23/5	24/5
Age	Less than 3 years old	4					
	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			6	6	6	8	8

Intervention:

-Fail 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:	Sun	Man	Manj	Sake	Manj
Signature:					
Date:	21/5	21/5	22/5	23/5	24/5
Time:	8 AM	8 PM	8 PM	8 AM	8 PM

HNH-00011347
 Baby T MAHITA
 10-12-2008
 Dr. PRITESH NAGAR
 17 Y 5 M 10 D (F)
 IP26-00006391

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 <i>20/5 4/4</i>			DAY-2 <i>21/5</i>			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		
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		
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		
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		
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		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA		
Signature of the Nurse						<i>Su</i>	<i>BT</i>	<i>B</i>	<i>R</i>		<i>R</i>	<i>the</i>	

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 : *Sneha* Name : *Sneha*

Signature of Ward In Charge :

Signature : *Balaramani* Name : *Balaramani*

HNH-00011347 IP26-00006391
 Baby T MAHITA 17 Y 6 M 10 D (F)
 Dr. PRITESH NAGAR

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>AFI & dehydration.</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known			
	Surgery / Procedure:		If Yes Specify:			
BACKGROUND	Date	<u>20/5/26</u>	<u>20/5/26</u>	<u>21/5/26</u>	<u>21/5/26</u>	<u>22/5/26</u>
	Shift	<u>N1</u>	<u>M6</u>	<u>E2</u>	<u>N1</u>	<u>M6</u>
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>AFI & dehyd</u>	<u>AFI & dehyd</u>	<u>AFI</u>	<u>AFI & dehyd</u>	<u>AFI</u>
	Diet:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
RECOMMENDATIONS	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: <u>98.8°F</u>	Temp: <u>98.4°F</u>	Temp: <u>98.6°F</u>	Temp: <u>98.6°F</u>	Temp: <u>98.6°F</u>
	Res:	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>22b/m</u>
	SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>
	Pulse:	<u>98b/m</u>	<u>99b/m</u>	<u>97b/m</u>	<u>92/56b/m</u>	<u>116b/m</u>
	BP:	<u>90/59</u>	<u>92/62</u>	<u>91/60</u>	<u>92/56b/m</u>	<u>111/54</u>
	LOC:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Pain Score:	<u>-</u>	<u>-</u>	<u>0</u>	<u>-</u>	<u>-</u>	
Skin Integrity:	<u>-</u>	<u>-</u>	<u>Good</u>	<u>-</u>	<u>-</u>	
RECOMMENDATIONS	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Post Operative Procedure Special Orders:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>NA</u>	
Handed Over By Name :	<u>Suhor</u>	<u>Manisha</u>	<u>Manisha</u>	<u>Suhor</u>	<u>Sonam</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>21/5</u>	<u>21/5/26</u>	<u>21/5/26</u>	<u>22/5/26</u>	<u>22/5/26</u>	
Time:	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8AM</u>	<u>8pm</u>	
Taken Over By Name :	<u>Manisha</u>	<u>Manisha</u>	<u>Suhor</u>	<u>Sonam</u>	<u>Manisha</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>21/5/26</u>	<u>21/5/26</u>	<u>21/5/26</u>	<u>22/5/26</u>	<u>22/5/26</u>	
Time:	<u>8AM</u>	<u>2pm</u>	<u>8pm</u>	<u>1pm</u>	<u>2pm</u>	

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify:					
BACKGROUND	Date	Shift	23/5 NLE	23/5 2P	23/5 RL	23/5 NI	24/5 MG	24/5 E2
	Medical Condition (Any special condition to be noted):	Diet:	AFI	Jap	AFI	AFI	AFI	AFI
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	-						
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Vital Signs:	Temp:	97.2 F	98.5 F	98.4	98.3 F	98.4 F	98.6 F
		Res:	27b/m	20	26b/m	20b/m	20b/m	20b/m
		SpO ₂ :	100%	100%	98%	98%	99%	99%
		Pulse:	119b/m	102	45b/m	106b/m	100b/m	120b/m
		BP:	92/52	98/58	101/60	98/62	98/65	98/65
		LOC:	-					
	Fall Risk Score:	-						
Pain Score:	-							
Skin Integrity	-							
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Special Diet:	-						
	Critical Lab Test / Values:	-						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
ADL (Dependent / Non Dependent):	-							
Post Operative Procedure Special Orders:		NA						
Handed Over By Name :		Sunita						
Signature / ID :		[Signature]						
Date:		23/5/26						
Time:		8pm						
Taken Over By Name :		Anurag						
Signature / ID :		[Signature]						
Date:		23/5						
Time:		2pm						
Handed Over By Name :		Anurag						
Signature / ID :		[Signature]						
Date:		23/5						
Time:		8pm						
Taken Over By Name :		Moushika						
Signature / ID :		[Signature]						
Date:		24/5/26						
Time:		2pm						
Handed Over By Name :		Moushika						
Signature / ID :		[Signature]						
Date:		24/5/26						
Time:		8pm						
Taken Over By Name :		Sunita						
Signature / ID :		[Signature]						
Date:		24/5/26						
Time:		8pm						

HNH-00011347
 Baby T MAHITA
 10-12-2008
 Dr. JYOTI BOTHRA
 IP26-00006391
 17 Y 5 M 13 D (F)



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	23/5 DAY-1			24/5 DAY-2			25/5 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	
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	
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	
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	
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	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	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 : *[Signature]* Name : *Smiles*

Signature of Ward In Charge :
 Signature : *[Signature]* Name : *Balaram*



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/5	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Be
24/5	6am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Be
24/5	10AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Madhya
24/5/26	6pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
24/5/26	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(K)
25/5	10Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	A
25/5	2pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	B
25/5	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	SK
26/5	2pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	SK
26/5	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	L

Re-assessment Frequency:

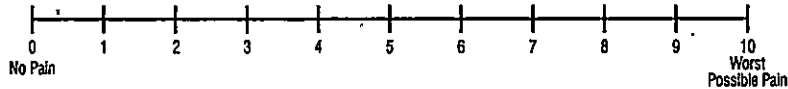
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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, SaO₂	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
26/5/26	10 AM	2/10	NO	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
26/5/26	4 PM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
27/5/26	6 AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
27/5/26	10 AM	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
27/5/26	4 PM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
28/5/26	8 AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AS
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

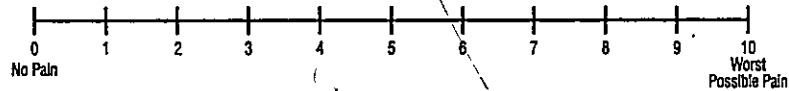
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Wong - Baker (Pediatrics) Above 7 Years



HNH-00011347
Baby T MAHITA
10-12-2008
Dr. JYOTI BOTHRA
IP26-00006391
17 Y 5 M 13 D (F)



CROSS CONSULTATION FORM

Doctor Name: Dr. Pritam Nagari Date: 21/5/26 Time: 1:30 pm

Diagnosis: Laparoscopic Appendectomy

Hospital: RCH

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 :

S/B Dr. Jyoti

Many thanks for ref
Case capsule noted

17 year HCA H/O fever off & on
P/A - soft, tenderness in RIF, suprapubic
USG - s/o Appendicular collection &
ovarian changes

Adv: Coet (oral + i/v) Abdomen
R/O with reports

Consultant :

Name: Dr. Jyoti Bothra

Signature: [Signature]

Date & Time: 21/5/26 12:05 pm



DRUG CHART

Date of Admission: 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: SYR - P - 500				Date Time	21/5															
Dose	Route	Frequency	Start Date		3:40															
6ml	PO	SOS TZ/100%	20/5/26																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG: T. PARACETAMOL				Date Time	21/5	25/5	26/5	27/5	28/5	29/5	30/5									
Dose	Route	Frequency	Start Date		for	2pm	5pm	8pm	11pm	2pm	5pm	8pm								
500mg	oral	500/8h	20/5																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:		500mg - 2 tablets																		

DRUG: T. IBUCLIC				Date Time	21/5	26/5														
Dose	Route	Frequency	Start Date		12:30	6:30														
1tab	PO	SOS	21/5																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:		(1 tab = 400mg) if temp > 102°F																		

VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight 42 kg Ward

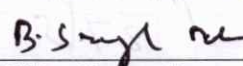



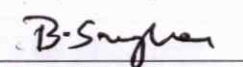
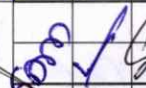
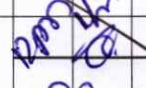
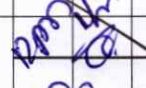
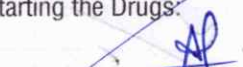
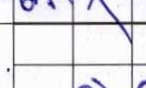
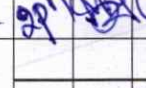
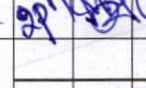
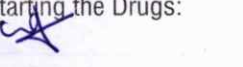

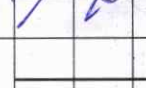
DRUG : INJ CEFTRIAXONE				Date Time	20/5/21	5:21/5
Dose	Route	Frequency	Start Date			
2g	IV	BD	20/5/21			
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath				10AM X		
Additional Instructions: In some NS over 7 days				10PM		
Daily Doctor's Endorsement by a Sign						

DRUG : INJ ESMOPRAZOLE				Date Time	20/5/21	5:21/5
Dose	Route	Frequency	Start Date			
40mg	IV	OD	20/5/21			
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath				10AM		
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

DRUG : INJ METRONIDAZOLE				Date Time	21/5	
Dose	Route	Frequency	Start Date			
350mg	IV	TID	21/5	6AM X		
Name & Signature of the Doctor Starting the Drugs:				10PM		
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

DRUG : INJ PIPERACILLIN + TAZOBACTAM				Date Time	21/5	21/5	21/5	21/5	21/5	21/5	21/5	21/5
Dose	Route	Frequency	Start Date									
4.5g	IV	TID	21/5									
Name & Signature of the Doctor Starting the Drugs: Prabhath				10PM								
Additional Instructions: IV in 100ml NS -> IV over 2 hours				10PM								
Daily Doctor's Endorsement by a Sign												

Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : Syp. SUCRALFATE				Date Time	23/11	24/11														
Dose	Route	Frequency	Start Dt.																	
10ml	oral	TID	23/11																	
Name & Signature of the Doctor Starting the Drugs:				  																
Additional Instructions:				SUCRALFATE (10ml/5ml)  STOP																
Daily Doctor's Endorsement by a Sign																				
DRUG : T. PARACETAMOL				Date Time	23/11	24/11														
Dose	Route	Frequency	Start Dt.																	
500mg	oral	6hr	23/11																	
Name & Signature of the Doctor Starting the Drugs:				  																
Additional Instructions:				 (chc (sos))																
Daily Doctor's Endorsement by a Sign																				
DRUG : T. DOMESTAL				Date Time	23/11	24/11	25/11	26/11	27/11											
Dose	Route	Frequency	Start Dt.																	
10mg	PO	TID	24/11																	
Name & Signature of the Doctor Starting the Drugs:				  																
Additional Instructions:				 (amp to SOS 27/11)																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB. PAND				Date Time	24/11	25/11	26/11	27/11	28/11											
Dose	Route	Frequency	Start Dt.																	
40mg	PO	OD	24/11																	
Name & Signature of the Doctor Starting the Drugs:				  																
Additional Instructions:																				
Daily Doctor's Endorsement by a 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.

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
21/5	8pm	Inj ONDANSETRON	4mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
22/5	10:15AM	Inj PARACETAMOL	1gm	IV	<i>[Signature]</i>	<i>[Signature]</i>
22/5	10:20AM	DICLOFENAC suppository	100mg	PR	<i>[Signature]</i>	<i>[Signature]</i>
22/5	10:20AM	TRAMADOL suppository	100mg	PR	<i>[Signature]</i>	<i>[Signature]</i>
22/5	11:00AM	Inj MORPHINE	3mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
22/5	11m	neb adrenaline	2ml + 3ml NS.	neb	<i>[Signature]</i>	<i>[Signature]</i>
22/5	2pm	NEB BUDECAPT	1mg	NEB	<i>[Signature]</i>	<i>[Signature]</i>
22/5	4pm	inj ondansetron	4mg	IV	<i>[Signature]</i>	<i>[Signature]</i>

Signature

VERIFIED



I.V. FLUIDS CHART

Weight. 42 kg Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
<u>20/5/26</u>	9:45 AM	IVF PLASMA LYTE (1/2 Maintenance)	IV	40	[Signature]	[Signature]			[Signature]
<u>21/5</u>	2:40 AM	PLASMA LYTE	IV	↓ 100 ml	[Signature]	[Signature]			[Signature]
<u>21/5</u>	3:40 AM	PLASMA LYTE	IV	60 ml	[Signature]	[Signature]	21/5	[Signature]	[Signature]
<u>21/5</u>	5:30 AM	IVF - PLASMA LYTE	IV	30 ml/hr	[Signature]	[Signature]			[Signature]
<u>22/5/26</u>	10 AM	RINGER LACTATE	IV	1000ml hr	[Signature]	[Signature]	22/5/26	[Signature]	[Signature]
<u>22/5/26</u>	11 AM	RINGER LACTATE	IV	500ml hr	[Signature]	[Signature]	22/5		[Signature]
<u>22/5/26</u>	1 PM	IVF PLASMA LYTE (full main)	IV	80 ml/hr	[Signature]	[Signature]			[Signature]
<u>22/5/26</u>	2:40 PM	IVF PlasmaLyte (2/3 m)		↓ 50 ml hr	[Signature]	[Signature]			[Signature]
<u>23/5</u>	2:00 AM	IVF PlasmaLyte (Full maintenance)	IV	80 ml/hr	[Signature]	[Signature]			[Signature]
<u>23/5</u>	10 PM	IVF PlasmaLyte (1/2 main)	IV	40 ml/hr	[Signature]	[Signature]			[Signature]

Signature

VERIFIED BY: Name

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

HNH-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 5 M 12 D (F)
 Dr. JYOTI BOTHERA



W
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 t the little.



Patient Name : Baby MAHITA Age : 7 Gender : Male Female

UHID NO: HNH-00011347 Surgeon Name: Dr. JYOTI BOTHERA

Anaesthesiologist : Dr. Ayesha

Operative procedure planned : LAPAROSCOPIC APPENDECTOMY

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 : hypotension, Bleeding, Need for transfusion, Desaturation,

Comments : postop icu, cas

- 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 Baby MAHITA the above mentioned operation / Diagnostic / Therapeutic procedures LAPAROSCOPIC APPENDECTOMY

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 : T. Kalyan
Relationship with Patient : Father
Date & Time : 22/5/26, 9:40am

Witness :

Signature : [Signature]
Name : Shobha
Date & Time : 22/5/26, 9:40am

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. SK. Ayesha
Date & Time : 22/5/26, 9:40am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : T. Mahita Gender: Male Female Age : 17 Y 2 mo
 UHID No : 6391 Date : 22/5/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Laparoscopic & Open Appendectomy with
Peritoneal lavage upon T. Mahita
 (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Infection, Bleeding, Conversion to Open, Ileostomy,
second look surgery, Resection Anastomosis

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Ajay Botkar

Consentee :

Signature : [Signature]
 Name : [Name]
 Date & Time : [Date & Time]

Patient Attendant :

Signature : [Signature]
 Name : T. Kalyan
 Relationship with Patient : [Relationship]
 Date & Time : [Date & Time]

Witness :

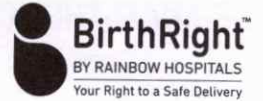
Signature : [Signature]
 Name : T. Shobha
 Date & Time : [Date & Time]

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Ajay Botkar
 Date & Time : 22/5/26, 10AM



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

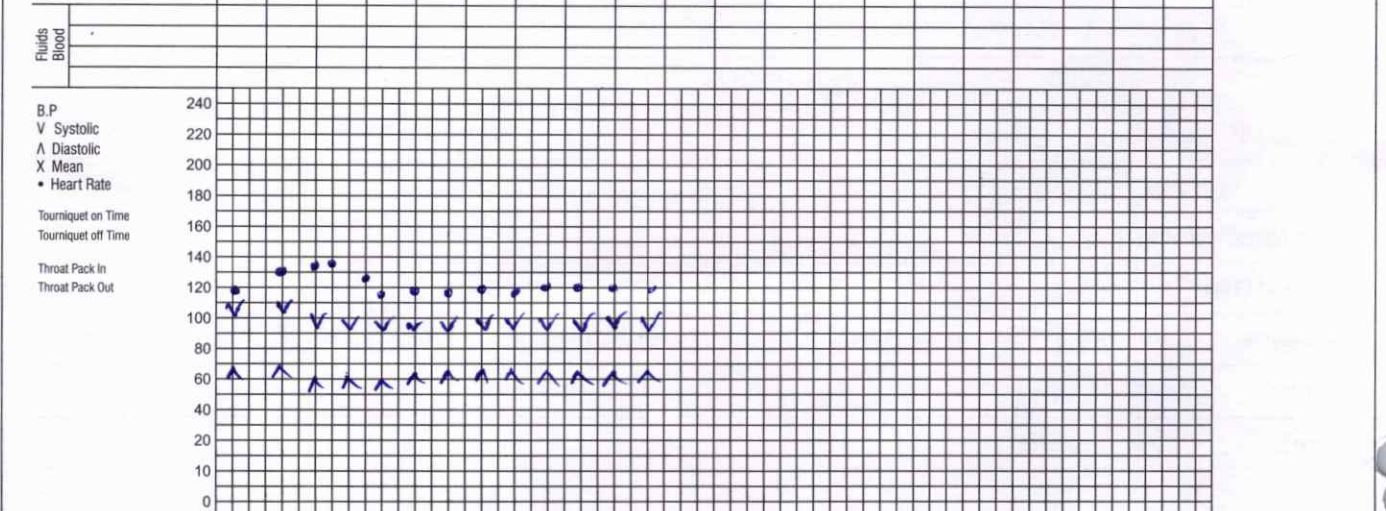
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 119/min B.P/CRT: 109/64 SpO₂: 98 (open) R.R: 20/min Last Feed: >6hrs

Pre-OP Diagnosis: PERFORATED APPENDICITIS Operation: lap Appendectomy Date: 22/5/22

Surgeon: Dr. Jyoti Bothra Anaesthesiologist: Dr. Ayeshah Brundha Technician: Saichand

TIME	9:00	10:00	10:15	10:30	11:00
N ₂ O (AIR) O ₂ (PR)	0.1/0.9	0.1/0.9	0.1/0.9	0.1/0.9	0.1/0.9
HALO / SO / SEVO	MAC 1.0				
Drugs:					
1. MIDAZOLAM 2mg IV					
2. FENTANYL 100mcg IV					
3. PROPOFOL 100mg IV					
4. ROCURONIUM 25mg IV					
5. PARACETAMOL 1gm IV					
6. MORPHINE 3mg IV					
Antibiotic					
Suppository					
DICLOFENAC 100mg PR					
TRAMADOL 100mg PR					
Blood Loss					
FI ₂ / SaO ₂	100/100	100/100	100/100	100/100	100/100
ETCO ₂	31	36	40	44	46
ECG	SR	SR	SR	SR	SR
Temperature			37.3		
Urine Output					



LAB Values

ABG	
GRBS	
Others	

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>119/64</u> <input checked="" type="checkbox"/> Cuff Site: <u>RU</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>Steady</u> <input checked="" type="checkbox"/> Temp Site: <u>Rectal (R)</u> <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>10:00am</u> OP Start: <u>10:35am</u> OP End: Leave OR: <u>12:45pm</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ABP: <input checked="" type="checkbox"/> IV: <u>22G on RU</u> <input checked="" type="checkbox"/> IV: <u>22G on RL</u> <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>6.0</u> at <u>18</u> cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input checked="" type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>3</u> Attempts: <u>1</u> Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: <u>LA given at port site</u> Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input type="checkbox"/> PACU <input checked="" type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>D</u> Signature of the Doctor:
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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 : <input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway Vomiting : <input type="checkbox"/> Yes <input type="checkbox"/> No Drug: NG Tube : <input type="checkbox"/> Yes <input type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No Nil Oral <input type="checkbox"/> Yes <input type="checkbox"/> No IV Fluids: Oral Feeds:
---	--	---	--

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0						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 Apeic = 0						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
Pink = 2 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

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:

OPERATION THEATER NOTES

Patient's Name: **Baby T MAHITA** Age: Gender:
 UHID: P.No.: Weight:
 Dr. JYOTI BATHRA
 10-12-2008 17 Y 5 M 12 D (F)
 HN-00011347 IP26-00006391

Surgeon : Asst. Surgeon :
 Anesthetist : OT Nurse :

Surgical Procedure : **Laparoscopic Appendectomy + Peritoneal Lavage (Complicated)**

Indications for Surgery : **Appendicular mass with pelvic collection**

Date : **22/5/26** Start Time : **10:00 AM** End Time : **12:45 PM**

PRE-OPERATIVE PREPARATION :

- NBM

OPERATION NOTES:

- 5mm Umbilical, RUC & LIF ports
- Findings:
 - Cocoon Abdomen - Severe intrabowel adhesions
 - Pelvis cordoned off Pus collection ~ 300ml - 800ml
 - Sloughed off detached appendix
 - Cecal base closed
- Pus drained, adhesions freed
- Appendix mobilised & removed
- Cecum base sutured with Vicryl 3-0
- Pelvis examined & lavage given

- Peritoneal drain kept No. 20

- Incision closed in layers

POST - OPERATIVE ORDERS :

- liquids orally

- IPR
Nuchair

- Cef IV Antibiotics as per chart

- IV PCM 500mg 8hly

- IV DNS (maintenance dose)

- Injau 8hly

Dr. Sidi Botem

Consultant Surgeon's Name



Consultant Surgeon's Signature

Date : 22/5/26 Time : 12:30pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. J. ...
 Asst. Surgeon : Dr. Ayesha / Dr. ...
 Anaesthetist : Dr. ...
 Scrub Nurse : ...

Patient ID No : ...
 Date : 22/5/26

HNH-00011347
 Baby T MAHITA
 10-12-2008 17 Y 5 M 12 D (F)
 Dr. JYOTI BATHRA

IP26-00006

Gender : Female
 Birth-time : ...

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

SIGN IN	Time: <u>9:45 am</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>[Signature]</u>	
Name: <u>Dr. Sk. Ayesha</u>	



Before Skin Incision >>

TIME OUT	Time: <u>10:20 AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>[Signature]</u>	
Name: <u>Surkha 22/5/2026 @ 10:20 AM</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time:
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>[Signature]</u>	

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00011347 IP26-00006391 Baby T MAHITA 10-12-2008 17 Y 5 M 12 D (F) Dr. JYOTI BOTHRA 		Date & Time of Admission <i>20/5/26 @ 9:24pm</i>	Date & Time of Transfer Order <i>22/5/26 @ 1:00PM</i>
		Transfer Ordered by <i>Dr. Ayesha Dr. Brunda.</i>	Reason for Transfer <i>observation</i>
From Unit <i>OT</i>	To Unit	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>PL</i>	<i>1</i>	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer <i>Dr. Ayesha Dr. Brunda.</i>	
Patient & Clinical Records Received by :			
Date & Time of Patient Received : <i>22/5/26 @</i>			

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

HNH-00011347 IP26-00006391
 Baby T MAHITA
 10-12-2008 17 Y 6 M 13 D (F)
 Dr. JYOTI BOTHRA



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Amulha

Date & Time : 20/5/26 @ 9:30 PM

Nurse Name & Signature: Jyoti / Jyoti

Date & Time : 20/5/26 @ 9:32 PM

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



wt - 12kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name : T Mahita Age : 17 y Gender: Male Female

Date : 20/5/26 Time of Arrival : 8:55 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: 102.5F PR: 143/dm BP: 95/59 RR: SpO₂: 98%

Chief Complaints: LD Fever since 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
--	--	---	--	---

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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 : 9:57 PM

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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:
- 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 : Tyler

Signature of Triage Nurse : [Signature]

Date & Time : 20/5/26 @ 8:56 PM

HNH-00011347
 Baby T MAHITA
 13-12-2008 17 Y 5 M 13 D (F)
 Dr. JYOTI BOTHRA

IP26-00006391



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/12/20 Time of arrival : 8:55 P.M.

Chief Complaints : Fever since 3 days. RBS:

Height : Weight : 42 kg BMI : 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

<p>RISK FOR FALL:</p> <p><input type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none"> • Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none"> • Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Escort while ambulating <input type="checkbox"/> Assist Patient <input type="checkbox"/> Educate patient and family on fall precautions/prevention 	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality <p>Inform consultant for positive criteria</p> <p>.....</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method <p>Inform consultant for positive criteria</p>
---	---

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 : 9:00 P.M.

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

Time	Nursing Notes
8:50pm	Assessed The Patient condition vital checked.

Samples collected by:

Samples sent by:

Ampam

Time:

Time:

9:13pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	<i>Ibuprofen</i>	<i>oral</i>	<i>10ml</i>		<i>AD</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>142</i> BP: <i>98/60</i> CFT:	Shift - out from ER to: <i>211</i>
RR: <i>95/00</i> SPO ₂ : <i>99</i>	Time of Shift - out: <i>9:50pm</i>
GCS:..... Temperature : <i>100° F</i>	Handover given to: <i>[Signature]</i>
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	


Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : *Ampam* Signature of the Nurse : *AD*

Date & Time : *20/5/26 @ 8:50pm*

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00011347 IP26-00006391 Baby T MAHITA 10-12-2008 17 Y 5 M 13 D (F) Dr. JYOTI BOTHRA 		Date & Time of Admission 20/5/26 @	Date & Time of Transfer Order 20/5/26 @
		Transfer Ordered by Dr. Amisha	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Amisha		Name of Person Ordered Transfer Dr. Amisha	
Patient & Clinical Records Received by :		Sneha : @ 20/5/26	
Date & Time of Patient Received :		22:02	

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



POST OPERATIVE - DOCTORS HANDOVER FORM

OT to PICU NICU MICU WARD

Date: 22/5/26 Time: 12:55pm

Name of the Surgery: LAPAROSCOPIC APPENDECTOMY + PELVIC ABSCESS DRAINAGE

Drugs used for sedation during surgical procedure: Inj. FENTANYL 100mcg IV, Inj. MIDAZOLAM 2mg IV, Inj. PROPOFOL 100mg IV, Inj. MORPHINE 2mg IV

IV Fluids type / amount used using surgical procedure: RINGER LACTATE 1100ml

Input 1200 ml Output 100 (Urine) ml 60-80ml of Pus Blood Loss 50 ml

Blood Transfusion if any

Any intra operative event:

On arrival to PICU / NICU / MICU / WARD:

Temp: HR: 118bpm RR: 15/min BP: 84/46 mmHg CRT: <2sec

Peripheries: Warm SpO₂: 100% on 5lit O₂ via face mask.

Drains: 1 left sided pelvic

ET Tube: Cuffed Uncuffed

Size of ETT: 6.0 mm Length of Fixation of ETT: 18cm

Surgeon's Notes: Yes No

Time of Arrival to Unit: 12:55pm

Handover given by: Handover taken by:

Anesthesiologist's Name Dr. BEUNDA Doctor's Name Prami

Signature: [Signature] Signature: [Signature]

Date & Time: 22/5/26, 12:55pm Date & Time: 22/5/26 1pm



211

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 21/5/26 Time: 10:00 am

Weight: 42 kgs Centile: 3th

Height: - Centile: -

Inference: Underweight child

RDA: - Calories: 2000 Kcal/day Protein: 60 gms/day

Diet Recommendations: Balanced diet with liquids

Re-Assessment: No Junk oily food

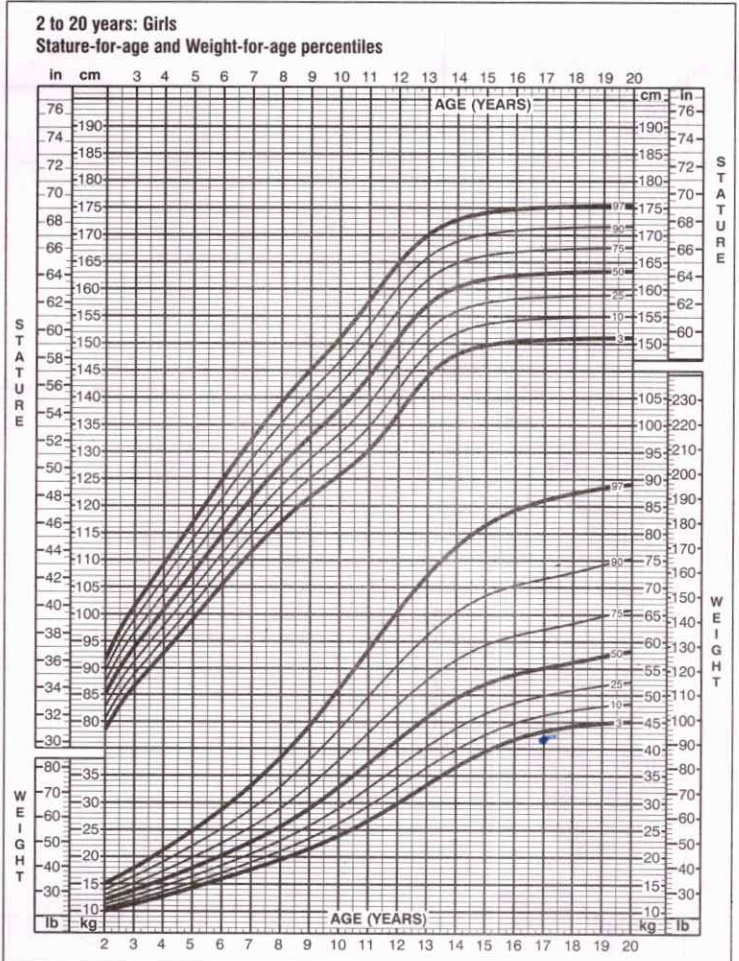
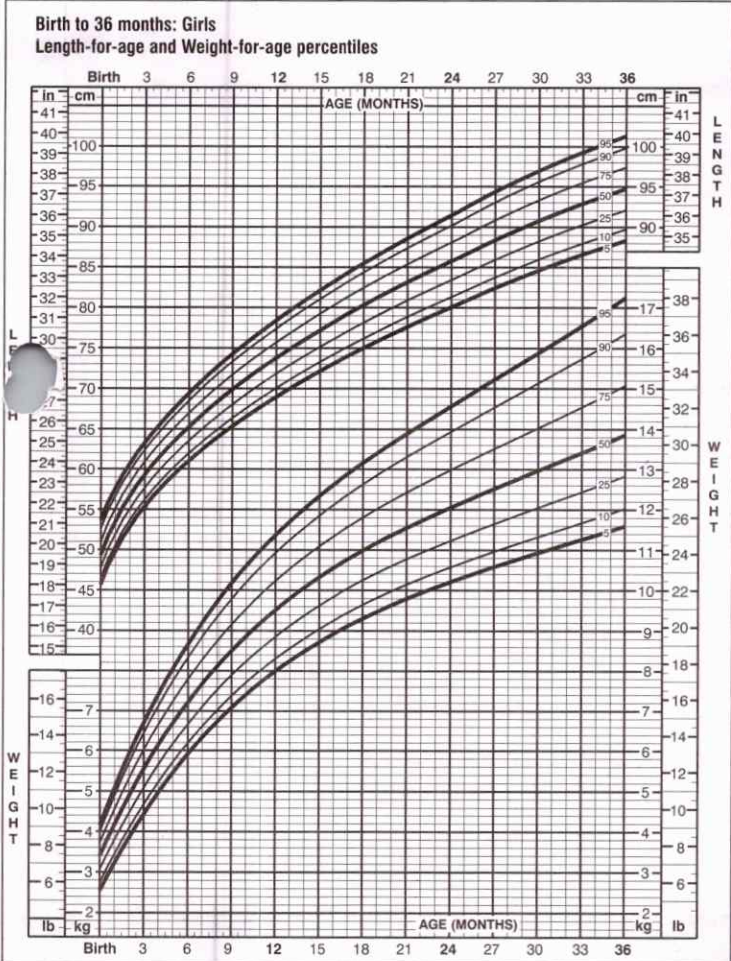
Food Allergies: No FA Veg/Non-veg veg

Diagnosis: AFC dehydration

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Shobha

GROWTH CHART (GIRLS)



Dietician's Name: Syeda Sobiya Zaher

Dietician's Signature: Sobiya

PATIENT TRANSFER FORM

INH-00011347 IP26-00006391
Baby T MAHITA
10-12-2008 17 Y 5 M 13 D (F)
Dr. JYOTI BOTHRA



Date & Time of Admission <i>23/05/26 at 1pm</i>	Date & Time of Transfer Order <i>23/05/26 at</i>	
Treating Consultant Name <i>Dr: Jyothi</i>	Transfer Ordered by <i>Dr. Jyothi</i>	Reason for Transfer <i>stable</i>
From Unit <i>PIW - 203</i>	To Unit <i>2nd floor - (211)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>50</i>	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <i>Sujatha</i>	Name of Person Ordered Transfer
--	---------------------------------

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

