BAH-00450868 IP5-00173994
Baby Of ANUSHA ADI
25-11-2020 5 Y 5 M 24 D (M)
Dr. BATTU DINESH CHANDRA

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SURGERY DETAILS

Fe Dotroud

Date : 19/5/26

Patient Name: BABY of ANUSHA Date of Birth: .... Age: ....

Gender: M Ward : PED-OT UHID No.: BAH-00450868

Date of Surgery: 19/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : (Rt) Side Supracondylar Humerus Close Reduction + K-wire fixation & Casting

Time in : 6:30pm Time Out : 7:30pm

	NAME	AMOUNT
1. Surgeon	: Dr. Dinesh	
2. Anaesthetist	: DR. Smruthi	
3. Assistant Surgeon	:	
4. OT Technician	: Ramesh.	
5. Circulating Nurse	: Anil	
6. Assistant Nurse	: Anus	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☑ C-ARM 9616311 ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Hunman

Signature of the Surgeon Signature of Circulating Nurse

Order No: 9616311 Order by: G. Rangini

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

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PTNCHANGE

CONSUMABLES OF OT

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Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack	1	1	Inj Vit.K		
LMA 2	1	1	Sutures			Cord Clamp		
ECG leads : A (P) N	3	3				Suction Catheter		
HME filter : A (P / N		1				Feeding Tube		
Syringes : 10 cc		10				Vaccum Suction Set		
05 cc		4+4	Gloves 7½	2	2	Surgical Gloves		
02 cc		6	PR, 2½	2	2	Gauze Pack		
01 cc		—				Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade		—	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery pencil		—			
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			K-wire 1.8	2	2
minsipike		1	Ointments		—	Artificial 2.5	2	2
Vaccum set		1	Suction Catheter			Soft bed warm	1	1
Fentanyl		1	Cap, Mask	5|5	5|5			
Morphine			Gauze Pack	5|5	5			
Ketamine			Mop Pack					
Propofol		2	Steristrip					
Rocuronium			Underpad		1			
Glycopyrolate			Draw sheet		0			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter		—			
Pencan 25g/ Spinal Needle 22			Urobag		—			
Bupivacaine 0.25%			Chest Drainage Catheter		—			
Bupivacaine 0.25%(Heavy)			Romodrain bag		—			
Antibiotics			Bandage		—			
IV. PCM		1	Tegaderm		—			
Suppositories			Ioban		—			
Anamol : 80mg / 250mg / 170 mg			Double J Stent		—			
Supridol : 100mg			Vaccum Suction set		—			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		1			
			Microshield		0			
			Cotton Balls		0			
			Latex Gloves		1			
			Ramdione Scrub		0			
			Saral		0			

Surgeon Anaesthesiologist Nurse OT Technician

der No. : 9616409 Ordered by : .....

No. : RCH / FRM / GENERAL / 125

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 : IP5-00173994 **Admit Date** : 19-May-2026 **Admit Time** : 12:12 AM **UHID** : BAH-00450868

Patient Details :

Patient Name : Baby Of ANUSHA ADI
Guardian : Mr ABHINAV ADI
Gender : Male
Occupation :
Address (H) : H.NO:3-4-512/13, BARKAT PURA Chappel Bazar Hyderabad Telangana INDIA 500027

Age : 5 Y 5 M 24 D
DOB : 25-11-2020
Religion :
Martial Status : Single
Phone No : 9949495017/ 9949400800
E-mail : adi.abhinav@ymail.com

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 316 **Ward Name** : 3F-ZONE A
Room No : DLX 316 **Admission Type** : First Visit

Contact Details :

Name : Mr ABHINAV ADI **Relationship** : Father
Contact Address : H.NO:3-4-512/13, BARKAT PURA Chappel Bazar Hyderabad Telangana INDIA 500027 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. BATTU DINESH CHANDRA **Specialisation** : ORTHOPEDICS
Referral Doctor : Self **Phone No** :
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : SELFPAY

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CROSS CONSULTATION FORM

Doctor Name : Dr. Annapoorna Date 20/5/26 Time :

Diagnosis : s/p (R) SCH s/p CR + K wire fixation.

Hospital : RCH - B

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

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Signature:

Findings and Recommendations :

no vomiting
pain to control

O/E : alert
stable vitals.
distal pulses - good
extremities pink

Adv :

(D) today.

F/up - ortho.

Consultant :

Name : Dr. Annapoorna Signature : Date & Time : 20/5/26

Doc. No. : RCH / FRM / CLINICAL / 049

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ACTIVITY RECORD FOR BILLING

Name :_____

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UHID No. : _____ IP N nt: _____ Dept : _____

Date of Admission: _____ Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/08/22	12.98pm	~~AR~~	316	Rotikul
19/5		OT	316	Dais

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
19/05/26	Surgical profile	50626	
20/5/26	X-ray (R) Elbow	025333	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/05	IV placement	1.	14924.	Ismail
19/5	PAC		9615744	Sneha

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00450868 IP5-00173994
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Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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25-11-2020 5 Y 5 M 24 D (M)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Name : B/o Anusha Age/Sex 5/M

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

a/c h/o child fell from slide while playing. → 7:30 pm

History of present illness : c/o pain & restricted movmts at (R) elbow.

Xray – undisplaced (R) SCH #

↓

now for surgical management

no head injury.

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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N)

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : (N)

Developmental History : (N)

Immunization History : uptodate

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.5kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 112/min B.P. 110/80 mmHg SPO2 98%

Resp.rate and type of breathing : 26/min

Rash

Lymphadenopathy

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 : (N)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft / NT / no HSM.

Ausculation : BS (+)

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : (N)

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

(R) Supracondylar humerus #

~~not~~ for pin fixation

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: deformity

Desired goals of the treatment : surgical management

Planned Labs:

minor surgical profile
NBS
Inf
19/05
@ 10pm

Planned Management

1.) PAC due
2.) NPO as per OT slot
3.) IVF during NPO period
4.) Shift to OT

Signature of the Doctor: Akhila
Name of the Doctor: Akhila
Date & Time: 18/5/20

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

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EMERGENCY 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+1+1			
4	Patient Transfer form	1+2			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1+1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1+1			
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	1+1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)				
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				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
		2+2+2+2+2			
	Total No. of Pages	43			

Signature and Date : 26/5/26

(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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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Dinesh	
	- (R1) Cycle SCH #	
	K/C pain & swelling	
	O/E	
	- Swelling ⊕	
	- Fever nature - gone	
	- Scratch - ok.	
		Advice
		- NBM from 9:00 Am.
		✓ - PAC.
		-
		Advised by Sneha @ 7:33 19/05/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 11:00pm	CJS1B Resident	
	Δ: Right Supracondylar Humerus Fracture	Plan ~~NB~~ soft diet ① Inj Taxim 500mg BD
	s/p - Rt SCH - close Reduction + K wire fixation & casts	② Inj PCM 7/D ③ Active finger movements
	Child doing well Pain at surgical site Hemo dynamically stable Vitals Stable	Sohelk (cor-sohelk)
		noted by jessie
20/5/20 8:30am	CJS1B Resident	
	4: (R) SCH # s/p	CR + K wire Adv:
	no vomiting pain ↓ control	- ④ today. - Monitor vitals
	O/E: Stable vitals alert ~~throat - N clear~~ healthy finger movmts - normal	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	S/B Dr. Dinesh - (R) Side SCH # Sx - Close Reduction + K-wire fixation O/E - Cast is good - Finger movements - (+) active - Sensation - o/k Advice - Plan for discharge today - X-Ray right elbow AP/Lateral view	
	Advice - Sup. Tbregene Forte BD x (4) days - Sup. Tonzin Forte BD x (4) days - Sup. Vit D3 Knd Rich 60000 1 Pulse daily x 2 months - Active finger movements & Lift Allowed x 1 week - Review after 1 week with X-ray (R) Elbow AP/Lateral	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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OPERATION THEATER NOTES

Patient's Name : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No.: ..... Weight : ..... Height : .....

Surgeon :		Asst. Surgeon :
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: (R1) Sicale Supra Condylr Humerus fracture

Surgical Procedure :
(R1) SCH - Close Reduction + K-wire fixation & Casting

Indications for Surgery :

Date :	Start Time : 6:30pm	End Time : 7:30pm

Pre Operative Preparations:

Post Operative Diagnosis:
Pt k/c LMA in Supine position

Peri-Operative Complications: (R1) Dur dropping down to SAP

Operation Notes:
- K/C Aux Control fracture Site was identified and using 1.8mm K wire was used thigh lateral entry from the Epicondyle region fracture Site was Crossed and another 1.5mm K wire was used lateral entry
- Fracture Site was reduced and K-wire was held in position
- K-wire dressing done and Above Elbow Cast was given.

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

- NBM as per Anesthesia order
- Inj. Perinorm 350 mg IV BD
- Inj. Tonxin 500 mg IV BD
- Sup. Pbogene 10 mcg PR (SOS)
- Active finger exercises
- Xray - (R) Forearm - AP Lateral

Name of the Surgeon: Dr. Dutta

Signature of the Surgeon: .....

Date & Time: .....

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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

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

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

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

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

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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DRUG CHART

Date of Admission: 18/5/26 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: Inj PARACETAM

Dose	Route	Frequency	Start Date
200mg	IV	SOS	18/5

Doctor's Signature: Abhila | Valid Period: | Pharm.: Dr Sahila

Additional Instructions: pain

Date/Time: 19/5 19/5
12:30 am Charan
2.5ml 5pm Beera
6:30 am Sajeeda
Jessie

DRUG: Syp MEFTAL-P

Dose	Route	Frequency	Start Date
5ml	PO	SOS	18/5

Doctor's Signature: Abhila | Valid Period: | Pharm.: Dr Sahila

Additional Instructions:

Date/Time: 19/5
3:25 am Jessie
Jessie

DRUG: SYP IBUGESIC

Dose	Route	Frequency	Start Date
10 ml	PO	SOS	19/5

Doctor's Signature: Sahila | Valid Period: | Pharm.:

Additional Instructions:

Date/Time: 19/5
11:45 pm Sajeeda
Jessie

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

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25-11-2020 5 Y 5 M 24 D (M)
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REGULAR PRESCRIPTIONS

Weight. 17.5kg ..... Ward. .....

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Date
350mg	I.V	BID	19/5

Name & Signature of the Doctor Starting the Drugs: Sohel

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/5 6am Jyothi Jessie; 6pm

DRUG : INJ TAXIM

Dose	Route	Frequency	Start Date
500mg	I.V	BID	19/5

Name & Signature of the Doctor Starting the Drugs: Sohel

Additional Instructions: 7pm

Daily Doctor's Endorsement by a Sign

Date / Time: 20/5 Jyothi Jessie

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

BAH-00450868 IP5-00173994
Baby Of ANUSHA ADI
25-11-2020 5 Y 5 M 24 D (M)
Dr. BATTU DINESH CHANDRA

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

	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
10/5/26	4:30pm	INJ. CEFOTAXIME	500mg	IV	Staff	Teena Sujatha

25-11-2020 6 Y 6 M 24 D (M)

Dr. BATTU DINESH CHANDRA

I.V. FLUIDS CHART

Weight. 17.5 Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/5/26	10:35 Am	IVF DNS (from NPO)	IV	50		Sneha	20/5/26		jessie
						Sneha			jessie

Signature .....

VERIFIED BY : Name .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ 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 : Dr. Akhila

Date & Time : 18/5/26 @ 1200

Nurse Name & Signature: .....

Date & Time : 18/5/26 @ 12:00 pm

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: (R) forearm fracture

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
19/5	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	(R) SCH #	Surgical fixation	OT slot		☐ Nursing ☐ Others:
19/5/26 @12:40 pm	☐ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Right fore arm fracture	H-stability	Surgical fixation	Refused	☐ Medical ☐ Others:
19/5/26 8 am	☐ Medical ☐ Nursing ☐ Others: Dr Chiffer	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	(R) pin location	Soft diet	RDA E- 1400kcal/d P- 24gm/d	Refused	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
19/12	11AM	7	Infection Control	F/M	1	0	1	1	NIL	
19/12/26	8am	9	Sept diet	F/M	1	0	1	1	—	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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19/5/26

No. : RCH/ 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 : ..... Time:	2am	6am
Doctor / Nurse / Family Concern?		
Temperature (F)	97.6°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring		
Heart Rate (Number)	110b/m	102b/m
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	36b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min) O_2 Saturations (%)	98+	98+
Conscious Level: Normal / Altered		
GCS *	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	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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: RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9:30 am	12:30 pm	2:30 pm	10 pm	10:45	11:30	2 Am
Doctor / Nurse / Family Concern?							

Temperature (F)

Syp-Ibugesic
99.4°F
98.8°F
98.5°F
97.5°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	98 bpm	104 bpm	100 bpm	112 bpm		110 bpm

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

Resp Rate (Number)	28 bpm	32 bpm	34 bpm	40 bpm		38 bpm

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	98%	98%		98%
Conscious Level GCS *	Normal / Altered (15/15)	(15/15)	(15/15)	(15/15)		(15/15)
TOTAL SCORE Number of shaded boxes	0	0	0	0		0
Pain Score	0	0	0	0		0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

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20/5/26

Doc. No. : RCH/ 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 : ..... Time: 6 am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.3°F

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

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

115 (80) 66

Note: BP does not score in early warning scoring

Heart Rate (Number) 110 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 38 b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	98%
Conscious Level	Normal / Altered
GCS *	(15/15)
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	

ACTIONS

NB: Scores 3 should be recorded overleaf

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FLUID CHART

Sheet No. : 1

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					NA						
	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			NA								
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm				NA							
	12:00 am											
	01:00 am		H2O		—			—	—		0	
Total Intake :		Taken				**Total Output :**				U-0	m-0	
	02:00 am		H2O								0	Jessie
	03:00 am	NO IVF								✓	0	Jessie
	04:00 am						NA				0	Jessie
	05:00 am		H2O							✓	0	Jessie
	06:00 am										0	Jessie
	07:00 am		H2O							✓	0	Jessie
Total Intake :		Taken				**Total Output :**				U-3	m-0	

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U-3 m-0

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FLUID CHART

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Sheet No. : (2) 18/05/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
											0	Sneh
	08:00 am										0	Sneh
	09:00 am									✓	0	Sneh
	10:00 am	DNS		50ml/hr			NP				0	Sneh
	11:00 am									✓	0	Sneh
	12:00 pm		NPO								0	Sneh
	01:00 pm										0	Sneh
Total Intake :								**Total Output :** U-0			U-0	
	02:00 pm											
	03:00 pm											
	04:00 pm											
19/05	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm		NPO								0	Jessie
	09:00 pm										0	Jessie
	10:00 pm	DNS	50ml							✓	0	Jessie
	11:00 pm						NA				0	Jessie
	12:00 am	DNS	50ml								0	Jessie
	01:00 am									✓	0	Jessie
Total Intake :		100 ml						**Total Output :** U-2			m-0	
	02:00 am	DNS	50ml								0	Jessie
	03:00 am									✓	0	Jessie
	04:00 am	DNS	50ml				NA				0	Jessie
	05:00 am										0	Jessie
	06:00 am	DNS	50ml							✓	0	Jessie
	07:00 am										0	Jessie
Total Intake :		150 ml						**Total Output :** U-2			m-0	

Total 24 hrs. Intake	250ml	Total 24 hrs. Output	U-6 m-0

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 19/5/26 Time: 8am

Weight: 17.5kg Centile: 71oth

Height: 95cm Centile: 71oth

Inference: underweight child

RDA: – Calories: 1400kcal/d Protein: 24gm/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, chilled & outside foods

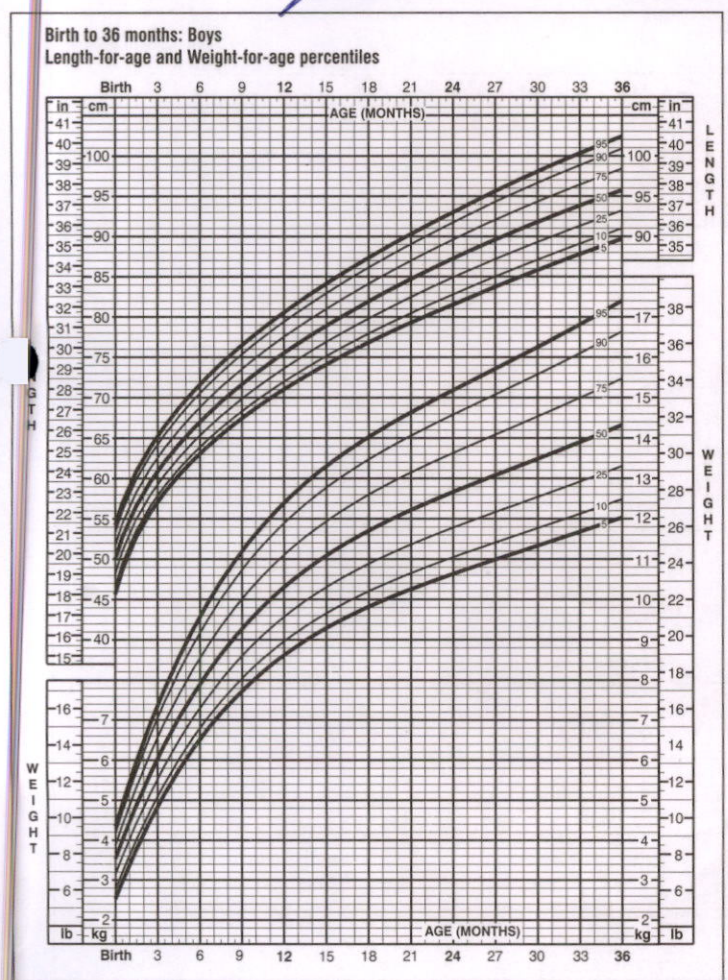
Food Allergies: No Veg/Non-veg Non-veg

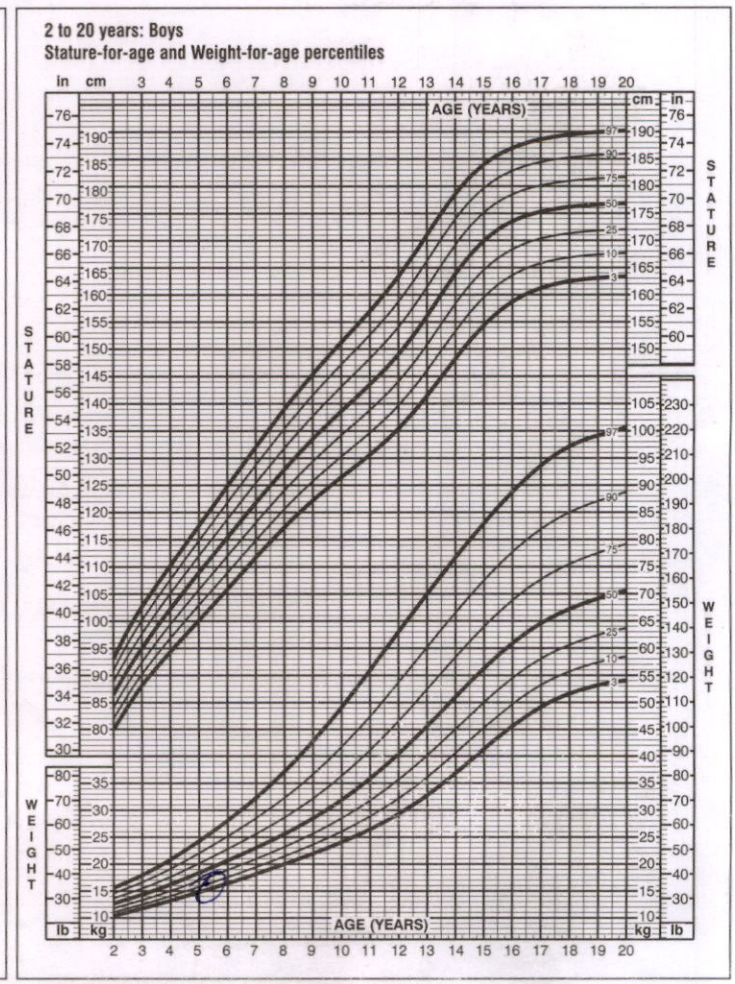
Diagnosis: #2 Supracondylar humerus #L for pin fixation

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Saima Dietician's Signature Saima

Docu. No. : RCHBH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

5 years. 6 months

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00450868 IP5-00173994
Baby Of ANUSHA ADI
25-11-2020 5 Y 5 M 24 D (M)
Dr. BATTU DINESH CHANDRA

Name: .... Age: .... Sex: Male UHID.No: ....

Date: .... Time: .... Proposed Operation: close reduction + K-wire fixation

Diagnosis: (Rt) Supracondylar Fracture

B.P / CRT: .... H.R: .... Weight: 17.5 kgs ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.5	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 8.98	Creat: 0.5	Total Bill:	HCV:	2D Echo:
Plate: 3.9 lakhs	Na: 139	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT: 15	K: 4.2	LDH:	T3	Other:
PTT: 29	Ca++:	Alk phos:	T4	
INR: 1.1	Mg++:	Amylase:	TSH	
	Cl -: 102	SGOT/SGPT:	**Allergies:** Ø	

Medical History: CVS: ⊖ Diabetes: ⊖

RESP: ⊖

CNS: ⊖

Renal: ⊖ Physical Activity:

Hepatic / GE:

Others: On 3rd day of his birth, Child undergone Ext. repair for (Rt) herniotomy 7 ½ years only, g Bladder with

Past Anaesthetic History: & herniotomy → Recurrence 11/21. Epispadias complex

Physical Exam: Neck: Ⓝ Teeth: Ⓝ

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

next → 23/9/2021

Lungs: B/L AE ⊕ Penoplasty

Heart: S1S2 ⊕ fistula done on 16/11/22

CNS: NFND

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: Case can be posted for surgery

Signature: Subha Name: Dr. Subha Sri

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

Dr. BATTU DINESH CHANDRA (M)

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

Fasting Status: CONFIRMED

H.R: 109 bpm | B.P / CRT: 86/40 mmHg | SpO: 99% | R.R: | Last Feed:

Pre-OP Diagnosis: RT Supracondylar fracture Operation: closed Reduction + K-wire Date: 19/5/2026

Surgeon: Dr. B. Dinesh chandra Anaesthesiologist: Dr. Veena, Dr. Shilpa, Dr. S. Rohan Technician: Nishanth

TIME: 6:30 | 6:45 | 7:00 | 7:30

N_2O / AIR / O_2 / LPM: 1L/min → 1L

HALO / SO / SEVO: 0.9% → —

Drugs:
- Inj. MIDAZOLAM 0.2 mg
- Inj. FENTANYL 35 mcg i.v.
- Inj. PROPOFOL 70 mg i.v.

FIO_2 / SaO_2: 100 | 100 | 100

$ETCO_2$: 33 | 34

ECG: SR | SR

Temperature

Urine Output

Fluids / Blood: RINGER LACTATE @ 150 ml/hr

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RT leg
☐ 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

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

Times:
Anaes Start: 6:30pm
OP Start:
OP End:
Leave OR: 7/30 pm

Anaesthesia:
☑ GA
☐ *Monitored Anaesthesia Care*
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 24
☐ IV:
☐ IV:

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

☐ Mask ☑ SGA AMBU - 2 size
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 1
Difficulty Why?

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

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

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

Name of the Doctor: Dr. S. Rohan
Signature of the Doctor:

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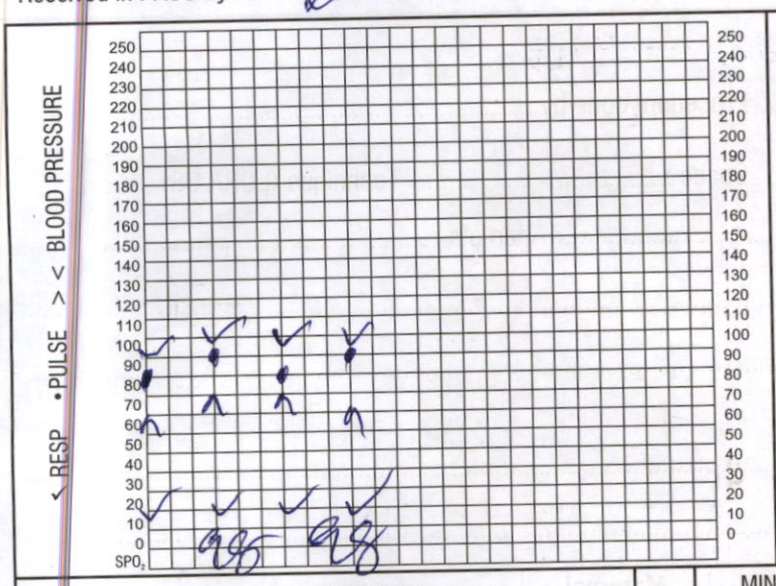
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 7.35pm Time Discharged : .....



IV Cannula Site : RA

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ 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
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	1	1	1	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	
		TOTAL	8	8	9	10	

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
19/5	5.35pm	1	—	

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

Anaesthesiologist Name : Dr. Ayesha
Anaesthesiologist Signature: .....
Date & Time: 19/5/26

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 19/5/26 @ 8pm

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

Transferred to Unit by (PACU): 316
Date & Time: 19/5/26 @

Patient Sticker

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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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....