

BS

ACTIVITY RECORD FOR BILLING

Name : _____

BAH-00657589 IP5-00176080

Baby RIYANSHIKA N

UHID No. : _____ IP 14-12-2025 0 Y 6 M 25 D (F) ant: _____ Dept : _____

Dr. SRIPARTHA KRISHNA

Date of Admission: _____ Discharge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Forhan	008/09	9197757	Forhan
2	Dr. Kapil	09/09		
3	Dr. Kapil	11/09		
4				
5				
6				
7				
8				
9				
10				

[illegible]

11/7/26	RGS	26069282	OK cum
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11/7/26	RGS	26069282	OK cum
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11/7/26	RGS	26069282	OK cum
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Date	Investigations	Order No.	Signature
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Date	Investigations	Order No.	Signature
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Date	Investigations	Order No.	Signature
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Date	Investigations	Order No.	Signature
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[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

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Date : 12/07/16

Time : 10:00am

Prepared By : shank

Staff Nurse shank	Shift / Ward Gue-I.	Billing Assistant	Billing Supervisor
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B5

ACTIVITY RECORD FOR BILLING

Name : Riyanshika

UHID No. : BAH-00657589 IP5-00176080 Altant: Dept :

Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 23 D (F)
Dr. SRIPARTHA KRISHNA

Date of Admission: of Discharge : Time:



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	8:30pm	ER	116	<u>B</u>
11/7/26	7:00pm	PTCU	117	<u>S</u>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Sathya Prasad	8/7	9693002	<u>[Signature]</u>
2	DR. Sushma Reddy	10/7/26	9696857	<u>Palash</u>
3	Dr. Kapil			
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
07/07	CBP, CRP, BSR, CUE	Done on	Samahy
	CT Head plain	at Basra	
8/7	Rp2	26068707	Samahy
	Ury, RBS	26068716	Samahy
8/7	USG	033833	Samahy
8/7	line x-ray	033939	Samahy
	electrolytes	26068327	Samahy
	Blood culture	26068338	Samahy
	xxx		
9/7	RBS	26068453	Samahy
	Sr. Electrolytes	26068504	Samahy
10/7	RBS	26068879	Samahy
	USG		
10/7	CSF Analysis	26069033	palash
	CSF c/s		
	CSF not c/s	26069125	
	CSF gene xpert for TB		
	bpne serology		

MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7	Infusion Pump	12AM			Ponyanka
	Syr. pump			9692574	
8/2	Em. monitor.				
9/2	Em. monitor.			9692573	
	Inf. pump.				
10/2	Em. monitor.			9692573	

Date _____

Name of Equipment

Connecting Time

Disconnecting Time

Order No.

Signature

8	7
---	---

Infusion Pump

12AM

9

2

Donyana

Ex: pump

79 692574

$$\frac{8}{2}$$

Env. Monitor

9/7

Law Monitor.

2

2

7

Inf - prop.

9692573

10/2

Zw. monor.

9692573



PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
07/07	IV placement	①	2135	[Signature]
8/7	PICO line	①	9693913	[Signature]
9/7	PAC (MRI)	①	9695494	[Signature]
10/07	Lumber puncture	①	9696550	Palash

ANY OTHER INFORMATION

① UBC
urine culture &

Date: 12/07/16

Time: 10:00am

Prepared By: [Signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[Signature]	Room 2		

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176080

Admit Date : 07-Jul-2026

Admit Time : 06:07 PM UHID : BAH-00657589

Patient Details :

Patient Name : Baby RIYANSHIKA N

Age : 0 Y 6 M 24 D

Guardian : Mr ARAVIND N

DOB : 14-12-2025 01:00 AM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : FLAT NO 303, RHAJIV SWAGRUHA,
BANDLAGUDA, OPPOSITE DMART Nagole
Hyderabad Telangana INDIA 500068

Phone No : 9948876353/ 8309818396

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU

Bed No : PICU 210

Ward Name : 2F-PICU I

Room No : PICU 210

Admission Type : First Visit

Contact Details :

Name : Mr ARAVIND N

Relationship : Father

Contact Address : FLAT NO 303, RHAJIV SWAGRUHA,
BANDLAGUDA, OPPOSITE DMART Nagole
Hyderabad Telangana INDIA 500068

Phone No : 9948876353

Signature

Doctor Details :

Doctor Name : Dr. SRIPARTHA KRISHNA YERRAMILLI

Specialisation : PEDIATRIC NEURO SURGERY

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE/ Dr.
ABHISHEK RAVINDRA JAIN/ Dr. KOKKULA
PRANEETH

Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 20000.00

Payor Name : SELFPAY

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176080 Admit Date : 07-Jul-2026 Admit Time : 06:07 PM UHID : BAH-00657589

Patient Details :

Patient Name : Baby RIYANSHIKA N Age : 0 Y 6 M 23 D
Guardian : Mr ARAVIND N DOB : 14-12-2025 01:00 AM
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO 303, RHAJIV SWAGRUHA, BANDLAGUDA, OPPOSITE DMART Nagole Hyderabad Telangana INDIA 500068
Phone No : 9948876353/ 8309818396
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 116 Ward Name : 1F-GENERAL WARD I
Room No : GW 116 Admission Type : First Visit

Contact Details :

Name : Mr ARAVIND N Relationship : Father
Contact Address : FLAT NO 303, RHAJIV SWAGRUHA, BANDLAGUDA, OPPOSITE DMART Nagole Hyderabad Telangana INDIA 500068
Phone No : 9948876353

Signature

Doctor Details :

Doctor Name : Dr. SRIPARTHA KRISHNA YERRAMILLI Specialisation : PEDIATRIC NEURO SURGERY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. ABHISHEK RAVINDRA JAIN/ Dr. KOKKULA PRANEETH

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash Payor Name : SELF PAY



PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657589 IP5-00176080
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 23 D (F)
Dr. SRIPARTHA KRISHNA



Patient Name: RIYANSHIKA . N .

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Infection

Desired goals of the treatment :

Resolution of symptoms.

Planned Labs:

Planned Management

IV fluids.

inj. Vancomycin

inj. Ceftriaxone

inj. Paracetamol

T. level DT

Pipeline TM.

Start monitoring vitals

hourly

Noted by

Keethi

7/7/26

@ 8:40pm

Signature of the Doctor:

N. Prasad

Signature of the Consultant:

Dr. Sripartha

Name of the Doctor:

N. Prasad

Name of the Consultant:

Dr. Sripartha

Date & Time:

07/12/25

6 pm

Date & Time:

07/12/26

8 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/26 5:30 PM	Hb : 12.5 WBC - 20170 TT N42 L50 Plt : 647 K	Wt: 6.5 kg
	<u>Plan</u> • To Start Z _i VANCOMYCIN 130g IV Q6H Z _i CEFTRIAXONE 325g IV Q12H Z _i PCM 825g IV SOS T _{ab} LANZOL DT 15g OD • Admit under Dr. Sripathi / Dr. Praneeth • To plan for PICC line tomorrow • Review SOS	
		Sripathi

RIYANSHIKA N



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BAH 00657589

Date & Time	Progress Notes	Doctor's Order
07/07/26 3pm		
	PODs & EXUSION OF MYELOCESTOLE	
	n/o Irritability (+) Tolerating feed, No n/o Vomiting	
	OLE Afebrile AF - Tense (L) Eye ^{Medial} to Deviation (+), Impaired LR Rest EOMs full and free	Temp - 98.3° BP - 87/54 mmHg PR - 120 bpm, Good PV SpO ₂ - 98.1 ↓ RA
	LE Wound - minimal wound margin necrosis No underlying collection/discharge Neck rigidity (+)	
	<u>Plan</u> • CBC, CRP, ESR • Urine RME • NCCT Head Plain • Review @ 803	
		<i>[Signature]</i>



Date & Time	Progress Notes	Doctor's Order
7/2/26	4513 ^{EX} Resident (P.O. Pearson)	
8 PM	Vital Signs @ AF Team BP - 117/64 (84) SpO2 - 98% RA HR - 121/min RR - 35/min	Plan - Monitor BP hourly. - Inform SOS. (P. Pearson)
	NIB Results	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26. 11:50pm	<u>C/S/B p/w follow.</u>	
	DSB:- Kilo myelomastocel tethered cord neurogenic bladder - <u>plan.</u>	
	2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 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1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>BP centile</u>	
<u>31/12/26</u> <u>12:30m</u>	<u>SBP</u>	<u>DBP</u>
	50 th 88	55
	90 th 105	65
	95 th 110	70.
<u>2/1/27</u> <u>1:20am</u>	<u>counselling notes</u>	
		Dr. Haerika Dr. Subanya
	child is having increased BP ∴ admission associated with intermittent decrease heart rate. Along with clinical symptoms of dull activity, new onset squint, tense, bulging scalp font, with raised BP, if at any point there is decrease of HR < 70/min, we will do immediate ventricular tapping. As child was fed now, we will do tapping at 5am today.	
		<u>Dr. Haerika</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/12/26 1am.	<u>C/S/B Dr. Farhan.</u> Δ: Post-operative care of Myelocystocele with tethered cord & neurogenic bladder B/L HDN POD 5/ Meningitis / DTI / T ICP Issue: Irritability. (L) lateral rectus palsy ↓ oral intake. HTN Bradycardia.	<u>Plan:-</u> (1) NPO. for 4hr. (2) Start iv fluids (3) Cont antibiotics. (4) S.T. NS. (5) Ventricles tapping after 4hr of NPO (6) Keep intubation things ready. (7) Monitor vitals. (8) Neuroprotective measures.
	Child in room air. SpO ₂ : 99% PR: 86/w. RR: 28/w BP: 123/92 Chest: B/L clear. CVS: S1S2 @. No murmur. PA: Soft, NT. CNS: Irritable, alert, active. (L) lateral rectus palsy Pupil: 2+ 2+ Ton: (N). AF: tense.	Noted by Shreya

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 11/12/26 Day of Admission: Day-2 Today's Date & Time: 8/12/26 8 AM
 PRISM - III Score in first 24hrs. of Admission: 0 Today's SOFA Score: 1

OVERVIEW	Diagnosis: <u>Kidney myelomastocle</u> <u>Sp exstion pod-6</u> <u>neurogenic bladder - UTI</u> <u>BIT + HON</u>	Current Issues: <u>Instability</u> <u>Bolus, Tease AF</u>
	VITAL SIGNS Today's Wt. (kg): <u>11.1</u> Temp: <u>38.1</u> Blood sugar issues: <u>None</u>	
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): <u>BAC (+)</u>	
	CXR: <u>Normal</u>	
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>Room APX</u> L / min	
	Ventilatory Support: ☐ Yes ☒ No - Day # of Vent: <u>0</u> Nitric Oxide: ☐ Yes ☒ No - If Yes, details: <u>None</u>	
	Ventilatory Settings: Leak around ETT: <u>None</u> Delivered Vt: <u>8ml</u> ABG: <u>pH-7.4</u> <u>pO₂-40</u> <u>pCO₂-33</u> <u>Lac-2.5</u> <u>HCO₃-24.6</u> O.I.: <u>0</u> Chest Physiotherapy Plan: <u>None</u> Suctioning Needs: <u>None</u> Any Nebs: <u>None</u> ICD? ☐ Yes ☒ No, if Yes, details: <u>None</u> Plan of care: <u>None</u>	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): <u>SPun HR-120</u>	
	Quality of Pulses: <u>good</u> cap refill Time: <u>2 sec</u> Liver Edge: <u>Hypertensive</u> cm below Rt costal margin	
	Blood Pressures: NIBP: <u>105/60/70 mmHg</u> IBP: <u>105/60/70</u> CVP: <u>10</u>	
	Infusion of: ☐ Dopamine <u>None</u> mcg / kg / min - ☐ Dobutamine <u>None</u> mcg / kg / min ☐ Epinephrine <u>None</u> mcg / kg / min - ☐ Nor Epinephrine <u>None</u> mcg / kg / min ☐ Milrinone <u>None</u> mcg / kg / min	
	Any Other Infusions: <u>None</u> Last 2D Echo Findings: <u>None</u> Size of the heart and lung fields in latest CXR: <u>None</u> Arterial line in situ: ☐ Yes ☒ No Place of art, line & its condition: <u>None</u> Central line in situ: ☐ Yes ☒ No Place of central line & its condition: <u>None</u> Day of arterial line: <u>None</u> Day of Central line: <u>None</u> Plan of Care: <u>None</u>	
CNS	Neuro Exam: <u>Irritable</u> <u>3v NS</u> <u>1ml/kg/hr</u>	
	Pupils: <u>3mm</u> <u>3mm</u> <u>At sluggish reacting</u> Sedation Used? ☐ Yes ☒ No Any paralysis? ☐ Yes ☒ No Types of Sedation: <u>Side</u> Types of Paralysis: <u>None</u> Relevant CT Scan, MRI EEG, Neurosonogram etc.: <u>None</u> Plan of Care: <u>Monitor for signs of raised ICP</u> Ramsay Sedation Score: <u>None</u>	

FLUIDS STATUS NUTRITION AND G.I.	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>+40</u> / (+/-) Input : <u>4.1</u> ml/kg/d UO : <u>3.2</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>18 ml/hr</u> ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>135</u> K <u>5.2</u> Cl <u>10.1</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) : <u>Input</u> <u>Fluid: 432</u> <u>3hr: 144</u> <u>Supp 20ml</u> <u>100 ml</u> <u>656</u>	
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent ? ☐ Yes ☒ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Sup vancomycin-D1</u> <u>Sup meropenam-D2</u>	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.2</u> Bld. Urea : <u>9</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
HEMATOLOGY	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care : <u>7/8/26</u> <u>12.5/20170</u> <u>647000</u> <u>42</u> <u>52</u>	
CARE PROTOCOLS	VAP Bundle Used ? : ☐ Yes ☒ No ☐ NA CRBSI Bundle Used ? : ☐ Yes ☒ No ☐ NA CA - UTI Bundle Used ? : ☐ Yes ☒ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details : Pending Lab Results : ☐ Yes ☒ No If yes, then details : Pending Consultations : ☐ Yes ☒ No If yes, then details :	
FINAL COMMENTS	<u>NPO</u> <u>ventricular tapping</u> <u>Trace urine culture</u>	

Doctor's Name (Handover given) : Dr. Nathan

Signature : [Signature]

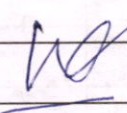
Date & Time : 8/7/26 8AM

Doctor's Name (Handover taken) : [Signature]

Signature : [Signature]

Date & Time : 8/7/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/11/26 9am	c/s/b Neuroteam	
	K/C/O Terminal myelocystocele & tethered cord & Neurogenic bladder & B/L HDUN & ? meningitis / ventriculitis & UTI : S/p Excision of myelocystocele - POD - 6	
	c/o irritability :: POD - 3 & medial deviation of (L) eyeball fever spikes (+)	
	Ⓢ Issues: Ⓢ (L) LR palsy (R) eye → no medial & lateral gaze UTI HTN (+)	
	O/F: Child irritable Eye: (L) Lateral Rectus palsy (R): No lateral & medial Gaze B/L pupils - normal size reacting to light	Adv 1) brace urine C/s 2) Discharge & surgeon for lumbar puncture 3 mannitol start
	UL: Antigravity movements (+) LL: paucity of movements of (L) LL AF - full, tense Neck Rigidity (+)	
		



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/16/2024 10:00 AM	ck/b Dr Satyaprasad Sir	
	M/C/O Myelocystocele S/P excision POD6	<u>Plan</u>
	= Neurogenic bladder with B/L Hydronephrosis	- TO do mcn after healing UTI / infection
	UTI	- Review SIS

BAH-00657589 IP5-00175080
 Baby RIYANSHIKA N
 14-12-2025 0 Y 6 M 24 D (F)
 Dr. SRIPARTHA KRISHNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
08/07/2026 10:00 AM	c/s/b Dr. Kapil	
	Kkhw myelocystocele	Plan:
	Slp Excision POD-6	✓ Dr. Sahyampasad Opinion (Informed)
	Neurogenic bladder B/L HPN	2) Trace urine cl.
	UTI ? Meningitis	3) check all old reports, ← thyroid
	Issue: ? Ventriculitis	4) Ventricular Tap / CSF
	Contaminated.	IF NO SIGN OF INFECTION
	Hypertension	CSF for Bact-PCR & analysis
	ongoing	5) Urologist referral
	Inj. meropenem	& UTI prophylaxis
	inj. vancomycin	6) NSG to I/P ventricles.
		7) find out Atonic / Contracted bladder
		Prevoid 91
		Post-void 62
		noted by S. Indhuja
		8/7/26
		10:2 AM
		capil
08/07/26 2 PM	Procedure note	
	Under strict aseptic precautions, 22Fr* sum	U/B Dr. Jyoti
	free line inserted in hypom. free flow	APB Dr. Shash
	and back flow established. Position confirmed	
	by us ael n-Res	
	Blank	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 4pm	cls/B Dr. Sandeep	Plan
	As:- myelocystocele ± tethered cord / slp excision & repair POD - 6 / neurogenic bladder ± B/l hern / neurogenic bowel / ? meningitis	1) Trace + urine cl blood cl 2) continue antibiotics 3) oral feeds on demand 4) stop IV fluids if taking orally well
	on room air hemodynamically stable HR - 131/min BP - 114/69 mmHg. SpO ₂ - 100% RR - 26/min RR - RAE (+) clear P/A - soft. CNS - E4V5M6 left lateral rectus palsy mongoloid facies. Head circumference - 40.5cm (<5 th centile) AF - full, tense No fever since admission Irritability (+)	5) w/f worsening of consciousness 6) S. electrolytes @ 4pm noted by Sindhu 8/7/26 9:10pm Dr. Prakash

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/28	<u>Lab Neurotrans</u> Series: ① Sensorimotor feeding well (+) - Irritability ↓ - E4V3M6. ② No fever spikes Hypertension (+) AT → full pulse at <u>of vitals</u> → stable - Intermittent excessive irritability - CV → (L) LR palsy (L) paralytic isocephalic - LL → R → 2/5, L → 3/5 - No cerebellar signs	Adv. - vitals. - continue Adv. Adv. - vitals. - continue Adv. noted by Vandana 8/7/28 @ 2PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/3/26 2:30pm	Cls Neuroteam Dr. Sripartha / Dr. Peneeth Irritability improved Feeding Child - Alert Active o/e Reduced EOM only Pupils - (R) Side - Ophthalmoplegia (+); (L) LR Palsy (+) (R) - 4mm, RAPD (+) (L) - 3mm, reactive Limb movements (R) LL 2/5 (L) LL 3/5 Plan - To Get Contrast MRI Brain + Spine tomorrow morning - Start 8g Dexta 4x TDS - Continue IV Antibiotics - Review SOS	Signature Noted by Vandana 8/3/26 @ 8:00pm

Dr. SRIPARTHA KRISHNA



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 21/12/26 Day of Admission : Day 3 Today's Date & Time : 9/12/26, 8am

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Myelomastocle / left HDN / 9p repair POD-7 / neurogenic bladder / Current Issues : Meningitis - occasional tense, full AF B/L lateral rectus palsy
VITAL SIGNS	Today's Wt. (kg) : 6.5 kg Temp.: Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : RAE ⊕ clear. RR - 30/min. CXR : SPO ₂ : 99% O ₂ by NC / FM / NRB mask / Oxyhood, at room air L/min Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☐ No - If Yes, details : Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs : Any Nebbs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care :
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam (Heart sounds, murmur etc.) : HR - 116/min, S2 ⊕, Quality of Pulses : good vol, regular cap refill Time : 2s Liver Edge : cm below Rt costal margin Blood Pressures : NIBP : 109/54 IBP : CVP : Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min Any Other Infusions : Last 2D Echo Findings : Size of the heart and lung fields in latest CXR : Arterial line in situ : ☐ Yes ☒ No Place of art, line & its condition : Central line in situ : ☐ Yes ☒ No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care :
CNS	Neuro Exam : Ey V5 M6, prefers to sleep, lower limbs weakness, full, tense AF Pupils : B/L 3mm, reacting to light Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No Types of Sedation : Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>+268</u> / (+/-) Input : ml/k/d UO : <u>3.9</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>15</u> ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>Cope</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>2g Meropenem D3</u> Cultures Sent ? ☐ Yes ☐ No - If yes, details : <u>2g Vancomycin D3</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	NEPHROLOGY ISSUES Sr. Creat : <u>0.2</u> Bld. Urea : <u>9</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA CA - UTI Bundle Used ? : ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details : Pending Lab Results : ☐ Yes ☒ No If yes, then details : <u>urine ds</u> <u>Blood ds</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :	
FINAL COMMENTS	→ MRI brain & spine c contrast to do → trace 3-electrolytes	

Doctor's Name (Handover given) : Dr. Pradyumn
 Signature : [Signature]
 Date & Time : 9/7/26, 8am

Doctor's Name (Handover taken) : Vikas
 Signature : [Signature]
 Date & Time : 9/7/26 @ 8am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/26 11:30am	club Neuro team (Dr. Sripartha)	
	Irritability (+)	
	Afebrile	
	O/E Alert, active	
	Pupils - (R) 4mm, sluggish reactive, RAPD (+)	
	(L) 2mm, Reactive	
	EOM - (R) Complete Ophthalmoplegia	
	(L) LR Palsy (+)	
	Ext Neck rigidity (+) - improved	
	HG: 40.5cm	HE wound healthy
	O/E UL - Good antigravity movement (+)	No underlying collection
	RU - 2/5 RL - 3/5	
	MR1 (Fluor only) - No significant basal dural enhancement or ventricular enhancement	
	Postop changes at surgical site noted with reduction in syrinx	
	Plan - Family counselled regarding current neurological issues	
	- Continue IV Antibiotics	
	- Continue feeds	
	- Collect radiology report and opinion	
	- Can shift to ward	
		Sripartha

Mr. SRIPARTHA KRISHNA



Date & Time	Progress Notes	Doctor's Order
11/11/2020 11/11/2020	Counselling Notes Dr. Raghav / Dr. Praveen Parents have been counselled that surgical site is good on MRI also. Child has B/L eye muscle problems. We have done MRI today, but MRI also not showing any severe retraction changes. We are continuing therapy. We don't know exactly what is the reason for eye muscle involvement. Neurologist will see the child again today. We exactly don't know the reason for the optic atrophy. Hydrocephalus is fully mildly elevated. Process of diagnosis and VP shunt explained to parents. We are waiting for MRI Report.	Praveen Dr. Praveen
Dr. Vikas		Dr. Anshul Dr. Anshul

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/12/26 2:23pm	Feb Neuro exam	Dr. Prayuth Dr. Parth Dr. Vinet
	Issues:	
	① Persistent irritability (+) ↳ minimal improvement since admission ↳ oral intake ~ 60ml.	
	② No fever spikes.	
	③ (R) Ophthalmoplegia with left abduction restriction 2nd, 3rd, 6th CN inflammation on MRI.	
	④ HINT (+).	
9/12/26	AF full, pulsatile. HINT - spont. eye opening Ev 4/4 M6.	Ev 4/4 M6.
	- CN - (R) eye - Abduction & adduction restriction	① eye - Abduction restriction
	- pupil 4mm & reactive	2mm & reactive

Date & Time	Progress Notes	Doctor's Order
9/7/2026 @ 4 PM	cls/B Dr. Kapil <u>Meningococcal</u> <u>trauma/diagnosis policy</u> <u>Issues</u> ① Infection ② Ophthalmology	<u>Plan</u> ① Keep in p.w. ② Head circumference monitoring ③ continue steroids and Antibiotics. ④ NSG tomorrow
9/7/2026 @ 4 PM	<u>counselor Noks</u> Mother has been counselled that child has some changes in MRI we cannot take lumbar puncture and take CSF as surgery was done. We have decided to continue Antibiotics. We have to monitoring strictly for next 1-2 days.	N.B. Tandon 09/07 @ 4 PM
	<u>Dr. Noks</u>	<u>Dr. Noks</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/2025 07pm	C/S/B Neuroteam	
	K/O myelocystocele c Neurogenic Bladder c UTI <u>S/p - Excision of myelocystocele - POD - 7</u>	
	Issues: Irritability (+) : mildly ↓ ↳ minimal improvement (+) ↳ Oral Acceptance - Normal ↳ No fever spikes / Seizures ↳ Cranial Nerveitis (2,3,6) - (R) & (L) ophthalmoplegia ↳ HTN (+)	
	O/E: Child conscious ; BP: 110/70 mmHg E ₄ V ₄ M ₆ HMF - Irritability	
	(Rt) Eye Both medial and lateral gaze restriction	(Lt) eye Lateral Gaze restriction/ Abduction defect
	pupil: 4mm in size, sluggishly reacting to light	Normal size reacting to light
	Power: paucity of movements of (Lt) LL (R) (L) RL 3/5 / 3/5 LL 3/5 / 2/5 AF - tense, full, pulsatile	Adv - Ophthalmology 1) vitals monitoring 2) Continue IV antibiotics 3) continue oral feeds



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/10/26 9am	Child NeuroTeam	
	o/c/o Myelovystocele repair & Meningitis & UTI	
	Child irritable - improved	
	Feeding well	
	No fever/seizures	
	O/E Euvsm6	
	Alert, active	
	AF - full, improved since before	
	Pupils - (R) 3mm, sluggish reactive, RAPD+	
	(L) 2mm, reactive	
	EOM (R) - Complete Ophthalmoplegia	
	(L) - LR Palsy	
	(R) LL - 2/5 (L) LL - 3/5	
	Good ent, gravity movements in both upper limbs	
	Plan • Monitor GCS, I/O, Vitals, Pupils	
	• Continue IV Antibiotics,	
	• Continue Diamox, Antiepileptics, Steroids	
	• Consider shifting to ward	
	• Ophthalmological examination	
		Signature
		Dr. R. S. Narasimha
		10/10/26

Dr. SRIPARTHA KRISHNA

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 07/07/25 Day of Admission: day 4 Today's Date & Time: 10/07/25 10:00a
PRISM - III Score in first 24hrs. of Admission: Today's SOFA Score:

OVERVIEW	Diagnosis: Myocardial infarction (MI) HON S/pneumonia post / meningitis 3.6.4# cns bleed	Current Issues: Nephritis Cr@Palsia
	VITAL SIGNS Today's Wt. (kg): Temp.: Blood sugar issues:	
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): chest clear	
	CXR: 99f	
	SPO ₂ : O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support: ☐ Yes ☒ No - Day # of Vent: Nitric Oxide: ☐ Yes ☒ No - If Yes, details:	
	Ventilatory Settings: Leak around ETT: Delivered Vt:	
	ABG: EtCO ₂ : P/F ratio: O.I.:	
	Chest Physiotherapy Plan: Suctioning Needs:	
	Any Nebs: ICD? ☐ Yes ☒ No, if Yes, details:	
	Plan of care:	
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): no murmur
Quality of Pulses: well felt cap refill Time: < 2 sec Liver Edge: cm below Rt costal margin		
Blood Pressures: NIBP: 90/60 mmHg IBP: CVP:		
Infusion of: ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min		
☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min		
☐ Milrinone mcg / kg / min		
Any Other Infusions:		
Last 2D Echo Findings:		
Size of the heart and lung fields in latest CXR:		
Arterial line in situ: ☒ Yes ☐ No Place of art, line & its condition:		
CNS	Central line in situ: ☒ Yes ☐ No Place of central line & its condition:	
	Day of arterial line: Day of Central line:	
	Plan of Care:	
	Neuro Exam: GCS = 15/15 ② ophthalmoplegia (Ext) + ④ ④ - AF bulging RAPD +	
	Pupils: Sedation Used? ☐ Yes ☒ No Any paralysis? ☐ Yes ☒ No	
Types of Sedation: Types of Paralysis:		
Relevant CT Scan, MRI EEG, Neurosonogram etc.: MRI brain + spine		
Plan of Care: ④ Antibiot Acute stroke		
Ramsay Sedation Score:		

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I/O / Balance : <u>-40</u> / (+/-) Input : <u>3.7</u> ml/k/d UO : <u>4.0</u> ml/kg/hr Stools : <u>passer</u> NG output : PO intake : Feed Formula : <u>Dexolac stage-2</u> Feed Schedule : <u>ad lib.</u> IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>136</u> K <u>4.6</u> Cl <u>106</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>Soft</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☐ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	VAP Bundle Used ? : ☐ Yes ☒ No ☐ NA CRBSI Bundle Used ? : ☐ Yes ☒ No ☐ NA CA - UTI Bundle Used ? : ☐ Yes ☒ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details :	
Pending Lab Results : ☐ Yes ☐ No If yes, then details : Pending Consultations : ☐ Yes ☐ No If yes, then details :		
FINAL COMMENTS <u>it same</u> <u>24</u>		

Doctor's Name (Handover given) : W. N. S.

Signature : [Signature]

Date & Time : 10/07/20

Doctor's Name (Handover taken) : on/cater

Signature : [Signature]

Date & Time : 10/07/20 9:00am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Bed - 5 ptw	
	counselling	
	Neurology	
10/4/26	Riyanshika	Dr. Sripartha
9:45pm	Bed - 5	Dr. Parvathi
	- Multiple Cerebral Nerve involvement → causing eye movements + restriction - Activity is better - possibility of infection - persistent symptoms of Raised ICP. - Need for doing lumbar puncture → for CSF Analysis - possibility of worsening - Need for Antibiotics - If CSF is normal → then further tests for other differentials required	
	<i>Dr. Parvathi</i>	<i>Dr. Parvathi</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 11:10 AM	US/B Dr. Kapil	Plan
	ASB:- post-myocystorek report POD-8 UTI with meningitis	1. USG by Dr. Nithin 2. Head circumference monitoring 3. Continue IV antibiotics.
	RT complete ophtalmoplegia Left lateral rectus palsy. BL HDN neurogenic bladder	4. Lumbar puncture by Dr. Praneeeth 5. Monitor activity.
	on room - AR	Al. By N. Praneeeth 10/7/26 @ 11:10 AM
	hemodynamically stable no fever spikes.	
	on dexolac stage 2 feeds add B	
	RT left. pupil 3mm 2mm sluggish reaction to light	
	AT :- Teuse	
	on Iy levipil 20mg/kg/dose BD Iy dexamethasone 1mg/IV/TID.	
	Vitab.	
	HR- 102	
	BP- 110/70 (80 mmHg).	
	RR- 30	

Date & Time	Progress Notes	Doctor's Order
10/7/26 pm	The lumbar puncture for CSF Analysis under VSE guidance & minimal sedation. - The lumbar puncture done at L2-L3 space under VSE guidance under aseptic precautions. Child withstood the procedure well - pre & post procedure vitals stable. CRAB 1 - 88 mg/dL.	Adv. - CSF Analysis for viral & other samples. Dr. [Signature]





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 4pm	CIS/B Dr. Sandeep. ASIS:- post myocystorele repair. POD-8. UTI with meningitis. Urine cl- klebsiella & pseudomonas Result optuamprologia. left lateral rectus palsy. BLC +10N neurogenic bladder. on room -A/R hemodynamically stable. no fever spikes. alert, active Instability decrease. AF - Flad. pupil RT 3mm sluggish reacting left 3mm post dilation	plan. 1. Head circumference monitoring 4th hourly. 2. Monitor sensorium w/f drowsiness. 3. Continue IV antibiotics. 4. Send of sample for PCR. 5. continue bottle feeds adlib. 6. w/f fever spikes.
	Vitab. HR- 120 Bp- 105/60 (70) mmHg. RA- 22.	N. By. 14 Dr. Nathan Naraneethy 10/7/26 @ 4pm

Date & Time	Progress Notes	Doctor's Order
	def Neuroteam	
10/1/26 9pm	① Irritability - improving ② Ophthalmoplegia - static ③ Taking well orally ok vitals - stable - pupil - SPAD grade 1 - eye abduction & adduction intact - US power - R - 2/c L - 3/c - No cerebellar signs	Meninges - (RT) Not elicitable
		sch - - vitals - plan to shut to ward tumor team
		2 Must 130021

Date & Time	Progress Notes	Doctor's Order
10/7/26 9am.	C/S/B Neuroteam A: o/c/o myelocystocele repair C B/L Cranial neuritis C meningitis C UTI C Neurogenic bladder. POD - 9	
	Issues: 1) Irritability ↓↓; Accepting feeds - (N) 2) UTI → Klebsiella pneumoniae Pseudomonas aeruginosa 3) Ophthalmoplegia - (RT) complete (LT) LR palsy. 4) No fever/vomiting/seizures	
	O/E: Child conscious • Visual tracking (+)	Adv ① plan to shift to ward. ② Cef Bacterial pop
	PUPILS: (RT) eye - Grade I RAPD; (LT) eye - (N) size reacting to light	
	(RT) - ophthalmoplegia (+) - both Abduction & adduction defect (LT) eye abduction defect (+)	
	Power - LL - 3/5 2/5 AF - flat, open, pulsatile No vitals - stable : BP : 96/63 mmHg	
		Abluski

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 7/7/26 Day of Admission : Day-5 Today's Date & Time : 11/7/26 8 AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : postmyelomastocle exsion POD-9 UTI with meningitis Bladder Neurogenic bladder	Current Issues : meningitis Instability beds
	VITAL SIGNS Today's Wt. (kg) : Temp. : Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE@ clear	
	CXR : 98%	
	SPO ₂ : 98% O ₂ by NC / FM / NRB mask / Oxyhood, at Room APT L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☐ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☐ No, if Yes, details :	
	Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : sinus +12-120	
	Quality of Pulses : good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : 100/50 (64) mmHg BP : CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR : Left arm PICC line in situ	
	Arterial line in situ : ☐ Yes ☒ No Place of art, line & its condition :	
Central line in situ : ☐ Yes ☒ No Place of central line & its condition :		
Day of arterial line : Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : alert GCS 15/15	
	Pupils : 2mm 2mm reacting Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Tab acetazolamide 10mg TDS / day B.D. Rt 3rd, 6th cranial nerve palsy Lt 6th nerve palsy Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>+180</u> / (+/-) Input : <u>4.4</u> ml/kg/d UO : <u>3.3</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>Dextolac Stage-2</u> Feed Schedule : <u>Ad lib.</u> IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>136</u> K <u>4.6</u> Cl <u>106</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : <u>uric's - klebsilla & pseudomonas</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : <u>Ig meropenem - D5</u> Ongoing Antibiotics : <u>Ig vancomycin - D5</u>	
	NEPHROLOGY ISSUES Sr. Creat : <u>0.2</u> Bld. Urea : <u>9</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : <u>712</u> <u>12.5</u> / <u>20170</u> / <u>6.42</u> Any Coagulopathy : Relevant Transfusion History : <u>42</u> <u>52</u> Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : ☐ Yes ☒ No ☐ NA Pending Lab Results : ☐ Yes ☒ No CRBSI Bundle Used ? : ☐ Yes ☒ No ☐ NA If yes, then details : CA - UTI Bundle Used ? : ☐ Yes ☒ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA Pending Consultations : ☐ Yes ☒ No If yes, then details : If yes, then details :	
	FINAL COMMENTS <u>Trace CSF culture</u> <u>lyme serology</u> <u>Trace CSF TB gene expert</u>	

Doctor's Name (Handover given) : Dr. Mathew
Signature : [Signature]
Date & Time : 11/2/26 8 AM

Doctor's Name (Handover taken) : [Signature]
Signature : [Signature]
Date & Time : @ 8 AM, 11/2/26

BAH-00657589

IP5-00176080

Baby RIYANSHIKA N

14-12-2025

0 Y 6 M 25 D

(F)

Dr. SRIPARTHA KRISHNA



3

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PROGRESS NOTES AND DOCTOR'S ORDER

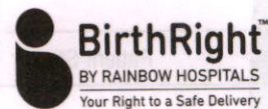
Date & Time	Progress Notes	Doctor's Order
11/02/2026	SB & Kapi	
@ 10AM A	Post meningomyelocele. Fusion - RA f. Multiple cranial nerve palsy HON - UT2 - Klebsiella	Adv ① Shift to room
	On room air Hemodynamically stable	② CSF de - unlikely to be Positive - to consider sending CSF PCR - comprehensive panel
	No new focal neurological deficit	③ Continue drugs as per chart
	Comprehensible	④ No change
	AF flat open Right eye - ophthalmoplegia Left eye - 6th nerve palsy	↓ N.B. Amulya Mani
	HR : 110/min SpO2 100% O2 RA	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/04/26 10:20am	Club's Neuro Team	
	Doing well	
	Afebrile	
	Tolerating orally	
	Painy stools ~ 2 times/day	
	Foley's in situ	
	ole Child active, alert	AF - lax
	Pupils - (R) - 3mm, sluggish reactive, No RAPD	
	(L) 3mm, Normal reactive	
	ECM - (R) - Restricted Abduction & Adduction	
	Some downward & upward gaze	
	(L) - LR Palsy (+)	
	Power - Bk UL > 3/5	
	(L) UL 2/5 (R) UL 3/5	
	<u>Plan</u>	
	- Continue IV Antibiotics; AEDs, Diamox	
	, Trace TB-PCR, Lumbar Puncture	
	- Can shift to ward	
	- Continue Steroids x 1 Day	
	- Review 2os	
		Sripa

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



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00657589

IP5-00176080

Baby RIYANSHIKA N

14-12-2025

0 Y 6 M 25 D

(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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CROSS CONSULTATION FORM

Doctor Name: Dr. Sushma Reddy Date: 10/12/26 Time: 1hr

Diagnosis: UTI & meningitis

Hospital: RCH

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

[Signature]
Signature:

Findings and Recommendations :

Thank for referral

V_A - fFL 1

(Bil 6^m nerve +
3rd nerve palsy)

(RE)

Wt NA
2 days

(O/E)

MR: Partial clonus
(~~and~~ mild)

Pupils: sluggish reacting.

LR: none

-3 | -3 | -3 | -3

Indices: Both eye: unc

Consultant :

Name: Sushma Reddy Signature: [Signature] Date & Time: 10/12/26 1hr

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CROSS CONSULTATION FORM

Doctor Name : Dr. Sahaprasad Date : 08/07/2026 Time : 10:00 AM

Diagnosis : VUR

Hospital : ACH, Bangalore

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

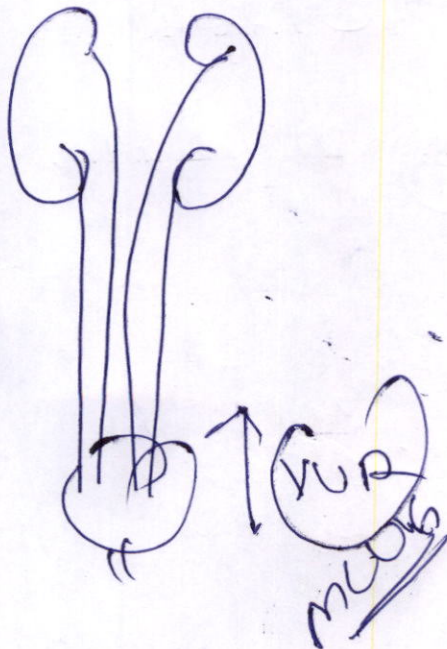
Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

BIL HDON
UTI
Neuphu

Signature : Dr. Pratyusha

Findings and Recommendations :



Plan:

- 1) To do mwa after treating UTI/Infection.
- 2) Review eos.

Consultant :

Name : Dr. Sahaprasad Signature : [Signature] Date & Time : 8/7/26 10:00 AM



B negative

RESULT SHEET

Date	7/7/26	8/7/26	8/7/26	9/7/26		
Time	8 PM	2 AM	3 PM	6 AM		
Hb	12.5					
PCV	38.3					
RBC	4.86					
WBC	20170 ↑					
N/L	42/52					
Platelets	647000					
CRP	(17)					
ESR						
PCT						
RBS						
Na		135	137	136		
K		(5.2)	4.3	4.6		
Cl		101	108	106		
Ca/Mg						
Phosphate						
Urea		9				
Creatinine		0.2				
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI

 Others (ECG, Contrast Studies etc.,) :

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: ICU

Shifted to: ward

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	INT PARACETAMOL	100mg	IV	TDS	11/2/26	☒ C ☐ DC
2	INT VANCOMYCIN	130mg	IV	q8hr	11/2/26	☒ C ☐ DC
3	T. LANZOL	1/2 tab	PO	OD	11/2/26	☒ C ☐ DC
4	INT MEROPENEM	250mg	IV	TID	11/2/26	☒ C ☐ DC
5	INT DEXAMETHASONE	1mg	IV	TDS	11/2/26	☒ C ☐ DC
6	ET T. ACETAZOLAM (250mg/tab)	1 tab to be dissolved in 10 ml & give 2ml	PO	BD	11/2/26	☒ 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. Sripartha Krishna

Date & Time: 11/02/26 3:45pm

Nurse Name & Signature: Analya

Date & Time: 11/7/26 @ 5pm

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: ICU

Shifted to: ward

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	Syr. riperac	3.5ml	PO	12H	6/12/26	☐ C ☒ DC
2	Syr. Linezolid	3.5ml	PO	8H	6/12/26	☐ C ☒ DC
3	T. Lanaxol DT 15mg	6mg	PO	24H		☒ C ☐ DC
4	corrin drops	0.9ml	PO	8H		☐ C ☒ DC
5	Vitamin-D3 drops	1ml	PO	24H		☒ 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 : N. Prathap Kumar N. Pa

Date & Time : 7/12/2026, 5:40pm

Nurse Name & Signature: Bharani

Date & Time : 7/12/26 e 5:40pm

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 Baby RIYANSHIKA N
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Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.5 kg Ward PICU

DRUG: <u>Inj. MEROPENEM</u>				Date Time	<u>8/7</u>	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Dose	Route	Frequency	Start Dt.						
<u>250mg</u>	<u>IV</u>	<u>TID</u>	<u>7/7</u>						
Name & Signature of the Doctor Starting the Drugs: <u>Avinet</u>				<u>6AM</u> X <u>Sub</u> <u>Flow</u> <u>Paul</u> <u>2PM</u> X <u>Sub</u> <u>Flow</u> <u>Paul</u> <u>10PM</u> <u>Sub</u> <u>Flow</u> <u>Paul</u>					
Additional Instructions: <u>long ug/dose</u> <u>over 30 mins. TID</u>									
Daily Doctor's Endorsement by a Sign				<u>U</u> <u>U</u> <u>U</u> <u>U</u> <u>U</u>					

DRUG: <u>8j DEXAMETHASONE</u>				Date Time	<u>8/7</u>	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Dose	Route	Frequency	Start Dt.						
<u>1mg</u>	<u>IV</u>	<u>TDS</u>	<u>08/07</u>						
Name & Signature of the Doctor Starting the Drugs: <u>Sripa</u>				<u>6AM</u> X <u>Sub</u> <u>Flow</u> <u>Paul</u> <u>2PM</u> X <u>Sub</u> <u>Flow</u> <u>Paul</u> <u>10PM</u> <u>Sub</u> <u>Flow</u> <u>Paul</u>					
Additional Instructions:									
Daily Doctor's Endorsement by a Sign				<u>U</u> <u>U</u> <u>U</u> <u>U</u> <u>U</u>					

DRUG: <u>2j LEVITERACETAM</u>				Date Time	<u>8/7</u>	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Dose	Route	Frequency	Start Dt.						
<u>130 mg</u>	<u>IV</u>	<u>BD</u>	<u>8/7/26</u>						
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Pratyush</u>				<u>10AM</u> X <u>Sub</u> <u>Flow</u> <u>Paul</u> <u>10PM</u> <u>Sub</u> <u>Flow</u> <u>Paul</u>					
Additional Instructions:				<u>Stop</u>					
Daily Doctor's Endorsement by a Sign				<u>U</u> <u>U</u>					

DRUG: <u>Inj. VANCOMYCIN</u>				Date Time	<u>11/7</u>	<u>12/7</u>
Dose	Route	Frequency	Start Dt.			
<u>130mg</u>	<u>IV</u>	<u>Q8H</u>	<u>11/7</u>			
Name & Signature of the Doctor Starting the Drugs: <u>Sowjanya</u>				<u>6 AM</u> <u>Flow</u> <u>Paul</u> <u>2 PM</u> <u>Flow</u> <u>Paul</u>		
Additional Instructions: <u>slow IV in 50ml NS</u> <u>over 1 hour</u>				<u>10 PM</u> <u>Flow</u> <u>Paul</u>		
Daily Doctor's Endorsement by a Sign						

BAH-00657589 IP5-00176080
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 23 D (F)
Dr. SRIPARTHA KRISHNA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.5kg Ward PLCU

DRUG : <u>IV - CEFTRIAZONE</u>				Date Time
Dose <u>330mg</u>	Route <u>IV</u>	Frequency <u>12H</u>	Start Dt. <u>7/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Sreathir</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>3% NORMASTATINE</u>				Date Time
Dose	Route	Frequency	Start Dt. <u>7/7</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>Tab. ACEPACAM</u>				Date Time
Dose <u>2ml</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Dt. <u>7/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anand Divineet</u>				
Additional Instructions: <u>250mg Tab</u> <u>1 tab in 100ml sterile water.</u>				
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 CHART

Date of Admission: 7/2/26 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 **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 : <u>Wj. PARACETAMOL</u>				Date Time															
Dose <u>300</u>	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

DRUG : <u>Wj. PARACETAMOL</u>				Date Time															
Dose <u>90mg</u>	Route <u>IV</u>	Frequency <u>SOS</u>	Start Date <u>07/2</u>																
Doctor's Signature <u>N.P.M</u>		Valid Period <u>48H</u>	Pharm.																
Additional Instructions: <u>If Temp > 99.9°F max 60m hourly.</u>																			

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

Weight. 6.5Ks Ward. PIU

Page: 2/4



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	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Start Date	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/12/26	6:25 PM	1mg DEXAMETHASONE	2mg	iv	N.R.	Antur
7/12/26	2:00 PM	3% NS	35ml	iv	N.P.	Antur
8/12/26	12:30 AM	LEVOLIN	0.31mg	NEA	1/2	Antur
8/12/26	11:00 AM	1mg MANNITOL	30 ml	iv	ch	Ni fish
						Subrata



I.V. FLUIDS CHART

Weight. 6-5kg. Ward. 600

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
7/12/26	12pm 8/12	DNS	IV	18	N.320	N.320 Subrat	8/12	(Signature)	Subrat
7/12/26	12:30am	3% NS	iv	6ml/hr	(Signature)	Sesha Subrat	9/12	(Signature)	Subrat
8/12	2pm	DNS	iv	10	(Signature)	Sesha Subrat	08/12	(Signature)	Subrat
8/12	8am	DNS	IV	15 ml/hr	(Signature)	Sesha Subrat	09/12	(Signature)	Subrat
8/12	8am	3% NS	IV	6 ml/hr	(Signature)	Sesha Subrat	9/12	(Signature)	Subrat
10/12	8am	DNS	IV	15ml/hr	(Signature)	Sesha Subrat	10/12	(Signature)	Subrat

Signature

VERIFIED BY Name

INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/07	Time: 10 pm	2 am	8 am
Doctor/Nurse/Family Concern?			
Temperature (F)			
Heart Rate (bpm)			
Blood Pressure (mmHg) *			
Heart Rate (Number)	130 bpm	115 bpm	140 bpm
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	30 bpm	20 bpm	30 bpm
Resp Distress	☐ Mod/ Severe ☒ None / Mild		
Receiving O ₂ (l/min)	☐ 1-2 ☒ 0		
O ₂ Saturations (%)	100%	99%	100%
Conscious Level	☒ Normal ☐ Altered		
GCS *	15/15	15/15	15/15
TOTAL SCORE	1		
Number of shaded boxes	1		
Pain Score	1		
Observer's Initials	S		

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 incharge and PICU /NICU fellow or PICU/NICU 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.

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)

BAH-00657589

IP5-00176080

Baby RIYANSHIKA N

14-12-2025

0 Y 6 M 23 D

(F)

Dr. SRIPARTHA KRISHNA

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation &
Early Warning Scoring ChartPratiksha
Rainbow
Children's
Hospital
It takes a lot to treat the little.BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time:

Doctor/Nurse/Family Concern?

Temperature
(F)Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Mod/ Severe
Distress None / MildReceiving O₂ (l/min)
O₂ Saturations (%)Conscious Level
Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

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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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.
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BAH-00657589 IP5-00176080
 Baby RIYANSHIKA N
 14-12-2025 0 Y 6 M 23 D (F)
 Dr. SRIPARTHA KRISHNA

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			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			18 ml								
	01:00 am			18 ml								
Total Intake :						Total Output :						
	02:00 am			18 ml								
	03:00 am			18 ml								
	04:00 am			18 ml								
	05:00 am			18 ml								
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake												
Total 24 hrs. Output												



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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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							

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 10/7/26

Assessment: Assessed the baby condition.

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
8AM	→ Assess the general condition of the child.	8AM	→ Assessed the condition of the child	All plans are implemented.
10AM	→ Monitor vitals & Recorded.	11AM	→ monitored vitals & Recorded.	
12PM	→ Administer antibiotics as per doctor's order.	1PM	→ Administered Antibiotics as per doctor's Order.	
1:30PM	→ Send CSF culture	2PM	→ Lumbar puncture procedure done	
2:30PM	→ Plan to do lumbar puncture today.	3PM	→ Send CSF Culture.	
4PM	→ Plan for ophthalmology today.	4:30PM	→ Ophthalmology consultation done.	
6PM	→ Head Circumference with hrly.	6:30PM	→ 4th hrly head circumference checked & Recorded.	
		7PM	→ maintained I/O chart.	

Re-Assessment: Re-Assessment done.

Special Notes: Head circumference 4th hrly.

Nurse Signature: *Arif*

Nurse Name: Navaneetha

Date & Time: 10/7/26 @ 7PM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 9/2/26

Assessment: Assessed general condition of child.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess general condition of child	9pm	Assessed general condition of child	All plans are Implemented
10pm	Monitor vital signs	11pm	Monitored vital signs	
12Am	Recorded in the chart	1Am	recorded the chart	
2Am	Self fever spikes	4Am	Self fever spikes	
6Am	Administer medications as per chart	7Am	Administered medications as per chart	

Re-Assessment: No Assessment done

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Ashna

Date & Time: 10/2/26 @ 8am.



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/2026 @ 8pm

Assessment: Myelocystocele

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	To assess the baby general condition	8 ³⁰ pm	assessed the baby general condition	All plans are implemented
9pm	plan Inj. Dexamethasone	10pm	Inj. Dexamethasone given.	
11pm	To monitor the vitals	12AM	Monitored the vitals &	
1AM	To maintain I/O chart	2AM	Maintained I/O chart	
3AM	Orally allowed	4AM	orally feeds given.	
5AM	Provide comfortable position	6AM	Provided comfortable position.	
7AM	To administer the medications as per drug chart	8AM	Administered the medication as per drug chart	

Re-Assessment: Re-assessment done

Special Notes: MRI Brain + spine Tomorrow

Nurse Signature: Vandana

Nurse Name: Vandana

Date & Time: 9/7/2026 @ 8AM



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 9/7/26

Assessment: Mylocystocele

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
8am	→ Assess the condition of the patient.	9am	→ Assessed the condition of the Patient.	All plans are implemented.
9am	→ monitor vitals & Recording	10am	→ monitored vitals & Recorded.	
10am	→ Provide comfortable position to the child & Infusion DMS & 3% NS plants stop.	11am	→ DMS & 3% NS stopped.	
12pm	→ Administer the medications as per doctor's order.	12pm	→ Administered medications as per doctor's order.	
4pm	→ maintain I/O chart.	1pm	→ MRI done today	
5pm	→ maintain standard precautions.	2pm	→ Comfortable position provided to the child.	
		5pm	→ I/O chart maintained	
		7pm	→ maintained standard precautions	

Re-Assessment: Re-Assessment done.

Special Notes: MRI Brain + whole spine done w/ sedation

Nurse Signature: Tamal

Nurse Name: Tamal

Date & Time: 09/07/2026 @ 6 PM

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/1/26 @ 12AM

Assessment: Hypertension

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8/12AM	Assess the baby Condition	1PM	Assess the baby Condition	* Baby having hypertension
2PM	Monitor the vital	3PM	monitored the vital	
4PM	Plan to CT	5PM	CT head flexion Done CP base	
5PM	Plan to ABC	6PM	New Cannula Done E	
6:30 AM	Provide the comfortable position	6:35 PM	V.BG Done Continue Neuro protective care	
7AM	Administer the medication as per Dr. order	8AM	Administered the medication as per DR order	

Re-Assessment:

Special Notes:

(3% NS started)

Nurse Signature: Shanta

Nurse Name: Shanta

Date & Time: 8/1/26 8AM



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 8/7/26

Assessment: child orally allowed

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess the general condition of the baby.	9AM	Assessed the baby general condition	All points are implemented.
10AM	monitor vital's signs	11AM	monitored the vitals signs	
12PM	provide comfortable position	1PM	provided comfortable position	
	do chart maintain		do chart maintained	
	Picc line done		PICC line done 8cm line	
2PM	LP Hold	3PM	LP Hold / Cancel 1chamber	
4PM	Child orally demand feeds	5PM	child on demand feeds	
	fluid stop		child in room air	
6PM	Administer medication as per chart	7PM	fluid stop	
			WIF sensorium GCS	
			Administer medication as per chart	

Re-Assessment: fluids stop on demand feeds

Special Notes: WIF sensorium, WIF GCS

Nurse Signature: Sindhuja

Nurse Name: Sindhuja

Date & Time: 8/7/26 8PM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date:

Assessment: Meningitis
Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ To Assess the Baby condition	apm	→ Assessed Baby condition	All plans are implemented
10pm	→ To monitor vitals of baby	upm	→ Monitored vitals	
12Am	→ plan to check head circumference 4th hourly	1Am	→ checked head circumference 4th hourly	
4A	→ plan to feed on demand	5A	→ Feeding given on demand	
6Am	→ Administer medicine as plan	7Am	→ Administered medicines	

Re-Assessment: Re - Assessment Done

Special Notes:

Nurse Signature: Arun

Nurse Name: Arun C Arby

Date & Time: 14/12/20 8pm

BAH-00657589 IP5-00176080

Baby RIYANSHIKA N

14-12-2025 0 Y 6 M 25 D (F)

Dr. SRIPARTHA KRISHNA



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 11/7/26

Assessment: Baby is slightly irritable

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	To assess, monitor & record vitals.	8:10 am	Assessed general condition, monitored & recorded vitals.	All plans are implemented.
9am	To measure head circumference @ 1 st hly	9:00 am	checked Head Circumference @ 1 st hly.	
10am	To give oral feeds on demand	10:30am	Gave oral feeds on demand.	
11am	To administer medications as per drug	11:15am	Administered medications/drug chart.	
12pm	To give picc line Care.	1pm	Gave picc line Care & flush (heplock)	
2pm	administer all medi	2pm	administered all med	
4pm	cathion given as per		cathion given as per	
6pm			note	

Re-Assessment: Head circumference.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Ananya Mani S

Date & Time: 11/7/26 @ 4pm

BAH-00657589 IP5-00176080
 Baby RIYANSHIKA N
 14-12-2025 0 Y 6 M 27 D (F)
 Dr. SRIPARTHA KRISHNA



NURSING CARE RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/04/26

Assessment: Baby having irritability

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the baby general condition	8pm	→ Assessed the baby general condition	By doing the all procedure's the baby condition's improved.
10pm	→ provide comfort position	10pm	→ provide comfortable position	
12am	→ monitor the vitals of	12am	→ monitored the vitals of	
2am	→ administer the all drugs as per doctor order	2am	→ Recorded it	
4am		4am	→ administered the all drugs as per doctor order	
6am		6am		
8am	→ Ensure the safety	8am	→ Ensured the safety of the baby	

Re-Assessment:

Done by giving feeding:

Special Notes:

Plan D/C T/m

Nurse Signature: [Signature]

Nurse Name: Sharada (605567)

Date & Time: 11/04/26 (8am)

BAH-00657589 IP5-00176080
 Baby RIYANSHIKA N
 14-12-2025 0 Y 6 M 27 D (F)
 Dr. SRIPARTHA KRISHNA

NURSING CARE RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: sr. partha krishna Department: ER Date of Admission: 7/7/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known		
	excision of myclo cystocele		If Yes Specify:		
BACKGROUND	Area	Shift Time	8:00pm to 8:00am	8:00am to 8:00pm	
	Medical Condition (Any special condition to be noted):	NA	NA	NA	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.2°	98.4°	98.0
		Res:	30 b/m	26 b/m	24 b/m
		SpO ₂ :	100%	98%	99%
		Pulse:	120 b/m	141 b/m	115 b/m
		BP:	87/54	90/59	90/60
		Fall Risk Score:	12	12	12
Pain Score:	0/10	0/10	0/10		
Recommendations	Safety Needs:	yes	side rails	yes	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	yes	NA	NA	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	
Handed Over By Name :		Shavane	Nikita	Shavane	
Signature :		[Signature]	[Signature]	[Signature]	
Date:		7/7/26	8/7	12/8	
Time:		8:00pm	8 AM	8am	
Taken Over By Name :		Nikita	Sundhya	Shantha	
Signature :		[Signature]	[Signature]	[Signature]	
Date:		7/7	7/7	7/7	
Time:		9pm	9am	8am	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Area							
BACKGROUND	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								



PAIN ASSESSMENT FORM

Date	Time	Pain score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7	2pm	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	changing position	Tamol
9/7	6pm	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Sy. Pem	Tamol
9/7	10pm	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Sy. pem	Abuf
10/7	12Am	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	changing position	Abuf
10/7	6Am	1/10	surgical site	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Sy Pem	Abuf
10/7	10Am	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Position changed.	Abuf
10/7	2pm	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Sy. Pem given.	Abuf
10/7	6pm	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Position changed	Abuf
10/7	11pm	1/10	LP site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position changed	Abuf
11/7	6Am	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Sy pem given	Abuf

Re-assessment Frequency:

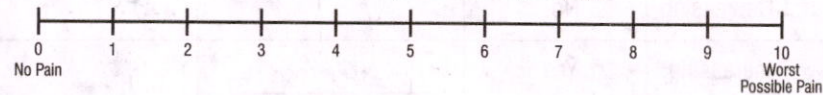
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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

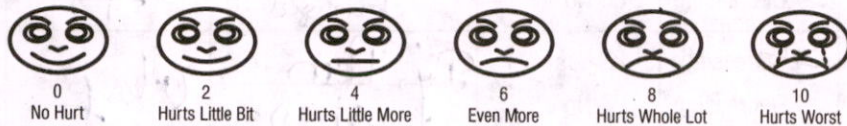
Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	10am	1/10	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Dnj. PCM.	S.
11/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	3 NA.	S.
11/07	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shariy
12/07	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shariy
				☐ 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		
				☐ 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:

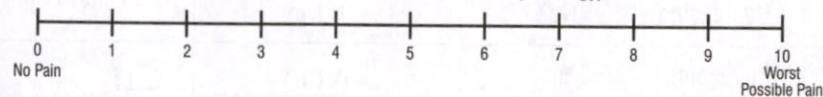
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



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)
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Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7/26	6PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Shavani
8/7	2AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arikita
8/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shashi
8/7	8AM	01	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Try PCN	Sindh
8/7	2pm	01	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	position change	Sindh
8/7	4pm	01	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Try PCN	Sindh
8/7	10pm	01	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Try PCN	Vandana
9/7	1pm	01	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	position change	Vandana
9/7	6AM	01	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Try PCN	Vandana
9/7	10AM	01	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Try PCN	Tamal

Re-assessment Frequency:

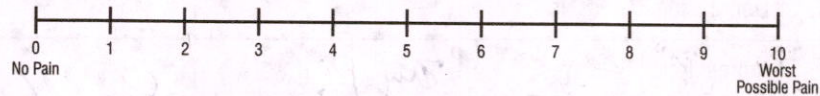
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 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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

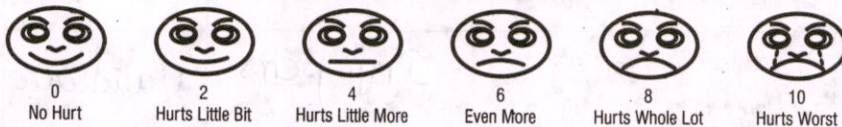
Numerical Pain Scale (Obstetric and Gynecology)



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)
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Wong - Baker (Pediatrics) Above 7 Years



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 7/7			DAY-2 8/7			DAY-3 9/7			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	1		-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	ER		-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	1		-	-	-	-	-	-	-	
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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-	-	
Signature of the Nurse						Pritya	Sudh	Sindhu	Varsha	Famal	Famal	Shy	

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

Signature of Shift In Charge :

Signature : [Signature] Name : Anurban

Signature of Ward In Charge :

Signature : [Signature] Name : Neeraj

BAH-00657589
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 27 D (F)
Dr. SRIPARTHA KRISHNA



THE HUMPTY DUMPTY SCALE

	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	12/12				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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				
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2	2				
	Oriented to own Ability	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					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2				
	More than 48 hours / None	1					
Medication age	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				
TOTAL			12				

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes				
Call device within reach	yes				
Wheels Locked	yes				
Room free of clutter	yes				
Adequate Lighting	yes				
Wheel Chair Support	yes				
Other Intervention(s) Specify	NO				
Nurse's Name :	Shay				
Signature :	Shay				
Date :	12/12				
Time :	6am				



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3					3
	Forget Limitations	2	2	2	2	2	
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					4
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					3
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			12	12	12	12	18

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	Yes	Yes	✓	✓
Call device within reach	Yes	Yes	NO	X	X
Wheels Locked	Yes	Yes	Yes	✓	✓
Room free of clutter	Yes	Yes	Yes	✓	✓
Adequate Lighting	Yes	Yes	Yes	✓	✓
Wheel Chair Support	No	No	No	X	X
Other Intervention(s) Specify	No	No	No	X	X
Nurse's Name :		Shavani	P. B	Shavani	Shavani
Signature :		[Signature]	[Signature]	[Signature]	[Signature]
Date :		7/7	8/7	9/7/24	10/7
Time :		6pm	6AM	6AM	6AM

BRADEN 'Q' SCALE

					Date :	10/12	11/12	12/12	
					Time :	6 AM	6 AM	6 AM	
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.	3	3	3		
"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.	1	1	1		
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.	3	3	3		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4		
FRICION-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."	3	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	1	3	3		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4		
TOTAL SCORE					19	22	22		
Evaluator's Name					Asif	Amy	Asif		

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

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

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

BAH-00657589 IP5-00176080
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 23 D (F)
Dr. SRIPARTHA KRISHNA



BRADEN 'Q' SCALE

					Date :	7/7	8/7	5/7	9/7
					Time :	6pm	6AM	6AM	6AM
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 e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	9	3	3	
"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	1	1	
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	3	3	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	1	1	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
TOTAL SCORE					18	28	19	19	
Evaluator's Name					Bhavani	Nikita	Shreya	Vardaan	

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)
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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



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 7/7/26

Date of Removal:

Parameters	Date	Shift Time	7/7 Night	8/7	8/7 night	09/7 Day	9/7 Night	10/7/26 Day	10/7/26 Night
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the line removed as Policy?			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Asses for the leakage at the site of insertion			☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Name of the Nurse			Shruti	Sindhu	Vandana	Ramali	Ashwini	Navaneetha	Ajaya
Signature of the Nurse									

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☒ PICC Line ☐ UAC ☐ UVC ☐ Other

Date of Initial Line Insertion: ...8/7/2026... Duration of Central Line: ...D1.....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	8/7/26 night	9/7/26 day	9/7/26 night	10/7/26 day	10/7/26 night	11/7/26 day	
Can we remove Central Line today (Discuss in the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Central line changed on			NA	NA	NA	NA	NA	NA	
Name of the Nurse			Vandana	Tamara	Ashine	Navaneetha	Ashwin	Amulya	
Signature of the Nurse			Vaish	Tamara	Ashine	Raj	Ashwin	Ashwin	



BED SIDE CHECK LIST FOR NURSES

Date:	8/12/2025	9/4/26/10/2	11/7					
Doctor's Orders	Follow	Followed	Followed	Followed				
Carried out or not	Carried	Carried out	Carried out	Carried				
Bed Side	clean							
Structured Handover done	Done	Done	Done	Done				
IV Site	Yes	Yes	Yes	Yes				
Central Lines	NA	NA	Yes	Yes				
Arterial Lines	NA	NA	NA	NO				
Feeding Catheter	NA	NA	NA	NO				
Urinary Catheter	Yes	Yes	Yes	Yes				
Skin Care	Given	Given	Given	Yes				
Eye Care	Given	Given	Given	Yes				
Mouth Care	Given	Given	Given	Yes				
Sterillum Bottle, Stethoscope	Bed Side	Bed Side	Bed Side	Yes				
Suction Bottle (Should be clean & empty)	Empty	empty	Empty	Empty				
Intubation Tray	Ready	Ready	Ready	Ready				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Loaded	loaded	loaded	loaded				
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA	NO				
Humidification	Yes	Yes	NA	NO				
Check all Infusion (Labelling, Correct Preparation)	Labelling	labelling	labelled	labeled				
Chest Physio & Neb	NA	NA	NA	NO				
Handed Over By Name :	Shruti	Vandana	Adine	Arum				

Checked & Handover given by

Name of the Nurse : Shruti

Signature : Shruti

Date & Time : 8/12/2025 2AM

Doc. No. : RCHBH/FRM/GENERAL /088

Checked & Handover taken by

Name of the Nurse : Nishitha Ray

Signature : Nishitha Ray

Date & Time : 8/107/26 @ 8AM

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 7/7/26		Diagnosis : Meningitis		Surgery / Procedures :		
		Allergies :		Post OP Day :				
Date :		7/7/26	8/7/26	8/7/2026	9/9/26	9/12/26	10/2/26	
	Area	PICU Night	PICU Day	PICU night	PICU DAY	PICU Night	PICU Day	
Shift Time								
Diet :		NPO	Orally	Orally	ORALLY	Orally	Orally	
Ventilation (RA, NP, NIV, VENTI)		Cannula	cannula	cannula	cannula	cannula	cannula	
1.		(2)	(1)	(2)	(2)	(2)	(1)	
2.			Pig line	Pig line	Pig line	Pig line	Pig line	
3.			(1)	(1)	(1)	(1)	(1)	
4.								
INVASIVE LINES	Infusions / Transfusions	DNS	DNS	DI	DNS	DNS	DNS	
		3% NS	3% NS	3% NS		Pig line flush	Pig line flush	
	PU Prophylaxis	NA	NA	NA	NA	NA	NA	
	DVT Prophylaxis	NA	NA	NA	NA	NA	NA	
	Vitals	BP	118/54	108/65	109/63	125/64	115/74	112/72
		PR	95	96	123 bpm	118 bpm	127	129 bpm
		RR	34	33	33 bpm	35 bpm	34	40 bpm
		SpO ₂	95%	100%	100%	100%	100%	100%
		Temp	97.7 F	98.6 F	98.3 F	98.1 F	98.5 F	98.1 F
	Pain Score	1	1	01	01	1	01	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	Alert	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	Intact	Intact	Intact	
	Restraints If any	Physical	NA	NA	NA	NA	NA	NA
Chemical		NA	NA	NA	NA	NA	NA	
Fall Risk (Vulnerable (Y/N) if yes score)	yes	yes	yes	yes	yes	yes		
(Ambulation, walking, moving with assistance, bed ridden)	Bed Ridden	Bed Ridden	Moving Bed	Moving	Moving	Moving		
ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent		
Critical Lab Test / Values (if any)	NA	NA	NA	NA	NA	NA		

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	8/7	8/7/26	8/7/26	9/7/26	9/7/26	10/7/26
		Area	PICU	PICU	PICU	PICU	PICU	PICU
		Shift Time	NIGHT	DAY	NIGHT	DAY	NIGHT	DAY
		Ordered / Planned	Followed	Followed	Followed	Followed	Followed	Followed
			HR	HR	HR	HR	HR	HR
			DA	DA	DA	DA	DA	DA
			Out	Out	Out	Out	Out	Out
		Due	NO	NO	NO	NO	NO	NO
			Due	Due	Due	Due	Due	Due
Reports Pending	NO	Blood	Blood	Blood	Blood	Blood		
	Report	collected	collected	collected	collected	collected		
	Pending	reports	reports	reports	reports	reports		
		due	due	due	due	due		
Referrals (If any)	NO	NO	NO	NO	NO	NO		
	Referrals	Referrals	Referrals	Referrals	Referrals	Referrals		
Remarks (Special Interventions like, Drainage Tube flushing etc.)	NO	NO	NO	NO	NO	NO		
Remarks	Remarks	Remarks	Remarks	Remarks	Remarks	Remarks		
Handed Over By Name :	Shobha	Sindhu	Vandana	Tamara	Ashma	Navaneetha		
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date :	8/7/26	8/7/26	9/7/26	9/7/26	10/7/26	10/7/26		
Time :	8AM	8PM	8AM	8PM	8AM	8PM		
Taken Over By Name :	Nirish	Vandana	Tamara	Ashma	Navaneetha	Ashma		
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date :	8/07	8/7/26	9/7	9/7/26	10/7/26	10/7/26		
Time :	8AM	8PM	8AM	8PM	8AM	8PM		

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Patient's / Learner Language: Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
7/12/26	6pm	7	Infection control measures	M	1	0	1	1	—	Shavani
8/12/26	8am	9	Child is on NPO	M	1	0	1	1	—	Mounica
8/12	2pm	7	infection control measure	m	1	0	1	2	—	Sindhu

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)						
Learning Barriers: 1. No Learning Barriers 2. Physical Impairment 3. Emotional Barriers 4. Language Barrier 5. Educational Level 6. Desire / Motivate to Learn 7. Impaired Thought Process/Cognitive limitations 8. Responsibilities at Home 9. Cultural Differences 10. Financial Difficulties 11. Beliefs and Values 12. Impaired Vision/ or Hearing 13. Cultural/Religion Practice 14. Others (Specify)						
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed						
Mechanism/s to overcome barrier/s: 1. None 2. Obtain translator 3. Reassurance & Support 4. Teach Family / Others 5. Respect values & beliefs 6. Respect Cultural / Religion Preference 7. Other, Specify						
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review						



MULTI-DISCIPLINARY PLAN OF CARE FORM

Di

Sp. Anom nyclo cystocele

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
7/7/26 sgm	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	b/p Excretion of myelosystole	Hemodynamic stability	IV fluids, Antibiotics	<i>[Signature]</i>	☐ Nursing ☐ Others:
7/7/26 gpm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	excision of myelosystole	hemodynamic stability	IV fluids, Antibiotics	<i>[Signature]</i>	☐ Medical ☒ Others:
8/7/26 gaim	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	nycosystole, UTI	Child is on NPO	NPO till further advise	<i>[Signature]</i>	☐ Medical ☐ Nursing ☒ Others:
8/7/26 sgm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	meningitis	child control infection	continue Antibiotics & feeds started	<i>[Signature]</i>	☐ Medical ☒ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00657589 IP5-00176080

Baby RIYANSHIKA N

14-12-2025 0 Y 6 M 24 D (F)

Dr. SRIPARTHA KRISHNA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 8/12/26 12:18 AM

Source of Admission: ☐ OPD ☒ Ward ☐ Other: 1st Floor

Reason for Admission: Irritable x 2 days ↓ oral intake x 2 days

Admission Diagnosis: Meningitis

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name:Primary Language: ☐ Telugu ☒ English ☒ Hindi ☐ Other SpecifyDo you require an interpreter? ☐ Yes ☒ NoAllergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Source of Information: ☒ Family ☐ Patient ☐ Others, Specify

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	POD Surgery POD Neurogenic bladder & UTI	POD-5 fetal head Cord POD-5	Rainbow Children's hospital
	Family History:		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No If yes please list,		
	Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems: Are the child's immunization up to date? ☒ Yes ☐ No		
CURRENT MEDICATIONS	Taking Medications? ☐ Yes ☒ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☒ Yes ☐ No		
Observations: Weight: 6.5 kg Length: Head Circumference (< 2 years): Temp.: 97.8 F HR: 100 RR: 31 BP: 118/54 Pain Score: 1 Specify Site: yes (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 18) (Document in the Braden Q Assessment Sheet)			

BAH-00657589

IP5-00176080

Baby RIYANSHIKA N

14-12-2025

0 Y 6 M 24 D

(F)

Dr. SRIPARTHA KRISHNA



Behavioural Status on Admission :

☐ Sleeping☒ Crying☐ Calm☐ Distressed/Console☐ Drowsy**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant☐ Mobility problem☐ Walking Problem☒ No Abnormality Detected☐ Developmental Delay☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☐ Underweight☐ Overweight☐ Special Feeding Method☐ Feeding Problem☐ Special diet☒ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With FamilySiblings in household ☐ Yes ☒ No (if yes How Many?)

Orientation has been given regarding the following aspects:

☒ ID Band in situ☒ Bedside safety explained☒ PICU Routine: Doctor's rounds/Medication time☒ Visiting policy explainedOrientation given to: ☐ Family ☐ Others specify

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Name: Shanta

Nurse Signature: Shanta

Date & Time: 8/12/20 1pm

DISCHARGE PLANSource of Information: ☒ Family ☐ FriendWill patient require transportation arrangements to go home: ☐ Yes ☒ NoWill Physiotherapy require at home: ☐ Yes ☒ NoIs home medical equipment anticipated: ☐ Yes ☒ NoIs home oxygen therapy anticipated: ☐ Yes ☒ NoAre dressing needs at home anticipated: ☐ Yes ☒ NoAny other needs anticipated: ☐ Yes ☒ No If Yes SpecifyDischarge Medications: ☐ Yes ☒ No

Details:

Final Diagnosis: Meningitis

Nurse Name: Shanta

Nurse Signature: Shanta

Date & Time: 8/12/20 12:32pm

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 07-07-26		Diagnosis : Meningitis.		Surgery / Procedures :		
	Allergies :				Post OP Day :		
	Date :	10/11/26	11/7/26				
	Area	PICU	PICU				
Shift Time	Night	DAY					
	Diet :	Orally Demanded	Orally on Demand Feed.				
Ventilation (RA, NP, NIV, VENTI)	RA	RA.					
INVASIVE LINES	1.	Piccline	Piccline				
	2.	Cannula	Cannula				
	3.	①	①				
	4.						
ASSESSMENT	Infusions / Transfusions	Piccline	Piccline				
		Flush	Flush				
	PU Prophylaxis	NA	NA				
	DVT Prophylaxis	NA	NA				
	Vitals	BP	108/73	109/71			
		PR	140	164			
		RR	28	38			
		SpO ₂	100%	100%			
		Temp	98.5F	98.0F			
	Pain Score	01	01				
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert				
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact				
	Restraints If any	Physical	NA	NA			
Chemical		NA	NA				
Fall Risk (Vulnerable (Y/N) if yes score)	Yes	Yes					
(Ambulation, walking, moving with assistance, bed ridden)	Moving	Moving					
ADL (Dependent / Non-Dependent)	Dependent	Dependent					
Critical Lab Test / Values (if any)	NA	NA					

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	10/12/20	11/7/26				
		Area	PICU	PICU				
		Shift Time	NIGHT	DAY				
		Ordered / Planned	check	Followed Dr. order TO check blood cultures with baby				
			Head					
			Circumference					
		Due	NO	NO				
			Due	Due				
Reports Pending	CSF	CSF						
	Culture	Culture						
Referrals (If any)	NO	NO						
	Referrals.	Referrals						
	Remarks (Special Interventions like, Drainage Tube flushing etc.)	NO Remarks	NO Remarks					
Handed Over By Name :		Aivan	Amelya					
Signature :		Aivan	Amelya					
Date :		11/12/20	11/7/26					
Time :		8 AM	6 PM					
Taken Over By Name :		Anjali	Anjali					
Signature :		An	Anjali					
Date :		11/7/20	11/7/26					
Time :		5 PM	6 PM					

CONSENT FOR ADMISSION
IN PEDIATRIC INTENSIVE CARE UNIT



Name: Age: Gender: Male ☐ Female ☒

UHID.No : Date: 8/7/26

I S/o, D/o, W/o, hereby
declare that our patient Master/Baby who is related to me as
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :

k/c/o myelomastocytosis post excision. Meningitis, UTI.

The doctors have clearly explained to me that my patient Master / Baby during his /
her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied
that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care
Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed
upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections,
bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby :
..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved
from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all
necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: K. Harshini

Name: K. Harshini

Relationship with Patient: Mother

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

Witness :

Signature: Shashi

Name: Shashi

Date & Time: 8/7/26 8 AM

Doctor (who is taking the consent) :

Signature: Dr. Vathes

Name: Dr. Vathes

Date & Time: 8/7/26 8 AM

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**

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

 **BirthRight[™]**
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Your Right to a Safe Delivery

రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ☐

నేను s/o. d/o. w/o.

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్సీ పిల్లల అనుపత్తి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్

తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....
.....
.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలూ ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాలెటర్, బొడ్డు నీర మరియు ధమనుల కాలెటర్ వంటి. పెరివెరల్ జన్క్ట్ చేయబడిన సెంట్రల్ కాలెటర్ లైన్ మరియు ఆర్టిల్ లైన్ ప్లేస్ మెంట్స్, ఛాతీ ట్రెయిన్ లేదా పెరిటోనియల్ ట్రెయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఆనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ ఆనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు. డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Riyanshika Gender: ☐ Male ☒ Female

UHID No : _____ Department : _____ Date : _____

I _____ S/D/W/O _____

Here by give consent for procedure of: Thoracic spinal puncture for

For my patient, Named : CSF Analysis for guidance

The doctors have clearly explained to me that the procedure has following possible complications:

Respiratory depression, Hypotension, Bradycardia,
worsening of paraparesis, neurosecretory
defects, Bladder disturbances

The doctor have explained to me about the alternatives, risks and benefits for this procedure that:

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr Parth, De Vinet

Patient Attendant: _____

Signature : [Signature]

Name : K. Harshini

Relationship with Patient: Mother

Date & Time : 10/7/26 @ 12:30pm

Witness : _____

Signature : [Signature]

Name : Sharanatha

Date & Time : 10/7/26 @ 12:30pm

Doctor (who is taking the consent) : _____

Signature : [Signature]

Name : De Vinet

Date & Time : 10/7/26 @ 12:30pm



CONSENT FOR SPECIAL SEDATION

Patient Name: Reyanshika Gender: ☐ Male ☒ Female

UHID No: _____ Department: _____ Date: _____

I _____ S/D/W/O _____

Here by give consent for procedure for my patient: Therapeutic free CEF

The doctors have explained to me in language known to me the details of sedation as follows:

• Type of Sedation: Intavenous

• Possible complications from the procedure of sedation:

Resp depression, Hypotension, Bradycardia

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

nature: [Signature]

Name: K. Harshini

Relationship with Patient: Mother

Date & Time: 10/12/26 @ 12:30pm

Witness :

Signature: [Signature]

Name: Narainatha

Date & Time: 10/12/26 @ 12:30pm

Doctor (who is taking the consent) :

Signature: [Signature]

Name: Divyat

Date & Time: 10/12/26 @ 12:30pm

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : వయస్సు లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. విభాగము

తేదీ

నేను కుమారుడు / కుమార్తె / భార్య

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

● సెడేషన్ రకం

● మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....
.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Patient Name: Riyanshika Gender: ☐ Male ☒ Female UHID. No: BAH - 00657589 Age: 6 M 25 days
 Date: 10/12/26 In-Time: 1:20pm Out-Time: 1:40pm
 Doctor Performing Procedure: Dr. Sripartha Doctor Giving Sedation: Dr. Mateen Assisting Nurse: palash

SIGN IN		Time: <u>1:20pm</u>	TIME OUT		Time: <u>1:40pm</u>	SIGN OUT		Time: <u>1:40pm</u>			
	Yes	No	NA		Yes	No	NA				
Patient is verified using two identifiers (Name & UHID)	☒	☐	☐	Correct Patient	☒	☐	☐	Name of the Surgical / Invasive Procedure is recorded	☒	☐	☐
All required documents, images, studies are available	☒	☐	☐	Correct Site	☒	☐	☐	Instrument, Sponge and Needle Count Completed	☒	☐	☐
NPO Status Checked from Patient / Patient Attendant	☒	☐	☐	Correct Procedure	☒	☐	☐	Specimens are labeled	☒	☐	☐
Consent is Signed	☒	☐	☐	All the team members introduced	☒	☐	☐	Any equipment problems are addressed	☐	☒	☐
Any need for blood products	☐	☒	☐								
If Yes Comment:											
Any Risk of Hemodynamic Compromise	☒	☐	☐								
If Yes Comment:											
Any drug or food allergy	☐	☒	☐								
If Yes Comment:											
Correct Site of Procedure Marked	☒	☐	☐								
All resources required are correct, available and functioning	☒	☐	☐								
Signature of the Doctor: <u>[Signature]</u>				Signature of the Nurse: <u>[Signature]</u>				Signature of the Nurse: <u>[Signature]</u>			
Name of the Doctor: <u>Dr. Vineet</u>				Name of the Nurse: <u>palash</u>				Name of the Nurse: <u>palash</u>			

Any Adverse / Unexpected Events

procedure uneventful.



Moderate Sedation Flow-Sheet

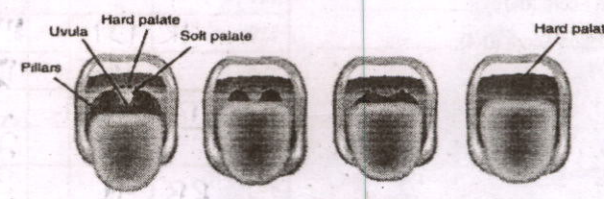
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
110/80	120	24		98%		7kg

Diagnosis: K1C10 myelomastocela post repair pan-a

Procedure: lumbar puncture

Comorbidities: _____

☒ 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: Gauge: Sedation Plan: <u>iv ketamine</u> Allergies:	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  A Class I Class II Class III Class IV Mallampati Class: ☐ I ☐ II ☐ III ☐ IV
--	--

Monitoring of Patient Intra - Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ 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

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						
1:20pm	100/50	130	30	98%	Room Air	-
1:35pm	100/60	120	28 26	98%	Room Air	-
4:50pm	110/50	110	30	98%	Room Air	-

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
2mg ketamine	IV	4mg	1:20 pm	-

Doctor Notes: procedure unsuccessful

Time of transportation to post sedation care room: LOC:

Doctor Name: Dr. Noorheen Signature: [Signature]

Time	1:30pm	2pm	3pm
Monitoring	180		
ECG NBP Oximeter	160 80% 100%	100%	100%
Pain Score (0-10)	140		
Sedation Score (0-4)	120 HR 121 — 114 — 135		
	100 104	112	105
	80 BP — 136	135	133
	60 64	72	59
	40 RR 41	34	23

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 on calling=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

Signature:

Consultant Name:

Signature:

Stamp

SIGN IN		Time: 2:05 pm		SIGN OUT		Time:	
	Yes	No	NA		Yes	No	NA
Patient is verified using two identifiers (Name & UHID)	☒	☐	☐	Correct Patient	☒	☐	☐
All required documents, images, studies are available	☒	☐	☐	Correct Site	☒	☐	☐
NPO Status Checked from Patient / Patient Attendant	☒	☐	☐	Correct Procedure	☐	☐	☐
Consent is Signed	☒	☐	☐	All the team members introduced	☒	☐	☐
Any need for blood products	☐	☒	☐				
If Yes Comment:							
Any Risk of Hemodynamic Compromise	☐	☒	☐				
If Yes Comment:							
Any drug or food allergy	☐	☒	☐				
If Yes Comment:							
Correct Site of Procedure Marked	☒	☐	☐				
All resources required are correct, available and functioning	☒	☐	☐				
Signature of the Doctor: <i>[Signature]</i>				Signature of the Nurse: <i>[Signature]</i>			
Name of the Doctor: <i>Dr. Vamegh</i>				Name of the Nurse: <i>Sindhuja</i>			

Well



CONSENT FOR SURGICAL PROCEDURES

Patient Name : Baby Riyanshika N Gender: ☐ Male ☒ Female
UHID No : BAH-00657589 Department : MCU Date : 8/12/26

I S/D/W/O

Here by give consent for procedure of : PCC line

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding, infection

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: DR. Manesh

Patient Attendant :
Signature : [Signature]
Name : K. Harshini
Relationship with Patient : Mother
Date & Time : 8/12/26 3pm

Witness :
Signature : [Signature]
Name : V. Yashammie
Date & Time : 8/12/26, 2pm

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. B. Vijay Bhaskar
Date & Time : 8/12/26, 2pm



CONSENT FOR SPECIAL SEDATION

Patient Name: Baby Riyanshika N Gender: ☐ Male ☒ Female

UHID No: BAH-00657589 Department: picu Date: 8/7/26

I S/D/W/O

Here by give consent for procedure for my patient :

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : IV
- Possible complications from the procedure of sedation:
Hypotension, Respiratory distress

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : K. Harshini

Name : K. Harshini

Relationship with Patient: Mother

Date & Time : 8/7/26 @ 1pm

Witness :

Signature : V. Yashwanth

Name : V. Yashwanth

Date & Time : 8/7/26, 2pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. B. Vijay Bhaskar

Date & Time : 8/7/26, 2pm

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : వయస్సు లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. విభాగము

తేదీ

నేను కుమారుడు / కుమార్తె / భార్య

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

● సెడేషన్ రకం

● మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....

.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

CONSENT FORM FOR GENERAL REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Rainbow
Children's
Hospital
to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BAH-00657589 IP5-00176080
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 24 D (F)
Dr. SRIPARTHA KRISHNA

Patient Name : RIYANSHIKA Age : 6M Gender : Male ☐ Female ☒

UHID NO: _____ Surgeon Name: _____

Anaesthesiologist : DR. K. SRI RANJANA

Operative procedure planned : MRI Brain + spine + contrast.

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 and 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 Acidosis |
| ☐ Incapacitating Chronic Obstructive Pulmonary Disease | | | |
| ☐ Others : <u>Dehydration</u> | | | |

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 RIYANSHIKA / Harshini (mother) the above mentioned operation / Diagnostic / Therapeutic procedures

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

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

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

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

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

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

- Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : K. Harshini

Relationship with Patient: mother

Date & Time : 9/8/2016 @ 2pm

Witness :

Signature : B. Srujan

Name : Srujan

Date & Time : 9/8/2016 @ 2pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. K. SRIRAMYA

Date & Time : 9/8/2016 @ 2pm

RIYANSHIKA - Gm 1P

BAH-00657589 IP5-00176080
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 24 D (F)
Dr. SRIPARTHA KRISHNA



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Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
120/80	100	20				6.5 kg

Diagnosis: Nuchal cysts & thickened cord / s/p Encephalocele & Repair PCD-2

Procedure: MRI Brain & spine + Contrast - ? Meningocele

Comorbidities:

☒ Risk, benefits & alternatives discussed; ☐ Patient understand & elects to proceed ☒ Consents for procedure and sedation signed and dated		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	
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: Gauge:		Mallampati Class: ☐ I ☐ II ☐ III ☐ IV	
Sedation Plan: MAC			
Allergies: -			

Monitoring of Patient Intra - Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ 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

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						
9:00 AM	120/80	104	20	98%	RA	

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
GNT MIDAZOLAM	IV	0.3g	9:00 AM	
QW PROPOFOL	IV.	10 mg	9:00 AM	10mg + 10mg
QW Fentanyl	IV	60mcg	9:10 AM	

Time of transportation to post sedation care room: stable LOC: _____

Doctor Name: DR. K. R. RAMY A Signature: [Signature]

Post Sedation Care Room

[illegible]

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 on calling=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:

Signature:

Consultant Name:

Stamp

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00657589 IP5
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 24 D
Dr. SRIPARTHA KRISHNA

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Name: RIYANSHIKA Age: 6 M Sex: F UHID.No : _____

Date: 11/7/2026 Time: 8:31 AM Proposed Operation: _____

Diagnosis: Dt Myelomeningocele & tethered cord / L1-P Excision & repair POD - 7

B.P / CRT: 120/80 H.R: 104 Weight: 6.5 kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

neurogenic bladder
T B1 HON
neurogenic
? Meningo

Laboratory Data:

Hgb: 12-15 Glucose: _____ Protein: _____ HIV: _____ X-Ray: _____
PCV: _____ Urea: _____ Alb: _____ HBS Ag: _____ ECG: _____
WBC: 20,500 Creat: _____ Total Bill: _____ HCV: _____ 2D Echo: _____
Plate: 645,000 Na: _____ Dir. Bill: _____ Blood group: _____ Stress/Angio: _____
PT: _____ K: _____ LDH: _____ T3 _____ Other: _____
PTT: _____ Ca++: _____ Alk phos: _____ T4 _____
INR: _____ Mg++: _____ Amylase: _____ TSH _____
Cl-: _____ SGOT/SGPT: _____

Allergies: allergy - RAKDA

Medical History: CVS: NS Tethered Vaccination: NOT up to date

RESP: NS Diabetes: _____

CNS: klcto Down's myelomeningocele & tethered cord neurogenic bladder R24HON

Renal: SP Excision POD-3 - mitralabits ? neurogenic / vascular

Hepatic / GE: Distal gut Physical Activity: _____

Others: W gt eye ball power upkts

Past Anaesthetic History: 1. CRASH 2. eye no medical & lab tests

Physical Exam: UTI HTN

Airway: MP 1 2 3 4 2 Mouth Opening: 7 cm Mento-hyoid Distance: 2 Neck: 2 Teeth: all

Lungs: normal

Heart: normal

CNS: normal

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: _____ Spine Exam for regional: _____

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis : Water / ORS 2 Hours } Explain
- NIL ORAL Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: _____

Signature: [Signature] Name: Dr. K. R. Ramesh

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. / CRT:

SpO₂:

R.R.:

Last Feed:

Pre-OP Diagnosis:

Operation:

Date:

Surgeon:

Anaesthesiologist:

Technician:

TIME

N₂O / AIR / O₂ LPM

HALO / SO / SEVO

Drugs:

Antibiotic

Suppository

Blood Loss

NOTES

FIO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

Fluids
Blood

B.P.

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional☐ BP☐ Cuff Site:☐ Art Site:☐ EKG Lead☐ Temp Site☐ FIO₂ 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 O₂☐ 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 ☐ OtherRelaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor:

Signature of the Doctor:

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	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 :
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POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES	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		30 60 90		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				
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 CIRCULATION				
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS				
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR				
TOTAL				

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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 relieving intervention
 - d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details:

BAH-00657589 IP5-00176080
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 24 D
Dr. SRIPARTHA KRISHNA



Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test MRI Brain + whole spine with contrast injection in your diagnostic center on credit basis. Request you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For any further queries, please contact the billing manager.

Order ID: 56009694186

Thanking you,
Department of Inpatient Billing

Coordinator:

Signature: Menaz Ali

Name: Menaz Ali

Date & Time: 09/12/26 @ 11:40 am

Billing Executive:

Signature: ABDUL HUSSAIN

Name: ABDUL HUSSAIN

Date & Time: 09-09-2026 @ 11:59 PM

Mobile (Billing Manager): 9247505898

Billing Department
Rainbow Children's Medicare Ltd
Banjara Hills, HVC

Manager on Duty (MOD):

Signature: Sanjana

Name: Sanjana

Date & Time: 09/12/26 @ 2:10 pm

Mobile: 9676838787

Docu. No: RCH/ FRM/ GENERAL/ 663



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 12/7/26 Time: 9 AM

Weight: 6.5 kgs Centile: > 10th

Height: 62 cm Centile: > 5th

Inference: underweight child

RDA: — Calories: 108 kcal/kg/d Protein: 2.1 g/kg/d

Diet Recommendations: Dextar (1:30 ml) deletion

Re-Assessment: Continue T stage 1 weaning Foods HEE Advised.

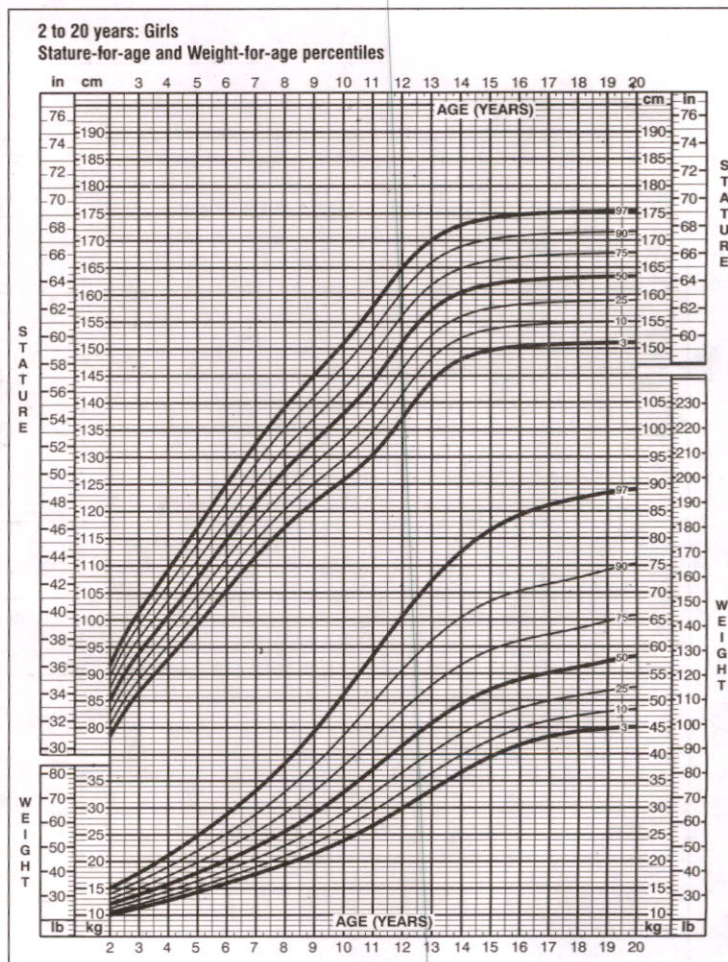
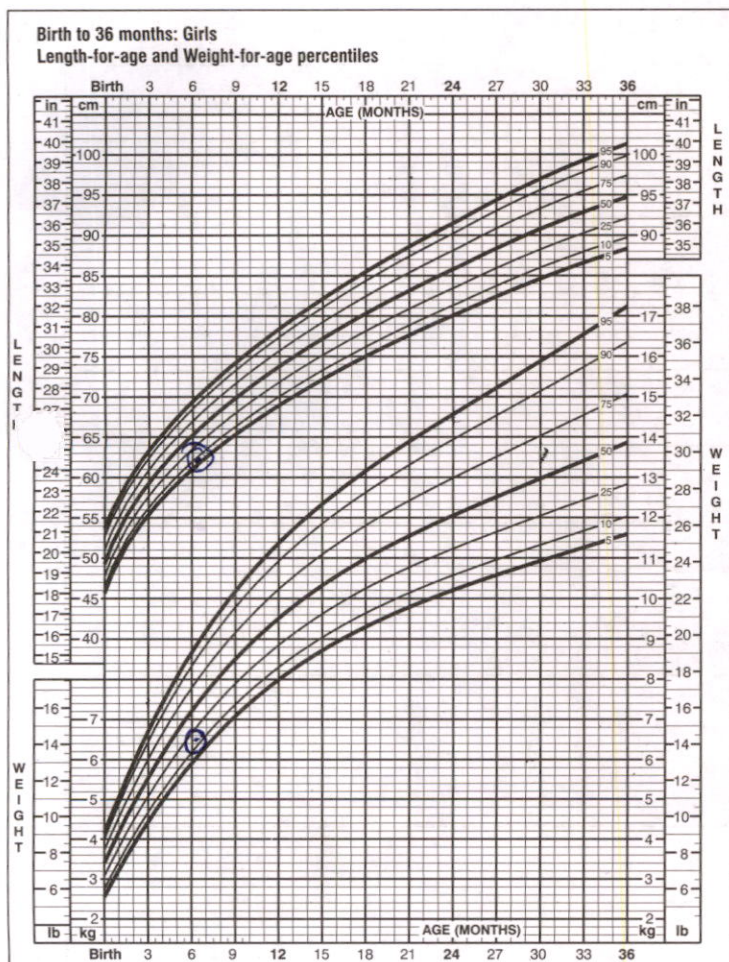
Food Allergies: NO Veg/Non-veg: veg

Diagnosis: S/p Exclusion of hydrocystocoele

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: N. K. P. Tha

Dietician's Signature: [Signature]

Daily Notes: