VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

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ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 2/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 205 Ward : 2ND F Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7	3:35pm	ER	205	
2/7/26	6:15pm	205 (redyd)	OT	
2/7/26	8:30pm	OT	PICU	
3/7/26	12:10 AM	PICU	205	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/7	CBP. CRP. electrolyte		Nee
	crest.	26022207	
2/7/26	Biopsy for Histopathology	26022232	Ryl
2/7/26	9PM RBS → 86 mg/dl	26022938	Nee

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Laparoscopic charges	2/7/26 6:50pm	2/7/26 8:20 pm.	3096864 ✓	RP
2/7/26	INFusion pump	2/7/26 @ 8:30PM	3/7/26 11 AM	3096872 ✓	Delo
2/7/26	Cardiac moniter	8:30 pm	3/7/26 @ 12 AM	3096877 ✓	Neha.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/7	I.V PLACEMENT	1	30968743	Ree
2/7	pre Anesthesia checkup	1	3096873	

ANY OTHER INFORMATION

Date : 4/7/26 Time : 10AM Prepared By: Ishna

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Akanksha	4/7/26 10AM.		

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060540 **Admit Date** : 02-Jul-2026 **Admit Time** : 02:11 PM **UHID** : VIH-00206482

Patient Details :

Patient Name	: Master DIMPAN VAJRESH	**Age**	: 5 Y 8 M 20 D
Guardian	: Mr VAJRAMUNI B N	**DOB**	: 12-10-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: CHANDRAGUPTA APT CHANAKYPURI COLONY MALKAJGIRI Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 7259973435
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr VAJRAMUNI B N	**Relationship**	: S/O
Contact Address	: CHANDRAGUPTA APT CHANAKYPURI COLONY MALKAJGIRI Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 7259973435 / 9966400643

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr VARA PRASAD CHSR	**Phone No**	: 9391004989
Co-Consultant	:		

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/7/20 Time of arrival : 2:11 Pm

Chief Complaints: C/O- Pain abdomen on & off x 1 day RBS: .....

Height : 121 cm Weight : 23-20kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character Aching ☐ Location Stomach ☐ Frequency Intermitted ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parent

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 (Sister)

Time of Initial assessment completed by ER Nurse : 2:14 Pm

Patient Name : Mast. DIMPAN VAJRESH UHID : VIH-00206482 IPD : IP-00060540 Gender : Male Age : 5 Y 8 M 20 D

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

Time	Nursing Notes
2:06Pm	Patient came to ER.
2.07Pm	check vitals & record.
2:08Pm	Docton seen the Pf.
2.15Pm	Advaice Admission.
2:20Pm	Admission process done.
2:50Pm	IV canulation done.
2:52Pm	Sample collection done. Pt shifted to 2nd floor

Samples collected by: Moglisha Time: 2:52Pm

Samples sent by : Moglisha Time: 2:52Pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 100 b/m BP: 100/60 CFT: -

RR: 20 b/m SPO_2 : 98% on RA

GCS: 15/15 Temperature : 98.6F

Pain Score: 1

Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: 205

Time of Shift - out: @ 3:35Pm

Handover given to: SN - Syeda (Nurse's Name)

By. Br. Nagaraj

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Br. Sabir Signature of the Nurse : Sabir.

Date & Time : 21/12/26 @ 3:35Pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206482 IP-00060540 Master DIMPAN VAJRESH 12-10-2020 5 Y 8 M 20 D (M) Dr. PREETHAM KUMAR	21-1-26 @ 2:11pm	21-1-26 @ 3:35pm
	Transfer Ordered by Dr. Sameera	Reason for Transfer Admission
From Unit GR	To Unit 205	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 24.	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nagarjuna	Dr. Sameera.

Patient & Clinical Records Received by : Syed 21/1/26 3:40pm

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206482 IP-00060540 Master DIMPAN VAJRESH 12-10-2020 5 Y 8 M 20 D (M) Dr. PREETHAM KUMAR	2/7/26 @ 2:11 pm	2/7/26 @ 6:10 pm
	Transfer Ordered by Dr. Ganesh.	Reason for Transfer Lap Appendectomy.
From Unit 2nd floor (205)	To Unit OT.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 38.	Number of Imaging Films USG OBD Lavis. → (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS — (1)	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Syeda.	Dr. Ganesh.

Patient & Clinical Records Received by : Ruby

Date & Time of Patient Received : 2/7/26

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206482 IP-00060540 Master DIMPAN VAJRESH 12-10-2020 5 Y 8 M 20 D (M) Dr. PREETHAM KUMAR	2/7/26 @ 2:11PM	2/7/26 @ 8:30pm
	Transfer Ordered by Dr. Bhargavi	Reason for Transfer post operative care.
From Unit OT	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 42	Number of Imaging Films USG - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ruby. P	Dr. Bhargavi

Patient & Clinical Records Received by : Thanam

Date & Time of Patient Received : 2/7/26 @ 8:30PM

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Mast. Vajresh. Age/Sex 5y8m/M

Information given by: Mother Relationship Mother.

Chief Presenting Complaints & Duration (Chronologically)

c/o. stomach pain : 1 day.
fever : yesterday night.

History of present illness :

Mast Dimpan Vajresh is a 5y8m old male child presented with H/o abdominal pain :
↳ : 1 day
↳ : intermittent type, non-radiating

→ H/o fever → mild to moderate grade fever
→ 1 spike yesterday night.

→ no H/o vomiting / loose motion / Convulsions

For the above complaint, he was admitted

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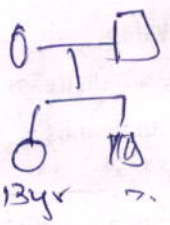
Pediatric Multiorgan History & Physical Examination

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

Nil significant.

Birth & Neonatal History:

FT / LSCS / B. wt : 3.5 kg / AGIA / no neonatal issues.



Birth & Socio Economic History:

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

Developmental History : Age/s. for age

Immunization History : Immunised till date.

(P.T.O.)

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 23.2kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 108/min B.P. 102/65 SPO2 98% RA

Resp.rate and type of breathing : 26/min

Rash

Lymphadenopathy — NO

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2

Any murmur : no murmur

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

Per Abdomen :

Inspection

Palpation : soft, no organomegaly

Ausculation :

Spine : External Genitelia :

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

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : normal

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power 4/5 all limb

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

++	++
++	++

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute appendicitis

(P.T.O.)

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

S/B Dr. Preetham in OPD

→ CBP, CRP, S. electrolyte, S. Cr.

→ USG abdomen - OPD basis.

Planned Management

→ IVF

→ INJ. CEFTRIAXONE

→ NBM.

→ LAST FOOD AT 10.30AM.

Noted by
Neonatology
2/7/26

Signature of the Doctor: .....

Name of the Doctor: Dr. Sampoorna

Date & Time: 2.7.26, 2.40PM

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: 2/7/26 4Pm

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Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	D/w Dr Mainak deb	sir (ped surgeon)
4:45pm		
	- Case was discussed &	
	Child's condition is updated	
	plan	
	- to do financial Counselling	for
		- lap appendectomy
	- to do PAC.	
	- final call for lap appendectomy	- decided
		after counsel

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Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	2/7/26 5:30pm SpB Dr. M. Deb C/O Right lower abdominal pain since last night Associated c/o mild fever no vomiting Appetite OK P/A RIF tenderness (+) Rebound (+) USG: Sto Inflamed appendix Raw - NPO/IVF/ Antibiotics to continue - Advised Laparoscopic Appendectomy Financial Clearance PAC Surg & OT on call Noted by Dr. 2/7/26	

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Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 8.30pm	c/s/by/duty anaesthetist (Dr. Bhargav)	
	PR - 80/min	
	BP - 80/40	
	SpO2 - 100% (CF/on) 6 liters	
	Adv:-	
		1) NB on: 4 hrs
		2) IVF - RL - 50 ml/hr
		3) I/O - charting
		4) monitor vitals
		5) inform sos
	Noted by Br Tharun 2/7/26 @8:30PM	Dr. Bhargav. Dr. Bhargav.
2/7/6 11.00AM	Case seen by PICU fellow:	
	- Child vitals stable	
	- Maintaining at room air	
	- Voice change (+)nt with hoarseness of voice (+)	
	Barking cough (+)	
	Adv: (1) Inj Dexamethasone 3mg IV stat.	

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12-10-2020 5 Y 8 M 20 D (M)
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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026 11.00 PM	C/D/W Dr. M. Deb.	
	- If child is stable, and awake,	
	Adv. (1) Can allow orally.	
	(2) Clear liquid can be allowed.	
		Sd/ 2/7/2026
3/7/2026 12.30 AM	SHIFTING NOTE	
	The child was admitted as case of Appendicectomy operated. The child was shifted for observation in PICU. Currently the child stable.	
	Adv. (1) Shift to ward. (2) Allow clear liquid (water, ORS)	
	Noted By Dr. THARU 3/7/26 @ 12.30 AM	Sd/ 3/7/2026

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Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 21 D (M)
Dr. PREETHAM KUMAR

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9AM	8/B Dr bundhons (O/w Dr M.Deb sir)	
	C/o Ac. Appendicitis	
	POD - 1 lap Appendectomy	plan
		- Add pantop
	C/S = tolerating clear liquids	- NSAIDs Continue
	minimal generalised	- Allow liquids
	distension (+)	- Ambulation
	No vomitings / fevers /	- plan to start
	other concerns	semisolids
	passing urine	by today afternoon
	stools - didn't pass	- Continue Ceftriaxone
		- PCM - TID
		- Monitor vitals
	O/E - Euthermic	- Wo checking
	CVS - S1S2 (+)	- plan d/c tlm - SOS
	RS - NAE (+)	- Informed
	PA - soft	
	BS (+)	
Dr. Lunmuna 8/7/26 9AM	CNS - NAD	

Noted by Akanksha 08/7/26 @ 2pm

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Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 21 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	3/7/26	
	4:15 pm	
	S/B & M.Dr's	
	Asymptomatic	Plan
	Accepting orals	Allow full orals
	Active	Discharge tomorrow
	Mobile	
	Mild Surgical site pain	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7:30AM	S/B Resident	
	C/o A.C. Appendicitis	
	POD #2 – Lap Appendectomy	
	C/- on & off Abd pain (+)	plan
	No fever	
	on PCM	– cr + cont - same instructions
		– PCM – SOS
	tolerating full oral feeds	– Ceftriaxone – D3
	U/ passing	– plan d/c today & after rounds
	O/E – Euthermic	– Monitor vitals
	CVS – S1S2 (+)	– Pls chart
	RS – NAE (+)	– Informed
	PA – soft, Mild tenderness	
	CNS – NAD	
	Dr. [signature] 4/7/26 9AM	Noted by [signature] 04/7/26 @10am

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master DIMPAN VAJRESH**	**Age :**	**5 Y 8 M 20 D**
IP No:	**IP-00060540**	**Sex:**	**Male**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill earance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: VAJRA MUNI PV
Relationship: father
Date: 02/07/26 Time: 02:11 P.M
Witness Name:
Witness Signature:

Patient Address:
CHANDRAGUPTA APT CHANAKYPURI COLONY MALKAJGIRI Malkajgiri
Hyderabad Telangana INDIA 500047

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : DIMPAN VAJRESH Gender: ☑ Male ☐ Female Age : 5 yrs

UHID No : 206482 Date : 2/7/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Laparoscopic Appendectomy

upon

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Wound infection, need for open surgery, Postop delayed intra-abdominal collection.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr M. Deb

Consentee :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : Priyanka

Relationship with Patient: Mother

Date & Time : 2-7-26 . 6:30 pm

Witness :

Signature :

Name : JAYARAMA B B

Date & Time : 02/07/26 6:30 pm

Doctor (who is taking the consent) :

Signature :

Name : Dr Deb

Date & Time : 2/7/26

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Master Dimpan Vajresh. Age : 6 yr. Gender : Male ☑ Female ☐

UHID NO: VIH-0020b4R2 Surgeon Name: Dr Mainak Deb.

Anaesthesiologist : Dr. N. Vasudha

Operative procedure planned : Laparoscopic appendicectomy.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

eneral anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Desaturation, bronchospasm, laryngospasm.

omments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Master Dimpan Vajresh the above mentioned operation / Diagnostic / Therapeutic procedures Laparoscopic appendicectomy.

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 : Priyanka

Name : Priyanka

Relationship with Patient: mother

Date & Time : 2-7-26 6.6 pm

Witness :

Signature : Jayaramu. BB

Name : Jayaramu (uncle)

Date & Time : 02-07-2026, 06:07PM

Doctor (who is taking the consent) :

Signature :

Name : DR. M. NINGETHA

Date & Time : 02/07/26.

VIH-00206482 IP-0006540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 21 D (M)
Dr. PREETHAM KUMAR

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Master Dimpan Vajreeh Age: 5yr. Sex: male. UHID.No : VIH-00206482

Date: 02/07/20. Time: 5:50 PM. Proposed Operation: Laparoscopic appendicectomy

Diagnosis: Acute appendicitis.

B.P / CRT: 102/65 mmHg H.R: 108/m Weight: 22.2kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	11.7	Glucose:		Protein:		HIV:		X-Ray:	
PCV:	31.6	Urea:		Alb:		HBS Ag:		ECG:	
WBC:	18.61	Creat:	0.4	Total Bill:		HCV:		2D Echo:	
Plate:	3.37	Na:	142	Dir. Bill:		Blood group:		Stress/Anglo:	
PT:		K:	4.4	LDH:		T3		Other:	
PTT:		Ca++:		Alk phos:		T4		USG- Acute appendicitis.	
INR:		Mg++:		Amylase:		TSH			
		Cl -:	104	SGOT/SGPT:					

Allergies: NKDA.

Medical History: CVS :

RESP : C/O stomach pain Diabetes :

CNS : H/O fever since yesterday. FT/ LSCS/ BWT- 3.2kg/ appx/ Immunised till date

Renal :

Hepatic / GE : / nil significant Physical Activity: developmental milestones (N)

Others : Active.

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: (3F) Mentohyoid Distance: (N) Neck: (N) Teeth: 2nd2cl- cavities (+).

Lungs : BL AE (+), clear

Heart: HS (+)

CNS: Active

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site : (+) (R) VL. Spine Exam for regional : (N).

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

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No (Parents)

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours / Others 6 Hours (Usual time 10-30 pm today.)
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: DR. M. VINEETHA

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

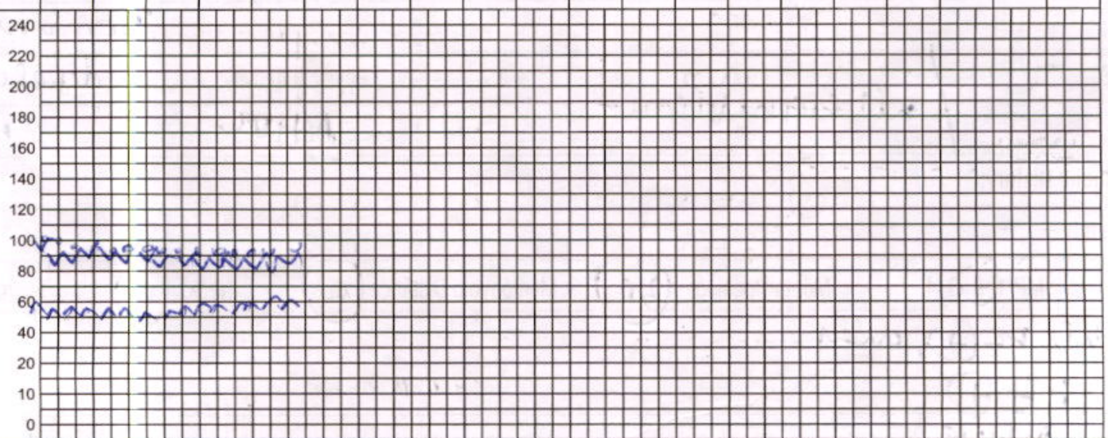
Change in Patient Condition: ☐ Yes ☐ No		Fasting Status:	
Physical Status:	☐ Patient Identified	☐ Consent Present	☐ Chart Reviewed
H.R: 120/min	B.P / CRT: 90/6	SpO_2: 98%	R.R: 18
Last Feed: >6 hrs			

Pre-OP Diagnosis: Acute appendicitis Operation: Lap appendicectomy Date: 2/7/26

Surgeon: Dr. Alapaik Deb Anaesthesiologist: Dr. Bhanu Technician: ....

TIME		
N_2O /AIR /O_2 LPM		Antibiotic
HALO /SO /SEVO		
Drugs: Inj. propofol - 30+40mg; Inj. fentanyl - 30+20 micrograms; Inj. Rocuronium - 10mg + 2mg	Supp. diclofenac - 25mg P/R; Inj. pcm - 250mg IV	Suppository
		Blood Loss
FIO_2 / SaO_2	100%	
$ETCO_2$	38	39	42	41	
ECG	NSR	
Temperature		NOTES
Urine Output		
Fluids / Blood	RL - 25ml/hr	

B.P
V Systolic
Λ 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: UL
☐ Art Site: ....
☑ EKG Lead
☑ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ 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: 6.40pm
OP Start: ....
OP End: ....
Leave OR: 8:15PM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 5.0 at 16 cms
☑ 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: Lateral
Site: Sacral hiatus
Needle Size: 22G Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: 20ml 0.25% Bupivacaine
Infusion: +2ml NS
Block Level: ....
Comments: ....

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

Name of the Doctor: Dr. Bly
Signature of the Doctor: [signature]

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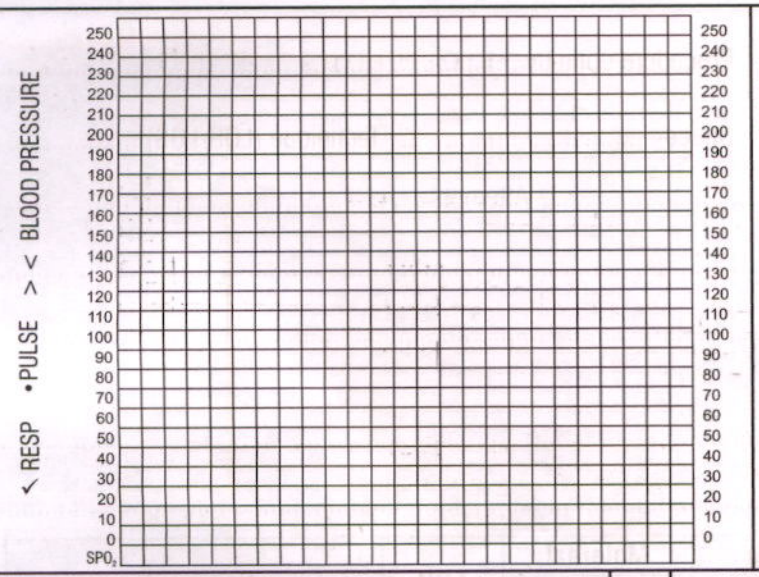
POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : .....

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

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

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

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

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

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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 BP	Maternal Pulse	FHR	Comments

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Mainak Deb
Asst. Surgeon : -
Anaesthetist : Dr. Sai Bhargavi
Scrub Nurse : Sr. Ruby. P / Sr. Ruby. P

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Dr. PREETHAM KUMAR

Age : ..... Gender : .....
Name : lap appendectomy
Date : 2/7/21 In-time : 6:40pm Out-time : 8:20pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 6:30pm

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 : Sai Bhargavi
Name : SAI BHARGAVI.

Before Skin Incision ➤ ➤

TIME OUT Time: 6:40pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm → Master. Dimpan Vajesh
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure lap appendectomy ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews: → None
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 1 1/2 hr 10ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Nothing
- 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 : Vm
Name : Sr. Vanitha

Before Patient Leaves Operating Room

SIGN OUT Time: 8:15pm

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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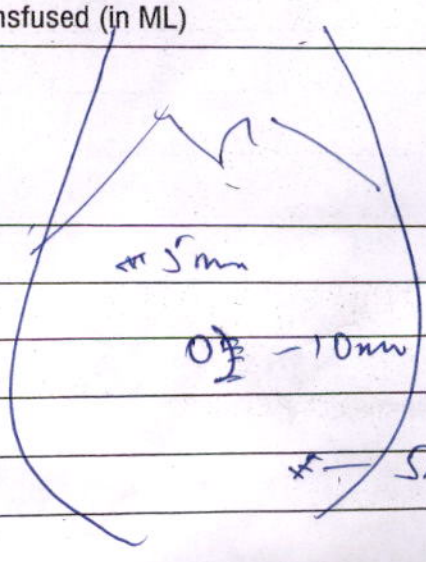
OPERATION NOTES

Surgeon : Dr. MAINAK DEB.	Asst. Surgeon :
Pre-Operative Diagnosis: Acute Appendicitis	
Surgical Procedure : Laparoscopic Appendectomy	
Indications for Surgery : Acute Appendicitis	
Date : 2/07/26.	Start Time : 6:40PM / End Time : 8:15PM.
Post Operative Diagnosis: Acute Appendicitis.	
Peri-Operative Complications: Nil.	
Amount of Blood Loss: None.	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination: Appendix.	

Operation Notes:

3 port laparoscopy
10mm umbilical optical port
Two 5mm working ports.



Findings

Dense periappendiceal adhesions
Small periappendiceal fluid collection
Retrocaecal ϕ appendix
Ileum - (N) No Meckel's diverticulum

Findings noted
Periappendiceal adhesions released.
Mesoappendix release fulgurated & divided
Base of appendix tackled c Catgut endoloop
Bowel walls done
Pelvic fluid collection (serous fluid) suctioned
Haemostasis ensured
Port sites closed c 1-0 vicryl
Skin closed c 5-0 vicryl rapide
sutures

Name of the Surgeon: Dr M. DES

Signature of the Surgeon:

Date & Time: 27/12/20 8pm

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12-10-2020 5 Y 8 M 20 D (M)
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Doc. No. : RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/7/20 Time: 5 6 7 8 8:30PM 9 10 11 12 2 4 6 8

Doctor / Nurse / Family Concern? pm pm pm pm PM PM PM AM pm pm pm pm

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 110 102 111 80 86 76 72 81 110 111 101 103

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

Resp Rate (Number) 22 24 26 23 25 22 23

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

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.

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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)

Master DIMPAN VAJRESH IP-00060540
12-10-2020 5 Y 8 M 21 D (M)
Dr. PREETHAM KUMAR

Patient

FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6/26 Time: 9 11 1 4pm 6pm 11 2 5 8

Doctor / Nurse / Family Concern? AM AM PM PM AM AM AM

Temperature (°F)

	9	11	1	4pm	6pm	11	2	5	8
	98.1°F	98.6°F	98.0°F	98.0°F	98.0°F	96.8°F	97.3°F	97.5°F	94.5°F

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

Note: BP does not score in early warning scoring

	9	11	1	4pm	6pm	11	2	5	8
HR	105	104	98	103	96	100	105	101	108
BP	74/66	74/65	98/58	73/68	73/66	69/58	(68)/56	65/57	(73)/60
Heart Rate (Number)	91	99	90	112	118	102	109	103	100

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

	9	11	1	4pm	6pm	11	2	5	8
Resp Rate (Number)	22	24	28	28	31	30	29	31	25
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N			
Receiving O_2 (l/min)									
O_2 Saturations (%)	99	99	99	96	97	97	98	98	99
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N
GCS *	N	N	N	N	N	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	P	P	P	P

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.

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Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

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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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Doc. No. : RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/07/26 Time: 12

Doctor / Nurse / Family Concern? AM

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 112

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number): 23

Resp Distress	Mod/ Severe / None / Mild: N
Receiving O_2(l/min)	
O_2Saturations (%)	99%
Conscious Level	Normal / Altered: C
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

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.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
2/7	02:00 pm		NBM	63ml								
	03:00 pm	D	NBM	63ml								
	04:00 pm	N	NBM	63ml								
	05:00 pm	S	NBM	63ml								
	06:00 pm		NBM	63ml	RL 34ml							
	07:00 pm											
Total Intake :						**Total Output :**						
2/7/26	08:00 pm										0	
	09:00 pm	DNS	NBM	50ml						-	0	
	10:00 pm	DNS	NBM	50ml							0	
	11:00 pm	DNL	NBM	45ml							0	
	12:00 am	DNS	water	45ml							0	
	01:00 am			45ml						✓		
Total Intake :						**Total Output :**						
3/7	02:00 am	D	water	45ml						✓		
	03:00 am			45ml								
	04:00 am	N	water	45ml						✓		
	05:00 am			45ml								
	06:00 am	S										
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Thrown 2/7/26 @12AM

Pooling 3/7/26 @2pm

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FLUID CHART

Sheet No. : 3/7/26 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.

		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							
3/7/26	08:00 am		H2O	NS						✓		
	09:00 am	D	Juice	NS								
	10:00 am	N	+	NS						✓		
	11:00 am	S	Soup									
	12:00 pm											
	01:00 pm						✓					
Total Intake :						Total Output :						
	02:00 pm		Soft diet (Bdly)									
	03:00 pm									✓		
	04:00 pm											
	05:00 pm											
	06:00 pm		Normal diet Rice & Curry							✓		
	07:00 pm											
Total Intake :						Total Output :						
4/7	08:00 pm											
	09:00 pm		Water									
	10:00 pm									✓		
	11:00 pm						✓					
	12:00 am		Water									
	01:00 am											
Total Intake :						Total Output :						
4/7	02:00 am									✓		
	03:00 am		Water									
	04:00 am											
	05:00 am		Water									
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

Sheet No. : 3

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

		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							
04/9/26	08:00 am									✓		
	09:00 am		Rdlyt									
	10:00 am		1/20									
	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**	

Docu. No. : RCH /FRM / CLINICAL / 092

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DRUG CHART

Date of Admission: 2/7/26 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 *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 : SYP. PARACETAMOL (5ml - 240mg)				Date / Time
Dose	Route	Frequency	Start Date	
7ml	PO	6th hrly.		
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: Temp > 100° F				

DRUG : SYP. PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
7ML	PO	6th hrly	4/A	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: (small (2 tsp)) 10-15 mg/kg/dose (>100°F)				

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

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

Master DIMPAN VAJRESH
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Dr. PREETHAM KUMAR

23.2 kg

REGULAR PRESCRIPTIONS

Weight 25.2 kg Ward. 205

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1g m	IV	12 hrly	

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

Additional Instructions: After Test Dose 25-50 mg/kg/dose.

Date	2/7	3/7	4/7
Time			
6 Am		Paul	Padma
6 pm	4:20 pm/2nd	Paul (my)	

Daily Doctor's Endorsement by a Sign

VERIFIED 2/7/26

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date
350 mg	I.V	8 hrly	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 10 - 15 mg/kg/dose

Date	3/7	4/7
Time		
3 Am	Padma	Padma
11 Am	Paul	
7 pm	Paul (my)	

CHANGED TO INJ

Daily Doctor's Endorsement by a Sign

VERIFIED 2/7/26

DRUG : Inj Emeset

Dose	Route	Frequency	Start Date
4 mg	I.V	8 hrly	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ ONDENSETRON

Dose	Route	Frequency	Start Date
2mg	IV	8 hrly	2/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Swapna, Rw.

Additional Instructions: @ 0.1 - 0.3 mg/kg.

Date	2/7	3/7	4/7
Time			
7 Am		Padma	Padma
3 pm	Paul	Paul (my)	
11 pm	Padma	Paul	

Daily Doctor's Endorsement by a Sign

VERIFIED 2/7/26

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

3/7/20

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
20mg	IV	ONCE DAILY	3/7

Name & Signature of the Doctor starting the Drugs: Dr Deepthi

Additional Instructions: 1mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼	3/7	4/7
	10:45 Am	
6 Am	(signature)	Radha (signature)

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

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Dr. PREETHAM KUMAR

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

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

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

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

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

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Weight. 25.2kg Ward. 205

	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
2/7/26	6.50PM	INJ. PARACETAMOL	650 mg	IV		
2/7/26	6.55PM	SUP. DICLOFENAC	25 mg	P/R		
2/7/26	11 PM	INJ DEXAMETHASONE	3mg	IV		Thanuja Retha

2/7/26 Asperdan advi..

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12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. ~~25.2~~ 23.2 kg Ward. 205

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
2.7.26	3.15 PM	DNS	IV	63	[signature]	[signature] / [signature]			
2.7.26	6:40 PM	RINGER LACTATE total - 3 [illegible] ml	IV	220	[signature]	[signature] / [signature]	2.7.26	[signature]	[signature] / [signature]
2/7/26	11PM	DNS (2/3rd)	IV	45	[signature]	Thara / neha	u/l	[signature]	[signature] / Raji
u/a/26	7:30 PM	DNS (1/2)	IV	32	[signature]	[signature]			

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

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wt - 25.20kg
Ht - 121cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Dimpan vajresh Age : 5Y8M Gender: ☐ Male ☐ Female

Date : 2/7/26 Time of Arrival : 2:06 PM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6F PR: 108bpm BP: 102/65 RR: 20bpm SpO: 98%.

Chief Complaints: c/o - pain abdomen on and off since 1 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2:10pm

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

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

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

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

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

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

Name of Triage Nurse : Sabin

Signature of Triage Nurse : .....

Date & Time : 2/7/26 @2:10PM

Ref. No. F/INPR/12

205
3/7/26
medication

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : __

Registration No.:

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 21 D (M)
Dr. PREETHAM KUMAR

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	3Am		
	1.00	Inj :- paracetamol · 350mg/IV/TID ·	Radha	
	2.00	6Am		
	3.00	Inj :- ceftriaxone 1gm/IV/BD ·	Radha ·	Priya
	4.00	7Am		
	5.00	Inj :- Ondensetron - 2mg/IV/TID		
	6.00	11Am		
	7.00	Inj :- paracetamol - 350mg/IV/TID ·	Akash ·	
	8.00	3pm	Janki	
	9.00	Inj :- Ondensetron - 2mg/IV/TID ·		
	10.00	6pm		
	11.00	Inj :- ceftriaxone - 1gm/IV/BD ·	Janki	
	12.00	7pm		Priya
	13.00	Inj :- paracetamol - 350mg/IV/TID ·	Janki	
	14.00	11pm		
	15.00	Inj :- Ondensetron - 2mg/IV/TID ·	Radha	
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ESTIMATION SLIP

Rainbow Children's Hospital — It takes a lot to treat the little.
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Date : 02/07/26 UHID/IP No.: VIH-0020648 2 Sl. No.: 29195

Name of Patient : Mast. Dimpan Vagrush. Age : 5yr Gender : M

Father's / Husband's Name : Mr. Vagramurt BN Corporate/Occupation : prt

Address: Mandhagh Phone : 7259973435 Email :

Procedure/Plan: Medical Management DOS :

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

TARIFF INFORMATION : DR. Preetham Kumar

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges					12000				
Doctor's Fee									
L. Tax	5%(1000)		8640		1200				

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	
O.T Consumables	Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations 5K DAC	₹ As per actual – Not Included In Estimation

Equipment Charges	Monitor : 2800	Oxygen: 4000	Infusion Pump/Syringe Pump: 720 | 720		
	Ventilator	*Conventional:*	*HFO-SLE 5000:*	*HFO-Sensormedix:*	
	Phototherapy	*Single Surface:*	*Double Surface:*	*Triple Surface:*	
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.			₹ As per actual – Not Included In Estimation		
Package					
Others MRA-2K, FSB-1K (PD), Stapler-1500, MRD-2800, Consultant-2200 (PD)					
Minimum Deposit					

10K

REMARKS :

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

DECLARATION

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

Signature of the Client	Signatory Relationship	Signature of the Financial Counselor
	Friend.	

205

4/7/26

Ref. No. F/INPR/12

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Patient Name : __

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 21 D (M)
Dr. PREETHAM KUMAR

Registration No.:

Medication

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	3Am		
	1.00	Inj :- paracetamol - 350mg/iv/ TID.		
	2.00			
	3.00	6Am	Pooja.	Pooja.
	4.00	Inj :- Ceftriaxione - 1gm/iv/BD.		
	5.00	7Am		
	6.00	Inj :- Ondensetron - 2mg/iv/TID.		
	7.00	11Am		
	8.00	Inj :- paracetamol - 350mg/iv/TID.		
	9.00	3pm		
	10.00	Inj :- Ondensetron - 2mg/iv/TID.		
	11.00	6pm		
	12.00	Inj :- ceftriaxione - 1gm/iv/BD.		
	13.00	7pm		
	14.00	Inj :- paracetamol - 350mg/iv/ TID.		
	15.00			
	16.00	11pm		
	17.00	Inj :- Ondensetron - 2mg/iv/TID		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ESTIMATION SLIP

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date : 02/07/26 UHID/IP No.: VIH-206482 Sl. No.: 29122

Name of Patient : Mast Dimpan Vajrash Age : 5yy Gender : M

Father's / Husband's Name : Mr. Vajramuni Corporate/Occupation : pvt

Address: Anand bagh Phone : 9986400643 Email :

Procedure/Plan: Lap Appendectomy DOS :

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

TARIFF INFORMATION : Dr. Mainak Deb

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

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T Charges	1,70,000/-	
O.T Consumables	10,000/-	Subject to approval by TPA/Insurance Company
Instrument Charges	8,000/-	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	*	As per actual – Not Included In Estimation

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

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual – Not Included In Estimation
Package	Rec-2,000/-
Others	
Initial Minimum Deposit	

REMARKS :

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
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11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

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

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

Patient

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

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SURGERY DETAILS

Date : 2/7/21

Patient Name: Mast. Dimpan Vajresh Date of Birth: 12/10/2020 Age: 5yrs

Gender: male Ward : OT UHID No.: 206482

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

Name of the Surgery : Laparoscopic appendectomy

Time in : 6:40pm. Time Out : 8:30pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Mainak Deb	OT charges
2.	Anaesthetist	: Dr. Sai Bhargavi	
3.	Assistant Surgeon	: -	Laparoscopic charges
4.	OT Technician	: Br. Rakesh	6:50pm - 8:20pm
5.	Circulating Nurse	: Sr. Ruby. F	3096864
6.	Assistant Nurse	: Sr. Ruby. F / Sr. Jyothi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3096861 / 3096862 Order by: Ruby. Florence

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

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CONSUMABLES OF OT

Em.lap. Appendectomy

VIH-00206482 IP-00060540
Master DIMPAN VAJRESH
12-10-2020 5 Y 8 M 20 D (M)
Dr. PREETHAM KUMAR

Age : .....

Time : 2/7/26

Circulating Staff : Sr. Ruby. P / Sr. Vanitha Technician : Br. Rakesh

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube 5mm cuffed		1	Major Pack Gen lap kit		1	Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		3	2826		1	Suction Catheter		
HME filter : A/P/N			9915		1	Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		4	Gloves			Surgical Gloves		
02 cc			SG 6½ PF6		2+1	Gauze Pack		
~~01 cc~~ 50CL		1	PF 7 SG 6NO		2+1	Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N		1	Surgical blade 11NO		1	Surgical Blade # 20		
IV set		1	NG tube 8 NO		1	Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100ml/ 500ml/1000ml		1	Koochies			Tau loop		1
Relipoxa		1	Ointments			protogelon		1
high pressure ext (200cm)		1	Suction Catheter					
~~Fentanyl~~ Exacto. stopcock		1	Cap. Mask		10+10			
~~Morphine~~ mida 20		1	Gauze Pack		1			
~~Ketamine~~ O2 mask (P)		1	Mop Pack					
Propofol		1	Steristrip					
Rocuronium		1	Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate		1	Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22 (Pencil Bupi)		1	Urobag					
Bupivacine 0.25%		1	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		2			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet D/D		3			
Tab. Misoprost : 200 mg			Betadine Solution		1			
Dexem (50mg)		1	Microshield					
Lox patch		2	Cotton Balls					
Rylest tube (12)		1	Latex Gloves		10			
Durapore		1	Ramdione Scrub					
		1	Saral					

Surgeon Dr. mainak deb Anaesthesiologist Dr. Sai Bhargavi Nurse Sr. Ruby. P Br. Rakesh OT Technician

Order No. : 3096868 Ordered by : Ruby

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060540	**Ward**	N 2F-SECOND FLOOR
Patient Name	Master DIMPAN VAJRESH	**Bed Name**	SR 205
Age/Sex	5 Y 8 M 21 D / Male	**Order No**	0003096868
Date	02/07/2026 20:52	**Prescription No**	PRIP-1294146
Payor	CARE HEALTH INSURANCE LIMITED	**Dispensed Date**	02/07/2026 20:55
UHID	VIH-00206482		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN INJ VIAL 0.25% 20 ML	Neon Laboratories Ltd	H	V683002	01/28	1	60.15	60.15
2	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	1	103.95	103.95
3	DEXEM INJ 50MCG	Themis Medicare Ltd		DMJ24004	08/27	1	427.91	427.91
4	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	3	120.00	360.00
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	5	28.13	140.65
6	DSYRINGE 50 ML LUER SLIP NIPRO	NIPRO	GENERAL	26A07K21	12/30	1	204.38	204.38
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	4	21.56	86.24
8	DURAPORE 1 INCH	3M HEALTHCARE	GENERAL	R04261104	03/29	1	815.00	815.00
9	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	71603Z6	02/28	3	34.64	103.92
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	230301041T	03/29	1	128.00	128.00
11	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301111T	03/29	2	128.00	256.00
12	ET TUBE 5.0 MM WITH CUFFED(RUSH)	RUSCH	GENERAL	40E25E02I9	04/30	1	366.00	366.00
13	EXXACTA-STOP COCK ROMSONS		GENERAL	G25B010182	01/31	1	226.00	226.00
14	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
16	GENERAL SURGICAL KIT (MEDITAKE)		H	0705026	05/29	1	1,950.00	1,950.00
17	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26050595	04/31	1	449.00	449.00
18	INFANT FEEDING TUBE-8	ROMSONS		GG26A010560	12/30	1	63.00	63.00
19	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
20	JUSTIN SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
21	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00126	01/28	2	417.00	834.00
22	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
23	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
24	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
25	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
26	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C261641	02/29	1	44.93	44.93
27	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
28	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172406	10/27	1	1,195.00	1,195.00
29	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115	12/29	1	450.00	450.00
30	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
31	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	1	69.39	69.39
32	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
33	RYLES TUBE 12 POLYMED	Polymed	GENERAL	251Z649E	04/30	1	84.00	84.00

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060540	**Ward**	N 2F-SECOND FLOOR
Patient Name	Master DIMPAN VAJRESH	**Bed Name**	SR 205
Age/Sex	5 Y 8 M 21 D / Male	**Order No**	0003096868
Date	02/07/2026 20:52	**Prescription No**	PRIP-1294146
Payor	CARE HEALTH INSURANCE LIMITED	**Dispensed Date**	02/07/2026 20:55
UHID	VIH-00206482		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
34	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	2	91.00	182.00
35	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
36	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	VYGON		030725AG	07/30	1	302.00	302.00
37	SURGEONS CAP	Mediblue	GENERAL	VI03062026	12/30	10	10.00	100.00
38	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	2	7.67	15.34
39	TRULOOP 2215	Sutures India		A25082B	11/30	1	791.00	791.00
40	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	2	739.00	1,478.00
41	VICRYL 1 VP 2826	ETHICON SUTURES-J&J	C1	T4017	07/29	1	655.31	655.312
42	VICRYL RAPIDE 5-0 9915W	ETHICON SUTURES-J&J	C1	AW9173	07/30	1	938.00	938.00
						Total :	**13,940.28**	**16,200.30**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA