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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVI VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA
NG

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

UHID No : ---------- Consultant : ---------- Dept : Pediatrics.

Date of Admission : 8/7/26. Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	3:40 PM	CIR	OT	
8/7/26	6:45 PM	OT	113	

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
8/7	CBP	26022816	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7/26	IV placement	1	3099323	Sr. Shantha
	PAC	(1)	3098952	
	Cross checked by Elizabeth V			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth		

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SURGERY DETAILS

Date : 8/7/26

Patient Name: Baby Aradhya Kovuri Date of Birth: 26/09/2014 Age: 11Y

Gender: Female Ward : OT UHID No.: 53554

Date of Surgery: 8/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : HYMENECTOMY

Time in : 4:00 Pm Time Out : 4:45 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. Amit / Israel	
6.	Assistant Nurse	Sr. Sherpa / 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: 3099038 / 3099039 Order by: Ruby. P

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

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CONSUMABLES OF OT 8/7/26

Patient Name : .... Age : ....

Gender : VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI. 11 Y 9 M 12 D (F)
Date : 26-09-2014
Dr. JYOTI BOTHRA

4.10pm - 4.40 pm

Circulating Staff : [illegible] .... Technician ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube (5.5) cuffed		1	Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		3				Suction Catheter		
HME filter : [illegible]		[illegible]				Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		5	Gloves PF 6	3		Surgical Gloves		
02 cc		5	8-9-6	2		Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade NO 11		1	Surgical Blade # 20		
IV set		1	NG tube NO 7		1	Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			Proto gocens		3
Rolipara		1	Ointments					
			Suction Catheter			Cox Jelly		1
Fentanyl			Mask	[illegible]	10			
~~Morphine~~ Nasopharygeal (22)		1	Gauze Pack		2			
~~Ketamine~~ O2 mask (A)		1	Mop Pack		1			
Propofol		2	~~Steristrip~~ Alkasorb		1			
Rocuronium		1	Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate		1	Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Acqumentin (1.2)		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	~~Plastic Bed Sheet~~ D/A		3			
Tab. Misoprost : 200 mg			Betadine Solution		2			
			Microshield		1			
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral		1			

Surgeon Dr. Jyoti Bothra Anaesthesiologist Dr. Madhav Nurse [illegible] OT Technician

Order No. : 3099086/3099087 Ordered by : [illegible]

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-00060620	**Ward**	N 0 GF-EMERGENCY
Patient Name	Baby ARADHYA KOVURI .	**Bed Name**	ER 102
Age/Sex	11 Y 9 M 12 D / Female	**Order No**	0003099086
Date	08/07/2026 18:56	**Prescription No**	PRIP-1295070
Payor	VIDAL HEALTH INSURANCE TPAPVT LTD	**Dispensed Date**	08/07/2026 18:57
UHID	VRCH.0000053554		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AEQUIBERTIN INJ 1.2GM	AEQUITAS HEALTHCARE PVT LTD		G3626O6B	12/27	1	150.22	150.22
2	ALLESORB CORE TURNAROUND COVER 40x102IN			26062OI	06/31	1	563.00	563.00
3	BACTOKEEP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
5	DISPOSABLE APRONS STERILE	Mediblue		26060103	05/28	3	120.00	360.00
6	DISPOSABLE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	5	28.13	140.65
7	DSYRINGE 5ML(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	5	21.56	107.80
8	DSYRINGES 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	5	11.25	56.25
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
10	ENDOSCOPIC MICROPTIC CLOSED SHEATH	ELITE MEDICALS	GENERAL	230301041T	03/29	3	128.00	384.00
11	ENDOTRACHEAL TUBE 5 MM WITH CUFF	SMITHS & Nephew		250700Z	06/30	1	348.00	348.00
12	FACE MASK 3LAYER THREE PLY	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
13	GAUZE PIECE 10 X 10 CM 12PLY X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	2	100.00	200.00
14	INFANT FEEDING TUBE-7	ROMSONS	GENERAL	G26B010270	01/31	1	63.00	63.00
15	INTRAVENOUS (TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
16	JOHNSON SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
17	MAGNEX INJ 1GMG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	2	69.10	138.20
18	MASK OXYGEN SUPPLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	1	949.00	949.00
19	MAXIPIME 1GM INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
20	NASOPHARYNGEAL TUBES 2.5	RUSCH	GENERAL	KKME23A1913	12/27	1	211.88	211.88
21	NS 0.9% 100 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
22	OXYGEN MASK With Tubing - ADULT DELUXE-FC		GENERAL	OG26D040043	03/31	1	505.00	505.00
23	PACKING GAUZE SAFE STERILE			VI27062026	12/30	3	450.00	1,350.00
24	PARACETAMOL (PARACETAMOL) 1MG/ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
25	PERFUSOR SYRINGED	Fresenius Kabi India Pvt Ltd		1D262112	03/29	1	69.39	69.39
26	PHENYTOIN INJ 250 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
27	SURGICAL GLOVES (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	2	91.00	182.00
28	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
29	TOUCH 2GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
30	VASOFIX SAFETY CANNULATION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060620	**Ward**	N 0 GF-EMERGENCY
Patient Name	Baby ARADHYA KOVURI .	**Bed Name**	ER 102
Age/Sex	11 Y 9 M 12 D / Female	**Order No**	0003099086
Date	08/07/2026 18:56	**Prescription No**	PRIP-1295070
Payor	VIDAL HEALTH INSURANCE TPAPVT LTD	**Dispensed Date**	08/07/2026 18:57
UHID	VRCH.0000053554		

Total :	**7,405.02**	**9,620.83**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

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-00060620 **Admit Date** : 08-Jul-2026 **Admit Time** : 02:58 PM **UHID** : VRCH.0000053554

Patient Details :

Patient Name	: Baby ARADHYA KOVURI .	**Age**	: 11 Y 9 M 12 D
Guardian	: Mr MR.SRIKANTH	**DOB**	: 26-09-2014
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO.1-9-86/T/B,,GOLNAKA,ALWAL,,, Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 9603638511
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr MR.SRIKANTH **Relationship** : D/O

Contact Address : H.NO.1-9-86/T/B,,GOLNAKA,ALWAL,,, Alwal Hyderabad Telangana INDIA 500010 **Phone No** : 9603638511

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 : VIDAL HEALTH INSURANCE TPAPVT LTD

Patient Name : Baby. Aradhya UHID : 23455666 IPD : 2345565 Gender : Female Age : 11 Y, 9 M

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

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Wt: 38.1 kg
Ht: 140 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Aradhya Age : 11y 9M Gender: ☐ Male ☐ Female

Date : 8/7/26 Time of Arrival : 2:47 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: 98.2 F PR: 112 b/m BP: 120/78 (91) RR: 24 b/m SpO2: 100 %

Chief Complaints: c/o Stomach pain - Since Yesterday (Hymanoplasty)

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 : 2:51 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 : Aschitha

Signature of Triage Nurse : .....

Date & Time : 8/7/26 @ 2:51 PM

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

Patient Name : Baby. Aradhya UHID : 23455666 IPD : 2345565 Gender : Female Age : 11 Y, 9 M

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 2:51 PM

Chief Complaints: C/O Stomach pain x 2 days RBS: —

Height : 140 cm Weight : 38.1 kg BMI : — Head Circumference (<2 years) —

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 6 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character paining ☐ Location lower abdomen ☐ Frequency Intermitted ☐ Duration Continuous

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?) 1 (Brothers)

Time of Initial assessment completed by ER Nurse : 2:55 PM

Patient Name : Baby. Aradhya UHID : 23455666 IPD : 2345565 Gender : Female Age : 11 Y, 9 M

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

Time	Nursing Notes
2:47PM	patient came to ER
2:50PM	Vitals checked and Recorded
2:55PM	Dr. Vishwajya Seen the patient & adviced admission
3:00PM	Admission process Done
2:45PM	IV placement Done
3:30PM	collected the Samples & Send to lab
	patient shifted to OT

Samples collected by } Sr. Shantha Kumari Time: } 2:40PM
Samples sent by : } Time: } 2:45PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
2:45pm	Inj. Buscopan	IM	18 mg	Dr. Vishwajya	AS
1:30pm	Inj. Tramadol	IM	50 mg	Dr. Vishwajya	AS

Condition of patient at time of shift - out :	Details of Shift - out
HR: 112 b/m BP: 120/71 (82) CFT: <2sec	Shift - out from ER to: OT
RR: 26 b/m SPO$_2$: 99 %	Time of Shift - out @ 3:40 PM
GCS: 15/15 Temperature : 98°F	Handover given to: Sr. (Nurse's Name)
Pain Score: 2	by Architha
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Architha Signature of the Nurse : AS

Date & Time : 8/7/26 @ 3:40 PM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VRCH.0000053554 IP-00060620 Baby ARADHYA KOVURI . 26-09-2014 11 Y 9 M 12 D (F) Dr. JYOTI BOTHRA	8/7/26 @ 2:58 Pm	8/7/26 @ 6:45 Pm
	Transfer Ordered by Dr. Madhav	Reason for Transfer Post Operative Care
From Unit OT	To Unit ~~137~~ 113	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	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.	O_2 Mask — 1	
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
Br. Asf	Dr. Madhav

Patient & Clinical Records Received by :

Manisha

Date & Time of Patient Received : 8/7/26 @ 6:40pm

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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VRCH.0000053554 IP-00060620 Baby ARADHYA KOVURI. 26-09-2014 11 Y 9 M 12 D (F) Dr. JYOTI BOTHRA	Date & Time of Admission 8/7/26 @ 2:58 pm	Date & Time of Transfer Order 8/7/26 @ 3:40pm
Treating Co...	Transfer Ordered by Dr. Vishwaja.	Reason for Transfer Admission.
From Unit ER	To Unit	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 ? OPD file given.

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
Sowgathika / [signature]	Dr. Vishwaja.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

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

Rainbow®
Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

UHID ID: _____

Department: _____

Consultant: _____

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o pain abdomen since 1 day
painful micturition.

History of present illness :

child brought by parents with
c/o pain abdomen - lower abdomen since yesterday
a/w painful micturition, painful stool
pain radiating to back
↓
consulted @ OPD
used Tarcin tab
Syp Protem
7/7/26 Usg abd - Hematocolpos
↓
MRI pelvis done
↓
now posted for
Hymenoplasty

Npo for solids since 2hrs.

Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

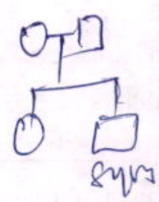
Pediatric Multiorgan History & Physical Examination

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

Nothing significant

Birth & Neonatal History:

Term / 2.9kg / CSCS / no NICU stay



Birth & Socio Economic History:

About Father :
About Mother : Class IV
Any additional Information :

Developmental History :

Appropriate for age in all domains

Immunization History :

Received upto date

(P.T.O.)

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Baby ARADHYA KOVURI.
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 38.1kg (Centile ________)

On Examination :

Temperature : ________ Pulse Rate :________ B.P. ________ SPO2 ________

Resp.rate and type of breathing : ________

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖

Allergies (if any): ⊖

Respiratory System :

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

Air entry & breath sounds : BAE (+)

Any addes sounds : NO.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : no

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

Per Abdomen :

Inspection (N)

Palpation : tender - suprapubic region

Ausculation : BS (+)

Spine : (N) External Genitelia : ________

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 10/15

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: (N) Power U/R c/l limb

Co-ordinator :

Posture :

Involuntary Movements : NO

Reflexes : +

DTR +2 **Superficials:** +

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

Hematocolpos → posted for Hymenoplasty

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

ABG
PAC.

Planned Management

1) NPO from 2hrs for solids
2) shift to OT

Signature of the Doctor: .....
Name of the Doctor: .....
Date & Time: 8/10/21

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

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	S/B Dr Jyoti	
	d/c/o Hymenectomy	
	Stable	
	Adv	
	Ct all	
	Full orals	
	Stop I/v flds	
	[signature]	
		Noted by manisha 8/7/26 @8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	S/R Resident	(D/w Dr Jyoti mam)
9Am		
	c/o Hematocolpos	
	POD # 1 of Hymenectomy	
CR-	No fever / other Concern	Plan
	Abd pain better	
	tolerating orally	- Cont same
	passing urine (Blood +)	instructions
		- Monitor vitals
		- I/O Charting
	O/E - Euthermic	- Informed
	CVS - S1 S2 (+)	
	RS - BAE (+)	- Start d/c process
	PA - soft	- DD
	CNS - NAD	Oral Augmentin total 5 days,
		T
		Pcm oral x 2 days,
		Alb sos
		- f/u after 1 week
		@ OPD
		- Mention Analgesic in
		summary as sos
		Under pain Abd
		Noted By Vaishnavi
		9/7/26 @ 9.30AM

Docu. No. : RCH /FRM / CLINICAL / 088

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NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis: Hematocolpos	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil
	Surgery / Procedure:	Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	8/7/26 E	8/7/26 E	8/7/26 E	8/7 N	9/7/26 M	
	Medical Condition (Any special condition to be noted):	Nil	Nill	Nil	Nil	Nil	
	Diet:	NPO	NBM	N diet	N diet	N. 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	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6 F	98.4F	98.6°F	98.3 F	98.1°F	
	Res:	19b/m	19b/m	28b/m	24b/m	22b/m	
	SpO₂:	98%.	99%	99%.	98%.	98%	
	Pulse:	11b/m	101/71mmHg	103b/m	98 b/m (30)	103 / 98 (b/m)	
	BP:	110/70	101 b/m	100/78	98/58 (60)	103/75 (0)	
	LOC:	conscious	Conscious	conscious	conscious	Conscious	
	Fall Risk Score:	11	"11"	"11"	11	11	
	Pain Score:	2	"0"	0	0	0	
	Skin Integrity	Intact	Intact	Intact	intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nill	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	Nil	NBM	N.diet	N diet	N.diet	
	Critical Lab Test / Values:	—	Nill	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	
	Post Operative Procedure Special Orders:	Nil		Nil	Nil	Nil	
	Handed Over By Name :	Ashwini	Arpita	manisha	Manasa	Vaishnavi	
	Signature / ID :	AS 10L0612	020264	NA050045	[illegible]	RO20216	
	Date:	8/7/26	8/7/26	8/7/26	9/7/26	9/7/26	
	Time:	@3:40PM	@6:45PM	@8pm	@8AM	@10AM	
	Taken Over By Name :	Br. Arpita	manisha	Manasa	Vaishnavi	File send to Billing	
	Signature / ID :	020264	NA050045	[illegible]	RO20216		
	Date:	8/7/26	8/7/26	8/7/26	9/7/26		
	Time:	@3:40PM	@6:45PM	@8PM	@8AM		

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NURSING SHIFT HAND OVER FORM

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

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NURSING CARE RECORD

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Date: 8/7/26

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							
Afternoon	4pm	-maintain Good Nutritional status	7:30 pm	-oral intake is Good	-provided Normal diet	-patient is Stable	manisha 8/7/26 @8pm
Night	10 pm	→ Relieve pain and discomfort	10:30 pm	→ Administered medications as per orders	→ To reduce pain	→ patient is stable	BI nurse

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NURSING CARE RECORD

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Date: 9/7/26

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	9 AM	Maintain Fluid Balance - Ensure Safety		Discharge Notes Doctor Came For Rounds Patient is stable and doctor advised For Discharge			Varshna 9/7/26 @10Am
Afternoon							
Night							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	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					
	Female	1	1	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	9	9	9			

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	X	X			
	Other Intervention(s) Specify	✓	✓	✓			
	Nurse's Name :	Sabir	[illegible]	Vaishu			
	Signature :	[signature]	[signature]	[signature]			
	Date :	8/7/26	8/7	9/7			
	Time :	3PM	[illegible]	9AM			

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CHECKLIST FOR THROMBOPHLEBITIS

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QC / THROM / 07

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	8/7/24 E	9/7/24 N	10/7/24 M						REMARKS
				I.P. No.								
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	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 .....

Signature of Ward In Charge :

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

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PAIN ASSESSMENT FORM

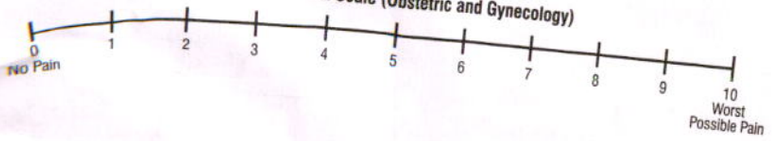
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/26	3PM	2	Stomach	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Inj-Buscopain given	[signature]
9/7/26	9AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	Vaishu
				☐ 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		
				☐ 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:

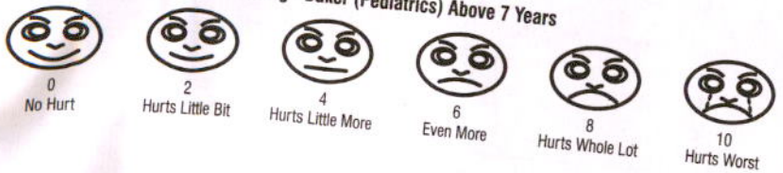
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

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					Date :	8/7/20	9-7	
					Time :	3PM	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	
"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	
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	
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.		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	
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.		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	
					TOTAL SCORE	26	26	
					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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Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Baby Aradhya Kovuri Age: 11yr 9m Sex: female UHID.No : VRCH.53554

Date: 08/07/26 Time: 3.35 P.m. Proposed Operation: Hymenectomy

Diagnosis:

B.P / CRT: 120/78 H.R: 110/m Weight: 28.1kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 13.2	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 10.85	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.21	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 : (-)

Diabetes : (-)

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Physical Activity: Active.

Past Anaesthetic History: nil significant

Physical Exam:

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

Lungs : B/L AE (+), clear

Heart: S1S2 (+)

CNS: Hmpr (+)

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name: Dr. M. VINEETHA

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: ☑ Patient Identified | **Fasting Status:**

☑ Consent Present | ☑ Chart Reviewed

H.R: 112/min | B.P / CRT: 100/60 mmHg | SpO_2: 100% | R.R: 16/min | Last Feed:

Pre-OP Diagnosis: Laparoscopic Hymen (?)

Surgeon: Dr. Jyoti Bothe (?)

Operation: Hymenectomy

Anaesthesiologist: Dr. Vineetha / Dr. Madhu (?)

Technician: Mr. Naresh (?)

Date: ....

TIME: 4:00 | 15 | 30 | 45

N_2O /AIR /O_2 LPM

HALO /ISO /SEVO

Drugs:

- INJ. MIDAZOLAM 1.5mg
- INJ. FENTANYL 60mcg
- INJ. PROPOFOL 60mg
- INJ. ROCURONIUM 6mg
- INJ. PARACETAMOL 450mg

FIO_2 / SaO_2: 100 | 100 | 100

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic: AUGMENTIN 930mg

Suppository: DICLOFENAC 25mg PR.

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 / 220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20 / 10 / 0

LAB Values: ABG | GRBS | Others

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

Position: Lithotomy

☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding

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

Times:
Anaes Start: 4:00 pm
OP Start: 4:10 pm
OP End: ....
Leave OR: 4:45 pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 5.5 at 17 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM
☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 02 Attempts: 01
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: DR. M. VINEETHA

Signature of the Doctor: ....

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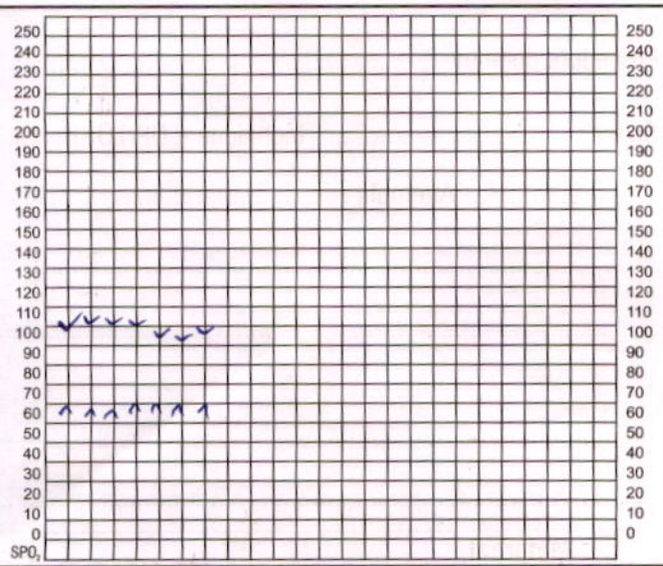
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Br. Akib Time Received : 4:45 Pm Time Discharged : .....



IV Cannula Site : Intact

- ☐ ~~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: Nill

Oral Feeds: Water (6:15 Pm)

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	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 = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2		
	TOTAL	8	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/7/26	5:30 Pm	0	—	Akib

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

Anaesthesiologist Name : Dr. M. VINAYAGAMOORTHY

Anaesthesiologist Signature:

Date & Time: 08/07/26

PACU Nurse Name : Br. Akib

PACU Nurse Signature: Akib

Date & Time: 8/7/26 @ 6:45 Pm

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): Br. Akib

Date & Time: 8/7/26 @ 6:45 Pm

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of Anaesthesiology

AL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Aadhya K Gender: ☐ Male ☑ Female Age : 1 Yr

UHID No : 60620 Date : 8/7/26

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)

Hymenechomy

upon (Name of the Patient) Aadhya

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

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 Jyothi Bothra

Consentee :

Signature : /

Name :

Date & Time :

Patient Attendant :

Signature :

Name : SRIKANTH KUMAR

Relationship with Patient: FATHER

Date & Time : 8/7/26 @ 3:30PM

Witness :

Signature : Sarishma

Name : Sarishma

Date & Time : 8/7/26 @3:30PM

Doctor (who is taking the consent) :

Signature :

Name : Dr Jyothi Bothra

Date & Time : 8/7/26, 3:30pm

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Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

SURGICAL SAFETY CHECKLIST

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

F
L

.... Age : 11Y ..... Gender : F .....
Name : Hymenectomy .....
Date : 8/7/26 ..... In-time : 4:00 Pm Out-time : 4:50 Pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 3:55 Pm.

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 : .....
Name : Dr. M. Vineetha

Before Skin Incision ➤ ➤

TIME OUT Time: 4 Pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Baby Aradhya
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure Hymenectomy ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, 30 mint Anticipated Blood Loss? 5-10 ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews: Full Stomach
- 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: 4:45 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

Rainbow Children's Medicare Ltd.
3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station
Karkhana Main Road, Kakaguda, Secunderabad - 500009.
Tel :+91-40-4246 2200, 2789 5050, 2789 6060.
GST: 36AABCR4014M1ZE **email:** vrchbilling@rainbowhospitals.in
CIN: L85110TG1998PLC029914 www.rainbowhospitals.in

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OPERATION THEATER NOTES

Patient's Name : Baby ARADHYA KOVURI .	**Age : 11 Y 9 M 12 D**	**Gender : Female**
UHID : VRCH.0000053554	**I.P. NO.** 00060620	**WEIGHT :31KG**

Surgeon :Dr.. JYOTI BOTHRA	**Asst surgeon :** Dr
Anaesthetist : Dr MADHAV	**OT Nurse :** S/N Sr. Sheepa / Sr. Ruby. P

Surgical Procedure :.Hymenectomy

Indications for Surgery : Hematocolpos

Anaesthesia -GA

PRE-OPERATIVE PREPARATION-
Betadine skin preparation

OPERATIVE NOTES:
Findings: Bulging Hymen wth bluish discolouration, collected blood
Procedure notes:
- Lithotomy position under GA
- Cruciate incision on hymen after confirmation by aspiration
- ~500ml of retained blood drained
- Hymenal flaps trimmed
- Hemostasis confirmed.

Anaesthesia Uneventful recovery**.**

POSTOPERATIVE ORDERS
- Nil by mouth for 1 hour
- Inj Augmentin 1gm hrly
- Inj Paracetamol 450 mgs IV Q8H
- Vitals chart

Consultants Surgeon's Name
Dr. JYOTI BOTHRA
Date : 8/7/26

Consultant Surgeon's Signature

Time : 4:50 Pm

NABH ACCREDITED

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Baby Aradhya Korumi Age : 11yr. 9m Gender : Male ☐ Female ☑

UHID NO: VRCH.52554 Surgeon Name: Dr. Jyothi Bathula.

Anaesthesiologist : Dr. M. Venkatha.

Operative procedure planned : Hymenectomy.

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, Laryngospasm, 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 Baby Aradhya Korumi the above mentioned operation / Diagnostic / Therapeutic procedures Hymenectomy.

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

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

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

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

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

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Sarishma

Relationship with Patient: Mother

Date & Time : 8/7/26

Witness :

Signature : .....

Name : .....

Date & Time : 8/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : DR.M.VIJAYA

Date & Time : 08/07/26.

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 8/7/26

To Be Filled In By Assigned Nurse:

Department: OT Duration of Procedure : 45 mint

Name of Surgeon: Dr. Jyoti Bothra Date of Admission : .....

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:	
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 ☑ Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: ..... Date & Time of antibiotic administration: 8/7/26 @ Date & Time procedure started: 8/7/26 @ 4 Pm	

- 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:	**Baby ARADHYA KOVURI .**	**Age :**	**11 Y 9 M 12 D**
IP No:	**IP-00060620**	**Sex:**	**Female**
Consultant:	**Dr. JYOTI BOTHRA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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 e 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.
eceivers 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: Sri Kanth
Relationship: Father
Date: 8/7/26 Time: 2:58 pm
Wittness Name:
Wittness Signature:

Patient Address:
H.NO.1-9-86/T/B,,GOLNAKA,ALWAL,,,
Alwal Hyderabad Telangana INDIA
500010

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

RM / CLINICAL / 126

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/26 Time:	2	3	4	5	6	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	Pre	Pre	Pre	pm	pm	pm	pm	pm	AM	AM	AM	AM

Temperature (°F)

98.4F 98.4F 98.4F 98.6F 98.3°F 98.6°F 98.3°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

BP	101/74	102/68	101/71	•	100 (80) 60	•			103 (72) 65		98 (64) 55
Heart Rate (Number)				110	102	103	105	98	100	107	

Resp. Rate (bpm) (Over 1 Minute) *	19	20	19	•	20	21					
Resp Rate (Number)				87	22	21					
Resp Distress (Mod/ Severe / None / Mild)				N							
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	99	99	98	97					
Conscious Level (Normal / Altered)	NA	NA	NA	N	N	N					
GCS *	NA	NA	NA	15	15	15					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0					
Pain Score	0	0	0	0	0	0					
Observer's Initials				M	MA	M					

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)

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/7/26 Time:	9 AM
Doctor / Nurse / Family Concern?	

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

Heart Rate (Number): 129

Resp. Rate (bpm over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number): 22

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		98
Conscious Level	Normal	N
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		√

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.
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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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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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(1)

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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.

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
			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 :**						
8/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm		water									
	07:00 pm									✓		manisha 8/7/26 @8pm
Total Intake :						**Total Output :**						
8/7	08:00 pm		rice + water									
	09:00 pm											
	10:00 pm											
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**					0	
9/7	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

manisha 9/7/26 @7AM

Total 24 hrs. Intake		Total 24 hrs. Output	3 times

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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							
9/7/26	08:00 am		Foley's water							✓		Vaishnavi 9/7/26 @10 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**	

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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DRUG CHART

Date of Admission: ....8/7/26.......... Drug Allergies: ....—....... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

REGULAR PRESCRIPTIONS

Weight. 38.1 kg Ward. OT

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. AMOXICILLIN CLAVULANATE

Dose	Route	Frequency	Start Date
1g	IV	8th hrly	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
20-30mg/kg/dose
As per C/N

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7
6 am	/	Gay
2 Pm	/	
10 Pm	Gay	Gay

8/7/26 Clr

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
450 mg	IV	8th hrly	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
10-15mg/kg/dose.
As per C/N orders

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7
6 am	/	Gay
2 Pm	/	
10 Pm	Gay	Gay

Clr 8/7/26

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

Baby ARADI[illegible]
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

Weight. 38.1 Kg Ward. OT

	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
8/6	1:30PM	INJ. TRAMADOL	50mg	IV	[signature]	Shanthi
8/6	2:45PM	INJ. BUSCOPAN.	18mg	IV	[signature]	[signature]
08/07	4:00 Pm	INJ. AMOXICILLIN CLAVULANIC ACID (AFTER TEST DOSE)	930 mg	IV	[signature]	Vaishnavi / [signature]
08/07	4.15 Pm	INJ PARACETAMOL	450 mg	IV	[signature]	Vaishu / [signature]
08/07	4.40 Pm	SUPP. DICLOFENAC	25 mg	PR	[signature]	Vaishu / [signature]

8/7 3.20 pm
8/7

VRCH.0000053554 IP-00060620
Baby ARADHYA KOVURI .
26-09-2014 11 Y 9 M 12 D (F)
Dr. JYOTI BOTHRA

I.V. FLUIDS CHART

Weight. 38.1 Kgs Ward. OT

		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
08/07	4.00PM	RINGER LACTATE	IV	300		Vaishnavi	08/07		Vaishnavi

Signature .....

VERIFIED BY : Name .....

ESTIMATION SLIP

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Date : 08/07/20 UHID/IP No.: _____ Sl. No.: 29143

Name of Patient : Baby Aradhya Age : 11M Gender : F

Father's / Husband's Name : Mr. Srikanth Corporate/Occupation : _____

Address: _____ Phone : 9603638511 Email : _____

Procedure/Plan: Hymnoplasty DOS : _____

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

TARIFF INFORMATION : Dr. Jyoti bothra.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges (Per Day)			1	7	12 Noon to				
Doctor's Fee			1	7	12 Noon		Billing		
Tax			12,900						

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T Charges	88,000/-	
O.T Consumables	4,000/-	Subject to approval by TPA/Insurance Company
Instrument Charges ✓		Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations ✓		★ 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/-	IPF - 1,500/- MRD - 2,500/- 5 to 7 D
Others Diet - 1,000/day,	Consultant 2,500/day 5 to 7 D
Initial Minimum Deposit 60,000/-	

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 U. Venkatesh 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.

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