Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174312 **Admit Date** : 25-May-2026 **Admit Time** : 07:22 PM **UHID** : FDH-00046277

Patient Details :

Patient Name	: Baby DASARI HANVIKA	**Age**	: 0 Y 3 M 25 D
Guardian	: Mr DASARI NARENDHAR	**DOB**	: 31-01-2026 02:03 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 102, BLOCK G, MAY FAIR APARTMENTS, TELLAPUR Serilingampally Hyderabad Telangana INDIA 500019	**Phone No**	: 8790766945/ 7382718503
		E-mail	: narendhar21247@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : TEMP SPVT 307 B **Ward Name** : 3F-ZONE A

Room No : TEMP SPVT 307 B **Admission Type** : First Visit

Contact Details :

Name : Mr DASARI NARENDHAR **Relationship** : Father

Contact Address : FLAT NO 102, BLOCK G, MAY FAIR APARTMENTS, TELLAPUR Serilingampally Hyderabad Telangana INDIA 500019 **Phone No** : 8790766945

Signature

Doctor Details :

Doctor Name : Dr. Prashant Bachina **Specialisation** : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. M N V POUSHYA SAI

Payment Details :

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

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name : _____

FDH-00046277 IP5-00174312
Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

UH _____ Consultant: _____ Dept : _____

Dat ime : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/05/26	9:50 pm	QR	307-B	Subhra
28/5/26	12:50pm	307-B	PICU	Swapna
28/5/26	4 pm	PICU	307-B	Priti

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/5	RBS, CRP, Bloodcls	53363	Inf
	PT/INR, GRBS (POCT), 89		Israef
	Triglycerides, VBG (POCT)		
26/5/26	~~GUE~~, Urine culture.	26053393	Sangeeta
26/5	USG Abdomen	26473	
26/5	X-ray Infantogram	26476	
28/5/26	Biopsy for Histopathology - Small		
28/5/26	Ultrasound guided procedure	26928	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5	Infusion pump	8pm	28/5/26 12:50 pm	9626650	Sangeeth
28/5/26	INV. monitor	12150 pm		9631229	Sen
	INF. pump			9631229	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5	IV placement	1	6481	Suraj
28/5/26	percutaneous Biopsy:	(1)	not showing	
	conscious Sedation		9631235	Venu

ANY OTHER INFORMATION

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

FDH-00046277 IP5-00174312
Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 26 D (F)
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NEWBORN MONITORING FORM

Date of Birth : .....
Time of Birth : .....
Mode of Delivery : .....
Birth Weight : .....
Head Circumference : .....
Length : .....
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : .....
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination : .....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
26/5/26	5.008 kgs	DBF	-	37.2 C	Sangeetha.
29/5/26	5.500kg	DBF	-	97.0°F	R/no

Date	Time	Investigation	Result	Order No.	Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00046277 IP5-00174312
Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

Patient Name: Baby Dasari Hanvika.

UHID ID:

Department: Gastro entrology.

Consultant:

FDH-00046277 IP5-00174312
Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Name : Baby Dasari Hanvika Age/Sex 3m/F

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

C/O Fever x 5 days.

History of present illness :

3month old female child presented with fever since 5days

high grade, sudden in onset

Every 6-8hrly used crocin drops 1ml for same as advised by local pediatrician.

not a/w Vomiting, cold, Respiratory distress, cough

H/O high coloured Urine : 3 days

Normal urine and stool output

Oral feeds → fair
- on feed.

Medication used — syp mondes cor 0.7ml
Taxim-O drops 1ml BID
crocin drops 1ml
} 20/5/26 x 5 days

not used — syp osteocal 2.5ml
syp profer drops 0.4ml

FDH-00046277 IP5-00174312
Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

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

No significant past history

Birth & Neonatal History:

Normal Perinatal and antenatal transition

Birth & Socio Economic History:

About Father : middle.
About Mother :
Any additional Information :

Developmental History :

Adequate for age.

Immunization History :

Immunized till date

(P.T.O.)

FDH-00046277 IP5-00174312
Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 39cm (Centile _____) Height (cms): 45 cm (Centile _____)

Weight (kgs)) 5 kg. (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 142 bpm B.P. _____ SPO2 96 %

Resp.rate and type of breathing : 142 bpm

Rash multiple Mongolian spots (+)

Lymphadenopathy –

Oedema : –

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : BAE (+), airways clear

Any addes sounds : Nil

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

Cardiovascular System :

Inspection of procordium : Normal

Heart Sounds : $S_1 S_2$ (+)

Any murmur : –

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

Per Abdomen :

Inspection distention (+), All Quadrants moving è respiration

Palpation : Liver Palpable – 6-7cm ↓ RCM, FUM

Ausculation : Spleen grade I, FUM.

Spine : Left lobe liver Palpable.

External Genitelia :

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

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Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Normal

Motor System:

Nutriton : Adequate

Tone: Normal Power 4/5

Co-ordinator : Well co-ordinated

Posture :

Involuntary Movements : Nil

Reflexes :

DTR +++ **Superficials:** +++

Plantars Elicited

Sensory System :

elicited

Bladder / Bowel : adequate

Clinical Summary & Diagnostic:

AFI & hepato splenomegaly

↓ evaluation

(P.T.O.)

FDH-00046277 IP5-00174312
Baby DASARI HANVIKA (F)
31-01-2026 0 Y 3 M 25 D
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis

Desired goals of the treatment : Resolution

Planned Labs:

- RP-1
- CRP-
- Bld C/S
- INR, PT
- GRBS 1 extra plan
- CUE
- Urine C/S
- Urine calcium; creatinine Ratio
- Infantogram;
- USG Abdomen - Liver spleen; T/M
- Triglyceride
- VBG

N/B 25/05 Leraf after 9:00pm

Planned Management

1. Inj CEFOTAXIME
2. Inj PANTOPRAZOLE.
3. IVF DNS 1/3 MF - 8ml/hr → stop if taking oral feeds
4. Monitor vitals.
5. Opthal exam
6. Pcm drops (SOS)

Signature of the Doctor: ....

Name of the Doctor: Dr. Ayushma

Date & Time: 25/5/26, 7pm

Signature of the Consultant: ....

Name of the Consultant: Dr. Prashant B

Date & Time: 26/5/26, 10 Am

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Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 28 D (F)
Dr. SIRISHA RANI

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DEFICIENCY CHECK LIST OF CASE SHEET

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

29.1.26

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

Signature and Date :

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

FDH-00046277 IP5-00174312
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31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

...vika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/05/26 7pm	c/s/b - Gastro Team	Plan
	MAFI c Hepatosplenomegaly & evaluation	1) To send: RP, CRP, B/C/S, INR, GRBS, CUE, U/C/S, Urine [struck out] Ca/Creatinine ratio, Infantogram, USG Abdomen - Liver / spleen } T/M L Dr. Nitin, [struck out] Triglyceride, VBG
	Head circumference - 37cm (Normal)	2) Inj Cefotaxime / Inj pantop.
	Development - appropriate for age	3) R/v regarding Liver biopsy (SOS) based on USG & lab report.
	Hepatosplenomegaly (+)	4) IV fluids - 1/3rd MF - 8 ml/hr, stop IV fluids if accepting orally well
	Liver 6-7cm ↓ RCM, firm; spleen - Grade I, firm; (L) Lobe liver palpable.	5) Monitor vitals
	Multiple mongolian spots (+)	6) PCM drops (SOS)
	o/E - Hemodynamically stable.	Dr. Kunal
	N/B Dr Subhash 25/05/26 at 9:30 pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9:30pm	4/S/B Gastro team	
	D/- DPI c HSM	
		Plan
	No fever	
	Last spike on 24th afternoon 101°F	1) stop IVF
	feeding better.	2) Trace BIcfs.
	U/L (@ 1AM). S/L (pigmented).	Urcfs.
		3) Send CUE, Urine for glucose spot Ur calcreat ratio, aminoglycans
	O/E	
	Asleep	4) Infantogram
	Vitals stable.	USG Abdomen
	P/A.	(Dr. Nitin).
	hepatosplenomegaly	↳ comment on
	firm.	liver/spleen.
		with screening NSG.
	Alb 3.7.	R/v ophthal examⁿ.
	SGOT/PT - 251/106	↳ to look for cherry red spots & corneal clouding
	SBR 0.5 < 0.2 / 0.3	
	INR 1.4.	5) vitals charting.
	Uric Acid 4.5	6) Inj. Vitamin K. stat
	TAG. 211	7) [illegible].
	CBP-(N).	
	DR. PRASHANT BACHINA Registration No: 11816	
		[signature] 26/5/26 9:30pm

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Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 26 D (F)
Dr. Prashant Bachina

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 1:30pm	c/B Dr. ANUKAAG REDDY Hemat oncologist.	
	Admitted with febrile illness	
	o/E Baby alert tracking well AF at level. Abdomen - hepatomegaly - gross hepatomegaly reaching right iliac fossa. cuces mongolian spots present. No pallor	Plan 1. Wholebody FDG PET Scan tomorrow with sedation 2. Pre anaesthetic checkup (PAC) today 3. Stop DNS IV fluids. HF NS - IV fluid from 11pm today - 10ml/hr.
	Dr Anukaag 43499 @ 1:30pm.	
26/5/26 1:30 pm	s/p seen by gastro team. ultrasound suggestive of neuroblastoma with suspected liver metastasis	Plan: Discussed with Dr. Prashant. advised to transfer case under hemat-oncology team. Dr. Hema noted by sypthe

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
~~11 Am~~	S/B Hematology team	
11:30 Am		
	Left supral renal Mass	
	likely Neuroblastoma	
	shifted from PET scan now.	
	O/E	Plan
	Baby alert	1. Once baby is fully
	AF at level.	awake
	awake	after 20 to 30 minutes
	RS - B/L air entry clear	allow feed.
	Abdomen -	2. Monitor vitals
	hepatomegaly - 8 cms below	3. Trace PET scan
	right subcostal margin	report.
	~~palpable till~~ reaching	
	right iliac fossa.	[signature] Aamodhya
	peripheries - warm.	[signature]
		noted by [signature]
	HR - 154/min	
	RR - 36/min	
	SpO_2 - 98% at room air.	
	Dr. SIRISHA RANI Reg. No: 40525	[signature]

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

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Baby DASARI HANVIKA
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Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 3:10 pm	S/b Msanelly	
	Δ Rt Suprarenal mass (P) with liver mets → trace PET CT	
	? Neuroblastoma → Plan percutaneous biopsy	
		TTM ± BMA & Bx @ 11AM
		[signature] Dr Smelly G. 27/5 @ 3:10 pm.
		① NPO from 7AM
		② IV fluid DNS @ 20ml/hr (from 8AM)
		③ shift to PW on call
	Noted by [signature]	(R) (Dr Tobi)

Dr SIRISHA RANI Reg. No. 40825

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Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10AM	Right suprarenal mass with liver metastasis ?Neuroblastoma No temperature spikes activity ✓ vitals stable CVS, RS / Tone ✓ P/A: Hepatomegaly ⊕	℞ ① continue MDD ② Percutaneous biopsy today in pm ③ Input/output charting ④ supportive care ⑤ monitor vitals ⑥ Plan for discharge tomorrow (Dr. ..i) if well ⑦ Follow up on tuesday with biopsy report.
	Dr. SIRISHA RANI Reg. No: 40525 [signature]	Dr Anurag [signature] 4/3/26 @ 11am Noted by [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 1:40PM	Procedure notes under strict aseptic conditions the area cleaned; ultrasound guided percutaneous biopsy done over Right suprarenal mass. Child tolerated well.	- To send for Histopathology (R) (Dr Sai) - Shift to ward once stable.
28/5/26 5PM	Evening rounds Procedure site - No soakage of dressing No fever O/E Baby sleeping comfortably	Plan 1. Continue IV Cefotaxim 2. Paracetamol drop (1/100mg) 0.7ml thrice a day. Noted by Swapna Sarai

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 11:45 AM	S/B Dr. [illegible]	
	Δ: Likely metastatic neuroblastoma	
	O/E: active, alert	
	CVS / RS: NAD	
	P/A: hepatomegaly	
	[signature]	
	— Plan D/C today.	
	— F/u on Tuesday.	
	— Continue Vitamin D3, Bernar drops	
	Paracetamol drops SOS.	
	[signature] Dr. [illegible] 43299 @ 11:50 AM.	

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RESULT SHEET

Date	25/5					
Time						
Hb	11.4					
PCV	35.5					
RBC	4.35					
WBC	11.88					
N/L	16/78					
Platelets	3.22L					
CRP	5					
ESR						
PCT						
RBS						
Na	135					
K	4.6					
Cl	105					
Ca/Mg	10.3					
Phosphate	4.2					
Urea	18					
Creatinine	0.4					
ALP	184					
SGPT	106					
SGOT	251					
T.Bill/Conj	0.5 / 0.2 / 0.3					
T.Protein	5.8					
S.Albumin	4.0					
S.Globulin	1.8					
A/G Ratio	2.2					
Uric Acid	4.5					
S.Amylase	30					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	104					
PT/INR	18/1.4					
APTT	45					
CSF Protein / Sugar						
Cells						
N/L TG	211					

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: - ☐ 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: 307-B

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	TAXIM-O DROPS	1ml	P/O	BID	25/5	☐C ☐DC
2	SYP MONDESLOR	0.7ml	P/O	OD	24/5	☐C ☐DC
3	CROCIN DROPS	1ml	P/O	TID	25/5	☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sohila Sohila

Date & Time : 25/5/26 7:20 pm

Nurse Name & Signature: Subhra

Date & Time : 25/05/26 at 9:30pm

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DRUG CHART

Date of Admission: 25/05/26 Drug Allergies: Nil ☐ 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 : PARACETAMOL DROPS				Date / Time
Dose	Route	Frequency	Start Date	
0.8ml	P/O	SOS	25/5	
Doctor's Signature		Valid Period	Pharm.	
Soluble				
Additional Instructions: Temp > 100°F Max 4 times				

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 Sign

VERIFIED BY : Name

Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

REGULAR PRESCRIPTIONS

Weight. 5kg Ward. ....

VERIFIED

DRUG : INJ CEFOTAXIM				Date ▸ Time ▾	25/5	26/5	27/5	28/5
Dose	Route	Frequency	Start Date					
250mg	I·V	BID	25/5	10am				
Name & Signature of the Doctor Starting the Drugs: Sohil								
Additional Instructions: 50mg/kg/dose				10pm				
Daily Doctor's Endorsement by a Sign					A		A	

STOP

VERIFIED

DRUG : INJ PANTOPRAZOLE				Date ▸ Time ▾	26/5
Dose	Route	Frequency	Start Date		
5mg	I·V	OD	25/5		
Name & Signature of the Doctor Starting the Drugs: Sohil				6am	
Additional Instructions: 1mg/kg/dose					
Daily Doctor's Endorsement by a Sign					A

STOP 26/5/26

VERIFIED

DRUG : Vit D3 drop				Date ▸ Time ▾	28/5
Dose	Route	Frequency	Start Date		
1ml	PO	OD	28/5		
Name & Signature of the Doctor Starting the Drugs:				9pm	
Additional Instructions: (1ml / 400IU).					
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : Zevon drops				Date ▸ Time ▾	28/5
Dose	Route	Frequency	Start Date		
0.5ml	PO	OD	28/5		
Name & Signature of the Doctor Starting the Drugs:				6pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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Dr. SIRISHA RANI

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VERIFIED

Sheet No: 1

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : PARACETAMOL drops				Date/Time	28/5	29/5
Dose	Route	Frequency	Start Dt.			
0.7ml	PO	q8h	28/5	6AM	X	Sirisha Rani
Name & Signature of the Doctor Starting the Drugs: Sravani				2PM	2pm	
Additional Instructions: (1ml/100mg)				10PM	9pm Sirisha Rani	
Daily Doctor's Endorsement by a Sign						

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

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

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

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

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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

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

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

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

Patient Sticker

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

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.	

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
26/5	12pm	Inj. VITAMIN K.	1.5 mg	IV over 30 min	[illegible]	I. mondal @ 12.30pm, Swapna
28/5	1pm to 1.10pm	Inj KETAMINE	10mg in 2 graded dose	IV.	[illegible]	Sreela, Shelly
28/5	1pm to 1.3pm	Inj MIDAZOLAM	1.5mg 3 doses.	IV in 2(0.5mg)	[illegible]	Sreela, Shelly, Sreela
28/5/16	2pm	Inj PARACETAMOL.	75mg	IV	[illegible]	Sreez, Shelly

VERIFIED

VERIFIED

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

Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 25 D (F)
Dr. Prashant Bachina

I.V. FLUIDS CHART

Weight. ..... 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
25/5	8:00 pm	IVF DNS (½ MF)	I.V	8ml/hr			26/5		
26/5	11 pm	NS	IV.	10ml/hr			27/5		
27/5	1PM	IVF DNS	IV	~~27~~ 10			28/5		
28/5	10AM	DNS	IV	20ml/hr			29/5		

Signature .....

VERIFIED BY : Name .....

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/05/26 Time of arrival : ~~5:29~~ 5:29 pm

Chief Complaints: Fever x 5 days. / Liver enlargement RBS: 89 mg/dL

Height : Nil Weight : 5 kgs. BMI : Nil Head Circumference (<2 years) Nil

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

If yes , identify Nil

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character Nil ☐ Location Nil ☐ Frequency Nil ☐ Duration Nil

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: Nil (Date/Time): Nil

Social History: Lives With family

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

Cultural & Spiritual Needs: ☐ Yes ☑ No if Yes specify Nil Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse : 5:30pm

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

Time	Nursing Notes
	C/S/B - Dr Anshuman
	IV placement ~~card~~ done and Sample collected and send.
	CUE & urine C/S pending.
	pt shift to ward.
	Hand over given to Sangita sister

Samples collected by: NR Anji Time: 7:30pm

Samples sent by : NR Israil Time: 7:50pm

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 134 b/m BP: 89/57 CFT: Less.	Shift - out from ER to: 307-B
RR: 28 b/m SPO_2 : 96% RA	Time of Shift - out: 9:50pm
GCS: 15/15 Temperature : 98.2°F	Handover given to: Sangita (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): Nil	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done (4 hours)

Name of the Nurse : NR Subrw Signature of the Nurse : [signature]

Date & Time : 25/05/26 at 9:50pm

Patien

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25/5/26

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FLUID CHART

Sheet No. : (V)

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 :**						
	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										0	Sayee
	09:00 pm										0	Sayee
	10:00 pm	DNS	DBF	5ml							0	Sayee
	11:00 pm	DNS		5ml			✓			✓	0	Sayee
	12:00 am	DNS	DBF	5ml						✓	0	Sayee
	01:00 am	DNS	DBF	5ml							0	Sayee
Total Intake :				32ml		**Total Output :**						
	02:00 am	DNS	DBF	5ml						⊗	0	Sayee
	03:00 am	1		5ml							0	Sayee
	04:00 am	DNS	DBF	5ml						✓	0	Sayee
	05:00 am	1		5ml			✓			✓	0	Sayee
	06:00 am	DNS	DBF	5ml							0	Sayee
	07:00 am	1		5ml							0	Sayee
Total Intake :				42ml		**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	
	fahur		V-4 M-2

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Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 26 D (F)
Dr. Prashant Bachina

26/5/26

FLUID CHART

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Sheet No. : (2)

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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										0	Swapna
	09:00 am		milk				✓			✓	0	Swapna
	10:00 am	NO IVF									0	Swapna
	11:00 am		milk				✓				0	Swapna
	12:00 pm										0	Swapna
	01:00 pm						✓			✓	0	Swapna
Total Intake :						**Total Output :** U – 2 M – 3						
	02:00 pm										0	Swapna
	03:00 pm		milk								0	Swapna
	04:00 pm	NO IVF					✓			✓	0	Swapna
	05:00 pm		milk								0	Swapna
	06:00 pm										0	Swapna
	07:00 pm										0	Swapna
Total Intake :						**Total Output :** U – 1 M – 1						
	08:00 pm	DNS		8ml							0	Jyothi
	09:00 pm	DNS		8ml							0	Jyothi
	10:00 pm	DNS		8ml			—			—	0	Jyothi
	11:00 pm	NS		10ml							0	Jyothi
	12:00 am	NS		10ml							0	Jyothi
	01:00 am	NS		10ml						—	0	Jyothi
Total Intake :		→ 58ml				**Total Output :** U – 2 m – 1						
	02:00 am			10ml							0	Jyothi
	03:00 am			10ml							0	Jyothi
	04:00 am	NS		10ml							0	Jyothi
	05:00 am			10ml			—			—	0	Jyothi
	06:00 am			10ml							0	Jyothi
	07:00 am			10ml							0	Jyothi
Total Intake :		→ 60ml				**Total Output :** U – 1 m – 1						

Total 24 hrs. Intake	90ml	Total 24 hrs. Output	U – 6 m – 6

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Baby DASARI HANVIKA
31-01-2026 0 Y 3 M 27 D (F)
Dr. SIRISHA RANI

27/5/26

FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : 3

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.
3. 24 hrs. total to be entered in the kardex in RED.

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						0	
	08:00 am	|	1	10 ml						✓	0	
	09:00 am	|	NPO	10 ml							0	
	10:00 am	NS	NPO	10 ml			✓				0	
	11:00 am	|	NPO	10 ml							0	
	12:00 pm	|	NPO	10 ml						✓	0	
	01:00 pm	|	milk	10 ml							0	
Total Intake :		IVF → 60ml				**Total Output :** U – 1					M – 1	
	02:00 pm	DNS	milk	10 ml			|				0	
	03:00 pm	|	milk	10 ml			|				0	
	04:00 pm	|		10 ml			|				0	
	05:00 pm	DNS		–			NP			1	0	
	06:00 pm	|		–			|			✓	0	
	07:00 pm	|		10 ml			|				0	
Total Intake :						**Total Output :** U – 1					M – 0	
	08:00 pm	|									0	Sneh
	09:00 pm	|	milk	10 ml						✓	0	Sneh
	10:00 pm	DNS		10 ml			✓	4			0	Sneh
	11:00 pm	|	milk	10 ml						✓	0	Sneh
	12:00 am	|								✓	0	Sneh
	01:00 am	|	milk	10 ml							0	Sneh
Total Intake :						**Total Output :** M – 1					U – 3	
	02:00 am	|		10 ml							0	Sneh
	03:00 am	|	milk	10 ml							0	Sneh
	04:00 am	DNS								✓	0	Sneh
	05:00 am	|	milk	10 ml			✓				0	Sneh
	06:00 am	|								✓	0	Sneh
	07:00 am	|	NPO	10 ml							0	Sneh
Total Intake :						**Total Output :** M – 1					U – 2	

Total 24 hrs. Intake		Total 24 hrs. Output	M – 3 U – 4

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FLUID CHART

28/05/26

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	|		20ml							0	Swapna
	09:00 am	|		20ml			✓			✓	0	Swapna
	10:00 am	DNS		20 ml							0	Swapna
	11:00 am	|		20ml							0	Swapna
	12:00 pm	|		~~20ml~~			✓			✓	0	Swapna
	01:00 pm	|									0	Swapna
Total Intake :		1				**Total Output :** U – 2 M – 2						
	02:00 pm										0	Swapna
	03:00 pm	|		20ml							0	Swapna
	04:00 pm	RS	milk	20ml							0	Swapna
	05:00 pm	|		20ml							0	Swapna
	06:00 pm	|	milk	20ml			✓			✓	0	Swapna
	07:00 pm	|		20ml							0	Swapna
Total Intake :						**Total Output :** U – 1 M – 1						
	08:00 pm	|		~~20ml~~							0	Rima
	09:00 pm	|	DBF	~~20ml~~						✓	0	Rima
	10:00 pm	DNS		20ml							0	Rima
	11:00 pm	Stop		~~20ml~~			✓				0	Rima
	12:00 am	|	DBF	~~20ml~~						✓	0	Rima
	01:00 am	|		~~20ml~~							0	Rima
Total Intake :						**Total Output :** U – 2 M – 1						
	02:00 am	|		~~20ml~~							0	Rima
	03:00 am	|	DBF	~~20ml~~						✓	0	Rima
	04:00 am	DNS		~~20ml~~							0	Rima
	05:00 am	Stop		~~20ml~~							0	Rima
	06:00 am	|	DBF	~~20ml~~			✓			✓	0	Rima
	07:00 am	|		~~20ml~~							0	Rima
Total Intake :						**Total Output :** U – 2 M – 1						

Total 24 hrs. Intake		Total 24 hrs. Output	U – 7 M – 5

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FLUID CHART

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Sheet No. : 5 29/5/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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										0	
	09:00 am		milk								0	
	10:00 am	NBM IV Fluid					wn			—	0	
	11:00 am		milk								0	
	12:00 pm						1			—	0	
	01:00 pm										1	
Total Intake :						**Total Output :**				U-2-M-0		
	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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Dr. SIRISHA RANI

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Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO_2	Pain Score	Weight
90/54	100/min	46/min	98.6°f	99%	0/10	5kg

Diagnosis: Suspected Neuroblastoma

Procedure: Ultrasound guided Percutaneous biopsy of left supra renal mass.

Comorbidities: nil

- ☑ Risk, benefits & alternatives discussed;
- ☑ Patient understand & elects to proceed
- ☑ Consents for procedure and sedation signed and dated

ASA Physical Status

- ☑ ASA PS 1: Healthy Patient
- ☐ ASA PS 2: Mild Systemic Disease, no functional limitations
- ☐ ASA PS 3: Severe Systemic Disease, functional limitations
- ☐ ASA PS 4: Severe Systemic Disease, constant threat to life
- ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
- ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes
- ☐ E: Emergency procedure

GCS: E M V

☐ IV Site: 24G. Gauge: (L) HAND

Sedation Plan: minimal

Allergies: nil

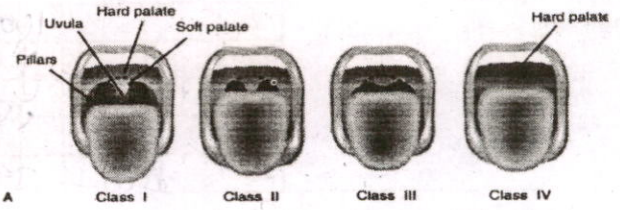
AIRWAY EVALUATION

Mouth:

- ☑ Normal
- ☐ Loose Teeth
- ☐ Small Mouth
- ☐ Protruding Incisors
- ☐ Receding Lower Jaw
- ☐ Dentures

Neck:

- ☑ Normal
- ☐ Decreased ROM
- ☐ Thyromental Distance Less Than 6 cm
- ☐ Short Neck



Mallampati Class: ☐ I ☐ II ☐ III ☐ IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O_2 Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- ☑ A - Alert
- ☐ V - Verbally Responsive
- ☐ P - Painfully Responsive
- ☐ U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O_2 Sat%	O_2 Supplementation	Comments / Initials
Baseline 12.57pm	90/60	130	38	99	–	–
1.10pm	109/60	136	36	99	–	
1.20pm	109/80.	136	36	99.	–	
1.40pm	96/69	134.	30	99	–	

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
Inj. Ketamine	IV	5mg	12.57pm	5mg 1.00pm
Inj. MIDAZOLAM	IV	0.5mg	1.10pm	0.5mg 1.20pm
			next dose	0.5mg 1.30pm

Doctor Notes: Procedure uneventful

Time of transportation to post sedation care room: 1:25pm LOC:

Doctor Name: Dr Manon Signature:

Post Sedation Care Room

Time	Temp – 98.6°F
Monitoring ECG NBP Oximeter	
Pain Score (0-10)	
Sedation Score (0-4)	
180	
160	HR – 108 b/m
140	
120	
100	BP – 100/55 mm of Hg
80	
60	
40	Resp – 39 b/m

TOTAL ALDRETTE SCORE AT DISCHARGE =
(If 9 and more patient can discharge from post Sedation care unit

Activity:	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O_2 > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal oncalling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O^2 > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time:

Nurse Name: Signature:

Date: Time:

Consultant Name: Signature:

Stamp

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: D. Hanvika Age: 3m 25days' Sex: F UHID.No : FDH-00046277

Date: 26/5/26. Time: 8:40pm Proposed Operation: PET scan.

Diagnosis: ? Neuroblastoma & liver mets.

B.P: <3 sec H.R: 142/min Weight: 5kgs. ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.4	Glucose:	Protein: 5.8	HIV:	X-Ray:	
PCV:	Urea: 18	Alb: 4.0	HBS Ag:	ECG:	
WBC: 11850	Creat: 0.4	Total Bill: 0.5	HCV:	2D Echo:	
Plate: 322	Na: 135	Dir. Bill: 0.2	Blood group:	Stress/Anglo:	
PT: 14	K: 4.6	LDH:	T3	Other:	
PTT: 45	Ca++:	Alk phos: 184	T4		
INR: 1.4	Mg++:	Amylase: 30	TSH		
	Cl -: 105	SGOT/SGPT: 106/25			

Allergies: Nil -

Medical History: CVS : / LSCS | FT | 2.9kgs | NO NICU admissions.

RESP : Diabetes : — Development → turns around.

CNS : fever : 5 days. Immunised till date.

Renal : —

Hepatic / GE : Hepatomegaly (+) splenomegaly (+) Physical Activity: alert.

Others : —

Past Anaesthetic History: Nil -

Physical Exam: Conedut assess

Airway: ✓ MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : BAE (+) ch.

Heart: S1S2 (+)

CNS: alert

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site : accessible

Spine Exam for regional : well felt.

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 — 4hrs - Breast milk
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: Name: Dr. Akhila. K

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No			Fasting Status:	
Physical Status:	☐ Patient Identified	☐ Consent Present	☐ Chart Reviewed	
H.R:	B.P:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

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

TV
PIP
PEEP

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: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

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

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

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

Name of the Doctor : .....
Signature of the Doctor : .....

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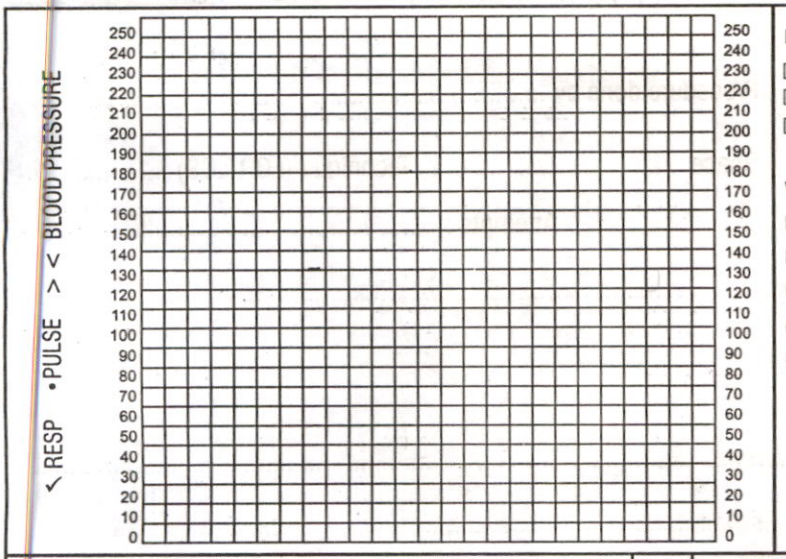
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 2	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP and 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 : .....