VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 4/07/26

Patient Name: Baby Kiara Sai Jithin Date of Birth: 25/10/2023 Age: 2yrs

Gender: Female Ward : 07 UHID No.: 0177256

Date of Surgery: 4/07/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : CR + Manual Manipulation + Casting

Time in : 8:15 Am & GA Time Out : 8:35 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Vidyasagar chandankere.	OT charges
2.	Anaesthetist	: Dr Akhila	
3.	Assistant Surgeon	: —	C-Arm charges
4.	OT Technician	: Br. Rakesh	8.20Am - 8.30Am
5.	Circulating Nurse	: Br. Azad.	(Order 3097305)
6.	Assistant Nurse	: Sr. Ruby.P / Sr. Ruby.P	

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: 3097032/01 Order by: Bhavani S

Name	Baby KIARA SAI JITHIN	**UHID**	VIH-00177256
Father/Guardian	Mr JITHIN GOPAL	**Age/Gender**	2 Y 8 M 9 D/Female
Address	GK ZENITH 305 , B BLOCK , BALAJI MAIN ROAD ,SEC-BAD, JJ Nagar Colony, Hyderabad, Telangana, INDIA, 500087		
IP No	IP-00060561	**Admission Date**	04-07-2026
Ref Doctor	SELF	**Discharge Date**	04-07-2026

DISCHARGE SUMMARY

Consultant : Dr. Vidyasagar Chandankere
MBBS, MS Ortho
Fellowship in Pediatrics Orthopedics (Hong Kong)
Consultant Pediatric Orthosurgeon
Reg. No 66744

Diagnosis: Left ulna plastic bowing with radius greenstick maluniting fracture

Surgical Procedure: Correction of the plastic bowing with radius manual osteoclasis with closed reduction and casting done under general anesthesia on 04.07.2026

History: Baby KIARA SAI JITHIN, 2 Y 8 M 9 D female presented with complaint of pain & swelling of left forearm since 3 days after a trivial fall. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations at room air. Heart rate was 120/min, Blood Pressure - 100/70 mmHg and RR - 22/min. Swelling of left forearm present, deformity present. 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.

Name	Baby KIARA SAI JITHIN	**UHID**	VIH-00177256

Weight on admission: 14.5 kgs.

Investigations: Enclosed.

Management: Child was admitted in the ward and was started on IV fluids.

Hemogram showed Hb - 11.6 gm%, WBC - 12,840 cell/cmm, Platelets - 4.21 lakh/cmm.

Procedure: Correction of the plastic bowing with radius manual osteoclasis with closed reduction and casting done under general anesthesia on 04.07.2026

Operative Notes:
- Under general anesthesia.
- Gentile sustained 3 point pressure applied to forearm.
- Upper 1/3rd comminuted radius fracture corrected with angulation.
- Reduction acceptable to less than 10^{o}
- Forearm range of motion.
- Below elbow cast given with good cast index.
- Connected to above elbow cast.
- Arm pouch applied.

Post-Operative Notes: Post operative period was uneventful. After stabilization, child was started on oral feeds which he accepted and tolerated well. She remained hemodynamically stable during the hospital stay and operated site remained healthy. She is being discharged with the following advice.

Name	Baby KIARA SAI JITHIN	UHID	VIH-00177256

Advice:

1. Diet as advised.
2. Follow up cast care manual as given in manual.
3. Encourage active fingers.
4. Bivalve the cast before discharge movements.
5. Sick leave for 8 weeks for school.
6. Syrup, Atarax 2.5ml (if required) (maximum 12th hourly) for itching.
7. Cast conversion after 3 weeks to below elbow.
8. Kindly consult Dr. Vidyasagar Chandankere, Consultant Pediatric Orthosurgeon, after one week in OPD with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name	Baby KIARA SAI JITHIN	UHID	VIH-00177256

Name : Divigle. Signature :

Relationship with patient : Mother.

This summary has been explained by : Br. Ahib

Summary prepared by: Dr. Shrikar
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. Vidyasagar Chandankere
MBBS, MS Ortho
Fellowship in Pediatrics Orthopedics (Hong Kong)
Consultant Pediatric Orthosurgeon
Reg. No 66744

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ACTIVITY RE

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

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

UHID No : ------- --- Consultant : ---------- Dept : ----------

Date of Admission 4/06/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : O.T ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/26	7.40pm	E.R	O.T	
4/7/26	8:40 AM	OT	Recovery room	

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
4/07/26	CBP	26022356	~~CB~~

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	10 Placement	1	3097275	RL
	PAC	1	3097278	RL

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFECIENCY ...ICAL CASE SHEET

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2Y 8M 9D
Dr. VIDYASAGAR CHANDANKERE (F)

Patient Name :

Ward :

IP. No :

DOD :

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Sl.No.	List of Records	...o. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1	✓	✓	
2	Discharge Summary	2	✓		
3	Nursing Initial assessment.	1	✓	✓	
4	Patient Transfer form	2	✓	✓	
5	In-patient Medical record	1	✓	✓	
6	Doctors progress sheets	1	✓	✓	
7	Nursing plan of care and handover sheets	1	✓	✓	
8	Consultation sheet	–	–		
9	General consent for treatment	1	✓	✓	
10	Consent for Surgery	1	✓	✓	
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	1	✓	✓	
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)	1	✓	✓	
22	Neonatal Admission/Delivery/Physical Exam	–	–		
23	Medication Reconciliation	1	✓	✓	
24	Emergency Triage record	1	✓	✓	
25	Pre operative check list	1	✓	✓	
26	Surgical safety checklist	1	✓	✓	
27	Operation Theatre notes	1	✓	✓	
28	Nurses clinical Presentation	–	–	✓	
29	TPR & BP chart	1	✓	✓	
30	Intake and Out take chart (fluid chart)	1	✓	✓	
31	Drug chart (Regular Prescription)	1	✓	✓	
32	Investigation Values (result sheet)	1	✓	✓	
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 SSI Checklist	1	✓	✓	
42	Rch ED doctors note Billing policy	1	✓	✓	
43	BP Monitoring chart Attended Info sheet	1	✓	✓	
44	RBS monitoring chart	–			
	Admission Information	1			
		26			
	Total No. of Pages				

Signature and Date : 4/7/26

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

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060561 **Admit Date** : 04-Jul-2026 **Admit Time** : 06:23 AM **UHID** : VIH-00177256

Patient Details :

Patient Name	: Baby KIARA SAI JITHIN	**Age**	: 2 Y 8 M 9 D
Guardian	: Mr JITHIN GOPAL	**DOB**	: 25-10-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: GK ZENITH 305 , B BLOCK , BALAJI MAIN ROAD ,SEC-BAD JJ Nagar Colony Hyderabad Telangana INDIA 500087	**Phone No**	: 8897030238/ 7995148882
		E-mail	: DIVIYHA1990@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr JITHIN GOPAL **Relationship** : Father

Contact Address : GK ZENITH 305 , B BLOCK , BALAJI MAIN ROAD ,SEC-BAD JJ Nagar Colony Hyderabad Telangana INDIA 500087 **Phone No** : 8897030238 / 7995148882

Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR CHANDANKERE **Specialisation** : ORTHOPEDICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Patient Name : Baby. KIARA SAI JITHIN UHID : VIH-00177256 IPD : IP-00060561 Gender : Female Age : 2 Y 8 M 9 D

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/7/26 Time of arrival : 6:24AM

Chief Complaints: posted for closed reduction + casting RBS: .....

Height : ..... Weight : 14.5kg BMI : ..... 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
tick below fall risk intervention directly

☐ If Patient is > 6 years
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 posted

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

Time of Initial assessment completed by ER Nurse : 6:27AM

Patient Name : Baby. KIARA SAI JITHIN UHID : VIH-00177256 IPD : IP-00060561 Gender : Female Age : 2 Y 8 M 9 D

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

Time	Nursing Notes
6:23AM	* Vitals checked & Recorded
6:45AM	* Doctor assesed the pt
6:23AM	* Admission done
7:00AM	* IV placement done
7:02AM	* Samples collected & sent to lab
	* NBM Solids since yesterday 9 PM
	liquids since Today 5:30AM
7:10 AM	* pt shifted to OT

Samples collected by: Samuel Time: 7:02AM

Samples sent by : Ratyalasani Time: 7.10AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110 b/m BP 96/76 (85) CFT: <3sec	Shift - out from ER to: OT
RR: 24 b/m SPO$_2$: 98%	Time of Shift - out: 4/7/26 @ 7.40AM
GCS: - Temperature : 97.8°F	Handover given to: Sr. Rajni
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation

Name of the Nurse : B.N. Sanjay Signature of the Nurse : Sanjay

Date & Time : 4/7/26 @ 7.40AM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00177256 IP-00060561 Baby KIARA SAI JITHIN 25-10-2023 2 Y 8 M 9 D (F) Dr. VIDYASAGAR CHANDANKERE	4/6/26 @ 6:23 AM	4/6/26 @ 8:40 AM
	Transfer Ordered by Dr. Akhila	Reason for Transfer post operative icu.
From Unit OT	To Unit Recovery Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 26	Number of Imaging Films nil	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 ☐

Dr. Vidyasagar. Chandankere

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Ruby. P	Dr. vidyasagar chandankere
Patient & Clinical Records Received by : Arif	
Date & Time of Patient Received : 4/6/26. 8:40 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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00177256 IP-00060561 Baby KIARA SAI JITHIN 25-10-2023 2 Y 8 M 9 D (F) Dr. VIDYASAGAR CHANDANKERE	4/7/26 @ 6.23 Am	4/7/26 @ 7.40 Pm
	Transfer Ordered by Dr. Deepthi	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 23	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
Samuel	Dr. Deepthi

Patient & Clinical Records Received by : Ruby. P

Date & Time of Patient Received : 4/7/26 @ 7:40 pm

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

Department: _____

Consultant: _____

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

Pediatric Multiorgan History & Physical Examination

Name : kiarasai jithin Age/Sex 2y8m/F

Information given by: Mother (Good) Relationship

Chief Presenting Complaints & Duration (Chronologically)

Hx pain, swelling, deformity of (L) forearm ∴ 3-4 days

History of present illness :

A 2y 8m old (Girl), who is apparently asymptomatic 3-4 days.

↓

Had Hx trivial fall - few days back

↓

Sustained (L) forearm pain, swelling & deformity ∴ 3-4 days

↓

No Hx fever / Cough / Cold / Other Concerns Now

> NPO Status → Solids (2/4/66) - 10pm
Liquids (2/7/66) - 5AM
(Sweetish)

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

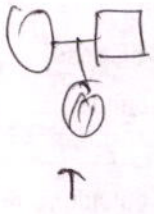
Pediatric Multiorgan History & Physical Examination

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

H/o hospitalised in March 2026 for Adenoviral Acute Respiratory infection

Birth & Neonatal History:

36wks (LSCS) | B.wt - 3.2 kg | CRAG | NICU stay for neonatal jaundice



Birth & Socio Economic History:

About Father : clear
About Mother :
Any additional Information :

Developmental History :

Appropriate for age in all 4 domains

Immunization History :

Received upto date

(P.T.O.)

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 14.5kg (Centile _____)

On Examination :

Temperature : 97.8°F Pulse Rate : 120b/m B.P. 96/70(35) SPO2 98%

Resp.rate and type of breathing : 28b/m

Rash (-)

Lymphadenopathy Swelling of (R) forearm (+)

Oedema :

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : Bl chest moving sy mmetrically

Air entry & breath sounds : AEBS (+) ; Bl NrBS (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection (N)

Palpation : soft non tender, no organomegaly

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

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Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : (N)

Tone: Power 4/5 in (R) UL+ BL LL
3/5 in (L) UL

Co-ordinator : (N)

Posture :

Involuntary Movements : (-)

Reflexes :

DTR 2+ in all 4 limbs **Superficials:** (+)

Plantars flexor

Sensory System : (N)

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

c/o (L) Radius fracture
planned for closed reduction + Casting

(P.T.O.)

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Dr. VIDYASAGAR CHANDANKERE

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further Complications

Desired goals of the treatment : To treat current Condition

(Stb Dr vidyasagar sir @ OPD)

Planned Labs:

CBP
PACV
Rx Consultation

- xray @ Arecanut ✓
(on 2/4/26)

Planned Management ✓

- Shift to ICU on call
- Continue NPO
- Monitor vitals

noted by
Dr Sagar

Signature of the Doctor: .....
Name of the Doctor: Dr Deepthi
Date & Time: 4/4/26

Signature of the Consultant: .....
Name of the Consultant: Dr Vidyasagar
Date & Time: Chandankere

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2Y8M9D (F)
Dr. VIDYASAGAR CHANDANKERE

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: (L) ulna #			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —			
	Surgery / Procedure: closed reduction + casting			Post OP Day:			
BACKGROUND	Date / Shift	4/7/26 OT (M)	4/7/26 M				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	NPO	NBM				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA.				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6 F	98 °F				
	Res:	22 b/m	24 b/m				
	SpO_2:	98%.	99%				
	Pulse:	120 b/m	120 bpm				
	BP:	96/70 mmHg	100/60 mmHg				
	LOC:	conscious	conscious				
	Fall Risk Score:	10	10				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	NPO	—				
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent				
Post Operative Procedure Special Orders:		—	NBM				
Handed Over By Name :		BN Sajay	Sr. Ruby P				
Signature / ID :		021371	POBBT				
Date:		4/7/26	4/7/26				
Time:		7.40pm	@8:40AM				
Taken Over By Name :		Ruby.p	Navi.				
Signature / ID :		POBBT					
Date:		4/7/26	4/7/26				
Time:		@	8:40AM				

nt Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	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:							

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Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby KIARA SAI JITHIN**	**Age :**	**2 Y 8 M 9 D**
IP No:	**IP-00060561**	**Sex:**	**Female**
Consultant:	**Dr. VIDYASAGAR CHANDANKERE**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Divya.
Relationship: Mother.
Date: 4/July/2026 Time: 6:30 am
Witness Name:
Witness Signature:

Patient Address:
GK ZENITH 305 , B BLOCK , BALAJI MAIN ROAD ,SEC-BAD JJ Nagar Colony
Hyderabad Telangana INDIA 500087

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Baby Kiana Sai Gender: ☐ Male ☑ Female Age : 2y

UHID No : 177256 Date : 4/7/26

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)

(L) Forearm Closed Reduction + Casting

upon GA

(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.

Malunion, Compartment Syndrome, Elbow Stiffness.

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 : Divigle

Relationship with Patient: Mother

Date & Time : 4/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Vidhyapriya C

Date & Time : 4/7/2026 8:05 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : KIARA SAI JITHIN Age : 2yr. Gender : Male ☐ Female ☑

UHID NO: VIH V01/77256 Surgeon Name: Dr. Vidyasagar

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Lft Upper limb | ulna Reduction + Casting.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

eneral 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 : Laryngospasm, Bronchospasm.

omments : .....

- 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 KIARA SAI JITHIN 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 : .....

Name : Divya

Relationship with Patient: Mother

Date & Time : 03/July 2026

Witness :

Signature : Vijay

Name : Vijaya Lakshmi

Date & Time : 03/July 2026

Doctor (who is taking the consent) :

Signature : .....

Name : Dr P Madhav.

Date & Time : 03/07/26.

Patient Name : Baby. KIARA SAI JITHIN UHID : VIH-00177256 IPD : IP-00060561 Gender : Female Age : 2 Y 8 M 9 D

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Kiara Age : 2Y Gender: ☐ Male ☑ Female

Date : 4/7/26 Time of Arrival : 6:20AM

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: 97.8°F PR: 120b/m BP: 96/70(78) RR: 22/m SpO_2: 98%

Chief Complaints: Posted for closed reduction + casting

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ 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 : 6:23AM

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 : Samuel

Signature of Triage Nurse : Samuel

Date & Time : 4/7/26 @ 6:23AM

SURGICAL SAFETY CHECKLIST

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

Surgeon : Dr. vidyasagar CH
Asst. Surgeon : –
Anaesthetist : Dr. Akhila
Scrub Nurse : Sr. Ruby. F / Sr. Ruby. P
Date : 4/7/26
Age : 2y Gender : F
Surgery Name : Closed Reduction + Casting
In-time : 8:15 AM Out-time : 8:35 AM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8Am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

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 : Dr-SARITHA

Before Skin Incision ➤➤

TIME OUT Time: 8:15 AM

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Baby Kiara Sai
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site (L) Forearm Closed ☑ Yes ☐ No
- Correct Procedure Reduction + Casting ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ 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
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : [signature]
Name : Asif Hussain

Before Patient Leaves Operating Room

SIGN OUT Time: 8:35 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 : Dr. Vidyasagar

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

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OPERATION NOTES

Surgeon : Dr. vidyasagar chandankere.	Asst. Surgeon :

Pre-Operative Diagnosis: (L) Ulna, Plastic Bowing & Radius Malunion ++

Surgical Procedure : CR + Manipulation + Casting

Indications for Surgery : Malunion.

Date : 4/07/26	Start Time : 8:15 AM	End Time : 8:35 AM

Post Operative Diagnosis: Same

Peri-Operative Complications: Same

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Operation Notes: ↓ GA

* Gentle Sustained 3 point pressure applied to breaks
* Ulna Corrected 50%
* Radius angulation Corrected

by Manual Osteoclasis
- Reduction Acceptable to us Haan 10°.
- Fingers ROM Full
- Below elbow Cast given with good Cast Indices
- Converted to B/E Cast
- Arm Pouch applied

Adv
- Cast care Manual to parents
- Encourage active fingers
- Bivalve the Cast before Xrays
- I V Stand Elevation
- Discharge after 3 hrs
- Monitor Vitals
- Parents counselling done.

Name of the Surgeon: Dr Vidyasagar

Signature of the Surgeon:

Date & Time: 4/2/2026 9:30am

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

c. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/11/26 Time:	8	9	10
Doctor / Nurse / Family Concern?			
Temperature (F)	98.4F	98.4F	98.4F
Heart Rate (bpm) and Blood Pressure (mmHg) *	161/64	100↑/62↓	101↑/60↓
Heart Rate (Number)	85	90	101
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	22	21	22
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%
Conscious Level: Normal / Altered	N	N	N
GCS *	NA	NA	NA
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00177256 IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/7/26	08:00 am		NBM								0	
	09:00 am		Sips of water								0	
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

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
4/7/26 8:30AM	8:30AM	Inj PARACETAMOL	210 mg	IV	Rakesh	Rakesh
4/7/26	8:35AM	SUP DICLOFENAC	12.5 mg	PR	Rakesh	Rakesh

4/7/26

VERIFIED By : Name ..... Signature .....

[illegible] IP-00060561
Baby KIARA SAI JITHIN
25-10-2023 2 Y 8 M 9 D (F)
Dr. VIDYASAGAR CHANDANKERE

REGULAR PRESCRIPTIONS

Weight. .... 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