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ACTIVITY RECORD FOR BILLING

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Name: ------

UHID No : --

-------- Consultant : ---------- Dept : ---ER---

Date of Admission : --29/6/26-- Time : ---8:42 Pm--- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/06/26	10:05Am	ET	OT	Nagam
29/6/26	5:59 pm	OT	Room(BO)	OT Nurse

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
29/6/26	CBP	26021834	
	Cross checked by [illegible] 30/6/26		

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	IV Placement	(1)	3095623	
	PAC done in OPD Bed	(1)	3095618	
	Cross checked by [illegible] 1/7/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 01/7/26 10:40 Am		

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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SURGERY DETAILS

Date : 29/6/26

Patient Name: Master U. Advaith Chandra Date of Birth: 03/09/2017 Age: 8y

Gender: Male Ward : OT UHID No.: 205373

Date of Surgery: 29/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Hypospadias Repair (Single Stage)

Time in : 10:45 am Time Out : 02:30 pm

		NAME	AMOUNT
1.	Surgeon	Dr. Jyoti Bothra	OT - Charge
2.	Anaesthetist	Dr. Madhav	
3.	Assistant Surgeon	—	
4.	OT Technician	Br. Rakesh	
5.	Circulating Nurse	Br. Arif	
6.	Assistant Nurse	Sr. Sheepa / Sr. Ruby. P	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3095794 / 3095795 Order by: Ruby. Florence

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Patient Name :

IP.No:

Ward:

DOA:

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	02	—	—	
4	Patient Trasfer Forms	02			
5	In-patient Medical Record				
6	Doctors Progress Sheets	02	—	—	
7	Nurses Progress notes	02	—	—	
8	Consultation Sheets			—	
9	General Consent for Treatment				
10	Conset for Surgery	01	—	—	
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	02	—	—	
20	Anaesthesia notes(Pre Anaesthesia & Post)	01			
21	Pre Operative checklist	01	—	—	
22	Surgical safety Checklist	01	—	—	
23	Operation Theatre notes	01	—	—	
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	—	—	
26	Intake and Output chart (fluid Chart)	02	—	—	
	Drug Chart (Regular prescription)	02	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form	—	—	—	
	HumPty DumPty	02	—	—	
	Pain assessment	03	—	—	
	Thrombophlebitis	01	—	—	
	Braden Q scale	01	—	—	
	other				
	Total No. of Pages	34			

marked by @ 8 Am 1/7/26

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060511 **Admit Date** : 29-Jun-2026 **Admit Time** : 08:42 AM **UHID** : VIH-00205373

Patient Details :

Patient Name	: Master UPPALA ADVAITH CHANDRA	**Age**	: 8 Y 9 M 26 D
Guardian	: Mr UPPALA SRINIVAS	**DOB**	: 03-09-2017
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO. 8-9-209/1/1, TNGO'SV COLONY BHAGATH NAGAR, KARIMNAGAR Karimnagar Hyderabad Telangana INDIA 505001	**Phone No**	: 9849463359/
		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 UPPALA SRINIVAS **Relationship** : Father

Contact Address : H NO. 8-9-209/1/1, TNGO'SV COLONY BHAGATH NAGAR, KARIMNAGAR Karimnagar Hyderabad Telangana INDIA 505001 **Phone No** : 9849463359

U. Srinivas

Signature

Doctor Details :

Doctor Name	: Dr. JYOTI BOTHRA	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00 **Payor Name** : SELFPAY

Patient Name : Mast. UPPALA ADVAITH CHANDRA UHID : VIH-00205373 IPD : IP-00060511 Gender : Male Age : 8 Y 9 M 26 D

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. U. Advaith Age : 8 yrs Gender: ☐ Male ☐ Female

Date : 29/6/26 Time of Arrival : 8:50 AM

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

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

Mode of Arrival : ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.3°F PR: 105 b/m BP: 109/72 (88) RR: 27 b/m SpO2: 100 %

Chief Complaints: C/O Come for Surgery HPS Repair

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☒ Normal
☐ Sick Looking

Circulation / Colour
☒ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☒ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☒ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☒ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:54 Am

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Lizon

Signature of Triage Nurse : .....

Date & Time : 29/06/26 @ 8:54Am

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

Patient Name : Mast. UPPALA ADVAITH CHANDRA UHID : VIH-00205373 IPD : IP-00060511 Gender : Male
Age : 8 Y 9 M 26 D

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/06/26 Time of arrival : 8:56Am

Chief Complaints: Came for Surgery HPS repair RBS: -

Height : 130cm Weight 25.6Kg BMI : - Head Circumference (<2 years) -

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

If yes , identify -

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

☐ Character - ☐ Location - ☐ Frequency - ☐ Duration -

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ No
- Weak ☐ Yes ☐ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 8:56Am

Patient Name : Mast. UPPALA ADVAITH CHANDRA UHID : VIH-00205373 IPD : IP-00060511 Gender : Male
Age : 8 Y 9 M 26 D

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

Time	Nursing Notes
8:50Am	Patient Came to ER.
8:52Am	Vitals checked and recorded.
8:55Am	Admission proces done
8:56Am	Last food 9:30 pm @ 28/06/26
	Last water 4:30 Am
9:00Am	IV placement done
9:15Am	Samples sent to Lab.
9:30Am	Shifted to OT.

Samples collected by: } Sr. Kiran Time: } 9:20 Am
Samples sent by : } Time: } 9:25Am

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 105b/m BP: 109/72 (10) CFT: -	Shift - out from ER to: OT
RR: 22b/m SPO_2 : 98b/m	Time of Shift - out: 29/6/26 @ 10:05Am
GCS: 15 Temperature : 98.3 F	Handover given to: Br. Kreef
Pain Score: 0	(Nurse's Name) By. Sr. Nagmani
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Sr. Nagmani Signature of the Nurse : Nagm

Date & Time : 29/6/26 @ 8:58Am

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205373 IP-00060511 Master UPPALA ADVAITH CHANDRA 03-09-2017 8 Y 9 M 26 D (M) Dr. JYOTI BOTHRA	29/06/26 @ 8.42 PM	29/06/26 @ 10.05 AM
	Transfer Ordered by: Dr. Prashanthi	Reason for Transfer: Surgery
From Unit: ER	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films: -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr- Nagmani	Dr. Prashanthi

Patient & Clinical Records Received by : Sr- Asuf

Date & Time of Patient Received : 29/6/26, 10.05 a.m.

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205373 IP-00060511 Master UPPALA ADVAITH CHANDRA 03-09-2017 8 Y 9 M 26 D (M) Dr. JYOTI BOTHRA	29/6/26 @ 8:42 AM	29/6/26 @ 5:56 pm
	Transfer Ordered by Dr. Madhav	Reason for Transfer Post Operative Care
From Unit OT	To Unit Room (130)	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. Jyoti Bothra

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pratyusha	Dr. Madhav

Patient & Clinical Records Received by :

manisha

Date & Time of Patient Received : 29/6/26 @5:56 pm

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Department: _____

Consultant: _____

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Name : Mast Advaith Age/Sex 8y8m/M

Information given by: Mother Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

c/o mid penile HPS

History of present illness :

Mast. Advaith is a 8y8m old male child is a case of mid penile hypospadias ~~was~~ since admitted birth now admitted for.

single stage / 2 stage HPS repair.

USG KUB : 5.6.26.

(N)

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

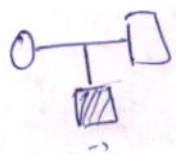
Pediatric Multiorgan History & Physical Examination

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

Nil significant

Birth & Neonatal History:

FT / LSCS / B.wt: 2.3 kg / SGA / admitted in NICU for 3 days i/v/o Hemorrhagic disease of new born / sepsis / perinatal hypospadias / u/c chordal dorsalis / alveica



Birth & Socio Economic History:

About Father :
About Mother : Class - II
Any additional Information :

Developmental History :

dpi for age.

Immunization History :

Immunized till date

(P.T.O.)

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 26 kg (Centile _____)

On Examination :

Temperature : 98.3° F Pulse Rate : 105/min B.P. 109/72 (80) mmHg SPO2 100% RA

Resp.rate and type of breathing : 26/min

Rash

Lymphadenopathy — NAD

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S, S, (+)

Any murmur : no murmurs.

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

Per Abdomen :

Inspection

Palpation :

Ausculation :

Spine : External Genitelia : uriol penile HPS with chordee +1 meatus stenosis dorsal hood adequate

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

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact.

Motor System:

Nutriton :

Tone: Power 4/5 all limbs

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes : ++ | ++ / ++ | ++

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Mid - female HPS now admitted for simple stage / 2 stage HPS explain.

(P.T.O.)

Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A.

Desired goals of the treatment : N/A.

Planned Labs:

- → CBP
- →

Planned Management

- → NBM OVERNIGHT
- → PAC DONE
- → PROCEDURE AT 10:00 AM

Signature of the Doctor: Sameera

Name of the Doctor: Dr. Sameera

Date & Time: 29.6.26 9:30AM

Signature of the Consultant:

Name of the Consultant: Dr. Jyoti. Bothra

Date & Time:

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POST-OP	ORDERS.
	- NO NBM	
	- TPR	
	I/o chart.	
	- I/V Augmentin	450mg Stat
	- I/V PCM 300mg	Stat
	- Double Diaper	
	- R/O SOS	

Noted By
Manisha
29/6/26
@8pm

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2016 8:15 AM.	Urine.—NG drainge. Baby fine no fevers no irritability.	Hypospadias repair POD-1
	UO: 3.7cc/kg/hr	systemic (N)
	Both.	Plan - Continue - Augmentin - PCM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 4pm	S/B Resident Single stage Hypospadias repair - POD 1 Baby active tolerance vitals stable CVS - S_1S_2 (+) P/A - soft R/S - BAE (+) 1) CBT 2) Perform VDS	No fever spikes Plan
morning		

Noted By
Manisha
30/6/26
@8pm

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA (M)
03-09-2017 8 Y 9 M 26 D
Dr. JYOTI BOTHRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/26 10-00Am	S/B Resident	
	D: Single stage Hypospadias Repair	
	POD #2	
	O/E	
	- Af (afebrile), sensitive	
	- wound healthy - no soaking of Dressing	
	- V/O ~ 4.5 ml/kg/hr	
	- Change the Dressing.	
Adv / Plan	Rx c (continue) policy	
	- T Augmentin x 7 days	
	- T Pain (2.5 ml) x 3 days (SOS)	
	- Double diaper	
	- f/u/p (follow up)	
	Adv Thursday - f/u/p	
		Noted by Subha 1/07/26 @ 10 Am

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Hypospadias. | Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: –

Surgery / Procedure: HSP repair Single stage | Post OP Day: –

BACKGROUND

Date / Shift	29/6/26 M	29/6 E	29/6/26 E	29/6 Night	30/6/26 M	30/6/26 E
Medical Condition (Any special condition to be noted):	Nil	–	–	Nil	Nil	Nil
Diet:	NPO	NBM	soft diet	soft diet	soft diet	S. 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.	98.6F	98.6°F	98.6F	98.6°F	98.4F
Res:	22b/m	24bf/mt	27b/m	25 b/m	26b/m	24b/m
SpO_2:	99b/m	98%.	99b/m	99.%.	99.%.	98.%.
Pulse:	105b/m	110bf/mt	105b/m	114b/m	110b/m	112 b/m
BP:	109/72 (80)	102/67 mm	103/77(62)	97/76(87)	100/77(62)	99/64(72)
LOC:	Conscious	Conjms	Conscious	Conscious	conscious	Conscious
Fall Risk Score:	10	15	15	9	9	9
Pain Score:	0	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:	Nil	–	–	Nil	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Nil	NBM	soft diet	S. diet	S. diet	S. diet
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:	Nil		Nil	Nil	Nil	Nil
Handed Over By Name :	Nagma	Vanitha	manisha	Beronika	manisha	manisha
Signature / ID :						
Date:	29/6/26	29/6/26	29/6/26	30/6/26	30/6/26	30/6/26
Time:	@10:05am	@5:15pm	@8pm	@8am	@2pm	@8pm
Taken Over By Name :	manisha	Beronika	manisha	Manisha	manisha	
Signature / ID :						
Date:	29/6/26	29/6/26	29/6/26	30/6/26	30/6/26	30/6/26
Time:	@10:5am	@5:15pm	@8pm	@8am	@2pm	@8pm

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03-09-2017 8 Y 9 M 26 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Hypospadiasis			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —			
	Surgery / Procedure: HSP. Repair.			Post OP Day: —			
BACKGROUND	Date / Shift	30/6 Night	1/7 M				
	Medical Condition (Any special condition to be noted):	Nil.	Nil				
	Diet:	S/D.	S/D				
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:	98.4F.	98.6°F				
	Res:	24 b/m	25 b/m				
	SpO_2:	97%	98 %				
	Pulse:	112	112				
	BP:	89/69(102)	89/69(102)				
	LOC:	Conscious	Concious				
	Fall Risk Score:	9	9				
	Pain Score:	0	0				
	Skin Integrity	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 :		Nirmala.	Sabya				
Signature / ID :		@09:50	14145				
Date:		1/7/26	1/7				
Time:		@8am.	10AM				
Taken Over By Name :		Sabya					
Signature / ID :		14145					
Date:		1/7/26					
Time:		8AM					

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NURSING CARE RECORD

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Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6pm	- Ensure safety		side rail kept up	- prevent from fall risk	- patient is stable	manisha 29/6/26 @ 8pm
Night	11pm	→ maintain good Nutritional status		→ Oral Intake is good	→ Provided soft diet	Patient is stable	Beronika 30/6/26 @ 8am
	1am	→ Provide NG catheter care.		→ Provided catheter care, & double dipper	→ Prevent Infection		

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NURSING CARE RECORD

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Date: 30/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.... Nil
- ☐ 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	9AM	- Maintain Good Nutritional status - Ensure safety		- oral intake is Good - side rail kept up	- provided soft diet - prevent from fall risk	- patient is Stable	Manisha 30/6/26 @2pm
Afternoon	3pm	→ Maintain personal hygiene		→ ~~Edu~~ educated about personal hygiene	→ To prevent infection	→ patient is Stable	Manisha 30/6/26 @8pm
Night	10pm	Maintain personal Hygiene.		Maintained about personal hygiene.	To prevent infection.	Patient is Stable	Manisha 01/7/26 @8am.

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/6	DATE 29/6	DATE 30/6	DATE 30/6	DATE 30/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	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		10	10	10	10	10

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✗	✗	✗	✗	✗
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		✗	✗	✗	✗	✗
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Nagma	manisha	Renuka	manisha	Arielle
	Signature:						
	Date:		29/6	29/6	30/6	30/6	30/6
	Time:		9Am	6pm	2am	11Am	6Am

Docu. No. : RCH /FRM / CLINICAL / 005

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 1/7	DATE 1/7	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2			
	13 years old and above	1					
Gender	Male	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			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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			
	Total		10	10			

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 seat		✗	✗			
	Other Intervention(s) Specify		✓	✓			
	Nurse's Name:		manasa	Sudha			
	Signature:						
	Date:		30/6	1/7			
	Time:		@10pm	10 Am			

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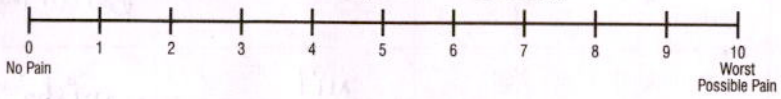
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/26	9Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Nagmani
29/6/26	6pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manishe
30/6/26	2am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Benorika
30/6/26	11Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manisha
30/6/26	6pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
30/6/26	11pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
1/7/26	9 Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

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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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	29/6 DAY-1			30/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–	–	–	–			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–	–	–	–			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–	–	–	–			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–	–	–	–			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–	–	–	–			
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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BRADEN 'Q' SCALE

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					Date : 29/6	29/6	30/6	30/6
					Time : 4 Am	(6pm)	2AM	11Am
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	3	3
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	4	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	24	24
					Evaluator's Name	ND	Bindu	ME

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

OPERATION THEATER NOTES

Patient's Name : UPPALA ADVAITH CHANDRA	**Age :** 8years 9mths	**Gender : M**
UHID : 0205373	**I.P. NO.** «VisitNumber»	**WEIGHT:**

Surgeon : Dr Jyoti Bothra	**Asst surgeon :** Dr	
Anaesthetist : Dr Madhav	**OT Nurse :** S/N	
Surgical Procedure :. Singlr Stage Hypospadias Repair		
Indications for Surgery : Mid Penile Hypospadias		
Anaesthesia - GA		

Date :	**Start time :**	**End time :**
29/6/26.		

PRE-OPERATIVE PREPARATION-
Betadine skin preparation

OPERATIVE NOTES:
Findings: Severe skin Chordee , Mid penile meatus
Procedure notes:
- Glans Stich taken
- IFT no 7 catherised.
- Penile degloving done
- Gitte's test done, no residual chordee
- Urethroplasty done with PDS 6-0
- Glans wings raised.
- Dartos flap raised and covered
-Skin closed in layers
- Catheter fixed
Anaesthesia Uneventful recovery.

POSTOPERATIVE ORDERS
- Nil by mouth for 1 hour
- Inj Augmentin (30mg/kg) thrice a day
- Inj Paracetamol 10mg/kg IV Q8H
- Vitals chart

Dr. JYOTI BOTHRA
Consultants Surgeon's Name
Signature
Date :

Consultant Surgeon's
Time :

Laboratory Report

Master UPPALA ADVAITH CHANDRA	9849463359
8 Y 9 M 26 D	VI26021834
Male	29-06-2026 09:54 AM
IP-00060511	29-06-2026 09:54 AM
VIH-00205373	
Dr. JYOTI BOTHRA	N 0 GF-EMERGENCY / ER 101

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED
HEMOGLOBIN (Colorimetry)	11.5	g/dL	11.5 - 15.5
RBC COUNT (DC detection method)	4.32	10^12/L	4 - 5.2
PCV/HCT (Calculated)	32.1	VOL%	35 - 45
MCV (Calculated)	74.2	fL	77 - 95
MCH (Calculated)	26.5	pg/cells	25 - 33
MCHC (Calculated)	35.8	g/dL	32 - 36
RDW-CV (Calculated)	12.8	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	361	10^9/L	150 - 450
MPV (Calculated)	7.6	fL	6.5 - 10
WBC COUNT (DC Detection Method)	7.03	10^9/L	4.5 - 13.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	44.5	%	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	46.1	%	28 - 48
MONOCYTES (Microscopy, Leishman stain)	7.6	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	0.8	%	1 - 4

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

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 29/06/26

To Be Filled In By Assigned Nurse:

Department: ER

Duration of Procedure : 8hrs 45 mins

Name of Surgeon: Dr. Jyothi

Date of Admission : 29/06/26

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:	Nagma
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: 29/6/26 @ Date & Time procedure started: 29/6/26 @ 10:45am	

- 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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master UPPALA ADVAITH CHANDRA**	**Age :**	**8 Y 9 M 26 D**
IP No:	**IP-00060511**	**Sex:**	**Male**
Consultant:	**Dr. JYOTI BOTHRA**	**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:.....U. Srinivas

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: U. Srinivas

Name: U. Advaith chandra
Relationship: Father
Date: 29-06-2026 Time:
Wittness Name:
Wittness Signature:

Patient Address:
H NO. 8-9-209/1/1, TNGO'SV COLONY
BHAGATH NAGAR, KARIMNAGAR
Karimnagar Hyderabad Telangana
INDIA 505001

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Master Uppala Advaith Cenandra Age : 8 yr. Gender : Male ☑ Female ☐

UHID NO: VIH-00205373 Surgeon Name: Dr: Jyoti Bothra.

Anaesthesiologist : Dr. M. Vineethra.

Operative procedure planned : HPS 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 / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Desaturation, Bronchospasm, Laryngospasm

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Madhavi latha

Name : G. Madhavi latha

Relationship with Patient: Mother

Date & Time : 28/June/26

Witness :

Signature : U. Srinivas

Name : UPPALA SRINIVAS

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : DR. M. VINEETHA

Date & Time : 28/06/26

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Master U. Advaith Chandra Gender: ☑ Male ☐ Female Age : 8y

UHID No : 205373 Date : 29/6/26

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)

Hypospadias Repair Single / Staged Repair upon (Name of the Patient) U. Advaith Chandra

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, fistula, Staged Surgery.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Jyoti Bothra

Consentee :

Signature : /

Name :

Date & Time :

Patient Attendant :

Signature : U. Srinivas

Name : UPPALA SRINIVAS

Relationship with Patient: FATHER

Date & Time : 29/6/26 at 10.40 am

Witness :

Signature : Madhavi Lathe.

Name : Madhavi Lathe.

Date & Time : 29/6/26 at 10.40 am

Doctor (who is taking the consent) :

Signature : Jyoti

Name : Dr Jyoti Bothra

Date & Time : 29/6/26, 10:40AM

PRE - OPERATIVE CHECK LIST

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VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Date : 29/06/26

Patient's Name ..... Age : 8yrs Gender : ☑M ☐F

Blood Group : ..... I.P. No. 60511

Planned Surgery : HPS repair Surgeon : Dr. Jyothi

Anesthetist : ..... Date & Time of Operation : 29/06/26

Tick appropriate boxes :

To befilled by Nurse Incharge / Senior Nurse :

S.No.	Instructions	YES	NO
1	Weight checked and recorded ? Wt - 25.6 kg	☑	☐
2	Is the patient fasting for over 6 hours pre-operatively ?	☑	☐
3	Check pre-OP investigations & results (CBP, Blood Group, BT, CT, PT/APTT Viral Screening , CXR etc) Discuss with Registrar / Consultant	☑	☐
4	Enema given / Bowel Preparation	☐	☑
5	Remove all ornaments, etc and sterile gown given	☑	☐
6	Is Blood arranged as required ?	☐	☑
7	If Blood has been ordered - is Blood bag read ?	☐	☑
8	IV Cannula to be placed / IV Fluids if indicated	☑	☐
9	Pre Anesthetic consultation with anesthesiologist	☑	☐
10	Pre medications given ? (Sedative / etc)	☐	☑
11	Skin Preparation	☐	☑
12	Surgery consent / High Risk consent taken by surgeon ? (Consent should be taken by the operation Surgeon only)	☑	☐
13	Other (if any)	☑	☐

NOTE : If any of above is ticked "No" Discuss with the registrar / consultant immediately

Date : 29/6/26 Time : 9Am

Signature of Nurse in-charges

Verified (NOD)

SURGICAL SAFETY CHECKLIST

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Surgeon : Dr. Jyoti Bothra
Asst. Surgeon :
Anaesthetist : Dr. Madhav
Scrub Nurse : Sr. Sheepa

Age : 8y Gender : M
Surgery Name : Hypospadias Repair
Date : 29/6/26 In-time : 10:30 am Out-time : 2:45 pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:35 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 : B de
Name : Dr. Brunda
29/6/26.

Before Skin Incision ➤➤

TIME OUT Time: 10:30 am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Advaith Chandra
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure Hypospadias ☑ Yes ☐ No

Anticipated Critical Events Repair

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 2 hr 10 ml ☑ 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 :
Name : Arif Hussain

Before Patient Leaves Operating Room

SIGN OUT Time: 2:45 pm.

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 :
Name : Dr. Jyoti Bothra.

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10	11	12 Pm	1 Pm	2	3	4	5	7 pm	10 Pm	1 am	4 am	7 am
Doctor / Nurse / Family Concern?													

29/6/26

Temperature (°F)

	10	11	12 Pm	1 Pm	2	3	4	5	7 pm	10 Pm	1 am	4 am	7 am
	*98.6°F	*98.6°F	*98.6°F	*98.6°F	*98.6°F	*98.6°F	*98.6°F	*98.6°F	*99.0°F	+98.6°F	+98.6°F	+98.6°F	+98.6°F

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

Note: BP does not score in early warning scoring

	10	11	12 Pm	1 Pm	2	3	4	5	7 pm	10 Pm	1 am	4 am	7 am
Heart Rate (Number)	120	123	121	122	123	85	89	86	110	114	105	110	112

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

	10	11	12 Pm	1 Pm	2	3	4	5	7 pm	10 Pm	1 am	4 am	7 am
Resp Rate (Number)	19	16	17	16	19	19	19	19	22	22	25	30	25

	10	11	12 Pm	1 Pm	2	3	4	5	7 pm	10 Pm	1 am	4 am	7 am
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2(l/min) O_2Saturations (%)	98	100%	100%	100%	100%	100%	99	99	99	99	98	99	100
Conscious Level: Normal / Altered	NA	NA	NA	NA	NA	NA	NA	NA	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials									M	B	B	B	B

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-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

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

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/6/26 Time:	9	11	1	3	5	7	9	11	1	4	7
Doctor / Nurse / Family Concern?	Am	Am	pm	pm	pm	pm	pm	pm	AM	AM	AM
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.3°F	98.1°F	98.3°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100 / 77 (62)			103 / 78 (60)			98 / 70 (60)			103 / 71 (66)	
Heart Rate (Number)	103	105	104	109	110	100	103	105	104	100	98
Resp. Rate (bpm over 1 Minute) *											
Resp Rate (Number)	27	29	28	26	25	27	26	27	24	25	24
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	99	99	98	99	98	97	98	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	MA	MA	MA	MA	MA

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 27 D (M)
Dr. JYOTI BOTHRA

No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/9/16 Time: 9

Doctor / Nurse / Family Concern? AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

99.6 99

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

80

Heart Rate (Number) 103

Resp. Rate (bpm over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 19

Resp Distress	Mod/ Severe	
	None / Mild	C
Receiving O_2 (l/min)		
O_2 Saturations (%)		98
Conscious Level	Normal	
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		1
Pain Score		1
Observer's Initials		

noted by Dr duty nurse 10 AM

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
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* 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.

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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)
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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)

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FLUID CHART

Sheet No. : .....

29/6/26

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
29/6/26	08:00 am											
	09:00 am											
	10:00 am		NBM									
	11:00 am		NBM + RC+									
	12:00 pm		NBM									
	01:00 pm		NBM									
Total Intake :						**Total Output :**						
29/6/26	02:00 pm		NBM									
	03:00 pm		~~NBM~~									
	04:00 pm		water (4:15pm)								0	Manisha 29/6/26 @8pm
	05:00 pm		idle (5:30pm)									
	06:00 pm											
	07:00 pm									334ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		RICE curd									
	10:00 pm											
	11:00 pm											
	12:00 am									600ml	0	Bernonika 30/6 @1am
	01:00 am											
Total Intake :						**Total Output :**						
30/6/26	02:00 am											
	03:00 am		water									
	04:00 am											
	05:00 am										0	Bernonika 30/6 @7am
	06:00 am											
	07:00 am									650ml		
Total Intake :						**Total Output :**				4		

Total 24 hrs. Intake		Total 24 hrs. Output	1584 ml

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FLUID CHART

Sheet No. : .....

30/6/26

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	I.V	N.G							
30/6/26	08:00 am		Idly + water									
	09:00 am											
	10:00 am										0	Manisha 30/6/26 @2pm
	11:00 am									100ml		
	12:00 pm											
	01:00 pm									189ml		
Total Intake :						**Total Output :** 289ml						
30/6/26	02:00 pm		Rice + water									
	03:00 pm									185ml		
	04:00 pm											
	05:00 pm									445ml	0	Manisha 30/6/26 @8pm
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** 630 ml						
30/6	08:00 pm		Rice + water									
	09:00 pm									550ml		
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am									434ml		
Total Intake :						**Total Output :** 984 ml					0	Manisha 1/7 @1am
1/7	02:00 am											
	03:00 am		Rice + water									
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am									379ml		
Total Intake :						**Total Output :** 379ml						

Total 24 hrs. Intake		Total 24 hrs. Output	2828 ml

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FLUID CHART

Sheet No. : .....

1/7/26

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	I.V	N.G							
	08:00 am	Idly Dosa										
	09:00 am											
1/7	10:00 am									100ml	0	Boomika 1/7/26 @ 8AM
	11:00 am											
	12:00 pm									189ml		
	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 Sticker

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FLUID CHART

Sheet No. : .....

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

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

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: OT

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		Nil				☐ 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. Prashanthi / Dr Sameera

Date & Time : 29/06/26 @ 9Am

Nurse Name & Signature: Sr. Nagmani

Date & Time : 29/06/26 @ 9Am

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DRUG CHART

Date of Admission: 29/06/26 Drug Allergies: NO ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG :				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 ..... Sig ...

Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

I.V. FLUIDS CHART

Weight. 25.6kg 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
29/6/26	10:45AM	RINGER LACTATE	IV	250ml/HR	B dg		29/6	B dg	
29/6/26	1:15PM	RINGER LACTATE	IV	250ml/HR	B dg		29/6	B dg	

Signature .....

VERIFIED BY : Name .....

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03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

Weight. 25.6kg. Ward. .....

DRUG :	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
29/6	11 AM	SUPP. DICLOFENAC	25MG	P/R	B de	Rakesh Azad
29/6	11:15AM	INJ. AUGMENTIN	750MG	IV	B de	Rakesh Sunil Prashanth Praveen
29/6	1PM	INJ. PARACETAMOL	375MG	IV	B de	Praveen
29/6	11:30AM	INJ DEXAMETHASONE	2.5MG	IV	B de	Vaishnavi Parimala

Chitti 29/6/17

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

VIH-00205373 IP-00060511
Master UPPALA ADVAITH CHANDRA
03-09-2017 8 Y 9 M 26 D (M)
Dr. JYOTI BOTHRA

REGULAR PRESCRIPTIONS

Weight. 25.6kg Ward. .....

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

DRUG : INJ AUGMENTIN. (AMOXICILLIN + CLAVULANATE)

Dose	Route	Frequency	Start Date
750mg	IV	8th hourly	29/6

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

Additional Instructions: 80mg/kg/dose

Date / Time: 29/6 — 6 AM, 2 PM, 10 PM — ESW, ESW, ESW — 30/6 — ESW — 1/7 — ESW

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
300mg	IV	8th hourly	29/6

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

Additional Instructions: 10-15mg/kg/dose

Date / Time: 29/6 — 6 AM, 2 PM, 10 PM — ESW — 30/6 — ESW

S — 7 Doses — 30.6.26 — P

Daily Doctor's Endorsement by a Sign

DRUG : SYP. PARACETAMOL (5ml - 240 mg)

Dose	Route	Frequency	Start Date
7.5ml	PO	6th hrly	30/6

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

Additional Instructions: 15 mg/kg/dose.

Date / Time: 30/6 — 12 AM, 6 AM, 12 PM, 6 PM — ESW, ESW — 1/7

Daily Doctor's Endorsement by a Sign

ESTIMATION SLIP

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Date : 28/06/26 UHID/IP No.: VIH-00205373 Sl. No.: 29113

Name of Patient: Mast Advaith Chanda Age: 8yr. Gender: M

Father's / Husband's Name: Mr. V. Srinivas Corporate/Occupation: Pvt.

Address: Karim Nagar Phone: 9849463359 Email:

Procedure/Plan: Single Stage 1 Hps Repair DOS:

MODE OF PAYMENT : ☑ SELF ☐ TPA : CASH ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : Dr. Jyothi bathra

	ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day)	Room Rent & Nursing Charges	1	7	12 Noon		to				
	Doctor's Fee	1	7	12 Noon		Billing				
	L. Tax	790								

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	2,10,000/-
O.T Consumables	10,000/-
Instrument Charges	
Pharmacy, Consumables & Investigations	

Subject to approval by TPA/Insurance Company
Not Covered by TPA/Insurance Company
★ As per actual – Not Included In Estimation

Equipment Charges				
	Monitor : 1,500/-	Oxygen:	Infusion Pump/Syringe Pump: 900/-	
	Ventilator	Conventional:	HFO-SLE 5000:	HFO-Sensormedix:
	Phototherapy	Single Surface:	Double Surface:	Triple Surface:

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	★ As per actual – Not Included In Estimation
Package NHA - 1,500/-	MRD - 2,500/- Consultant 250/day
Others 5% D-A, 5% GST	
Initial Minimum Deposit	2,00,000/-

REMARKS :

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I Mr. Srinivas have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

V. Srinivas — Kalyan

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor