HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

SURGERY DETAILS

Date : 3/6/26

Patient Name: Baby. srida agir Date of Birth: 12/2/2024 Age: 2Y

Gender: female Ward : OT UHID No.: HNH-00015765

Date of Surgery: 3/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Incision & Drainage

Time in : 10:15AM Time Out : 10:30AM

	NAME	AMOUNT
1. Surgeon	: Dr. Swapna	
2. Anaesthetist	: Dr. Samir / Dr. Ayeesha	
3. Assistant Surgeon	: Dr.	
4. OT Technician	: Br. Saichandu	
5. Circulating Nurse	: Sr. Puja	
6. Assistant Nurse	: Br. Sudipta	

Baby SRIDA AGIR (2 Y 3 M 22 D/ F)
SWAB
NINV00930
HN26009256017

Baby SRIDA AGIR (2 Y 3 M 22 D/ F)
PUS
NINV00582
HN26009258006

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00002038 64

Order by: [signature] 3/6/26 @ 12:10Pm.

Docu. No. : RCH /FRM / GENERAL / 114

NH-00015765 IP26-00006480
aby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

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I & D

CONSUMABLES OF OT

Circulating staff : .... Technician : [signature] Date : 3/6/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures 2347		01	Cord Clamp		
ECG leads : A / (P) / N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		04	Gloves Encore-6.5, 6.0		2+2	Surgical Gloves		
02 cc		04				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade 11, 15		2+1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / (100ml) / 500ml / 1000ml		01	Koochies					
Inj midaz		01	Ointments					
O2 mask (P)		01	Suction Catheter					
Fentanyl			Cap, Mask		10+10			
Morphine			Gauze Pack 7.5		04			
Ketamine		~~01~~	Mop Pack					
Propofol		02	Steristrip					
Rocuronium			Underpad					
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : (12.5 mg) / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		01			
			Microshield		[illegible]			
			Cotton Balls		01			
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000203874 Ordered by : Sushmela [signature] 3/6/26 @ 12:46 pm

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital
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-00015765	Name	: Baby SRIDA AGIR
Age / Sex	: 2 Y 3 M 22 D / Female	Doctor	: SWAPNA PALAKURTHY
Adm/Reg Date/Time	: 03/06/2026 08:12	Payor	: SELFPAY
Order Date	: 03/06/2026 12:45	Ordernumber	: 26-0000203874
Visit ID	: IP26-00006480	Ward/Bed No	: 4F -OT / PDA-414

Patient Address : FLAT NO:-105,NORTH STAR APARTMENTS, PADMARAO NAGAR, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	MEZOLAM INJ 5 MG 5 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
2	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
3	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
5	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
6	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
7	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
8	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
9	Oxygen Mask With Tubing - PeadROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
10	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
11	JUSTIN SUPPOSITORIES 12.5 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
12	SURGICAL BLADE 15	SURGICAL BLADE 15	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
13	THEMIPYRRNOM 0.2MG INJ		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
14	NS 100ML ACCULIFE - EH		1 mL	External / 1-2 TIMES A DAY	1 Days		1 mL	Ordered
15	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
16	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		10 Nos	Ordered
17	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Ordered
18	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
19	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
20	VICRYL PLUS 1 VP - (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
21	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

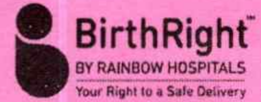
SWAPNA PALAKURTHY

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* **This prescription is valid only for specified duration.**
* **Do not refill medicines.**

26-0000203815



NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: BABY SRIDA AGIR.		Age: 2Y	Gender: F.
UHID No: HWH-00015765	IP No: IP26-00006480	Date: 03/6/26	Time: 8:19 Am
Diagnosis: I & D			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 MCG	ONE Amp
2.	Morphine Sulphate Inj. 15mg/Ml	–	–
3.	Remifentanil Hydrochloride Inj. 2MG	–	–
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. Mmmi | Doctor Registration No: 67529

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006480 **Date:** 3/6/26

Aadhaar No. of the Patient (Optional): ....

		Remarks
1.	**Name :** BABY SRIDA AGIR.	
2.	Complete postal address (with contact number, if any)	FLAT NO: 105, NORTH STAR APARTMENTS. HYD
3.	Brief description of the illness	I & D
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	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
3/6/26	FENTANYL	ONE Amp		

Dispensed by (Name & ID No.): Sana .... Signature: ....

Received by (Name & ID No.): SAI CHANDU 02115 3 Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

DISCHARGE SUMMARY

Name	Baby SRIDA AGIR	UHID	HNH-00015765
Father/Guardian	Mr NITHIN CHANDRA AGIR	Age/Gender	2 Y 3 M 22 D/ Female
Address	FLAT NO:-105,NORTH STAR APARTMENTS, PADMARAO NAGAR, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		
IP No	IP26-00006480	Admission Date	03-06-2026
Ref Doctor	DR SARFARAZ NAWAZ		
Discharge Date	03.06.2026		

Dr. SWAPNA PALAKURTHY
MBBS, MS, MCH
CONSULTANT PEDIATRIC SURGEON
69373

DIAGNOSIS	ICD CODE
RIGHT THUMB ABSCESS	

Procedure : Incision and drainage done on 03.06.2026.

History: Baby SRIDA AGIR, 2 Y 3 M 22 D child presented with history of swelling and redness at base of right thumb noticed 5 days ago, which

Name	Baby SRIDA AGIR	UHID	HNH-00015765
IP No	IP26-00006480	Admission Date	03-06-2026

increased in size and had noticeable pus collection, prior to admission. For the above complaints child was admitted at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 143/min and Respiratory rate - 24/min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 12.6 kilo grams.

Investigations: Enclosed reports.

Procedure : Incision and drainage done on 03.06.2026.

Surgery Notes:
- Incision and drainage done.
- Haemostasis secured.
- Post procedure unevetfull.

Post-Operative Notes: Post operative period was uneventful. Child was initiated on oral feeds gradually which child tolerated well. Child remained hemodynamically stable during the hospital stay and operated site remained healthy. Child is being discharged with the following advice.

Advice:
* Diet as advised.
* Syrup. Augmentin DDS (Amoxicillin - 400mg + Potassium clavulanate - 57mg/5ml) 3 ml twice daily for 7 days

Name	Baby SRIDA AGIR	UHID	HNH-00015765
IP No	IP26-00006480	Admission Date	03-06-2026

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 ml thrice daily after food for 3 days.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 ml 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. SWAPNA PALAKURTHY after 2 days (06.06.2026) in OPD at Himayatnagar with prior appointment **(Review consultation will be charged)**.

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.

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

Name	Baby SRIDA AGIR	UHID	HNH-00015765
IP No	IP26-00006480	Admission Date	03-06-2026

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **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. SWAPNA PALAKURTHY
MBBS, MS, MCH
CONSULTANT PEDIATRIC SURGEON
69373

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	01			
2	Discharge Summary	01			
3	Nursing Initial assessment	01			
4	Patient Transfer form	02			
5	In-patient Medical record	01			
6	Doctors progress sheets	01			
7	Nursing plan of care and handover sheets	01			
8	Consultation sheet	01			
9	General consent for treatment				
10	Consent for Surgery	01			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list	01			
26	Surgical safety checklist	01			
27	Operation Theatre notes	01			
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)	01			
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	14			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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ACTIVITY RECORD FOR BILLING

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

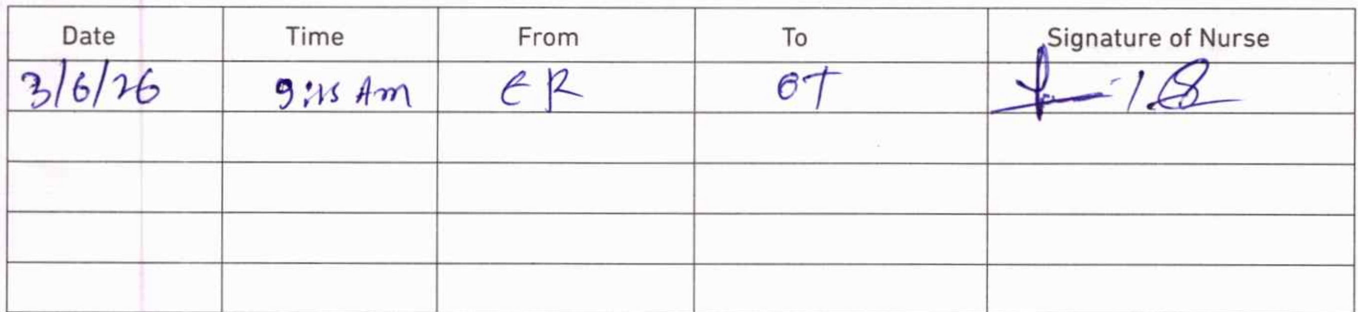
Name: -----

UHID 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
3/6/26	9:15 Am	ER	OT	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/06/26	CBP	9241	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/6/26	Ir placement	1	3819	A.B

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/W/C. Dr [illegible]	
03/06/25 10 AM	Post. Incision and drainage (Throat abscess	
	Hemodynamically stable	
	procedure uneventful	
	S/E:- NAD	
		Adv
		discharge on Augmentin and P. 250
		[signature]

HNH-00015765 IP25-00006480
Baby SRIDA AGIR 2 Y 3 M 22 D (F)
12-02-2024
Dr. SWAPNA PALAKURTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

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DRUG CHART

Date of Admission: 3/6/2026 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

Patient Sticker

REGULAR PRESCRIPTIONS

Weight. 12.7 kgs Ward. ....

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

HNH-00015765 IP26-00006480
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12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6	10:00Am	Inj AMOXICILLIN CLAVULUNIC ACID	390mg	IV	[signature]	[signature]
3/6/26	10:20AM	Inj. PARACETAMOL	180mg	IV	[signature]	[signature]
3/6/26	10:30Am	DICLOFENAC Suppository	12.5mg	PR	[signature]	[signature]

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

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

I.V. FLUIDS CHART

Weight. 12.7kg 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
3/6	10:10 pm	DNS (2/3rd maintance) since NPO	IV	30 ml/h	[signature]	[signature]			

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

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OPERATION THEATER NOTES

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

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

UHID.: .... I.P.No. : .... Weight : ....

Surgeon :	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure : Incision & drainage

Indications for Surgery : (Rt) thumb Abscess

Date : 3/6/25	Start Time : 10:17 AM	End Time : 10:30 AM

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

Intra op finding:

- Incision & Drainage done
- Haemostasis secured
- post procedure uneventful.

POST - OPERATIVE ORDERS :

npo till 3 hrs Wt : 12 kg

IVF: ½ DNS

Inj: Augmentin 360 mg / iv / BD

Inj: PCM 12 ml / iv / TDS

Inj: pan 12 mg / iv / OD.

For Discharge

- Syp. Augmentin (5ml / 457mg) / po / BD
  3ml —— 3ml x 1 week
- Syp. P-250mg / po / TID
  2.5ml —— 2.5ml —— 2.5ml
- Regular Abx.
- Hand elevation
- RA 2 days to opn

....

Consultant Surgeon's Name — Consultant Surgeon's Signature

Date : ....Time : ....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swap... na. P
Asst. Surgeon : Dr.
Anaesthetist : Dr. Samir
Scrub Nurse : Br. Sudipta

Patient Name :
UHID No. :
Date : 3/6/26

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

Gender : female
S4D
:

Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 10 Am

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

(R) HAND

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:

- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

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

- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☐ No ☑ NA
- Blood Units Reserved ☐ Yes ☐ No ☑ NA

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

Signature : [signature]

Name : [signature]

Before Skin Incision ➢ ➢

TIME OUT Time: 10:17

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 10 min ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☑ NA

Signature : [signature]

Name : Sudipta

Before Patient Leaves Operating Room

SIGN OUT Time: 10:30 AM

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

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

Signature : [signature]

Name :

Doc. No. : RCH / FRM / CLINICAL / 111

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: BABY SRIDA AGIR Age: 2y 3m Sex: FEMALE UHID.No : ....

Date: 2/6 Time: 4pm Proposed Operation: I&D over (R) Thumb.

Diagnosis: Abscess

B.P / CRT: .... H.R: .... Weight: 12.7kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: lactose intolerance + skin reactions

Medical History: CVS: No Recent URTIs.

RESP: fever spike (not measured) on Saturday. Diabetes: No recurrence.

CNS: /

Renal: H/O HFMD in NOV 25

Hepatic / GE: / Physical Activity: active.

Others: Birth: Late PT (36W) | BW 1.83 | C/AB | NICU-24hrs | NNJ+

Past Anaesthetic History: Immunised. No apparent dev. delays.

Physical Exam: conscious, coherent, alert.

Airway: MP (1) 2 3 4 Mouth Opening: adq Mentohyoid Distance: 3FB Neck: adq Teeth: no loose teeth.

Lungs: BAE ⊕ clinically clear

Heart: S1+S2+ M0.

CNS:

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site: peripheral Spine Exam for regional : —

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

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

CURRENT MEDICATIONS	DOSAGE
CLAVUM FORTE	3ml — 3ml
T-BACT OINT.	
CROCIN DS	4ml.

Pre-Operative Instructions:

6HOURS: FORMULA / FEED / MILK JUICE

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

WATER / ORS / COCONUT WATER 2HOURS

- CBP on admission

Signature: [signature] Name: Dr. Samir Vinayak.

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

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No — Fasting Status: Adequate

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

H.R: 140/min B.P / CRT: SpO_2: 98% on RA R.R: 24/min Last Feed: > 6hrs

Pre-OP Diagnosis: Abscess over base of (Rt) thumb Operation: Incision & Drainage Date: 3/6/25

Surgeon: Dr. Swapna Anaesthesiologist: Dr. Ayesha Technician: Saichand

TIME	10:15 Am	10:20 Am	10:25 Am	10:30 Am
N_2O /AIR/(O_2) LPM	4 lit/min			
HALO /SO /SEVO				

Drugs:
- Inj. MIDAZOLAM 0.5mg IV
- Inj. PROPOFOL 40mg + 20mg IV
- Inj. KETAMINE 5mg + 5mg IV
- Inj. PARACETAMOL 180mg IV

FIO_2 / (SaO_2)	100%	100%	100%	100%	100%	100%
$ETCO_2$	32	34	32	34	32	34
ECG	SR	SR	SR	SR	SR	SR
Temperature						
Urine Output						

Fluids / Blood: RL @ 50ml/hr

Antibiotic

Suppository: DICLOFENAC 12.5mg PR

Blood Loss

NOTES: (1) Monitor vitals & inform SOS

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

Heart rate plotted at approximately 140 throughout.

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☐ BP
☐ Cuff Site: ...
☐ Art Site: ...
☑ EKG Lead 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: ...
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 10:15Am
OP Start: 10:17Am
OP End: 10:28Am
Leave OR: 10:30Am

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ...
☐ ART: ...
☑ IV: 22G on (Lt) UL
☐ IV: ...
☐ IV: ...

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ... at ... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ...
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ... Attempts: ...
Difficulty Why? ...

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

Regional: (struck through)
Extremity Specify: ...
☐ Spinal ☐ Epidural ☐ Caudal
Others: ...
Position: ...
Site: ...
Needle Size: ... Depth: ...
Parasthesia ☐ Yes ☐ No
Catheter at skin ... cm
Drug Name & Conc: ...
Bolus: ...
Infusion: ...
Block Level: ...
Comments: ...

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

Name of the Doctor: Dr. Ayesha
Signature of the Doctor: [signature]

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

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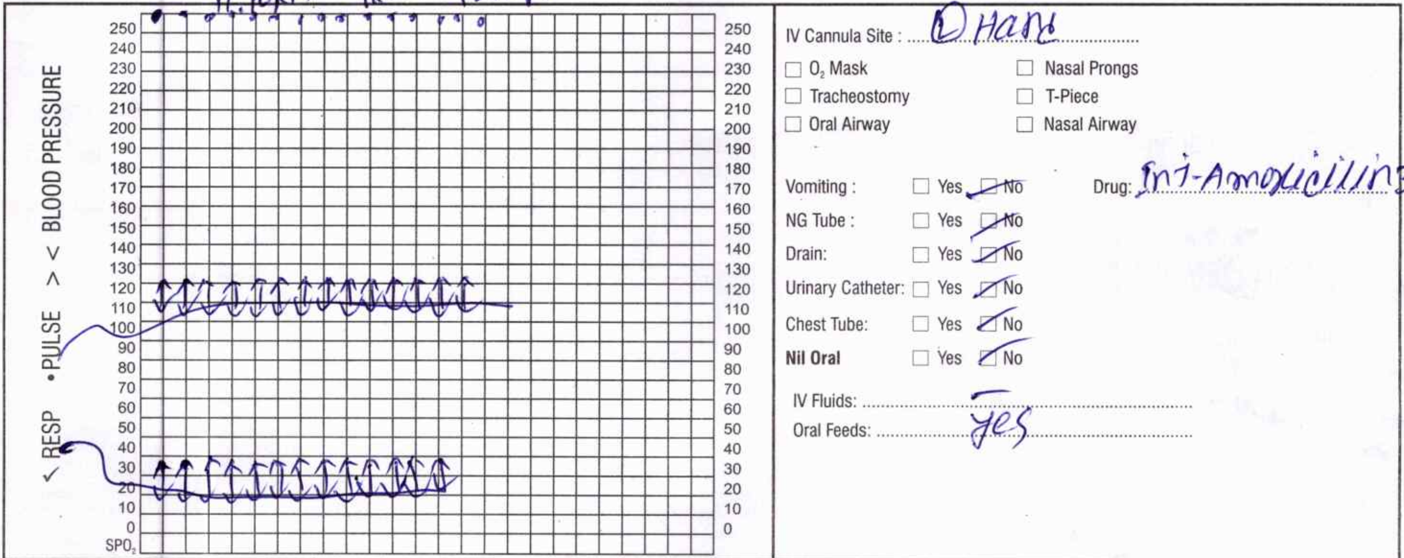
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sudipta Time Received : 10:40AM Time Discharged : ....



IV Cannula Site : (L) Hand

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

Vomiting : ☐ Yes ☑ No Drug: Inj-Amoxicillin 390mg
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: —
Oral Feeds: yes

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	2	2		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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2		
		TOTAL	9	10	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6/26	10:40AM	0	NIL	[signature]
3/6/26	11:10AM	0	NIL	[signature]
3/6/26	11:40AM	0	NIL	[signature]
3/6/26	12:10PM	0	NIL	[signature]

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

Anaesthesiologist Name : Dr. Ayesha
Anaesthesiologist Signature: [signature]
Date & Time: ....

PACU Nurse Name : Sudipta
PACU Nurse Signature: [signature]
Date & Time: 3/6/26 @ 12:10PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): ....
Date & Time: 3/6/26 @ 12:10PM

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

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

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

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015765 IP26-00006480 Baby SRIDA AGIR 12-02-2024 2 Y 3 M 22 D (F) Dr. SWAPNA PALAKURTHY	3/6/26 @ 8:12AM	3/6/26 @ 10:40AM
	Transfer Ordered by Dr. Samir	**Reason for Transfer** observation
From Unit OT	**To Unit** pre-post	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File —	**Number of Imaging Films** —	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Puja	Dr. Samir.

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

Docu. No. : RCH /FRM / CLINICAL / 102

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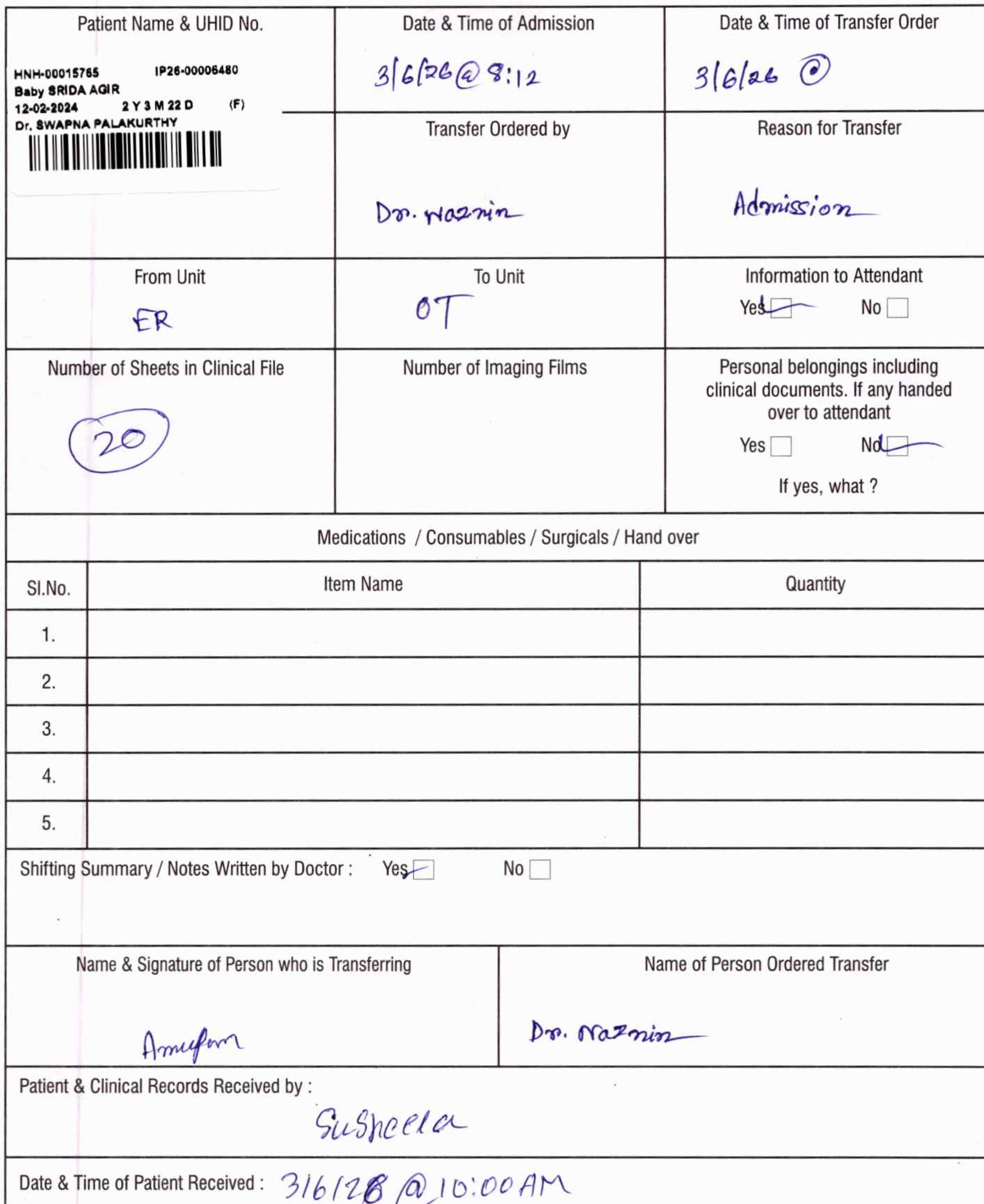
PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015765 IP26-00006480 Baby SRIDA AGIR 12-02-2024 2 Y 3 M 22 D (F) Dr. SWAPNA PALAKURTHY	3/6/26 @ 8:12	3/6/26 @
	Transfer Ordered by	**Reason for Transfer**
	Dr. Nazmin	Admission

From Unit	To Unit	Information to Attendant
ER	OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
20		Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[illegible]	Dr. Nazmin

Patient & Clinical Records Received by : Susheela

Date & Time of Patient Received : 3/6/26 @ 10:00 AM

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : .... Gender: ☐ Male ☐ Female Age : ....

UHID No : .... Date : ....

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)

....

.... Incision & Drainage ....

.... upon ....

(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.

.... - Fever ....

.... - Recurrence ....

.... - Bleeding ....

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: ....

Consentee :

Signature : ....

Name : ....

Date & Time : ....

Witness :

Signature : ....

Name : ....

Date & Time : ....

Patient Attendant :

Signature : ....

Name : ....

Relationship with Patient: ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : ....

Name : .... Dr. Supre Pabuwalla ....

Date & Time : ....

Docu. No. : RCH /FRM / CLINICAL / 027

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : BABY SRIDA AGIR .... Age : 24 .... Gender : Male ☐ Female ☑

UHID NO: HNH-15765 .... Surgeon Name: Dr SWAPNA PALAKURTHY ....

Anaesthesiologist : Dr SAMIR INAYATH ....

Operative procedure planned : I & D ....

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Or requirement ....

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

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

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : [signature]

Name : ....

Relationship with Patient: ....

Date & Time : ....

Witness :

Signature : P. Navya

Name : ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Hanvi Unayath

Date & Time : 3/6 930 am

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

Patient Name : ______________________

Patient ID# : ______________________

Consultant : ______________________

Final Diagnosis : ______________________

Pediatric Multiorgan History & Physical Examination

Name : Hida Azir Age/Sex 2y3m/F

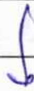
Informant mother Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

H/o Swelling & redness at base of (R) thumb noticed ~~since~~ 5 days ago

History of present illness :

A 2yr 3m old girl c̄
c/o Swelling & redness at the base of (R) Thumb noticed 5 days ago



used symptomatic treatment
no H/o trauma

in view of noticeable pus collection and increase in swelling – Abscess formation

Admitted for incision & drainage

NPO for solids (since 11 pm)
liquids (7:20 am)

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

T / 1.83kgs / LSCS / NNJ

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

as per age.

Immunization History :

as per schedule

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 12.7kg ________ (Centile ________)

On Examination :

Temperature : (N) ________ Pulse Rate: ________ Description ________

B.P. ________ SPO2 ________ at ________

Resp. rate and type of breathing : ________

Rash ________ L/E - 3x4 cms abscess over the base of (R) Thumb

Lymphadenopathy ________

Oedema : ________

Respiratory system :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : NVBS (+)

Any addes sounds : ________

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

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (N)

Any murmur : ________

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine: (N) ________ External Genitelia : ________

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 : (N)

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : (N)

Involuntary Movements :

Reflexes :

DTR

Superficials :

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

(R) Thumb Abscess for I 2 D

Preventive aspects of the treatment :

prevent complications

Desired goals of the treatment :

Hemodynamic stability

Planned Labs :

CBP.

Planned Management :

1. NPO as advised
2. IV fluids
3. Shift to OT on call
4. Augmentin stat

Sd/-
(Dr. Tanveer)

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 ____

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

Wt - 12.6 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Srida Aagir Age : 2 year Gender: ☐ Male ☑ Female

Date : 03/05/26 Time of Arrival : 8:05 AM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): .... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) ....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6F PR: 143 b/m BP: .... RR: .... SpO_2: 97%

Chief Complaints: C/O Came for A Ⓡ thumb surgery.

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 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 : 8:07 AM

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: ....

2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

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

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

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

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

Name of Triage Nurse : Prabin

Signature of Triage Nurse : [signature]

Date & Time : 03/05/26 @ 8:07 AM

HNH-00015765 IP26-00006480
Baby SRIDA AGIR
12-02-2024 2 Y 3 M 22 D (F)
Dr. SWAPNA PALAKURTHY

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 03/06/26 Time of arrival : 8:05 pm

Chief Complaints: c/o came for right thumb surgery.

Height : .... Weight : .... Head Circumference (<2 years) ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: ~0/ Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character .... ☐ Location .... ☐ Frequency .... ☐ Duration ....

RISK FOR FALL:

If patient is < 6 years	☑ Yes	☐ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** Assess the below parameters		
History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 8:07 Am

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

Time	Nursing Notes
	-> Assessed the pt condition
	-> Checked the pt vitals
	->

Samples collected by: / Apurba
Samples sent by : /

Time: /
Time: / 8:30 Am

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: .... BP: .... CFT:	Shift - out from ER to: OT
RR: .... SPO2 at FiO2:	Time of Shift - out: 9.15 Am
GCS: .... Temperature :	Handover given to: Susheela (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): ....

....

Name of the Nurse : Prabin Signature of the Nurse : [signature]

Date & Time : 03/06/26 @ 8:07 Am