MLC

Rainbow® Children's Hospital
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Your Right to a Safe Delivery.

ACTIV **NG**

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

Name: -

UHID No.

---------- Consultant : Dr. naveen ---------- Dept : ----------

Date of Admission : 05/07/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 104 Ward : 1st F. 100s Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
05/07/26	9.45 PM	E.R	104	
06/7/26	9:45 AM	104	OT	
6/7/26	12 pm.	OT	104	

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
5/7	CBP		
		26022512	[illegible]
	Cross checked	by [illegible] 7/8/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
Ca/07	Infusion pump	10:55pm	7/7. @ 4AM	3097823	Saluja
	Cross	checked	by	~~[illegible]~~ 7/7/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
05/07/26	IV Placement	1	3097822	
	PAC	(1)	3097825	
	Procedure checked by Dr 7/7/26			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	7/7/26 @10AM -		

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

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SURGERY DETAILS

Date : 6/7/26

Patient Name: Mast Manvik Agarwal Date of Birth: 5/2/2022 Age: 4 yrs

Gender: Male Ward : OT UHID No.: 206610

Date of Surgery: 6/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Debridement + Tendon Repair of K-wire (R) MP

Time in : 10:20 Am

Time Out : 11:00 Am

	NAME	AMOUNT
1. Surgeon	: Dr M.V. Naveen Reddy	Rs - 50,000/-
2. Anaesthetist	: Dr. Madhav	OT charges
3. Assistant Surgeon	: -	-
4. OT Technician	: Tech. Vaishnavi	Manmand bill
5. Circulating Nurse	: Br. Azad	Start tum 10.40Am - 10.50 Am End Tm
6. Assistant Nurse	: Sr. Sheepa / Sr. Ruby F	3097990

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon M.V. Naveen

Signature of Circulating Nurse

Order No: 3097995 / 3097996

Order by: Ruby.f

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

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CONSUMABLES OF OT 6/7/26

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

Ref. No. F/CONB/SUR/OT/02

Mr. Agarwal Age : 4yrs
206610
Time : 10:20am - 11Am

Circulating Staff : Br. ASad Technician : Vaishnavi

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			Cord Clamp		
ECG leads : A/P/N		3 ✓	8 4 4		1 ✓	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		3 ✓		✓	✓	Vaccum Suction Set		
05 cc		3 ✓	Gloves PF 6½ + 7	3 + 2		Surgical Gloves		
02 cc		3 ✓				Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade NO 15		1 ✓	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1 ✓	Koochies			K-wire 1.		1
			Ointments ~~Mupi P-Bact~~		1 ✓			
Needle 26½		1 ✓	Suction Catheter					
Fentanyl			Cap. Mask	10 + 10				
Morphine			Gauze Pack		2 ✓			
Ketamine			Mop Pack		1 ✓			
Propofol		1 ✓	~~Steristrip~~ Alkesorb		1 ✓			
Rocuronium			Underpad		1 ✓			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
O2 mask(P)		1 ✓	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg		1 ✓	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		1 ✓			
[redacted]		[redacted]	Microshield		1 ✓			
0.25 Bupivacaine (Hyp		1 ✓	Cotton Balls					
			Latex Gloves		10 ✓			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Naveen Anaesthesiologist Dr. Madhav Nurse Shreya/Ruby.F OT Technician Vaishnavi

Order No. : 3098003 / 3098010 Ordered by : Ruby.F Manya

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060579	**Ward**	N 1F-FIRST FLOOR
Patient Name	Master MANVIK AGARWAL	**Bed Name**	SR 104
Age/Sex	4 Y 5 M 1 D / Male	**Order No**	0003098003
Date	06/07/2026 13:01	**Prescription No**	PRIP-1294613
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	**Dispensed Date**	06/07/2026 13:01
UHID	VIH-00206610		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			26O525I	05/31	1	563.00	563.00
2	ANAWIN INJ VIAL 0.25% 20 ML	Neon Laboratories Ltd	H	V683002	01/28	1	60.15	60.15
3	BAGTIBADE 2% 5GM OINT	AEQUITAS HEALTHCARE PVT LTD	H	OE5D039	03/27	1	108.36	108.36
4	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP260O1	01/29	1	229.00	229.00
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	1	103.95	103.95
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	2	28.13	56.26
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	1	28.13	28.13
8	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	3	11.25	33.75
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
11	ENCORE MICROPTIC GLOVES 7 PF	ANSEL		260301111T	03/29	2	128.00	256.00
12	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI16062026	04/29	10	10.00	100.00
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	2	100.00	200.00
14	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
15	MCT-ROE 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
16	MONOCRYL 5-0 CUTTING Y844G	ETHICON SUTURES-J&J		10CUBA	12/30	1	1,767.00	1,767.00
17	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	1	949.00	949.00
18	NEEDLE 23 T 1 2INCH	Dispovan	GENERAL	36464M	08/29	1	3.09	3.094
19	NITRILE EXAMINATION GLOVES P F- SMALL	ELITE MEDICALS	GENERAL	26AR0O1	03/29	10	23.43	234.30
20	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
21	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	GG26B040154	01/31	1	460.00	460.00
22	SURGEONS CAP	Mediblue	GENERAL	VI03062026	12/30	10	10.00	100.00
23	SURGICAL BLADE 15	Surgeon	GENERAL	160625	05/30	1	7.67	7.67
24	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	26B7017D10	01/29	3	140.00	420.00
25	UNDER PAD 60X90 10's Pack - MEDICUBE		GENERAL	06260606	05/29	1	146.20	146.20

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Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060579	**Ward**	N 1F-FIRST FLOOR
Patient Name	Master MANVIK AGARWAL	**Bed Name**	SR 104
Age/Sex	4 Y 5 M 1 D / Male	**Order No**	0003098010
Date	06/07/2026 13:44	**Prescription No**	PRIP-1294615
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	**Dispensed Date**	06/07/2026 13:44
UHID	MH-00206610		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	K-WIRE 1.0	Local		1	12/99	1	88.12	88.125
						Total :	**88.12**	**88.12**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060579	**Ward**	N 1F-FIRST FLOOR
Patient Name	Master MANVIK AGARWAL	**Bed Name**	SR 104
Age/Sex	4 Y 5 M 1 D / Male	**Order No**	0003098003
Date	06/07/2026 13:01	**Prescription No**	PRIP-1294613
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	**Dispensed Date**	06/07/2026 13:01
UHID	VIH-00206610		

Total :	**5,145.38**	**6,260.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Name	Master MANVIK AGARWAL	**UHID**	VIH-00206610
Father/Guardian	Mr KARAN AGARWAL	**Age/Gender**	4 Y 5 M 2 D/Male
Address	MARUTHI VILLA NO 6, New Bowenpally, Hyderabad, Telangana, INDIA, 500011		
IP No	IP-00060579	**Admission Date**	05-07-2026
Ref Doctor		**Discharge Date**	07-07-2026

DISCHARGE SUMMARY
MLC No. 1186

Consultant : Dr. M. V. Naveen Reddy
MBBS, MS - General Surgery,
MCh - Plastic Surgery
Plastic Surgeon

Diagnosis: Crush injury over right middle finger

Surgical Procedure: Debridement + suturing + tendon repair + K-wire fixation done under general anesthesia on 06.07.2026

History: Master MANVIK AGARWAL, 4 Y 5 M 2 D male presented with alleged history of crush injury over right middle finger by door on 05.07.2026 at around 7:00pm at residence, New Bowenpally, Hyderabad. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. Heart rate was 96/min, Blood Pressure - 110/60 mmHg and RR - 24/min. Crush injury to right middle finger. 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: 18 kgs.

Name	Master MANVIK AGARWAL	UHID	VIH-00206610

Investigations: Enclosed.

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

Hemogram showed Hb - 11.9 gm%, WBC - 7,440 cell/cmm, Platelets - 3.08 lakh/cmm.

Procedure: Debridement + suturing + tendon repair + K-wire fixation done under general anesthesia on 06.07.2026

Operative Notes:
- Under general anesthesia.
- Debridement + tendon repair + K-wire fixation done.
- Hemostasis ensured.

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

Advice:
1. Diet as advised.
2. Syrup Cefixime (5ml=100mg) 4.5ml, 12th hourly (after food) for 4 days (Refrigerate after reconstitution).
3. Syrup Paracetamol (5ml=240mg) 5ml, (if required) for pain maximum 8th hourly.
4. Kindly consult Dr. M. V. Naveen Reddy, Plastic Surgeon, after one week in OPD with prior appointment (This consultation will be charged).

Name	Master MANVIK AGARWAL	UHID	VIH-00206610

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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.

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

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Sharina Parveen
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

for **Dr. M. V. Naveen Reddy**
MBBS, MS - General Surgery,
MCh - Plastic Surgery
Plastic Surgeon

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
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INSURANCE COPY

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PatientName	: Master MANVIK AGARWAL	**Inpatient No.**	: IP-00060579
Age/Gender	: 4 Y 5 M 0 D/ Male	**Admit Date**	: 05-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :05-07-2026 21:58

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	11.9	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.82	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	**32.3**	**VOL%**	L	34 - 40
MCV (Calculated)	**67.0**	**fL**	L	75 - 87
MCH (Calculated)	24.7	pg/cells		24 - 30
MCHC (Calculated)	**36.9**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	13.3	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	308	10^9/L		150 - 450
MPV (Calculated)	7.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.44	10^9/L		5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**56**	%	H	23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	36	%		35 - 65
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(++) WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206610 IP-00060579
Master MANVIK AGARWAL
Patient Name 05-02-2022 4 Y 5 M 1 D (M) IP.No:
Dr. MADUR VENKAT NAVEEN

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	3	—	—	
5	In-patient Medical Record	3	—	—	
6	Doctors Progress Sheets	1	—	—	
7	Nurses Progress notes	3	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery	1	—	—	
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk	1			
14	Consent for Restraint	1			
15	DAMA Consent				
16	Consent for Special Procedure	1			
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	3	—	—	
21	Pre Operative checklist	1	—	—	
22	Surgical safety Checklist	1	—	—	
23	Operation Theatre notes	1	—	—	
24	Nurses Clinical Presentation				
25	TPR & BP chart	8	—	—	
26	Intake and Output chart (fluid Chart)	2	—	—	
	Drug Chart (Regular prescription)	3	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Humpty - dumpty	1	—	—	
	Thrombophlebitis	1	—	—	
	Braden Score	1	—	—	
	Pain Assessment	1	—	—	
	Others	10	—	—	
	Total No. of Pages	50			

Noted by Beenuka

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

MLC

ADMISSION SHEET

Registration Details :

Admission No : IP-00060579 **Admit Date** : 05-Jul-2026 **Admit Time** : 08:34 PM **UHID** : VIH-00206610

Patient Details :

Patient Name	: Master MANVIK AGARWAL	**Age**	: 4 Y 5 M 0 D
Guardian	: Mr KARAN AGARWAL	**DOB**	: 05-02-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: MARUTHI VILLA NO 6 New Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 9440711111
		E-mail	: NA@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 KARAN AGARWAL **Relationship** : Father

Contact Address : MARUTHI VILLA NO 6 New Bowenpally Hyderabad Telangana INDIA 500011 **Phone No** : 9440711111

Signature

Doctor Details :

Doctor Name : Dr. MADUR VENKAT NAVEEN **Specialisation** : PLASTIC SURGERY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD

Patient Name : Mast. MANVIK AGARWAL UHID : VIH-00206610 IPD : IP-00060579 Gender : Male Age : 4 Y 5 M 0 D

MLC

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

wt - 18 kg

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

EMERGENCY ROOM TRIAGE FORM

Patient's Name : mst. manvik Age : 4y 6m **Gender:** ☑ Male ☐ Female

Date : 5/7/22 Time of Arrival : @ 7.45 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.3°f PR: 96 b/m BP: 108/60 (75) RR: 24 b/m SpO$_2$: 97%

Chief Complaints: laceration of middle finger

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification		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 : 7.50 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bro. Sanjay

Signature of Triage Nurse : Sanjay

Date & Time : 5/7/22 @ 7.50 pm

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

Patient Name : Mast. MANVIK AGARWAL UHID : VIH-00206610 IPD : IP-00060579 Gender : Male Age : 4 Y 5 M

MLC

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 5/7/22 Time of arrival : @ 7.51 PM

Chief Complaints: middle finger Laceration RBS: —

Height : — Weight : 18kg BMI : Head Circumference (<2 years)

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

If yes , identify

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 2 Pain Tool Used: ☐ N.Pass ☑ FLACC ☐ Wong Baker

☐ Character aching ☐ Location middle finger ☐ Frequency Intermitted ☐ 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 family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 2 (Brothers)

Time of Initial assessment completed by ER Nurse : @ 7.55 PM

Patient Name : Mast. MANVIK AGARWAL UHID : VIH-00206610 IPD : IP-00060579 Gender : Male Age : 4 Y 5 M 0 D

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

Time	Nursing Notes
7.45pm	Pt came TO ER.
7.47pm	Pt vitals checked and records Done.
7.50pm	Dr. Prashanti seen the patient Advice Admission.
8.05pm	Pt admission process Done.
8.55pm	Pt IV Palcement Done and Sample Sent TO Lab
9.45PM	Pt shift ER TO 104

Samples collected by: } Bro. Sanjay

Samples sent by : }

Time: 8.55 pm

Time: 9.00 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7.50 pm	SYP. Ibugesic plux	PIO	9ml	Prashanthi	SR

Condition of patient at time of shift - out :	Details of Shift - out
HR: 100 b/m BP: ..... CFT: <2sec	Shift - out from ER to: 104
RR: 22 b/m SPO_2 : 97%.	Time of Shift - out: @ 9.45 Pm
GCS: 15/15 Temperature : 97.3°F	Handover given to: Sis.
Pain Score: 1	(Nurse's Name)
Repeat RBS (if applicable) —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulization Done

Name of the Nurse : Bro. Sanjay Signature of the Nurse : Sanjay

Date & Time : 5/7/26 @ 9:45 Pm

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206610 IP-00060579 Master MANVIK AGARWAL 05-02-2022 4 Y 5 M 1 D (M) Dr. MADUR VENKAT NAVEEN	5/7/26 @ 8:34pm	6/7/26 @ 12pm.
	Transfer Ordered by Dr. Madhav	Reason for Transfer Post Op Care
From Unit OT	To Unit 104	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 ☐

Dr. Naveen

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Maria	Dr. Madhav.

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 6/7/26 @ 12pm

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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PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206610 IP-00060579 Master MANVIK AGARWAL 05-02-2022 4 Y 5 M 1 D (M) Dr. MADUR VENKAT NAVEEN	5/07/26 @ 8:34Pm	06/07/26 @ 9:45AM
	Transfer Ordered by Dr. Shivam	Reason for Transfer Surgery
From Unit 104	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 36	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
Sr. Subham	Dr. Shivam

Patient & Clinical Records Received by :
Azad @ 10:05 am 6/7/26

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

MLC

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206610 IP-00060579 Master MANVIK AGARWAL 05-02-2022 4 Y 5 M 0 D (M) Dr. MADUR VENKAT NAVEEN	5/07/26 @ 8:34pm	05/07/26 @ 9.45pm
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Admission
From Unit E.R.	To Unit 104	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	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
Rajyalaxmi RL	Dr. Prashanthi

Patient & Clinical Records Received by : Manasa

Date & Time of Patient Received : 5/7/26 @ 9:55pm

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

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4Y5M0D (M)
Dr. MADUR VENKAT NAVEEN

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: laceration + suturing tendon repair

Arrival Time: 9:55pm Mode of Arrival: by walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 18 Kg

No Height: ..... cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	No

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 18 kg Length: ..... Head Circumference (< 2 years): Nil

Temp.: 98.3°F HR: 100 b/m RR: 24 b/m BP: 108/60 (70)

Pain Score: 0 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

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

Character of Pain Nil Location Nil Frequency Nil Duration Nil

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
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

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?) ..... 02 .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother .....

Nurse's Name: ..... manaya ..... Date: ..... 5/7/2 ..... Time: ..... 10:10pm ..... Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

Name : manvik Age/Sex 4Y/male

Information given by: mother Relationship ~~mother~~ Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o crushinjury over the (Rt) middle fingers.

History of present illness :

Childhood crushinjury over the (Rt) middle fingers.

on 05/07/26 @ 4:00pm

H/o trapping of fingers in a closing door.

Bleeding +nt.

↓

Controlled ? local application of Adrenalin.

Restriction of movement (+)

Numbness (+)

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

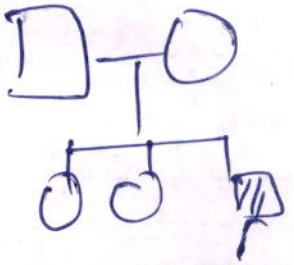
Pediatric Multiorgan History & Physical Examination

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

Not significant.

Birth & Neonatal History:

AT | 2.5kg | LSCS | CIMS | NICU Admission.



Birth & Socio Economic History:

About Father :

About Mother : 6 class III

Any additional Information :

Developmental History :

Development achieved as per Age - In all 4 domains.

Immunization History :

Immunised as per Age - ~~Recommended~~

(P.T.O.)

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 18kgs. (Centile _____)

On Examination :

Temperature : 97.3°F Pulse Rate : 96b/m B.P. 108/60 mmHg SPO2 97%.

Resp.rate and type of breathing : 24B/m.

Rash

Lymphadenopathy

Oedema : ⊖.

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : ⊖

Air entry & breath sounds : B/L AE (+)

Any addes sounds : ⊖.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : ⊖.

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

Per Abdomen :

Inspection (N)

Palpation : P/A: Soft

Ausculation :

Spine : (N) External Genitelia : (N).

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

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4Y 5M 0D (M)
Dr. MADUR VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton : (R) (L)

Tone: (N) Power 5/5 5/5

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR +2/Intact 4 limbs **Superficials:** +nt

Plantars flexor

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Crush injury of the Rt middle finger.

↓

Plantar Cx → Debridement + suturing + tendon repair + k wire repair.

(P.T.O.)

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment : To treat the symptoms.

Planned Labs:

PAE.

- Collect 1plain & 1EDTA.

Xray - Rt hand - done in OPD Basis.

Planned Management

- IVF

- Inj. Cefixione - IV - 12th hrly

- Inj. Paracetamol - IV - 8th hrly

- Rt hand elevation.

- Debridement + Sutures + tendon repair + kwire fixation - T/m @ 9:00 pm.

Signature of the Doctor: .....
Name of the Doctor: Dr. prashanth.
Date & Time: 5/7/26 8:45 pm.

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

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

(1) MLC

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 4pm	C/S/B Resident	
	Crush Injury to finger	
	debridement done.	
	Conscious	Plan
	Afebrile	
	CVS	Inj PCM 6th hly
	RS / NAD	
	P/A	Continue same
		[signature]
		noted by [signature] 6/7/26 11PM

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Resident	
	S: Crush Injury finger	
	- Debridment done	
	- CRT < 3 sec	
	Dressing intact.	
	CVS / RS / PA / CNS — NAD	
	Adv	
	D/C today (Sos)	
Dr [illegible]		
Noted by [illegible] Beronica @ 10AM 7/7/26		

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Crush injury of the (Rt) middle finger			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: Nil			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	5/7/26 N	5/7 N	6/7/26 morning	6/7/26 MY	6/7 M	6/7/26 E
	Medical Condition (Any special condition to be noted):	Nill	Nil	Nil	Nil	Nil	Nil
	Diet:	Normal	N. diet	NBM	N. Diet	[illegible]	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.3°F	98.6F	98.6F	98.6F	98.6F
	Res:	22b/m	23b/m	28b/mt	24b/mt	22b/m	25b/m
	SpO_2:	98%	98%	99%	99%	98%	99%
	Pulse:	97b/m	98b/m	101 b/mt	99b/m	[illegible]	105b/m
	BP:	108/60(75)	103/64(72)	99/61(70)	90/60	91/60(70)	105/70(80)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	2	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nill	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Nill	N. diet	NPO	Nil	Nil	Nil
	Critical Lab Test / Values:	—	Nil	Nil	Nil	Nil	Nil
	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	dependent	Dependent	Dependent	dependent
Post Operative Procedure Special Orders:		Nill	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Sanjay	Manasa	Subham	Mana	Indu	Beulonika
Signature / ID :		[signature]	0101954	17444	018133	060008	B018727
Date:		5/7/26	6/7/26	6/7/26	6/7/26	6/7/26	6/7/26
Time:		@9:50PM	@8AM	@9:45PM	2pm	2pm	@8pm
Taken Over By Name :		Manasa	Subham	Mana	Indu	Beulonika	Manasa
Signature / ID :		0101954	17444	018133	060008	B018727	[signature]
Date:		5/7/26	6/7/26	6/7/26	6/7/26	6/7/26	6/7
Time:		@9:45PM	@8am	9:45pm	@2pm	@2pm	@2pm

VIH-00206610 IP-00060579
Master MANVIK AGARWAL (M)
05-02-2022 4 Y 5 M 2 D
Dr. MADUR VENKAT NAVEEN

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Crushing of the (Rt) middle finger		Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date / Shift	6/7 N	7/7 M				
	Medical Condition (Any special condition to be noted):	Nil	Nil				
	Diet:	S.diet	S.diet				
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:	98.2F	98.6F				
	Res:	20b/m	25b/m				
	SpO_2:	98%	98%				
	Pulse:	100b/m	105b/m				
	BP:	105/71mmhg	103/60(W)				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	11	11				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S.diet	S.diet				
	Critical Lab Test / Values:	Nil	Nil				
	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:		Nil	Nil				
Handed Over By Name :		Anitha	[illegible]				
Signature / ID :		[signature]	[signature]				
Date:		7/7/26	7/7/26				
Time:		@8Am	@1000				
Taken Over By Name :		Beuonika					
Signature / ID :		R018927					
Date:		7/7/26					
Time:		@8am					

Noted by Beroni[illegible] [signature]

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

NURSING CARE RECORD

MLC

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10 pm	→ Relieve pain and discomfort	10:30 pm	→ Administered medications as per drug chart	→ To reduce pain	→ patient is stable	Manasa

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Date: 6/7/26

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	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	→ maintain fluid balance	9AM	→ Administered IV fluid DNS 25ml/hr	→ maintain Hydration	→ Patient is stable	Subh 6/7/26
Afternoon	4pm	→ Maintain fluid Balance		→ Administered IV fluid DNS 20ml/hr	→ Maintain Hydration	Patient is stable	Beunika 6/7/26 @ 8pm
	6pm	→ Ensure Safety		→ Side Rails kept up	→ Prevent From fall Risk		
Night	9pm	→ Maintain Aseptic Technique		→ Maintained Aseptic Technique	→ To prevent infection	→ patient is Stable	Manasa 7/7 @8am

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- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		→ Maintain good Nutritional Status Discharge notes:-		→ To oral Intake is good or care for wards	Provided soft diet	Patient is stable patient is	Benavika 7/7/26 @10am
Afternoon		Stable advice for discharge		]			
Night					Noted Sy @10Am 7/7/26	Drs	

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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THE HUMPTY DUMPTY SCALE 5/7/26

PARAMETER	CRITERIA	SCORE	DATE	DATE 6/7	DATE 6/7	DATE	DATE 7/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None ✓	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None ✓	1	1	1	1	1	1
	Total		11	11	11	11	11

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position	✓		✓	✓	✓	✓
	Call device within reach	✓		✓	✓	✓	✓
	Wheels Locked	✓		✓	✓	✓	✓
	Room free of clutter	✓		✓	✓	✓	✓
	Adequate lighting	✓		✓	✓	✓	✓
	Wheel chair support	✓		✓	✓	X	✓
	Other Intervention(s) Specify	✓		✓	✓	✓	✓
	Nurse's Name:	Rajyalakshmi		Subha	Revanika	Manasa	Brijmy
	Signature:						
	Date:	5/07/26		6/7	6/7	7/7	7/7
	Time:	9PM		@ 9PM	8pm	4am	11am

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CHECKLIST FOR THROMBOPHLEBITIS

VIH-00206610 IP-00060579
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05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

/ THROM / 07

Ward .....

Date .....

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	I.P. No. 17								REMARKS
				5/7/26	6/7	E	N	M				
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	0	0	0	0	0	0				
2	**One of the following signs is evident :** * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / **Observe cannula**	1	–	–	–	–	–				
3	**Two of the following signs are evident :** Pain at IV site Redness	Early stage of phlebitis / **Resite Cannula**	2		–	–	–	–				
4	**All of the following Signs are evident :** Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannual Consider Treatment	3	–	–	–	–	–				
5	**All of the following Signs are evident and Extensive :** Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site **Cannula Consider Treatment**	4	–	–	–	–	–				
6	**All of the following Signs are evident and Extensive :** Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced Stage of thrombophlebitis / **Initiate treatment Re site Cannula**	5	–	–	–	–	–				

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

Signature of Shift In Charge :

Signature : ..... Name Rajyalaxmi

Signature of Ward In Charge :

Signature : ..... Name elizabeth

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
05/07/26	9PM	02	finger	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☑ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	syp. Ibogesic plus 9ml P/o given	[signature]
6/7/26	9AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
6/7/26	8pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
7/7/26	4Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
7/7	10am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

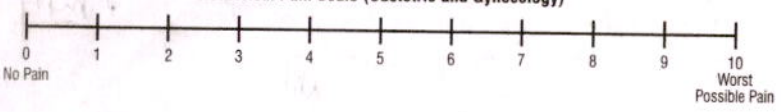
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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BRADEN 'Q' SCALE

					Date : 5/09/26	6/7/26	6/7	7/7
					Time : 9pm	9AM	8pm	9AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	1	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE 28	25	25	25
					Evaluator's Name			

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

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

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 5/7 Time: 10:10pm	Date: 6/7 Time: 10pm	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0				
	Total Score		0	0				
	Signature of the Nurse							

Intervention: NIL

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master MANVIK AGARWAL**	**Age :**	**4 Y 5 M 0 D**
IP No:	**IP-00060579**	**Sex:**	**Male**
Consultant:	**Dr. MADUR VENKAT NAVEEN**	**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 also 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: ~~Mo~~ Kiran Agarwal
Relationship: Father
Date: 05-07-2026 Time:
Witness Name:
Witness Signature:

Patient Address:
MARUTHI VILLA NO 6 New Bowenpally
Hyderabad Telangana INDIA 500011

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Naveen
Asst. Surgeon : –
Anaesthetist : Dr. Madhav
Scrub Nurse : Sr. Ruby P.

Patient Name :
UHID No. VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN
Date : .....

..... Gender : .....
.....
t-time : .....

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Before Induction of Anaesthesia ➤ ➤ 10

SIGN IN Time: 10 AM

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 : Dr. Madhav
Name : Dr. Madhav

Before Skin Incision ➤ ➤ 20

TIME OUT Time: 10 AM

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? ☑ 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 : Dr. Madhav
Name : Dr. Madhav

Before Patient Leaves Operating Room

SIGN OUT Time: 11 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 : Dr. Naveen
Name : Dr. Naveen

MLC

MLC

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Manik Agarwal Age : 4yr

Gender : M☑ F☐ - IP No : VIH-0V206610 Consultant : Dr. Naveen

Ward / Bed No. : Anaesthesiologist : Dr. Madhav

Operative procedure planned : Debridement + Suturing + Tendon repair + K-wire repair

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 / RTA

☐ Incapacitating COPD ☐ Others : .....

Comments : laryngospasm, bronchospasm

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Manik Agarwal the above mentioned operation I Diagnostic I Therapeutic procedures Debridement + Tendon repair + K wire repair

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 I 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 / MAC 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 : Karan Agarwal
Relationship with Patient: Father
Date & Time : 6/7/26 10:00 AM

Witness :
Signature : Pooja Agarwal
Name : Pooja Agarwal
Date & Time : .....

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Akhila. K.
Date & Time : 6/7/26 10:05 AM.

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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mast. Manvik Agarwal Gender: ☑ Male ☐ Female Age : 6 yrs

UHID No : 206610 Date : 6/7/26.

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)

Rt Hand MF Compound # Reduction + K-wire + Tendon repair 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.

Infection, Sepsis, Delayed healing, Malunion, Nonunion, Tendon injury

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 : .....

Patient Attendant :

Signature : .....

Name : Karan Agarwal

Relationship with Patient: Son

Date & Time : 6/7/26, 10Am

Witness :

Signature : Pooja Agarwal

Name : Pooja Agarwal

Date & Time : 6/7/26, 10Am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Naveen Reddy

Date & Time : 6/7/26, 10am.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Master Manvik Agarwal Age: 4 yr. Sex: male UHID.No : VIH-DD2D6610

Date: 05/07/26 Time: 10.00 PM. Proposed Operation: Debridement + Suturing + Tendon Repair + K wire repair

Diagnosis: Crush injury over the (R) middle finger.

B.P / CRT: 108/60 H.R: 96/m Weight: 16 kg 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: NKDA.

Medical History: CVS : no active cardio Respiratory complaints.

RESP :

CNS : Crush injury over (R) middle finger on 05/07/26 @ 7.00 PM.

Renal :

Hepatic / GE : H/o trapping of finger in a closing door.

Others :

Past Anaesthetic History: Restricted movement cast (+).

FT/LSCS/Bwt-2.5kg/ CIAG/ Immunized till date/ no developmental delays.

Physical Activity: Meets age

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3f Mentohyoid Distance: (W) Neck: (W) Teeth: Pulpel.

Lungs : BAE (+), clear.

Heart: S1S2 (+)

CNS: GMF (+). Active child.

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : (+). Spine Exam for regional : (W).

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

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

CURRENT MEDICATIONS	DOSAGE
INJ. CEFTRIAXONE	900 mg IV 12 HRLY.
INJ. PARACETAMOL	250 mg IV 8 HRLY.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours / explained → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient parents.
5. Other Instructions:
   - ✓ CBP after cannulation.
   - ✓ consent to be taken.

Solids, milk + HH 5.30 AM → 11.30 AM

9.30 AM water, ORS, coconut water

Signature: Name: DR. M. VIGNESHA

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

Master MANVIK AGARWAL IP-00060579
05-02-2022 4 Y 5 M 1 D
Dr. MADUR VENKAT NAVEEN (M)

ANAESTHESIA CHART

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Pre Induction Assessment:

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

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

H.R: 98/min — B.P / CRT: 101/46 — SpO_2: 100% — R.R: 14/min — Last Feed: >6hr.

Pre-OP Diagnosis: Crush injury Right middle finger — Operation: Debridement + K wire + suturing — Date: 06/07/26

Surgeon: Dr. Naveen — Anaesthesiologist: Dr. Madhav — Technician: Vaishnavi

TIME	10:15	10:30	(11)
N_2O / AIR / O_2 LPM	3L		
HALO / ISO / SEVO			
Drugs:			
PROPOFOL 50+20mg IV			
MIDAZOLAM 0.4mg IV			
FENTANYL 40mcg IV			
FiO_2 / SaO_2	100	100	100
$ETCO_2$	+	+	+
ECG	NSR	NSR	NSR
Temperature			
Urine Output			
Fluids / Blood			

Antibiotic:

Suppository: DICLOFENAC 12.5mg PR

Blood Loss:

NOTES:

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240; systolic ~100, heart rate ~80, diastolic ~60 plotted)

Tourniquet on Time / Tourniquet off Time

Throat Pack In / Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: LUL
☐ Art Site: ....
☑ EKG Lead 3 leads
☑ Temp Site
☐ FiO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ 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: 10:20AM
OP Start: 10:30AM
OP End: ....
Leave OR: 11:00AM

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 22G LUL
☐ 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:
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: ....
Signature of the Doctor: [signature] Dr P Madhav

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

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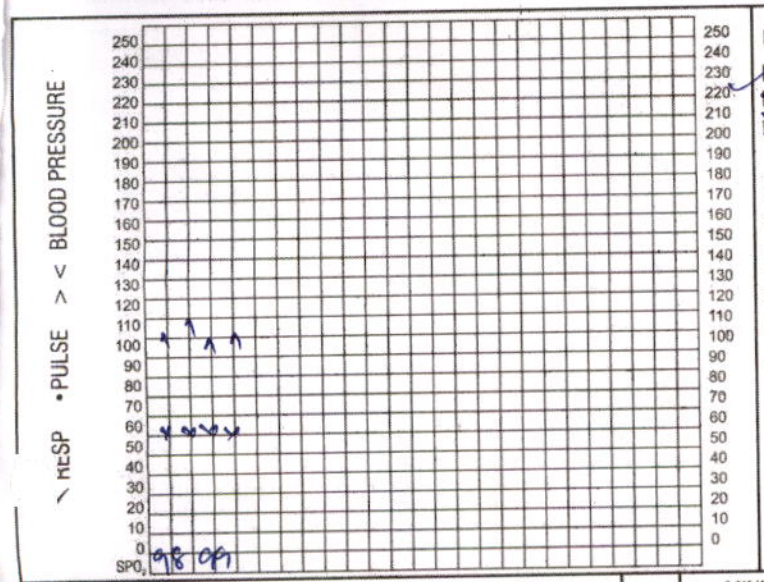
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Mania Time Received : 11:10 AM Time Discharged : 12:00pm



IV Cannula Site : -

- ☐ O2 Mask
- ☑ Nasal Prongs
- ☑ Tracheostomy
- ☑ T-Piece
- ☑ Oral Airway
- ☑ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: No drug administered
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: -
Oral Feeds: Water

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	2	2	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	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	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2	
		TOTAL	9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7/26	12pm	0	-	

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

Anaesthesiologist Name : Dr. Madhavi Achi's
Anaesthesiologist Signature:
Date & Time: 6/7/26 @ 12pm

PACU Nurse Name : Sr. Mania
PACU Nurse Signature:
Date & Time: 6/7/26 @ 12pm

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): Sr. Mania
Date & Time: 6/7/26 @ 12pm

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 2 D (M)
Dr. MADUR VENKAT NAVEEN

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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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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Dr. MADUR VENKAT NAVEEN

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 6/07/26

Be Filled In By Assigned Nurse:

epartment: 1st floor Duration of Procedure : 40 min

Name of Surgeon: Dr. Madur venkat Naveen Date of Admission : 5/07/26

Bundle Care Criteria: (Tick (√) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☐ Yes ☑ No ☐ Single Dose Antibiotic Or ☐ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☐ Yes ☑ No Name of the Antibiotic: Not Applicable	
2.	Hair Removal ☐ Yes ☑ No If Yes: ☐ Surgical Clipper Department where Hair Removed: ☐ Ward ☐ Operating Room ☐ Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☐ Oral Or ☑ Tympanic (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: ..... Date & Time of antibiotic administration: ..... Date & Time procedure started: 6/7/26 @ 10:20 am	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

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OPERATION NOTES

Surgeon : Dr. V N Aneesh Reddy	Asst. Surgeon : —
Pre-Operative Diagnosis: (R) Head MP Compound # PP & Tender Lt Ft	
Surgical Procedure : Debridement + Tendon Repair # Lt Knee	
Indications for Surgery : — Do —	
Date : 6/2/26	Start Time : 10:20 Am / End Time : 11:00 Am.
Post Operative Diagnosis:	
Peri-Operative Complications:	
Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Operation Notes:	
Debridement + Tendon repair # Lt knee	
Suturing	

- NBM till - the after the
- I/v fluids DNS - cont the
- Rech c Tall
- vitals - hourly
- Inform S/r

Name of the Surgeon: M. V Naveen Reddy

Signature of the Surgeon: M.V. Naveen

Date & Time:

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D
Dr. MADUR VENKAT NAVEEN (M)

: 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 : 5/7/26. Time:			11 pm	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?							
Temperature (°F)	104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94		98.6°F	98.6°F	97.6°F	98.2°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50		105 (70) / 61			105 (70) / 66	
Heart Rate (Number)			92	100	102	98	96
Resp. Rate (bpm) (over 1 Minute) *	70 / 60 / 50 / 40 / 30 / 20 / 10						
Resp Rate (Number)			25	26	25	24	24
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)			98	99	98	97	98
Conscious Level: Normal / Altered			N	N	N	N	N
GCS *			15	15	15	15	15
TOTAL SCORE Number of shaded boxes			0	0	0	0	0
Pain Score			0	0	0	0	0
Observer's Initials			MO	MO	MO	MO	MO

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-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

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 : 6/7/26 Time: 9 10 11 1 3 5 7 9 11 1 4 7

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

Temperature (°F)

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number) 102 [illegible] [illegible] 102 100 108 103 98 105 102 100

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number) 20 [illegible] 20 [illegible] 26 28 26 25 26 26 25

Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	99	[illegible]	98	98	99	99	98	97	98	97	98
Conscious Level: Normal / Altered	P	[illegible]	P	N	N	N	N	N	N	N	N
GCS *	15	[illegible]	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	[illegible]	0	0	0	0	0	0	0	0	0
Pain Score	0	[illegible]	0	0	0	0	0	0	0	0	0
Observer's Initials	SK	[illegible]	SK	B	B	B	MA	MA	MA	MA	MA

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-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

: RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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ARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/7/26 Time:	9 am	11 am	
Doctor / Nurse / Family Concern?			
Temperature (°F) (104–94)	98.6°F		
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring			
Heart Rate (Number)	105		
Resp. Rate (bpm) (over 1 Minute) * (70–10)			
Resp Rate (Number)	25		
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	98		
Conscious Level — Normal	N		
Conscious Level — Altered			
GCS *	15		
TOTAL SCORE Number of shaded boxes	0		
Pain Score	0		
Observer's Initials	Bindu		

Noted by Dr. Bindu @ 10 AM 7/7/26

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

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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-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

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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 :**					0	
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am		N	25ml								
	06:00 am		P									
	07:00 am		O	25ml								
Total Intake :						**Total Output :**						

evaluated 6/4/26 @ 7AM

Total 24 hrs. Intake	50ml	Total 24 hrs. Output	

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Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

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FLUID CHART

Sheet No. : .....

6/7/26

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	DNJ	N.G							
6/7	08:00 am		NBM	25ml								
	09:00 am		NPO	25ml						✓		
	10:00 am		NBM									
	11:00 am		Water									
	12:00 pm											
	01:00 pm											
Total Intake : 50ml						**Total Output :**						
6/7/26	02:00 pm			20ml								
	03:00 pm			20ml						✓		
	04:00 pm			20ml								
	05:00 pm			20ml								
	06:00 pm			20ml						✓		
	07:00 pm											
Total Intake : 200 ml						**Total Output :**						
6/7	08:00 pm		Rice	40ml						✓		
	09:00 pm			40ml								
	10:00 pm		Tea	40ml								
	11:00 pm		water	40ml								
	12:00 am			40 ml						✓		
	01:00 am											
Total Intake : 200ml						**Total Output :**						
7/7	02:00 am			40ml								
	03:00 am			40ml								
	04:00 am			40ml						✓		
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake : 120ml						**Total Output :**						

Bandhika 7/6 @7pm

Manasa 7/7 @8am

Total 24 hrs. Intake	370 ml	Total 24 hrs. Output	6 f°mes

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 1 D (M)
Dr. MADUR VENKAT NAVEEN

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MLC

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	

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

Patient ...
VIH-00206610 IP-00060579
Master MANVIK AGARWAL (M)
05-02-2022 4 Y 5 M 2 D
Dr. MADUR VENKAT NAVEEN

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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**	

VIH-00206610 IP-00060578
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N.O ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... E.R ..... Shifted to: ..... 104 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Mashood .....

Date & Time : ..... 05/07/26 @ 8.35 PM .....

Nurse Name & Signature: ..... Rajyalaxmi RN .....

Date & Time : ..... 05/07/26 @ 8.50PM .....

VIH-00206610 IP-00060579
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05-02-2022 4 Y 5 M 0 D (M)
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MLC

DRUG CHART

Date of Admission: 5/7/2026 Drug Allergies: NKY ☐ 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 ....

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

REGULAR PRESCRIPTIONS

Weight. 18kgs. Ward. .....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
900mg.	IV	12thly	5/7/22

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth

Additional Instructions: 25-50mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date	5/7	6/7	7/7
Time			
6AM	Sadiya	Sadiya	
10.30 PM	Sadiya		
6PM			

Verified Dr. Rishika Clinical Pharmacologist

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
250mg.	IV.	8thly	5/7/22

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth

Additional Instructions: 10-15mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date	5/7	6/7
Time		
6AM	Sadiya	
1PM		
2PM		
10PM		

Stopped DShivi

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Date
250mg	IV	6thly	6/7

Name & Signature of the Doctor Starting the Drugs: DShivi

Additional Instructions: 10-15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	6/7	7/7
Time		
12 AM	Sadiya	
6 AM	Sadiya	
12 PM		
6 PM		

Verified Dr. Rishika Clinical Pharmacologist

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 2 D (M)
Dr. MADUR VENKAT NAVEEN

MLC

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
05/7	8:00 PM	Syp. PARACETAMOL + IBUPROFEN (Ibugesic plus)	9 ml	PO	[signature]	[signature] Sanjay [signature] 5/7/…
06/07	11:00 AM	Syp. DICLOFENAC	12.5mg	PR	[signature]	Vaish Azad. [signature] 6/7/…

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

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

I.V. FLUIDS CHART

Weight. 18 kgs 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
5/7/24	5:00 AM	Ivf- DNS (2/3rd m)	Iv.	25	[signature]	[signature]	6/7/24	[signature]	[signature]
6/7/24	12:00 pm	IV Fluid DNS	IV	40	[signature]	Sudhan / Brijmohan	[signature]	[signature]	[signature]

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

VIH-00206610 IP-00060579
Master MANVIK AGARWAL
05-02-2022 4 Y 5 M 0 D (M)
Dr. MADUR VENKAT NAVEEN

(1)

MLC

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RESULT SHEET

Date	05/07					
Time	9:58 Am					
Hb	11.9					
PCV	32.3					
RBC	4.82					
WBC	7440					
N/L	55.9/35.8					
Platelets	3.08					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....