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

ACTIVITY

BAH-00662280 IP5-00176683
Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

Name :_____

UHID No. : _____ _____Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	3:40	ER	148	
21/7/26	12pm	148	OT	Rama
21/7/26	5pm	OT	148	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7	Surgical profile	2603526	
21/7	USG abdomen	036308 ~~3603087~~	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	infusion pamp	3:40 Am	STOP	9713673	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7	IV placement	(1)	260352	
21/7/26	NIL	(2)	260352	
21/7	PAC	(1)	14730	

D/C

ANY OTHER INFORMATION

USG abdomen (1)

Date : 22/7/26 Time : 11 pm Prepared By : Shailaja

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shailaja	S/W		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176683 **Admit Date** : 21-Jul-2026 **Admit Time** : 03:04 AM **UHID** : BAH-00662280

Patient Details :

Patient Name	: Master GULAM MOHAMMED	**Age**	: 5 Y 11 M 12 D
Guardian	: Mr GULAM MAHMOOD	**DOB**	: 09-08-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #LAL WADI BESIDE S V BUNGLAW Bidar Bidar Karnataka INDIA 585401	**Phone No**	: 7975669419
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW148(B) **Ward Name** : 1F-VIBGYOR

Room No : SW148(B) **Admission Type** : First Visit

Contact Details :

Name : Mr GULAM MAHMOOD **Relationship** : Father

Contact Address : #LAL WADI BESIDE S V BUNGLAW Bidar Bidar Karnataka INDIA 585401 **Phone No** : 7975669419

Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : DR SHAIK SAIFUDDIN **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

BAH-00662280 IP5-00176683
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09-08-2020 5 Y 11 M 12 D (M)
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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : Sana 22/7/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00662280 IP5-00176683
Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : Mohammed Gulam Age/Sex 6yr

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Fever & Abdominal pain ×2days

Vomiting & Loose stool ×1day

History of present illness :

Came with moderate grade fever 100–101°F ×2 days not associated with chills

↓

Ab diffuse abdominal pain × 2days more in Rt lower side

a/w loose stools & vomiting 5–6 epd.

↓ ↓

- watery non bilious non projectile
- 3–4 episodes

USG → Suggestive of acute Appendicitis

BAH-00662280 IP5-00176683
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09-08-2020 5 Y 11 M 12 D (M)
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Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:

Normal perinatal & antenatal transition

Birth & Socio Economic History:

About Father :

About Mother : Middle

Any additional Information :

Developmental History :

Normally attained for age

Immunization History :

Immunization @ Bidar as per NHS
last vaccine @ 5yr of age

(P.T.O.)

BAH-00662280 IP5-00176683
Master GULAM MOHAMMED
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Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.3 kg (Centile _____)

On Examination :

Temperature : 98.3F Pulse Rate : 98 B.P. 98/65 SPO2 96%

Resp.rate and type of breathing : 26 bpm

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : BAE (+)

Any addes sounds : Nil

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

Cardiovascular System :

Inspection of procordium : Normal

Heart Sounds : S_1S_2 (+)

Any murmur : Nil

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

Per Abdomen :

Inspection Normal

Palpation : Soft, Tenderness RIF, Suprapubic, LIF

Ausculation : Bowel Sounds (+)

Spine : Normal External Genitelia : Normal

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

VSG+ Acute appendicitis c early s/o perforation & Inflammed mesentry RIF

Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : ~~15/15~~ Intact

Motor System:

Nutriton : Adequate

Tone: B/L Equal Power 4/5

Co-ordinator : Well coordinated

Posture : (N)

Involuntary Movements : Nil

Reflexes :

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

Plantars Flexion

Sensory System : Intact

Bladder / Bowel : Bladder-Adequate
Bowel-loose stools

Clinical Summary & Diagnostic:

Acute Appendicitis

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis

Desired goals of the treatment : Resolution

Planned Labs:

Surgical profile

USG Abdomen T/m.

Planned Management

① Inj PIPtaz.

② Inj Ondensetron.

③ Inj Paracetamol

④ Inj Pantoprazole

⑤ NPO till rounds.

⑥ IVF DNS.

noted by
Judeey
21/7 Treat
3:10pm

Signature of the Doctor: Soheb

Name of the Doctor: Dr. Soheb

Date & Time: 24/7 3:00am

Signature of the Consultant:

Name of the Consultant: Dr. Harish

Date & Time: 21/7/26 . 10 am.

BAH-00662280 IP5-00176683
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26. 10 am	c/s/B Dr. Shreeja	Advice:
	· Pain abd ↓ evaluation.	– NPO - break
	afebrile.	– Continue IV fluids
	vitals stable.	– Financial counselling
	P/A - soft	– Plan for laparascopic appendicectomy today.
	c/o loose stools & vomiting.	– PAE.
	Dr. Hemanth 21/7/26 11 AM	Dr Shreeja 21/7/26 10 am

BAH-00662280 IP5-00176683
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 am	C/S/B Dr. Harish	Advice
	POD-1 Lap appendicectomy afebrile Vitals stable P/A soft	- Full feeds - Discharge tomorrow.
	Dr Harish 22/7/26 9 AM	Shreya 22/7/26 am Dr. Shreya

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RESULT SHEET

B +ve

Date	21/7					
Time	3.54					
Hb	11					
PCV	32.8					
RBC	3.99					
WBC	15.31					
N/L	76/20					
Platelets	432					
CRP						
ESR						
PCT						
RBS						
Na	135					
K	4.8					
Cl	100					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.5					
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	16/1.2					
APTT	34					
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.,) : .....

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Q Gulam Mohammed

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... Shifted to: .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Soheli (Dr. Soheli)

Date & Time : 21/7/26 3:00am

Nurse Name & Signature: Pandey

Date & Time : 21/7/26 at 3:40p

BAH-00662280 IP5-00176683
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09-08-2020 5 Y 11 M 12 D (M)
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DRUG CHART

Date of Admission: 21/7/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

BAH-00662280 IP5-00176683
Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
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REGULAR PRESCRIPTIONS

Weight. 17·36 Ward. 2nd floor

DRUG : Inj PIPTAZ

Dose	Route	Frequency	Start Date
1·7g	IV	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions: 100mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
	6am Soma Priya Priyanka	
	2pm 100mg	
	10pm Priyanka	

DRUG : Inj ONDENSETRON

Dose	Route	Frequency	Start Date
2mg	IV	BID	21/7

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
	6am Soma Priya Priyanka	
	6pm	

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date
150mg	IV	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
	6am 3:00pm Soma Priyanka	
	2pm 3/7/20 250mg	
	10pm Priyanka	

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
20mg	IV	OD	21/7

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
	6am Soma Priya Priyanka	

BAH-00662280 IP5-00176683
Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
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Weight. 17.36 kg Ward. first floor

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7	3pm	DICLOFENAC suppository	12.5 MG	PR		Tirou Sm.

Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
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I.V. FLUIDS CHART

Weight. 17.3kg Ward. First Floor

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
21/7	3:00am	IVF DNS	IV	50ml	Solu		21/7	Shy	
21/7	2:55pm	RINGER LACTATE	IV	170	Dr.		21/7	Dr.	
21/7	4pm	DNS	IV	65 ml	Shy		22/7	Shy	

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

BAH-00662280 IPS-0017668 3
Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/7/26 Time: 4AM 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.1F 97.6F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

110/65 (57) 104/64 (75)

Heart Rate (Number)

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

70 60 50 40 30 20 10

28b/m 28b/m

Resp Rate (Number) 28b/m 28b/m

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min) O_2Saturations (%)		100%	99%
Conscious Level	Normal		
	Altered		
GCS *		15/15	15/15T
TOTAL SCORE Number of shaded boxes		1	1
Pain Score		0	0
Observer's Initials		D	D

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

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

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00662280 IP5-00176683
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09-08-2020 5 Y 11 M 12 D (M)
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Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 Time: 6am 12pm 6pm 8pm 10pm 2am

Doctor / Nurse / Family Concern?

Temperature (F)

97.5F 98.2F 98.8F 98.0F 97.8F 98.2F 97.6F

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

Note: BP does not score in early warning scoring

110 (70) 63 | 101 (70) 70 | 105 (65) 72 | 106 60 90 | 101 61 | 104 76 | 102 62

Heart Rate (Number) 83b/m 116b/mt 120b/mt 122b/mt 101b/m 110b/m 106b/m

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

Resp Rate (Number) 26b/m 28b/mt 28b/mt 28b/mt 28b/m 28b/m 28b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	98% 98% 98% 98% 98% 98% 99%
Conscious Level	Normal / Altered
GCS *	15/15 15/15 15/15 15/15 15/15 15/15 15/15
TOTAL SCORE Number of shaded boxes	1 1 1 1 1 1 1
Pain Score	0 0 0 0 0 0 0
Observer's Initials	

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

Patient S

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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											
21/7	04:00 am	DNS									0	
	05:00 am		NPO	50ml			NP			NP	0	R
	06:00 am			50ml							0	
	07:00 am			—							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

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Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am			50ml						✓	0	
	09:00 am	DNS	NPO	50ml			✓				0	
	10:00 am			50ml			passed		NA		0	
	11:00 am			50ml						✓	0	
	12:00 pm			50ml							0	
	01:00 pm			50ml		NA					0	
Total Intake :						Total Output :						
21/7	02:00 pm											
	03:00 pm											
	04:00 pm	DNS	water	65		OT				✓	0	
	05:00 pm			65							0	
	06:00 pm			65							0	
	07:00 pm			65							0	
Total Intake :						Total Output :						
21/7	08:00 pm										0	
	09:00 pm	DNS		65ml			✓				0	
	10:00 pm			65							0	
	11:00 pm										0	
	12:00 am	DNS		65ml						✓	0	
	01:00 am										0	
Total Intake :						Total Output :						
22/7	02:00 am	DNS		65ml							0	
	03:00 am										0	
	04:00 am	DNS		65ml		NA	✓			✓	0	
	05:00 am										0	
	06:00 am	DNS		65ml							0	
	07:00 am										0	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 Laparoscopic Appendectomy

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
(1) Removal of appendix (inflammed) (2) Resolution of symptoms	Open Appendicitomy

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Bleeding, infection, cecal puforation, need to convert to open surgy

b.

1. I authorize Dr. Harish Jayram and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Ameesa

Name: Ameesa Fatima

Relationship with patient: Mother

Date & Time: 21/07/26 12:02pm

Witness: M.D NAVEED

Signature:

Name:

Date & Time: 21/07/26 12:02pm

Doctor (who is taking consent):

Signature: Name: Dr Nikeeta Date 21/7/26 Time: 12:02pm

Patient Sticker

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శస్త్రచికిత్స / ప్రొసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనో్బ చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రొసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రొసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రొసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రొసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రొసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రొసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రొసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రొసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రొసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mainak deb
Asst. Surgeon : Dr. Nikitha
Anaesthetist : Dr. Durgabhavani
Scrub Nurse : Theja

Patient Name : Master. Gullam mohammad Age : 5Y Gender : M
UHID No. : 00662280 Surgery Name : Lap Appendect
Date 21/4/26 In-time : Out-time : 4:44pm

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Dr. HARISH JAYARAM

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:45pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☐ Yes ☑ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Dr. M
Name : Dr. Durgabhavani 21/4/26

Before Skin Incision ➤➤

TIME OUT Time: 3:30PM

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, 1:30Hr, Nil
  Anticipated Blood Loss? 10ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Nil
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☑ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature :
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 4:20pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature :
Name : Dr. Harish

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : ..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

Patient Has Confirmed
- Identity ☐Yes ☐No
- Site ☐Yes ☐No
- Procedure ☐Yes ☐No
- Consent ☐Yes ☐No

Site Marked ☐Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☐Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☐No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☐No ☐NA
- Blood Units Reserved ☐Yes ☐No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☐No ☐NA

Signature :.....

Name :.....

Before Skin Incision ➤➤

TIME OUT Time:.....

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐Yes ☐No ☐NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐Yes ☐No ☐NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☐No ☐NA

Is Essential Imaging Displayed? ☐Yes ☐No ☐NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☐No

Signature :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☐Yes ☐No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA

The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA

Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature :.....

Name :.....

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09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

Patient St

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 21/7/26

Department : P.O.T Duration of Procedure : 1 hour

Name of Surgeon : 21/7/21 Date of Admission : 21/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☑ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj - Piptaz 1.75 gm	
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : nil Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☑ No	
3.	Patient's body temperature immediately post operation (Recovery Room)_____ °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr. Harish Date & Time of antibiotic administration : 21/7/26 @ 6AM Date & Time procedure started : 21/7/26 @ 2pm	

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

BAH-00662280 IP5-00176683
Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

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OPERATION THEATER NOTES

Patient's Name : Master. Gulam Mohammed Age : 5Y Gender : ☐ Male ☐ Female

UHID No.: 00662280 Weight : Height :

Surgeon : Dr. Mainak deb.	Asst. Surgeon : Dr. Harish, Dr. Nilchitha.	
Anesthetist : Dr. Gurgabhar	OT Nurse: Theras. Sra	OT Technician: Amaan

Pre-Operative Diagnosis: Acute Appendicitis

Surgical Procedure :
Laparoscopic Appendectomy

Indications for Surgery :
Acute Appendicitis

Date : 21/7/26	Start Time : 3:30pm	End Time : 4.20pm

Pre Operative Preparations:
part preparation - 5% betadine

Post Operative Diagnosis:
Acute Appendicitis

Peri-Operative Complications:

Operation Notes: Findings.

1. Tip of appendix inflamed & sealed off by omentum
2. Base of appendix healthy
3. Bowel walk done. - Rest of the bowel normal.

Procedure

- 5mm umbilical ports placed.
  Pneumoperitoneum of 12 mm Hg 2 lit/min created
- Another 2 working ports placed in (R) & hypochondrium & (L) iliac region
- Above findings noted
- Base of appendix dissected and ligated with catgut loop. ~~applied~~.

Amount of Blood Loss: 1 ml	Blood Transfused (in ML) NIL

Name and Number of Surgical Specimen sent for examination:
1. Appendix for HPE

Peri-Operative Complications: NIL

- Base of appendix cut & Specimen retrieved.
- Port site closed.

Name of the Surgeon: Dr. Mainak

Signature of the Surgeon:

Date & Time: 21/7/26 4pm

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparoscopic Appendectomy

Post-Surgical Diagnosis: Acute Appendicitis

Post-Operative Monitoring Parameters /Frequency:

TPR monitoring every 15 min for 1st 1hr.

Wound Care:

Dressing

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

Nil

Nutritional Instructions:

~~NBM till further order~~. Clear liquids allowed orally.

When to Start Mobilization:

As soon as possible.

Special Referrals:

—

The new order for all required medications documented in the doctor order/medication sheet:

☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

—

Treating Surgeon
(Signature & Stamp)

Date: 21/7/26 Time: 4pm

Note: Plan of care will be readjusted if necessary.

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09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/20 Time: 8am

Weight: 17.3kgs Centile: >10th

Height: 118cms Centile: >75th

Inference: underweight Child

RDA: - Calories: 1400 kcal/d Protein: 24g/d

Diet Recommendations: Child is on NPO

Re-Assesment:

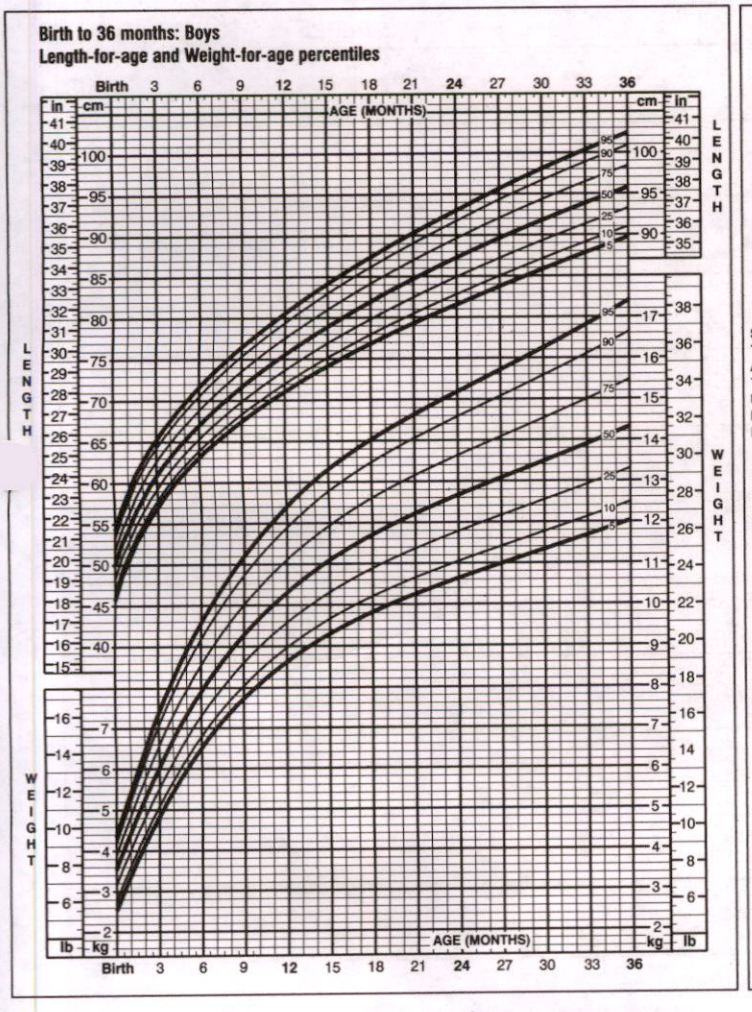
Food Allergies: No Veg/Non-veg Non-veg

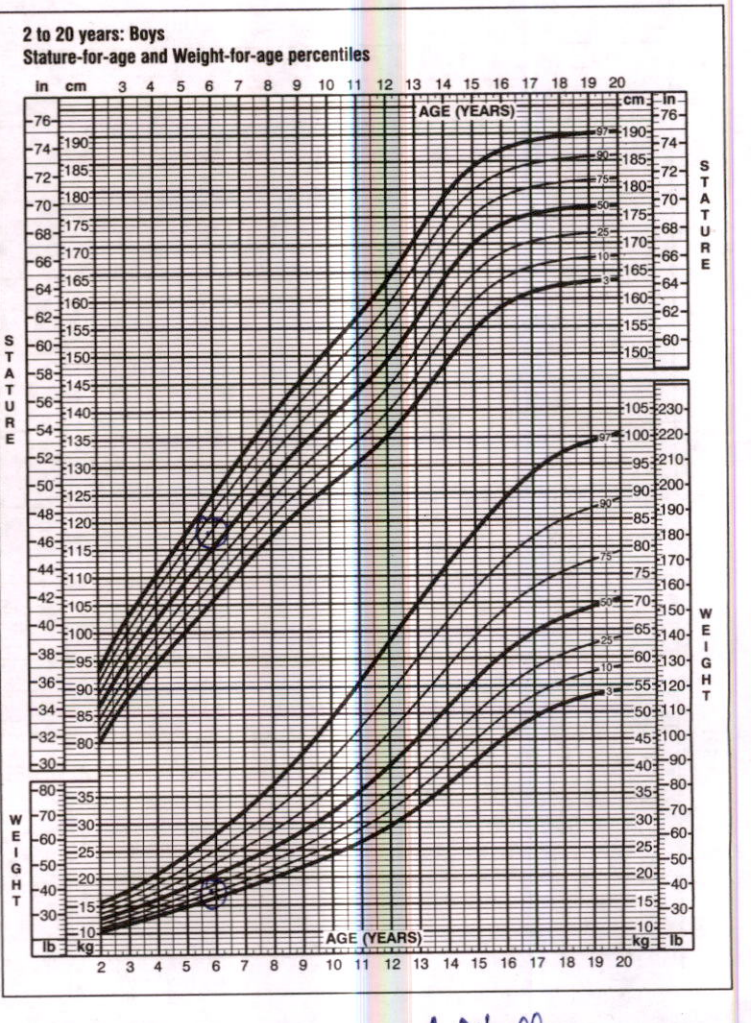
Diagnosis: Acute appendicitis

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Ajv

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature

Docu. No. : RCHBH / FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

Patient

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Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

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22/7/26

SURGERY DETAILS

Date : 21/7/26

Patient Name: Master. Gulam Mohammed Date of Birth: 09-8-2020 Age: 5Y

Gender: Male Ward : P.OT UHID No.: 00662280

Date of Surgery: 21/7/26. ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Laparoscopic Appendectomy

Time in : 2:55pm Time Out : 4.44 pm

	NAME	AMOUNT
1. Surgeon	Dr. Harish Jayram.	
2. Anaesthetist	Dr. Durgasharani	
3. Assistant Surgeon		
4. OT Technician	Amaan	
5. Circulating Nurse	Sravani	
6. Assistant Nurse	theras	

Special Equipment: ☑ Laparascopy 9971 4845 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9971 4844 Order by: J. Ramakrishna

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

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Master GULAM MOHAMMED
09-08-2020 5 Y 11 M 12 D (M)
Dr. HARISH JAYARAM

Lap. Appendix → 1

CONSUMABLES OF OT

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Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube ! 5.0	1	1	Major Pack Drape	1	1	Inj Vit K Post closure		1
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N	5	3	~~Post Close very~~	2		Suction Catheter		
HME filter : A / P / N	1	1	4/5	2	1	Feeding Tube		
Syringes : 10 cc	10	05				Vaccum Suction Set		
05 cc	10	05	Gloves 6 6.5 7 7.5 2+2+2+2			Surgical Gloves		
02 cc	10	05	PK (6) 6.5, (7) 7.5 2+2+2+2			Gauze Pack		
01 cc	-	-				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	1	Surgical blade (11)	1	1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies			10cc, 5cc	2+1	1
minispike	1	0	Ointments			Amavin 0.2%	1	—
			Suction Catheter			Pancobex	1	1
Fentanyl	1	1	Cap, Mask	S/L 10+10		Camera cover	2	2
Morphine			Gauze Pack (N) +12	3+3	2	Endo Loop	2	1
Ketamine			Mop Pack	1	1			
Propofol	2	1	Steristrip					
Rocuronium	01	01	Underpad	1	1	Ceftriaxone	1	1
Glycopyrolate	01	01	Draw sheet	1	0			
Myopyrolate (Neo)	2	2	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22	1	1	Urobag					
Bupivacaine 0.25%	1	1	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)	*	.	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
3way 10cm + 100cm		01	Microshield	1	1			
Vaccum set		01	Cotton Balls	1	1			
Dexmed (50mcg)		01	Latex Gloves	1 pr	1 pr			
			Ramdione Scrub					
			Saral					

Surgeon 97/4822 Anaesthesiologist Nurse Thejas OT Technician

Order No. : ..... Ordered by : .....

Doc. No. : RCH / FRM / GENERAL / 125

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11:00Am

ESTIMATION SLIP

We is only for Procedure cost.

Date : 21-July-26 UHID / IP No. : BAH-00662960 Sl No. 81216

Name of Patient : Mast. Gulam Mohammed Age: 5yrs Gender: Male

Father's / Husband's Name : Mr. Gulam Mehmood Corporate / Occupation : Pvt Employee

Address : — Phone : 7975669419 Email: —

Procedure / Plan : Medical MX + Lap Appendectomy

MODE OF PAYMENT : ☐ SELF ☐ TPA : _____ ☐ GIPSA: _____ OTHERS

TARIFF INFORMATION : Dr. Harish Jayaram PG1-26(a) PG1-27

	ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per day)	Room Rent & Nursing Charges										
	Doctor's Fee										
	L. Tax				Complicated 78815				28660		57320

PARTICULARS	AMOUNT (₹)	
	Simple (SI+AF)	(AF+MAF)+(OT)
Surgeon's / Anesthetists's Fee / O.T. Charges	Sx1→ 58696	21344 42688
O.T. Consumables	→7500	Subject to approval by TPA / Insurance Company
Instrument Charges	laparoscopy 10,000/-	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra/-	As per actual - Not Included in Estimation

Equipment Charges						
Monitor :		Oxygen :			Infusion pump / Syringe pump :	
Ventilator :	Conventional :		HFO-SLE 5000 :		HFO Sensormedix :	
Phototherapy :	Single Surface :		Double Surface :		Triple Surface :	

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra/- As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	Approx Simple → 1,50,000/- Complicated → 2,20,000/- Final bill clearance. PNC → 35K

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. Room entitle SX GTA @12 noon cycle
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

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

Anees — Signature of the Client

Mother — Signatory Relationship

Durga — Signature of the Financial Counselor