

ACT VIH-00206870
Baby V. JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. GEETHA CHANDA
UHIC

.LING

----- Consultant : ----- Dept : -----

Date of Admission : 12/07/26 Time : ----- Date of Discharge : ----- Time : -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	15:30pm	OT	PICU	Rp
15/7/26	5:15pm	PICU	132	S

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vishnu Vardhan	13/7/26	Entered on 15/7/26 3101673	AM
2.	Dr. Sripartha Krishna	14/7/26	Entered on 15/7/26 3101674	AM
3.	Dr. Pranith	13/7/26	3101905	Butte
4.	Clean Checked by Nurse 15/7/26 at 4:40pm			
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/07/26	creatinine, CBR CRP Ca, mg, urea, LFT	26023415	PL
	creatinine.	26023416	PL
13/7/26	PT/APTT	26023426	PL
	Blood grouping	26023424	PL
	HIV test (Gold method)	26023419	PL
13/7/26	2 day chest X	011231	PL
13/7/26	CSF analysis		
	CSF C/S	26023451	PL
13/7/26	CRBS 125mg/dL	23445	PL
13/7/26	electrolytes	26023470	PL
	Gross checked by		
14/7/26	CBP, electrolytes	26023625	PL
13/7/26	electrolytes	26023555	PL
	CRBS checked by Band 14/7/26 at 6c		
14/7/26	RBS (132mg/dL) 8c	26023634	PL
15/7/26	RBS- 116 mg/dL	26023757	PL
	cross checked by New	15/7/26 1Am	
15/7/26	2mg/dL	26023757	PL
	CRBS checked by Band 15/7/26 at 5c		

[illegible]

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
13/7/2026	1/1 placement	②	3100898	Ita
	Catheterization	①	3100898	Ita
	Conscious Sedation			
13/7/26	PAC	①	3100909	Ita
13/7/26	Nebulisation	3	3101559	Burke
	cross checked by <i>Angela</i>			
	clear checked by <i>Ita</i> 14/7/26 at 6pm			
13/7/26	ET intubation	entered on 15/7/26	301672	Mehta
14/7/26	reintubation	②	3904925	Ita
	clear checked by <i>Ita</i> 15/7/26 at 5pm			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

*kuizalek
p2two*

SURGERY DETAILS

Date : 13/7/26

Patient Name: Baby V. Jayasri Date of Birth: 8-4-2011 Age: 15 Y

Gender: Female Ward : OT UHID No.: 206870

Date of Surgery: 13/7/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : VP Shunt

Time in : 3:10 AM

Time Out : 5:00 AM

	NAME	AMOUNT
1. Surgeon	Dr. praneeth	OT charges
2. Anaesthetist	Dr. Madhav	
3. Assistant Surgeon	Dr. -	Neuro drill -
4. OT Technician	Dr. Rakesh	03:30 AM - 04:10 AM
5. Circulating Nurse	Sr. Ruby.p / Sr. Vanitha	3100928
6. Assistant Nurse	Dr. Ratan	

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☒ Others Neuro drill

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3100922 / 3100923

Order by:

CONSUMABLES OF OT ^{mpvp shunt}

VIH-00206870 IP-00060681
Baby V.JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. AKHEEL SYED RIZWAN



Ref. No. F/CONB/SUR/OT/02
Age :
Time :
13/4/26

Circulating Staff : Sr. Ruby-p/sr. vanitha

Technician : Br. Raksh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>General kit</u>	1		Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		1	5085	1		Suction Catheter		
HME filter : A/P/N		1	Monosyn 4/0	1		Feeding Tube		
Syringe 10 cc		3	2434	1+		Vaccum Suction Set		
05 cc		3	Gloves			Surgical Gloves		
02 cc		2	PF 6 1/2	3		Gauze Pack		
01 cc			PF 7 1/2 SG 6 1/2	2+1		Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N		1	Surgical blade 11/15	1+		Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery Pencil	1				
NS : 10ml/100 ml/ 500ml/1000ml		1+	Koochies			Bone wax		1
Vein-o-line (100cm)		2	Ointments			up shunt dsape		1
Dexamethasone		1	Suction Catheter 8/20	1		Sy. Gentamycin		2
Fentanyl		1	Cap. Mask	10+				
Morphine			Gauze Pack	1		chabsa med pressure		1
Ketamine			Mop Pack	1		Betadine scrub		1
Propofol		1	Steristrip			Surgical clipper		1
Rocuronium		1	Underpad <u>Aksoxb</u>	1		Mask pen		1
Glycopyrolate		1	Draw Sheet					
Myopyrolate			Abgel	1				
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage 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	1				
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution	1				
			Microshield	1				
			Cotton Balls					
			Latex Gloves	10				
			Ramdione Scrub					
			Saral					

Surgeon

Dr. praneeth

Anaesthesiologist

Dr. madhav

Nurse

Br. Ratan

OT Technician

Order No. :

Ordered by :

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-00060681	Ward	N 1F-PICU
Patient Name	Baby V.JAYASRI	Bed Name	PICU 143
Age/Sex	15 Y 3 M 5 D / Female	Order No	0003100927
Date	13/07/2026 08:37	Prescription No	PRIP-1295846
Payor	SELPAY	Dispensed Date	13/07/2026 08:38
UHID	VIH-00206870		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20260402	03/31	1	265.00	265.00
2	ALLESORB CORE TURNAROUND COVER 40x102IN			260620IO1	06/31	1	563.00	563.00
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SCRUB 7.5% 50 ML	Win-MedicarePvtLtd		MF039Z5	01/27	1	106.58	106.58
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	ME06826	04/28	1	103.95	103.95
6	BIOGARACIN 80MG INJ 2ML	AEQUITAS HEALTHCARE PVT LTD	H	CHB1041	05/27	2	10.35	20.70
7	BONEWAX-W31C	ETHICON SUTURES-J&J		AV7308	06/29	1	226.88	226.88
8	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303005	03/28	1	1,153.00	1,153.00
9	CHIHABRA VP MEDIUM PRESSURE	SURGIWARE LTD		2402BFO	01/29	1	6,281.00	6,281.00
10	DERMARK PEN ROMSON	ROMSONS	GENERAL	G25I010300	08/30	1	331.00	331.00
11	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00082A	10/26	1	10.87	10.87
12	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	3	28.13	84.39
13	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	3	21.56	64.68
14	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	2	11.25	22.50
15	Encore Microptic gloves- 6.5		H	260300711T	03/29	3	128.00	384.00
16	ENCORE MICROPTIC GLOVES-7.5 PF	ANSEL		250200381T	02/28	2	117.19	234.375
17	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260602	05/29	10	10.00	100.00
18	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
19	GENERAL SURGICAL KIT (MEDITAKE)		H	0705026	05/29	1	1,950.00	1,950.00
20	H.M.E FLITER (PAED)-1831	Intrasurgical	GENERAL	26030337	02/31	1	818.00	818.00
21	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
22	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	1	69.10	69.10
23	MERSILK 3-0 NW 5085	ETHICON SUTURES-J&J	C1	V4009	10/29	1	195.00	195.00
24	MONOSYN 4.0 C2022204		H	35O9GM	02/30	1	1,054.16	1,054.16
25	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	1	949.00	949.00
26	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
27	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif		D25C898	02/29	1	44.93	44.93
28	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1E262584	04/29	1	93.94	93.94
29	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	2509302403	09/28	1	1,050.00	1,050.00
30	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
31	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
32	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	1	69.39	69.39
33	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00



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INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060681
Patient Name Baby V.JAYASRI
Age/Sex 15 Y 3 M 5 D / Female
Date 13/07/2026 08:37
Payor SELF PAY
UHID VIH-00206870

Ward N 1F-PICU
Bed Name PICU 143
Order No 0003100927
Prescription No PRIP-1295846
Dispensed Date 13/07/2026 08:38

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	1	91.00	91.00
35	SHUNT DRAPE 0203		H	2504AAO	03/30	1	928.12	928.12
36	SUCTION CATHETER 8	ROMSONS	GENERAL	K268010741	01/31	1	91.00	91.00
37	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
38	SURGICAL BLADE 15	Surgeon	GENERAL	15C040226	01/31	1	7.67	7.67
39	SURGICAL CLIPPER BLADE (9680)	3M HEALTHCARE	GENERAL	2025O7O7	12/28	1	871.50	871.50
40	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010297	03/31	1	811.00	811.00
41	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D010689	03/31	2	510.00	1,020.00
42	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		T5052	08/30	1	663.00	663.00
Total :							22,090.21	23,395.24

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



SURGERY DETAILS

Date : 13/7/26

Patient Name: Baby V. Jayasri Date of Birth: 8-4-2011 Age: 15Y

Gender: Female Ward : OT UHID No: 206870

Date of Surgery: 13/7/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : V.P. Shunt

Time in : 3:10 am

Time Out : 5:00 am

	NAME	AMOUNT
1. Surgeon	<u>Dr. praneeth.</u>	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Madhav.</u>	
3. Assistant Surgeon	<u>Dr. -</u>	<u>Neuro drill -</u>
4. OT Technician	<u>Dr. Rakesh</u>	<u>03:30 Am - 04:10 Am.</u>
5. Circulating Nurse	<u>Sr. Ruby.p / Sr. Vanitha</u>	<u>3100928.</u>
6. Assistant Nurse	<u>Dr. Ratan</u>	

Special Equipment: ☐ Laparoscopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☒ Others Neuro drill

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3100922 / 3100923 Order by: [Signature]

CONSUMABLES OF OT

VIH-00206870

IP-00060681

Baby V. JAYASRI

08-04-2011

15 Y 3 M 5 D

(F)

Dr. AKHEEL SYED RIZWAN



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

Age :

Time :

13/1/26

Circulating Staff : Sr. Ruby-p/sr. vanitha

Technician : Br. Laksh.

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>General kit</u>		1	Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		1	<u>5085</u>		1	Suction Catheter		
HME filter : A/P/N		1	<u>monosyn 4/0</u>		1	Feeding Tube		
Syringe 10 cc		3	<u>2437</u>		1+	Vaccum Suction Set		
05 cc		8	Gloves			Surgical Gloves		
02 cc		2	<u>PF 6 1/2</u>		3	Gauze Pack		
01 cc			<u>PF 7 1/2 SG 6 1/2</u>		2+1	Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N		1	Surgical blade <u>11/15</u>		1+1	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml		1+	Koochies			<u>Bone wax</u>		1
<u>Vein-o-line (100cm)</u>		2	Ointments			<u>up shunt drape</u>		1
<u>Dexamethasone</u>		1	Suction Catheter <u>8/100</u>		1	<u>Spr. Gentamycin</u>		2
<u>Fentanyl</u>		1	Cap. Mask		10+10			
<u>Morphine</u>			Gauze Pack		1	<u>chab 8a med pressure</u>		1
Ketamine			Mop Pack		1	<u>Betadine scrub</u>		1
Propofol		1	Steristrip			<u>Surgical clipper</u>		1
Rocuronium		1	Underpad <u>Allesorb</u>		1	<u>Mask pen</u>		1
Glycopyrolate		1	Draw Sheet					
Myopyrolate			Abgel		1			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage 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		1			
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		1			
			Microshield		1			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon

Dr. priyanka

Anaesthesiologist

Dr. madhav

Nurse

Br. laksh

OT Technician

Order No. :

Ordered by :

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Patient Name Baby V.JAYASRI Bed Name PICU 143
Age/Sex 15 Y 3 M 5 D / Female Order No 0003100927
Date 13/07/2026 08:37 Prescription No PRIP-1295846
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UHID VIH-00206870

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20260402	03/31	1	265.00	265.00
2	ALLESORB CORE TURNAROUND COVER 40x102IN			260620I01	06/31	1	563.00	563.00
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SCRUB 7.5% 50 ML	Win-MedicarePvtLtd		MF039Z5	01/27	1	106.58	106.58
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	ME06826	04/28	1	103.95	103.95
6	BIOGARACIN 80MG INJ 2ML	AEQUITAS HEALTHCARE PVT LTD	H	CHB1041	05/27	2	10.35	20.70
7	BONEWAX-W31C	ETHICON SUTURES-J&J		AV7308	06/29	1	226.88	226.88
8	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303005	03/28	1	1,153.00	1,153.00
9	CHHABRA VP MEDIUM PRESSURE	SURGIWARE LTD		2402BFO	01/29	1	6,281.00	6,281.00
10	DERMARK PEN ROMSON	ROMSONS	GENERAL	G25I010300	08/30	1	331.00	331.00
11	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00082A	10/26	1	10.87	10.87
12	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	3	28.13	84.39
13	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26D20K25	03/31	3	21.56	64.68
14	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	2	11.25	22.50
15	Encore Microptic gloves- 6.5		H	260300711T	03/29	3	128.00	384.00
16	ENCORE MICROPTIC GLOVES-7.5 PF	ANSEL		250200381T	02/28	2	117.19	234.375
17	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260602	05/29	10	10.00	100.00
18	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
19	GENERAL SURGICAL KIT (MEDITAKE)		H	0705026	05/29	1	1,950.00	1,950.00
20	H.M.E FLITER (PAED)-1831	Intrasurgical	GENERAL	26030337	02/31	1	818.00	818.00
21	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
22	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	1	69.10	69.10
23	MERSILK 3-0 NW 5085	ETHICON SUTURES-J&J	C1	V4009	10/29	1	195.00	195.00
24	MONOSYN 4.0 C2022204		H	3509GM	02/30	1	1,054.16	1,054.16
25	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	1	949.00	949.00
26	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
27	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirfil)		D25C898	02/29	1	44.93	44.93
28	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1E262584	04/29	1	93.94	93.94
29	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	2509302403	09/28	1	1,050.00	1,050.00
30	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
31	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
32	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	1	69.39	69.39
33	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

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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-00060681
Patient Name Baby V.JAYASRI
Age/Sex 15 Y 3 M 5 D / Female
Date 13/07/2026 08:37
Payor SELF PAY
UHID VIH-00206870

Ward N 1F-PICU
Bed Name PICU 143
Order No 0003100927
Prescription No PRIP-1295846
Dispensed Date 13/07/2026 08:38

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	1	91.00	91.00
35	SHUNT DRAPE 0203		H	2504AAO	03/30	1	928.12	928.12
36	SUCTION CATHETER 8	ROMSONS	GENERAL	K268010741	01/31	1	91.00	91.00
37	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
38	SURGICAL BLADE 15	Surgeon	GENERAL	15C040226	01/31	1	7.67	7.67
39	SURGICAL CLIPPER BLADE (9680)	3M HEALTHCARE	GENERAL	2025O7O7	12/28	1	871.50	871.50
40	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010297	03/31	1	811.00	811.00
41	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D010689	03/31	2	510.00	1,020.00
42	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		T5052	08/30	1	663.00	663.00
Total :							22,090.21	23,395.24

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name**Authorized Signature**

Pharmacist Name : SHEEPA PALANI

ADMISSION SHEET

Registration Details :



Admission No : IP-00060681

Admit Date : 12-Jul-2026

Admit Time : 11:14 PM UHID : VIH-00206870

Patient Details :

Patient Name : Baby V.JAYASRI

Age : 15 Y 3 M 5 D

Guardian : Mr V.VIKRAMARKUDU

DOB : 08-04-2011

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLAT NO 167 R NO 7E KRISHNA NAGAR Moula
Ali Hyderabad Telangana INDIA 500040

Phone No : 9063313120

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : PICU

Bed No : PICU 143

Ward Name : N 1F-PICU

Room No : PICU 143

Admission Type : First Visit

Contact Details :

Name : Mr V.VIKRAMARKUDU

Relationship : Father

Contact Address : PLAT NO 167 R NO 7E KRISHNA NAGAR
Moula Ali Hyderabad Telangana INDIA 500040

Phone No : 9063313120

Signature

Doctor Details :

Doctor Name : Dr. GEETHA CHANDA

Specialisation : PEDIATRIC NEUROLOGY

Referral Doctor :

Phone No :

Co-Consultant : Dr. AKHEEL SYED RIZWAN/ Dr. KOKKULA
PRANEETH

Payment Details :

Deposit Amount : 118000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

ADMISSION SHEET

Registration Details :

Admission No : IP-00060681

Admit Date : 12-Jul-2026

Admit Time : 11:14 PM **UHID** : VIH-00206870

Patient Details :
Patient Name : Baby V.JAYASRI

Age : 15 Y 3 M 4 D

Guardian : Mr V.VIKRAMARKUDU

DOB : 08-04-2011

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLAT NO 167 R NO 7E KRISHNA NAGAR Moula
 Ali Hyderabad Telangana INDIA 500040

Phone No : 9063313120

E-mail : NA@GMAIL.COM

Admission Details :
Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :
Name : Mr V.VIKRAMARKUDU

Relationship : Father

Contact Address : PLAT NO 167 R NO 7E KRISHNA NAGAR
 Moula Ali Hyderabad Telangana INDIA 500040

Phone No : 9063313120

V. Vikram
 Signature

Doctor Details :
Doctor Name : Dr. AKHEEL SYED RIZWAN

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant : Dr. GEETHA CHANDA

Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

Patient Name : Baby. V.JAYASRI UHID : VIH-00206870 IPD : IP-00060681 Gender : Female Age : 15 Y 3 M 4 D

VIH-00206870 IP-00060681
Baby V.JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. AKHEEL SYED RIZWAN



wt - 42 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Jayasree Age : 16 year Gender : ☐ Male ☒ Female
Date : 12/7/26 Time of Arrival : 9:33pm

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: 99.7°F PR: 96b/m BP: 110/73(85) RR: 20b/m SpO₂: 99%

Chief Complaints: Up vomiting 2 episode - Today Evening, Drowsy

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance ☐ Normal ☒ Sick Looking	 Circulation / Colour ☒ Normal ☐ Abnormal ☐ Bleeding	☐ Stable ☒ Unstable : ☐ Not - Life - Threatening ☒ Life - Threatening
Work of Breathing ☒ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea		
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 : <u>N. Phuladshmi</u> Triage Completion Time : <u>9:37pm</u>

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

Name of Triage Nurse : Sr. Kajal

Date & Time : 12/7/26 @ 9:37pm

Docu. No. : RCH / FRM / CLINICAL / 085

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).

Signature of Triage Nurse : [Signature]

Patient Name : Baby. V.JAYASRI UHID : VIH-00206870 IPD : IP-00060681 Gender : Female Age : 15 Y 3 M 4 D

VIH-00206870 IP-00060681
Baby V.JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. AKHEEL SYED RIZWAN



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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/7/2016 Time of arrival : 9:38 PM
Chief Complaints : No vomiting episode - Today, Drowsy RBS: 139 mg/dL
Height : — Weight : 42 Kg BMI : — Head Circumference (<2 years) : —
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —
If yes, identify : —
Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☒ Wong Baker
☐ Character — ☐ Location — ☐ Frequency — ☐ 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 Family

Siblings in household ☐ Yes ☒ No (if yes How Many?) —

Time of Initial assessment completed by ER Nurse : 9:43 PM

Patient Name : Baby. V.JAYASRI UHID : VIH-00206870 IPD : IP-00060681 Gender : Female Age : 15 Y 3 M 4 D

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

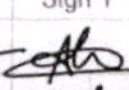
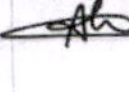
Time	Nursing Notes
9:33pm*	patient come to ER
9:37pm*	vitals checked & Recorded
9:39pm*	Dr. wishwaja nam seen the patient in ER
9:40pm*	& case w/ PICU fellow, nam seen the pt & advised PICU Admission
11:14pm*	Admission done
9:50pm*	Ir placement done
11:50pm*	pt shift to Citineuro for Cit Brain

Samples collected by: } Rajyalaxmi
Samples sent by: }

Time: @ 9:40pm

Time: @ 9:45pm

Medication given in ER:

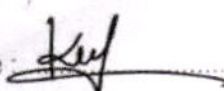
Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:20pm	Inj. ondansetron	IV	4mg		
11:20pm	Inj. Esomeprazole	IV	40mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 78b/min BP: 113/73(80)mmHg CFT: <3sec RR: 24b/min SPO ₂ : 99% GCS: P06 Temperature: 99.6°F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: PICU Time of Shift - out: 12/7/26 @ 11:50pm Handover given to: Dr. Nandeeswar (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Ir Placement

Name of the Nurse : Sr. Kajal

Signature of the Nurse : 

Date & Time : 12/7/26 @ 11:50pm

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206870 IP-00060681 Baby V. JAYASRI 08-04-2011 15 Y 3 M 5 D (F) Dr. AKHEEL SYED RIZWAN 		Date & Time of Admission <i>12/7/26 @ 11:14am</i>	Date & Time of Transfer Order <i>12/7/26 @ 11:50am</i>
		Transfer Ordered by <i>Dr. Madhavi</i>	Reason for Transfer <i>postoperative care.</i>
From Unit <i>OT</i>	To Unit <i>PICU</i>	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File	Number of Imaging Films <i>x-ray - 1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ <i>CT films given to attendant</i> 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 <i>Dr. Ruby P</i>		Name of Person Ordered Transfer <i>Dr. Madhavi</i>	
Patient & Clinical Records Received by : <i>Dr. Sandeep Kumar</i>			
Date & Time of Patient Received : <i>13/7/26 5:20am</i>			

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

Patient Name & UHID No. VIH-00206870 IP-00060681 Baby V. JAYASRI 15 Y 3 M 4 D (F) 08-04-2011 Dr. AKHEEL SYED RIZWAN 		Date & Time of Admission 12/7/26 at 11:14 AM	Date & Time of Transfer Order 13/7/26 at 3 AM
		Transfer Ordered by Dr. Vishnu	Reason for Transfer Posted for VP shunt placement
From Unit PICU	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 60 pages	Number of Imaging Films 1 X-ray	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 Br. Nandishwan		Name of Person Ordered Transfer Dr. Vishnu	
Patient & Clinical Records Received by : Ruby			
Date & Time of Patient Received : 13/7/26 3 AM			

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

Patient Name & UHID No. VIH-00206870 IP-00060681 Baby V. JAYASRI 15 Y 3 M 7 D (F) 08-04-2011 Dr. GEETHA CHANDA 		Date & Time of Admission 12/7/26 at 11:14a	Date & Time of Transfer Order 15/7/26 at 5:15p
		Transfer Ordered by Dr. Amulya	Reason for Transfer Stable
From Unit PICU	To Unit 1st floor 132	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 81	Number of Imaging Films 7 - MRI - 1 CT - 1 X-ray - 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 Dr. Jindal		Name of Person Ordered Transfer Dr. Amulya	
Patient & Clinical Records Received by : Manas			
Date & Time of Patient Received : 15/7/26 @ 5:25pm			

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

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VH-00206870 IP-00060681
Baby V. JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. GEETHA CHANDA





Pediatric Multiorgan History & Physical Examination

Name : Jaysree Age/Sex 15yr 3M

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

complaints of headache since afternoon.
vomiting since afternoon.
urinary incontinence

History of present illness :

→ Headache, headache onset
left sided, throbbing in nature
since 2 pm

→ vomiting 4 episode
NR, non bloody, non projectile
mostly containing food
x today

→ child started responding L&S to commands
since 4 pm today

NR opening eyes spontaneously

HR tachycardia variation 2 times

No HR tachycardia

No HR tachycardia

HR HR fixed

No HR weakness of any limbs

No HR abnormal bite

No HR loose stools, excessive perspiration
excessive sweating



Pediatric Multiorgan History & Physical Examination

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

No febrile seizures
@ 1 yr & 10 mo

Birth & Neonatal History:

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) _____ (Centile _____)

On Examination :

Temperature : 97.9° Pulse Rate : 78/min B.P. 109/68 SPO2 100% on room air

Resp. rate and type of breathing : 28/min regular

Rash _____ No

Lymphadenopathy _____ No

Oedema : _____ No

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : Slr canal

Air entry & breath sounds : _____

Any addles sounds : _____ No

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

Cardiovascular System :

Inspection of procordium : Slr CM

Heart Sounds : _____

Any murmur : _____ No murmur

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

Per Abdomen :

Inspection Slr non tender

Palpation : _____

Ausculation : No LHM

Spine : _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : E, V, M5

Cranial Nerves : PHYS - SL equal diam, non reacting

not fixing tracking
no facial weakness
No drooping

Motor System:

Nutriton : _____

Tone: ↓ Power > 5 in all 4 limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

absent

	R	L
UL	-nr	-nr
LL	-nr	-nr

DTR

Superficial:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Acute onset encephalopathy with left sided headache
& vomiting with SL internal ophthalmoplegia &
anopsia

↑ Basilar artery stroke ↑ Hemorrhagic stroke
↑ micro vessel aneurysm
↑ poisoning



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP, CRP ✓

C. A. K. P. H. S. ✓

LFT ✓

RFT ✓

S. Ammonia ✓

CT scan with CT angiography

problem 2 pher ✓

3 EDTA ✓

C. A. K. P. H. S. X

Noted By: Dr. Rajalini 12/7/2011
e: 11.45 PM

Planned Management

Signature of the Doctor: _____

Name of the Doctor: Dr. N. R. K. S.

Date & Time: _____

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 2:00 AM	4/5/3 PICU follow. Δ = INTRA CRANIAL SPACE OCCUPYING LESION. WITH OBSTRUCTIVE HYDROCEPHALUS WITH INTRACRANIAL BLEED. Airway - OPEN & MAINTAINABLE. Breathing - Regular, shallow RR - 14/min SpO₂ - 97%. Circulation - HR = 72/min BP = 110/73 mmHg peripheries warm, well felt. Reactivity - GLS = 7/18 E₁ V₂ M₅ pupils - B/L equal 2mm Not reacting to light. Reflexes - absent - No meningeal signs. Exposure - No fever	

Date & Time	Progress Notes	Doctor's Order
	<u>Plan</u> - Low flow oxygen - IVF DWS (2/3rd maintenance) + 5ml Kcl - IN 3% NaCl 5ml/kg. - IN mannitol 3ml/kg. - IV ceftriaxone 2g stat - CBP, PT, aPTT / INR, UFT, CRP, Sr electrolyte - Elective intubation, 803, - Midline position - Head end elevations	
		Noted by Br. Anandishwar 13/2/26 1AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	COUNSELLING DONE BY DR. PRANITH	
	In their own language parents have been explained about tumor associated hydrocephalus showing in CT Brain. parents have been explained about immediate surgery. VP shunting. and also requirement of mechanical ventilation. Death risk explained	
	<u>Mother</u>	<u>Father</u>
	V. Bhadrakshui	V. Vikram



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/3/26 2:30AM	<u>Intubation Notes.</u>	
	child was hemodynamically stable, preoxygenated with 100% FiO_2 with for 3mins.	
	↓ IV lignocaine given 0.1mg/kg	
	↓ IV ketamine 1mg/kg given	
	↓ IV rocuronium 0.5mg/kg given	
	↓ 3 no laryngoscope blade and inserted & scoped, visualized vocal cords, then inserted (intubated with 7 nouffed tube, fixed at 19.5cm., air entry is R/L equal, $\text{ETCO}_2 = 35$.	
	↓ During, after the procedure, child was hemodynamically stable.	
	on SIMV (volume control) + P1 $\text{FiO}_2 = 40\%$ Rate = 20/min. Peep = 8.	





4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>cls/B Dr. Pramitha</u>	
<u>13/7/2026</u>		
	Altered sensorium since 2pm Headache since 2pm Episode of vomiting	
	O/E	Adv
	EIVIMS sensorium pupil - B/L 2mm NRTL EOM - can't assess moving all limbs equally	① plan: VP shunt ↓ CSF for malignant cytology CSF - α -FP, β -HCG CSF - routine, cls
		② CEMRI Brain with screening of whole spine + Angiogram
		③ CBP, PT/INR, APTT, RFT Blood grouping
	Noted by Br. Laxmi Shwan 13/7/26 1:30 AM	
		<u>Dr. Pramitha</u>

VIH-00206870
Baby V. JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. GEETHA CHANDA
IP-00060681

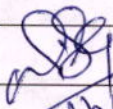
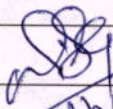
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	C/S By DR. VISHNU	
2:30am	IC SOL C. obstructive hydrocephalus by decreased consciousness.	
	Suspected Brain stem tumour & bleed.	
	→ Elective intubation in PICU in view of worsening GCS & signs of Raised ICP	
	→ Intubation uneventful, he connected to ventilator	
	→ vitals stable	
	→ pre-intubation optimized circulation volume & 500ml NS bolus	
	→ Hypertonic Saline 200ml bolus over 15 mins	
	<u>Plan</u>	
	→ posted for emergency VP shunt placed	
	→ Strict Neuroprotective measures	
	→ start morphine @ 40 mcg/kg/hr	

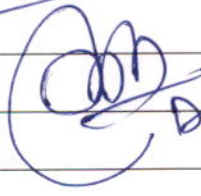
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5 am	4/5/13 Dr. Vishnu Δ = INTRACRANIAL SPACE occupying lesion WITH OBSTRUCTIVE HYDROCEPHALUS. POST OP CASE OF VP SHUNT	
	on SIMV (volume control) plan + PS. $f_{IO_2} = 40\%$ PEEP = 8 Rate = 20/min. TV = 250ml.	- continue sedation (morphine) - 80% Rocuronium - CT Neuroprotective measures. - MRI contrast Brain & Angiography with spine screening tomorrow.
	Noted by Jagannath 13/7/16 of Sam  	- Send CSF and Blood workup for PCR Neuros - watch for polyuria.
		Noted by Br. Nandishan 13/7/16 5 AM



6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/07/26 05:20AM	Hand over notes. From OT to PICU. Ch. Hydrocephalus S/p. ICSOL. posted for Emergency. VP Shunt. Shifted to OT & ETT in situ. Intra op: 2ij. FENTANYL 80mg IV given. 1ij. MORPHINE infusion continued. 1ij. PARACETAMOL 650mg IV given. Intra Op: Nil significant events, NO significant blood loss, Hemodynamically maintained. Shifted to PICU at 05:20AM. Vitals at the time of arrival. BP- 92/68 mmHg. PR- 92/min CR- S, ⊕ S ⊕ RS- BAE ⊕ clear. Hand over taken by Anurag Dr. Anurag A. 13/7/26 5:25AM.	Hand over given by:  Dr. Pradeep Madhav.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26		
7 AM	c/s/r p/w fellow Δ = POD-O VP shunt in a case of ICSOL with hydrocephalus. Airway - Intubated Breathing - on SIMV (Vol control) + PS $FiO_2 = 40\%$ Peep = 8 Rate = 20/min TV = 250ml $ETCO_2 = 32$ $SpO_2 = 100\%$ Circulation HR = 69 bpm BP = 128/84 (100) Sys 90 mmHg Diast > 99 mmHg Peripheral pulses well felt V/O - 650 ml since 2 AM. (3 cts/kg/hr)	

Date & Time	Progress Notes	Doctor's Order
	Disability - under morphine sedation Exposure - no fever Issues - Baseline low HR Hypertension (+) Signs of ICP (+) <u>Plan</u> 1) continue ventilation 2) continue sedation Morphine @ 6mg/kg/hr. If SDs Accommodations 3) Trace CSF cytology & culture 4) TO send CSF for malignant cytology AFP BHCG 5) MRI Brain contrast & spine screening & MR Angiography planned today 6) continue Antibiotic	
	Noted by Jagrawi 13/7/16 at 9.30 AM	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/2026 9:30 AM	q/s/b Dr. Geetha Man Aff → Aortic aneurysm with moderate & ventricular with irregular of the aorta Chio → Aortic venous thrombosis 2 ARM 9 turns Chio ① → ↓ sedation EIV + M5 PACU - 21 2mm Non variation ② Bone good all movements DTR +1 Plantar extension	1. Inj. Levipil 2. Neuroprotective measures 3. MRI Brain c contrast sos. c spine screening sos MRA. Dr. Nirmal. reportig. 4. Continue sedation. 5. Make Dr. geetha primary consultant ⑥ Take CSF culture ⑦ Put 3x NaCl comit

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/3/16 9:30 AM	COUNSELLED BY DR. GEETHA MASON	
	parents have been explained in their own language that patient had bleed, space occupying lesion which is responsible for hydrocephalus, which in turn is associated with - responsible for hyperacute symptoms. patient had raised ICP signs of low heart rate, increased BP due to underlying pathology. There is high risk of Respiratory cessation. They have been explained about MRI and USF evaluation and further evaluation that are required. They have been told about the Ventilator Support, ICU stay, Sedation Support, Antibiotic and antiepileptics. parents have been explained about seizure recurrence. Critical condition & Death risk explained.	
	<u>V. Vikram</u>	

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/04/2011 10:50am	<u>counselling notes (Anishu sr)</u> AS child had obstructive lesion and intracranial bleed she presented with raised ICP features. The tumor is obstructing CSF from 3rd to 4th ventricle, further causing raised ICP. Hence due to sudden obstruction of CSF there were symptoms, hence she was operated with VP shunt to decrease ICP. There is a space occupying lesion in the Brain, we should remove the cause, hence MRI is planned. If it is a compressive lesion, despite screening also to be done, if an AV malformation, planned for MR venography. After confirming diagnosis, further workup will be planned. As of now, child is on mechanical ventilator, will be continued till MRI report. (a) child becomes conscious. If there are any signs of intracranial bleed she might to be operated. Child may deteriorate and chance of Brain death & cardiorespiratory compromise is present if any CNS bleed (a) acute decompensation happens.	new counselling room
	V. Vekram	V. Bhulakhani

10

Date & Time	Progress Notes	Doctor's Order
13/07/2020 6:00 PM	<u>Counselling notes</u>	[Dr. Parshwa] [Dr. Heetne]
	MRG findings explained. it is showing a mass with bleeding, suggestive of which is a tumor. For the tumor, to know the type, biopsy should be done. Blood test and chest analysis reports will tell about the type. Surgery to be planned accordingly. This tumor is near the brain stem, where there will be respiratory centre, now much tumor can be excised to see will be known while respecting dependency on vital part involvement. When, it can be excised will depend on decrease in the intracranial pressure. As this is a deep seated tumor, child needs novel approach to approach this tumor. Child needs close monitoring to know whether tumor size increase or/bleeding is increasing. Currently child on ventilator, but depending on the child's response plan to wean ventilator. There might be sudden deterioration like acute bleeding causing raised ICP, and brainstem herniation leading to cardiorespiratory compromise.	
		<i>[Signature]</i> Dr. Parshwa

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/04/2011 9:30 PM	discharge from ICU diagnosis - [? Tumor in Hemorrhage] S/P - VP shunt Post - 2	
	on mechanical ventilation SimV (VCV + PS) Pr - 1250 ml Pao₂ - 130+ RR - 15/min PiO₂ → 30-32 mm Acc → E 4 mg V_T no fever spikes MI, Hct, clt ✓ on S/L, A	Plan 11 No send CBP & S/L 12 Stop reduction of I/O 13 Plan for extubation 14 My 15 neuroprotection 16 meeting
	Signature N.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/2/2011 9:00 AM	9/12 prev follow up 2 CSOL (? minor bleed) slp v/p snut (PDR)	
	on NW, mainting situation slur vcr + P → 9mm → CPAP lid started normal belly	
	off sedate mainting situation, no deceleration eg B/c chest rise ⊕, Arterial equal ⊕ Bradycardia ⊕ (HR - 10/min)	
	per ⊕ Plv ⊕ BP ⊕ 5-10 mmHg	Plan
	N.P.O no fever spikes	1) 3% NS stopped
	2nd PWS Get - E4 V4 N6 obeying commands	2) To repeat VBG @ 1 PM & Plan for extubation
	with-stare 1486 (+396 ml) 1090	3) on w/p respiratory effort and deceleration
	u/o → 1.08 cell/plur	
		Noted by Dr. Banu 14/2/2011 9 AM

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<u>SIB Neurology</u>	
1/1	<u>ADH</u> - acute onset encephalopathy with ↑ ICP & chills hyperosmolality <u>also</u> - vomiting blood with ICOL (↑ aspartate) - <u>Examination T10</u> s/p - VP shunt (glom)	(picm)
	- <u>No vomiting</u> <u>No fever</u> ✓ EATING pupils - 4mm, non-reacting exam - B/L abduction restriction H Dx - good AC movements DTR ++ plaque - x/x/x	- <u>Tome</u> - CSF ← malg. w/ b AFP B HCG - <u>Stop</u> 3x NaCl

Date & Time	Progress Notes	Doctor's Order
14/11/2022 10:40 AM	counseling notes (Carishma sir) Planned for intubation today Currently she is responding, but needs to be observed today for further deterioration and clinical status Further workup for the tumor will be done accordingly It needs multidisciplinary approach. As if any sudden rise in her count, she might deteriorate and require reintubation.	
	Father. <u>V. Vikram</u>	✓ response

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>EXTUBATION NOTE</u>	
14/7/26		
10.40AM	Under all aseptic and antiseptic conditions Child was intubated to nasal prong oxygen.	
	- Before extubation: Child was given trial of SBT for 1hr 30min Vitals: BP: 113/51 (67) SpO ₂ : 100% HR: 37 PR: 76/min. GCS: E ₃ V ₄ M ₆ (9T/15) R/R: 80-12/min.	
	Post extubation:	
	E ₃ V ₃ M ₆ (12/15) PR: 79/min CRT < 3s SpO ₂ : 96% under nasal prong O ₂ . R/R: 16-20/min.	
	Adv: ① Keep NPO for 5-6 hours ② Remove urinary catheter ③ Monitor vitals	
		note d by Dr. Banu 14/7/26 10:40AM
		14/7/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/12/26 4:30pm	Club Neuro Team	
	Extubated	
	Conscious, oriented to time, place, person	
	No fresh complaints	
	O/E	
	EVSMS	
	Inattention (+)	
	ECM - (1) Latent gaze evoked nystagmus (+)	
	Restricted upgaze (+) bilaterally	
	Horizontal saccades ? impaired	
	Pupils - R/L 3mm, sluggishly reactive	
	Good orthogravity movements in all four limbs	
	4/6 Wound Healing - dressing done	
	Plan	
	• Continue injectable AEDs / Antibiotics / Dexte	
	• Monitor GU, 1/b, vitals	
	• Oral Sips	
	• Family counselled regarding definitive management	
	• Review SCS	
Noted by Dr. Ravi 14/12/26 4:30pm		Sripada



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	4/5/1	
SPR	COUNSELLING BY DR. PARITHA	
	Parents and relatives have been explained about successful extubation. parents have been told about the persisting symptoms due to Primary pathology like inattention, distractness, focal deficits. Parents have been told about difficulty in Swallowing or difficulty in accepting feeds, aspiration risk. parent have been told about the further evaluation regarding vision. They have been told about post Sec recovery. Decision about Surgery can be taken, mutually considering all the circumstances & Risks about Brain Surgery has been explained. Prognosis of the condition has been explained.	
	<u>Family</u>	
	V. VIKRAM (Father)	
	MANJULA (Aunt)	
	BHULAKSHMI (Mother)	
	K. Prakash (Uncle)	
	Musalaxya (C.F)	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 8.00 AM.	Δ: IC-SOL sp VP shunt (PoD-3)	(Hemorrhagic Posterior Fossa Neglasun)
	Issue: ① Poor oral intake ② Inattention present along with poor saccadic movement of (R) eye.	
	Airway: open, maintainable at room air.	
	Breathing: R/R: 16-20/min WOB: minimal. No signs of respiratory distress. spo: Maintaining 95-98% at room air	
	Circulation: CRT < 3sec BP: 90-95mm per centile. Peripheral: pulses: well felt	
	Disability: Gcs: E ₄ V ₄ M ₄ (11/15)	
	Exposure: No hfx fever spike	1195 1695
	Fluid: 30ml/hour	u/o @ 1.68 ml/hour
	Gut: liquid intake present: Nala, ORS	

IP-00060681

08-04-2011

15 Y 3 M 6 D

(F)

Dr. GEETHA CHANDA



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



BirthRightTM
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 12:30 AM	Shift out Notes	
	15 years, 3 month old female child was brought to ER on 12/07/26 with following symptoms.	
	Severe Headache over (RT) frontal temporo-parietal region since afternoon.	
	vomitings 4-5 episodes since afternoon.	
	Involuntary urination 3-4 episodes since afternoon.	
	Decreased sensorium since 7pm.	
	In ER,	
	on examination, child was not opening eyes spontaneously, not responding to commands, no verbal response, Intermittently moving her limbs.	
	Airway - maintained	
	Breathing -	No distress
		RR - 12/min
		SpO ₂ - 97% on Room Air.
	Circulation -	HR - 86bpm
		BP - 110/70 mmHg
		PP - well felt



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Neurologically</u> :-	
	GLS = E, V, MS	
	6/6 pupils 2mm in size, not reacting	
	reflexes - not elicited to light	
	Sensations intact (+)	
	In view of hyperacute symptoms, child was CT	
	plain brain was done which showed	
	ICSH with hemorrhage with obstructive	
	hydrocephalus. in Vermis/pineal region.	
	Later, patient was shifted to PICU, Basic	
	investigations sent, which were normal.	
	Started on IV fluids, IV Antibiotic, IV 3l NaCl.	
	child was electively intubated with	
	7fr cuffed tube fixed at 19.5cms, taken	
	on SIMV (volume control) +PS with	
	minimal settings of FIO ₂ 40% peep 8 Rate	
	20/min, TV 250.	
	child was shifted for Emergency VP	
	shunt on 13/3/26 at 2:30 AM. Right	
	mpvp shunt was placed. patient was	
	shifted back to PICU at 5:30 AM.	
	No significant Intra op events noted.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	In - PICU patient was taken back on ventilator with Simbir settings under sedation morphine @ 60mcg/kg/hr, started prophylactic leipil, <u>10 Dexta</u>	
	child remained hemodynamically stable, gradually sedation was weaned off. SAT trial for 1m 30mins was given. Child was successfully extubated on to low flow O ₂ (NP) on 14/7/26 10:40 AM. Kept NPO for 6 hours. Removed urinary catheter. Oxygen was stopped after 2 hours. 6 hours Child was monitored overnight.	
	Currently child is on room air, accepting small sips of water and soft diet. Hemodynamically stable. Hence being shifted out towards	
	[3.1. NaCl stopped on 14/7/26 in view of hypernatremia Na=153]	
	CSF analysis was sent	
	TLC - 3 cells/mm ³ N/L 0/100%	
	glucose - 76	
	protein - 10	
	AFP - <0.908 ng/ml	
	BHCG - <0.20 mIU/ml	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>SIB Nausea</u>	
16/7		(Plan)
	No fever No headache No vomiting taking orally	Switch to oral medications
	(24) Jittery - (10) conscious, oriented pupils - 4mm, reacting com - full	Tapering of steroids → family consulted regarding surgery, risk & further plan of Mx
	(20) BPR power - > 2/4 in all 4 limbs	→ family needs time to decide regarding surgery
	ITP - +2 platelet - 15000	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

SAFE

Low Grade

High Grade

Chemotherapy + Radiation

Resection

Anastomosis → IVC - Venous

Bleeding → Blood transfusion

Infection

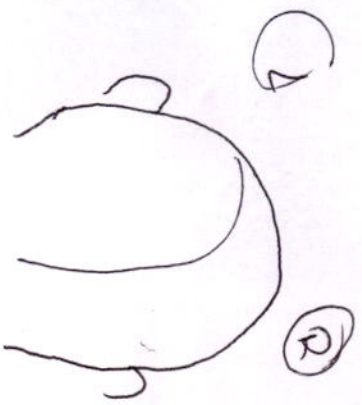
Bleeding

Tumor residue

Normal brain
Blood vessels

Biopsy →
Adjuvant therapy

Drugs



Biopsy
Surgery

9.2

①

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 12/7/26	Diagnosis:	Surgery / Procedures: Nil	
	Allergies:	Nil	Post OP Day: —	
	Date:	12/7/26		
	Area	ER	PICU	
	Shift Time		8pm - 8am	
	Diet:	soft diet	ALPO	
INVASIVE LINES	Ventilation (RA, NP, NIV, VENTI)	RA	ventilator	
	1.	IV cannula	IV cannula	
	2.		—	
	3.		—	
	4.		—	
ASSESSMENT	Infusions / Transfusions	DNS 53ml/hr	DNS 53ml/hr	
	PU Prophylaxis	—	—	
	DVT Prophylaxis	—	—	
	Vitals	BP	110/73 (85)	107/62 (84)
		PR	96 b/m	96 b/m
		RR	20 b/m	20 b/m
		SpO ₂	98%	98%
		Temp	99.7°F	98.7°F
	Pain Score	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Drowsy	Unconscious	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	
	Restraints If any	Physical	—	—
		Chemical	—	—
Fall Risk (Vulnerable Y/N) if yes score		—		
(Ambulation, walking, moving with assistance, bed ridden)		Bed ridden		
ADL (Dependent / Non-Dependent)	Dependent	dependent		
Critical Lab Test / Values (If any)	Nil	Nil		

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

RECOMMENDATIONS	Date:	13/7/26		
	Area	ER		PLCO
	Shift Time	12:3		8pm - 8am
	Ordered / Planned			plan to extubate after CT scan
	Due			-
	Reports Pending	All Report due.		As CSE c/s
	Referrals (If any)	Nil		Nil
Remarks (Special Interventions like, Drainage tube flushing etc.)				
Handed Over By Name :		sr. Kajal		Br. Nadishwar
Signature :		<i>Kajal</i>		<i>Nadishwar</i>
Date:		13/7/26		13/7/26
Time:		@ 2AM		8AM
Taken Over By Name :		Br. Nadishwar		Jagrawani
Signature :		<i>Nadishwar</i>		<i>Jagrawani</i>
Date:		13/7		13/7
Time:		2 AM		8 AM



②

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 13/2/26	Diagnosis: Intra Cranial space occupying region	Surgery / Procedures: VP Shunt	
	Allergies: Nil		Post OP Day: 1	
	Date:			
	Area			
	Shift Time			
	Diet:			
INVASIVE LINES	Ventilation (RA, NP, NIV, VENTI)			
	1.	Plasticator	Plasticator	
	2.	IV Cannula	IV Cannula	
	3.	Catheterization	Catheterization	
	4.			
ASSESSMENT	Infusions / Transfusions	DN'S onflow Continual Same	DN'S ⇒ 35ml ⇒ 3% NS ⇒ morphine	
	PU Prophylaxis	Nil	Nil	
	DVT Prophylaxis	Nil	Nil	
	Vitals	BP	80/79 mmHg	95/63/74
		PR	112 bpm	79 bpm
		RR	20 bpm	15 bpm
		SpO ₂	100%	100%
		Temp	98.6°F	98.6°F
	Pain Score	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	unconscious	unconscious	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	
	Restraints If any	Physical: Nil Chemical: Sy. morphine	Physical: Nil Chemical: morphine	
	Fall Risk (Vulnerable Y/N) if yes score	-	-	
	(Ambulation, walking, moving with assistance, bed ridden)	Bed ridden	Bed ridden	
ADL (Dependent / Non-Dependent)	Dependent	Dependent		
Critical Lab Test / Values (If any)				

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

RECOMMENDATIONS	Date:	13/07/26		
	Area	PICU		PICU
	Shift Time	8AM-8PM	2PM-8PM	8PM-8AM
	Ordered / Planned	=> MRI @ 3PM => continue same - plan to extubate today	=> MRI done => SLE done	- plan to extubate to
	Due	-	-	-
	Reports Pending	-	-	-
	Referrals (If any)	-	-	-
Remarks (Special Interventions like, Drainage tube flushing etc.)	-	-	-	
Handed Over By Name :	Jagranani	Jagranani	Br. Nandhi	
Signature :	[Signature]	[Signature]	[Signature]	
Date:	13/7/26	13/7/26	14/7	
Time:	@ 2PM	8 PM	8AM	
Taken Over By Name :	Jagranani	Br. Nandhi	Br. Nandhi	
Signature :	[Signature]	[Signature]	[Signature]	
Date:	13/7/26	13/7	14/7/26	
Time:	8 PM	8 PM	8AM	



It's Good to Know

Name : MS.JAYASRI V

Age/Gender : 015Y / Female

Ref.By : Dr Geetha Chanda

Reg.No : 26VKPH0015653

TID : 26VKPH0015653-UMR4852116

Registered On : 13-Jul-2026 12:00 AM

Reported On : 14-Jul-2026 15:02:52

Client Name : -

MRI BRAIN MRS PLAIN, CONTRAST SPINE STUDY**PROTOCOL:**

DWI, 3D T1, T2, FLAIR, GRE/SWI sequences

Coronal T2 and Sagittal T2 Wt sequences

MRS and Contrast sequences

FINDINGS:

A focal exophytic predominantly T2 hyperintense T1 hypointense lesion with extensive changes of hemorrhage demonstrated in the region of the superior aspect of the vermis tectal plate and supravermian cistern 28 x 25 x 23 mm. A few curvilinear areas of enhancement are demonstrated.

No significant abnormalities on spectroscopy - likely artefactual /suboptimal due to extensive areas of hemorrhage within the lesion.

The lesion demonstrates mass effect on the tectal plate, stenosis of the aqueduct, resulting in a moderate degree of dilatation of the lateral and third ventricles with mild periventricular edema

Bifrontal diameter measures approximately 45 mm, the atria of the right and left lateral ventricles measure approximately 21 and 22 mm, the temporal horns are rounded and measure approximately 13 and 14 mm, and the third ventricle measures approximately 18 mm.

Widening of the third ventricular recesses with mild reduction in midbrain volume.

CSF drainage stent in situ with tip lying in the midline of the lateral ventricles.

No other areas of abnormal intracranial enhancement.

Spinal cord demonstrates no significant abnormalities.

Flow voids: Intact.

IMPRESSION:

Hemorrhagic exophytic lesion centered in the superior vermis/tectal plate region extending in cistern, producing aqueductal stenosis with moderate obstructive hydrocephalus and mild transependymal permeation. Imaging features favor a hemorrhagic posterior fossa neoplasm. Main considerations include pilocytic astrocytoma/glioma with differentials of a cavernous malformation with recent hemorrhage and other lesions.

*****EndOfReport*****Typed by : LETHASAJU
Technologist Name : -*Nihaal Reddy***Dr.K.Nihaal Reddy**
Paediatric Neuroradiologist

latelate, 150ma 71D
Tals 100y BD
Fluid: 800ml
(Disinfect water)
slat bur.

(500-60mw)

200-10
150

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



Name: Baby Jayasri Age: 1.5 Yr Gender: Male ☐ Female ☒

UHID.No : 206870 / 60681 Date: 13/7/26

I V. Vikramakudra S/o, D/o, W/o, V. Mohan Rao hereby
declare that our patient Master/Baby V. Jayasri who is related to me as daughter
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 12/7/26

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

Suboccupying space occupying lesion (tumor)
& hydrocephalus

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

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

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

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

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

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

Patient Attendant :

Signature: V. Vikram

Name: V. Vikramakudra

Relationship with Patient: Father

Date & Time: 13/7/26 12:5 AM

Doctor (who is taking the consent) :

Signature: Amulya

Name: Dr. Amulya

Date & Time: 13/7/26 12:5 AM

Docu. No. : RCH / FRM / CLINICAL / 013

Witness :

Signature: Bhulakshmi

Name: V. Bhulakshmi

Date & Time: 13/7/26 12:5 AM

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



రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.హెచ్.ఐ.డి
నేను s/o. d/o. w/o

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫో పిల్లల అనుపత్తి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

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

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫర్మ్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైన్ లేదా పెరిటోనియల్ డ్రైన్ ఇన్ఫర్మ్ మొదలైనవి.

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Praneeth
Asst. Surgeon: Dr. Madhavi
Anaesthetist: Dr. Ratna
Scrub Nurse: Dr. Ratna

VIH-00206870 IP-00060681
Baby V. JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. AKHEEL SYED RIZWAN



Age: 154 Gender: F
UHID No.: 13/126 Surgery Name: Omvp shunt
Date: 13/12/26 In-time: 3:10pm Out-time: 5:00pm

Rainbow
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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

SIGN IN	Time: <u>02:45AM</u>
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: <u>Dr. Madhavi</u>	
Name: <u>13/12/26</u>	

Before Skin Incision >>

TIME OUT	Time: <u>3:10pm</u>
Confirm all team members have introduced themselves by Name and Role	
☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☐ Yes ☐ No
Correct Site	☐ Yes ☐ No
Correct Procedure	☐ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>1hr 10ml</u>	
☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <u>Bleeding, Ventilatory issues.</u>	
☒ Yes ☐ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	
☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed?	
☐ Yes ☐ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	
☐ Yes ☒ No	
Signature: <u>Dr. Praneeth</u>	
Name: <u>Ruby p.</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time:
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☒ Yes ☐ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☒ Yes ☐ No
Signature: <u>Dr. Praneeth</u>	
Name: <u>Dr. Praneeth</u>	



EXTUBATION CHECKLIST

Prepare Team

- ☒ Consultant & nurse in charge aware

Assess extubation readiness

- ☒ NBM $\geq$ 4 hours, NGT aspirated
☒ Acceptable work of breathing on CPAP PS10/5
☒ Awake or easily roused
☒ Adequate IV access secured
☒ Sedation stopped/weaned
☒ Exclude residual muscle paralysis by Spontaneous Trigger /limb movements
☐ Latest CXR reviewed
☐ Lung POCUS - SOS
☒ Haemodynamically stable
☐ Consider delaying extubation & giving steroids in UAO, repeated airway instrumentation or oversized ETT
☐ If previous failed extubation – potential causes considered
☐ Relevant imaging/procedures completed

Equipment

- ☒ Suction and Yankeur
☒ Bain's circuit
☒ Appropriately sized mask and guedel
☒ Appropriate syringe to deflate cuff
☒ Capnography
☒ Laryngoscope AND Blades
☒ Bougie/stylet
☒ ETT (cuffed & uncuffed) correct sizes

Management of post extubation stridor

- ☐ PEEP
☐ High Flow Nasal Cannula O2
☐ Mask CPAP/BiPAP
☐ Consider re-intubation

DRUGS:

- Dexamethasone 0.5mg/kg IV (Max 8mg) then 0.2mg/kg IV 8 hourly for 24h
- Nebulised adrenaline 0.4ml/kg 1:1000 (Max 5mls) diluted to 5ml

Residual paralysis RISK FACTORS

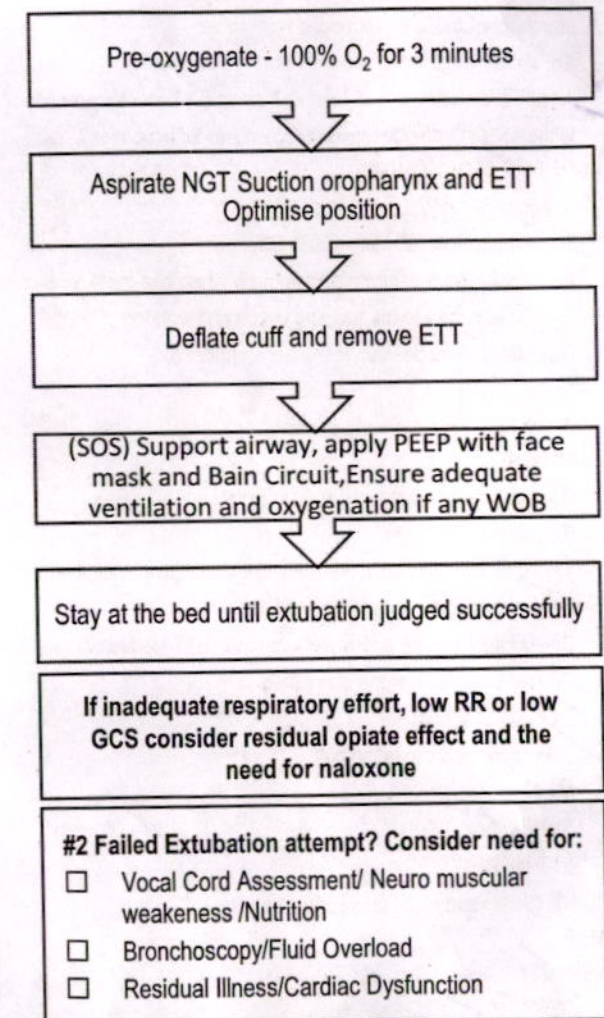
- ☐ Repeated/recent (<4 hours) muscle relaxant
☐ Recent Pancuronium
☐ Renal impairment
☐ Myopathy

IF IN DOUBT ASK

REVERSAL DRUGS:

Neostigmine 50micrograms/kg & Glycopyrronium bromide 10micrograms/kg
 OR dilute pre-mixed vial (2.5 mg/ml Neostigmine/500 micrograms/ml Glycopyrronium bromide) into 10 mls and give 0.2 mls/kg
 Sugammadex 2mg/kg

EXTUBATION ALGORITHM



Doctor Signature: _____

Name: Dr. Swedy

Nurse Signature: _____

Name: Br. Parvathi

Date & Time: 14/7/26, 10.45AM

Date & Time: 14/7/26 at 10.45AM

PEDIATRIC INTUBATION CHECKLIST

Patient Name:

Jayashree

Age:

16yr/f

Gender: ☐ Male ☒ Female

UHID No: 414-00206870

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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Preparation

Planning and Team

- ☒ Members of the team introduce themselves
- ☒ Are spinal precautions required (for Polytrauma)?
- ☒ Any anticipated airway difficulty? If so, is ENT presence needed? Anesthetist needed
- ☒ Is the patient hemodynamically optimized for intubation?

Patient and Monitoring

- ☒ IV access (ideally 2 working sites)
- ☒ 3-minute pre-oxygenation 100% O₂
- ☒ Insert NG tube & aspirate continuously when bag-mask ventilating (especially in neonates)
- ☒ ETCO₂ attached to the bagging circuit and working
- ☒ Optimize patient position (consider shoulder roll)
- ☒ SpO₂ "beeps" on
- ☒ BP on automatic 1-minute cycles

Equipment

- ☒ Correct size facemask and Bain's circuit or Ambu Bag
- ☒ Guedel airway
- ☒ Yankauer suction and soft suction catheters (use twice the internal diameter of ETT for size)
- ☒ Correct size Laryngoscope and Blade
- ☒ Correct size Bougie and Stylet available (ETT loaded with stylet for neonates and infants)
- ☒ Correct sized ETT + one size up/down
- ☒ ETT cuff checked
- ☒ 2-5ml syringe for inflating cuff
- ☒ Magill's
- ☒ Stethoscope
- ☒ ETT tape
- ☒ Ventilator ready with appropriate settings

Drugs

Any allergies?

- ☒ Ketamine
- ☒ Rocuronium
- ☒ Diluted adrenaline
- ☒ IV fluid bolus 5-20ml/kg NS or RL
- ☒ Morphine + Midazolam or Propofol infusions for ongoing sedation

Time out

- ☒ Assign roles: Team leader (overviews and treats physiology), Intubator, Airway Assistant, Drug-giver, Pulse checker, C-Spine immobilization(if required)
- ☒ Any concerns about the procedure?
- ☒ Is senior/extra help needed?
- ☒ Anticipated difficult airway?
- ☒ Airway plan discussed?

Pediatric equipment size guide

Neonate <3kg	consider uncuffed
>3kg up to 8 months:	3.0mm* micro cuff
8 months -2 years:	3.5mm micro cuff
2-4 years:	4.0mm micro cuff
4-6 years:	4.5mm micro cuff
6-8 years:	5.0mm micro cuff

*If micro cuff unavailable use cuffed 3.0mm up to 1 year, and otherwise size as above

Length: Thick black depth mark at level of the vocal cords

ORAL = Age/2 + 12, NASAL = Age/2 + 15

Supraglottic Device (LMA):

Size 1	<5 kg
Size 1.5	5-10 kg
Size 2	10-20 kg
Size 2.5	20-30 kg
Size 3	30-60 kg

Stylet:

2.0 Fr Stylet ETT up to 5.0mm
4.0 Fr Stylet ETT >5.0mm

Bougie:

Size 5 ETT sizes <3.5
Size 10 ETT Sizes 4.0-5.5

Suction Catheter:

Twice internal diameter of ETT (e.g., 8Fr for a 4.0mm ETT)

Post-intubation checklist

- ☒ Sustained ETCO₂ capnography waveform x7
- ☒ Tube depth checked? (bilateral air entry)
- ☒ ETT taped and secured (see guideline)
- ☒ Appropriate ventilator settings (see ventilation guideline)
- ☒ Sedation started
- ☒ Wean FiO₂ to target appropriate SpO₂
>92% respiratory
75-85% in cyanotic congenital heart disease
>94% neuroprotection
- ☒ CXR

Documentation

Procedure Date and time: 13/7/26 2:20pm

Name and Grade of:

Intubator: Dr. Madhav

Assistant: Dr. Anulya

No. of intubation attempts: 2

Grade of intubation:

Bougie/Stylet used? ☐ Yes ☒ No

ETT Size: 7 cuffed cm

ETT initially secured at: 19.5cm

ETT adequate position on CXR? ☒ Yes ☐ No

ETT adjusted after CXR? ☐ Yes ☒ No

Final ETT depth: 19.5 cm

Doctor Signature: Anulya

Name: Dr. Anulya

Date & Time: 13/7/26



Moderate Sedation Flow-Sheet

12/07/2016

Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
	59/min	18/min		100%		42kg

Diagnosis: C/P VP shunt - 50902

Procedure: MRI Brain contrast & MR spine & MR spectroscopy

Comorbidities:

☒ Risk, benefits & alternatives discussed; ☒ Patient understand & elects to proceed ☒ Consents for procedure and sedation signed and dated ASA Physical Status ☐ ASA PS 1: Healthy Patient ☐ ASA PS 2: Mild Systemic Disease, no functional limitations ☒ ASA PS 3: Severe Systemic Disease, functional limitations ☐ ASA PS 4: Severe Systemic Disease, constant threat to life ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs. ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes ☐ E: Emergency procedure GCS: E 1 M 5 V 4 ☒ IV Site: LUL Gauge: 22G RUL Gauge: 20G Sedation Plan: MAC & drugs Allergies: NICDA	AIRWAY EVALUATION Mouth: ☐ Normal ☐ Loose Teeth ☐ Small Mouth ☐ Protruding Incisors ☐ Receding Lower Jaw ☐ Dentures Neck: ☐ Normal ☐ Decreased ROM ☐ Thyromental Distance Less Than 6 cm ☐ Short Neck Mallampati Class: ☐ I ☐ II ☐ III ☐ IV
---	---

Monitoring of Patient Intra - Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

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

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline		59/min	18/hr	100%	10 Lit	-
4:10 PM		100/min	18/hr	100%	10 Lit	-
4:30 PM		92/min	18/hr	100%	10 Lit	
5:00 PM		72/min	18/hr	100%	10 Lit	

Doctor Notes: Patient was ventilated on Brain circuit & lit Bag and vitals stable throughout the procedure.

Doctor Name: DR. M. VINCENTHA Signature: Dr. Vincentha

[illegible]

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

Stamp

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Jayini Gender: ☐ Male ☒ Female

UHID No : VH-00206870 Department : pediatrics (PICU) Date : 13/7/26

I V. Vekramakudde S/D/W/O V. Mohan Rao

Here by give consent for procedure of : Intubation

For my patient, Named : V. Jayini

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

cardiorespiratory arrest
needing
hemodynamic compromise

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

To maintain Neuro-protective environment for surgery.

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

Name of the Doctor performing the procedure: Dr. Anulya

Patient Attendant :

Witness :

Signature : V. Vekram

Signature : _____

Name : V. Vekramakudde

Name : _____

Relationship with Patient: Father

Date & Time : _____

Date & Time : 13/7/26 @ 2AM

Doctor (who is taking the consent) :

Signature : Anulya

Name : Dr. Anulya

Date & Time : 13/7/26 2AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.బి.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా శోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Jayani Gender: ☐ Male ☒ Female

UHID No : VIH - 00206870 Department : PICU Date : 13/7/26

I V. Vekramar Kuder S/D/W/O V. Mohan Rao

Here by give consent for procedure of : foleys catheterization

For my patient, Named : V. Jayani

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

- Bleeding
- Rupture in bladder

The doctor have explained to me about the alternatives, risks and benefits for this procedure that : foleys is pre-operative procedure

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

Name of the Doctor performing the procedure:

Patient Attendant :

Signature : V. Vekramar Kuder

Name : V. Vekramar Kuder

Relationship with Patient : Father

Date & Time : 13/7/26 @ 2 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Ananya

Name : Dr. Ananya

Date & Time : 13/7/26 2 AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా ఇంకికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Anurag Time Received : 5.30 PM Time Discharged : _____

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : <u>Right 8th</u>
		☐ 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 : <u>NPO</u>		

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command	= 2	2	2	2		A Minimum Total Score of 8 is Required for Discharge
Able to move 2 extremities voluntary or on command	= 1					
Able to move 0 extremities voluntary or on command	= 0					
Able to deep breathe & cough freely	= 2	2	2	2		Exceptions to this, are to be explained in the space below by the Discharging Physician:
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2	1	1		
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1					
BP $\pm$ 50 of Pre Anaesthetic level	= 0					
Fully awake	= 2	2	2	1		
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL		10	9	8		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : Dr. Madhav

Anaesthesiologist Signature : Dr. Madhav

Date & Time : 13/7/26 @ 5:30 AM

PACU Nurse Name : Bo. Nan

PACU Nurse Signature : Bo. Nan

Date & Time : 13/7/26 @ 5:30 AM

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): _____

Date & Time: _____

VIH-00206870 IP-00060681
 Baby V. JAYASRI
 08-04-2011 15 Y 3 M 5 D (F)
 Dr. AKHEEL SYED RIZWAN



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

CONSENT FOR SPECIAL SEDATION

Patient Name: V. Jayaraj Gender: ☐ Male ☒ Female
UHID No: VH-00206870 Department: Anaesthesia Date: 12/07/26

I Mr. Vikramarkudun S/D/W/O

Here by give consent for procedure for my patient: V. Jayaraj

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

- Type of Sedation: MAC E drugs
- Possible complications from the procedure of sedation:
Desaturation, Poor neuro status, Laryngospasm

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

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

Patient Attendant :

Signature: V. Vikram
Name: V. Vikramarkude
Relationship with Patient: Father
Date & Time: 12/07/26 3.10 Pm

Witness :

Signature: V. Bhulakshmi
Name: V. Bhulakshmi
Date & Time: 12/07/26 3.10 Pm

Doctor (who is taking the consent) :

Signature: [Signature]
Name: DR. M. VINETHA
Date & Time: 12/07/26 3.10 Pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: V. Jayaram Age: 15 yr. Sex: F. UHID.No: V14-00206870
Date: 12/07/20 Time: 3:00 PM Proposed Operation: MRI Brain - Contrast
Diagnosis: Sp VP shunt JCSOL 80% Cerebral perfusion / neuroangiogram
B.P / CRT: 107/61 H.R: 57 Weight: 42 kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.1 Glucose: 120 Protein: _____ HIV: _____ X-Ray: _____
PCV: _____ Urea: _____ Alb: _____ HBS Ag: _____ ECG: _____
WBC: _____ Creat: 0.5 Total Bill: _____ HCV: _____ 2D Echo: _____
Plate: 2.54 Na: _____ Dir. Bill: _____ Blood group: _____ Stress/Angio: _____
PT: 17 K: _____ LDH: _____ T3 _____ Other: _____
PTT: 26 Ca++: _____ Alk phos: _____ T4 _____
INR: 1.2 Mg++: _____ Amylase: _____ TSH _____
Cl-: _____ SGOT/SGPT: _____

Allergies: NRDA

Medical History: CVS:

RESP: Diabetes:

CNS:

Renal:

Hepatic / GE: Physical Activity:

Others:

Past Anaesthetic History:

Physical Exam: on ventilator - PC SIMV - FiO₂ - 20% PEEP - 7 RR - 15
SpO₂ - 100%

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

Lungs: Rhe (+), clear.

Heart: 46 (+)

CNS: ACC - EIV + ME

Pregnant: ☐ Yes ☐ No ☒ NA

Venous Access Site: (+) Spine Exam for regional: (2)

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

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

CURRENT MEDICATIONS	DOSAGE
<u>INS. MORPHINE</u>	<u>3mg/h.</u>

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: ☒ Standard ☒ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: DR. M. VINETHA

Patient Sticker

ANAESTHESIA CHART


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


BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No				Fasting Status:			
Physical Status:		☐ Patient Identified		☐ Consent Present		☐ Chart Reviewed	
H.R.:		B.P. / CRT:		SpO ₂ :		R.R.:	
Pre-OP Diagnosis:				Operation:		Date:	
Surgeon:				Anaesthesiologist:		Technician:	

TIME																Antibiotic
N ₂ O /AIR /O ₂ LPM																
HALO /SO /SEVO																
Drugs:																
																Suppository
																Blood Loss
																NOTES
FI _{O₂} / SaO ₂																
ETCO ₂																
ECG																
Temperature																
Urine Output																
Fluids																
Blood																
B.P	240															
V Systolic	220															
A Diastolic	200															
X Mean	180															
• Heart Rate	160															
Tourniquet on Time	140															
Tourniquet off Time	120															
Throat Pack In	100															
Throat Pack Out	80															
	60															
	40															
	20															
	10															
	0															

LAB Values	ABG														
	GRBS														
	Others														

☐ Equipment Checked and Functional ☐ BP ☐ Cuff Site: ☐ Art Site: ☐ EKG Lead ☐ Temp Site ☐ FI _{O₂} Monitor ☐ Agent Monitor ☐ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: ☐ Pressure Points Checked Eye Care: ☐ Oint ☐ Tape ☐ Padding ☐ Awake	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: OP Start: OP End: Leave OR: Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP: ☐ ART: ☐ IV: ☐ IV: ☐ IV:	Induction ☐ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# at cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: Difficulty Why? ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	Regional: Extremity Specify: ☐ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Parasthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to ☐ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☐ NA Name of the Doctor: Signature of the Doctor:
--	---	--	---

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

RESPIRATION & PULSE < BLOOD PRESSURE		IV Cannula Site : ☐ O₂ 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			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY				A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:	
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	RESPIRATION					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\pm$ 20 of Pre Anaesthetic level	= 2	CIRCULATION					
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1						
BP $\pm$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	CONSCIOUSNESS					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL							

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Reassessment Frequency:

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

Transferred to Unit by (PACU):

Date & Time:

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)

[illegible]

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 :

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: V. JANASRI Age: 15y Sex: F UHID.No: VIH 00206870

Date: 13/07/26 Time: 01:45Am Proposed Operation: V-P shunt.

Diagnosis: Hydrocephalus s/p ? Pineal SOL ? Brain stem bleed acute.

B.P / CRT: 98/66 (77) H.R: 112/w Weight: 42kg ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.1 gmt Glucose: Protein: HIV: X-Ray: PCV: Urea: Alb: HBS Ag: ECG: WBC: Creat: 0.5 mg/dl Total Bill: HCV: 2D Echo: Plate: 2.54 lac/mm³ Na: Dir. Bill: Blood group: Stress/Anglo: PT: 17.8u K: LDH: T3: Other: PTT: 26.8u Ca++: Alk phos: T4: TSH: INR: 1.2 Mg++: Amylase: SGOT/SGPT: 180/30 Allergies: NKDA.

Medical History: CVS: ☒ Diabetes: ☒

RESP: CNS: c/o. Head ache, Vomiting: 4pm.

Renal: Loss of Conscious: 7pm on 12/07/26

Hepatic / GE: Physical Activity: ☒

Others:

Past Anaesthetic History: Lap. cholecystectomy - GA-VE

Physical Exam:

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

Lungs: BAE ☒ clear. Intubated ☒ ETT - 7mm.

Heart: S1 ☒ S2 ☒ connected to Ventilator - PCV 10MV

CNS: EIV, MS.

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 shifting to PICU for Elective Ventilation.

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
- INIL ORAL: ☐ Standard ☒ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions:

Signature:  Name: Dr. P. Madhavan

ANAESTHESIA CHART

Pre Induction Assessment.

Change in Patient Condition: ☐ Yes ☒ No		Fasting Status: <u>Adequate</u>	
Physical Status:	☒ Patient Identified	☒ Consent Present	☒ Chart Reviewed
H.R:	120/w	B.P / CRT:	96/62
SpO ₂ :	100%	R.R:	18/w
Last Feed:	76w	Pre-OP Diagnosis:	Hydrocephalus s/p SOL
Operation:	V.P. Shunt	Date:	13/07/26
Surgeon:	Dr. Parameth	Anaesthesiologist:	Dr. Madhav
Technician:	Rakesh		
TIME N₂O / AIR / O₂ / LPM HALO / SO / REVO Drugs: PROPOFOL 40 + 20mg w. MIDA 20mg 1mg w. FENTANYL 80 mcg + 20mcg w. PARACETAMOL 650mg w.		Antibiotic Suppository Blood Loss NOTES	
100% SaO₂ ETCO₂ ECG Temperature Urine Output		100 100 100 100 100 100 100 100 36 38 36 36 39 38 38 38 NR NR NR NR NR NR NR NR	
RL - 400ml/hr.			
B.P V Systolic A 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 <u>RM</u> ☒ Cuff Site: <u>Steady</u> ☒ Art Site: <u>Steady</u> ☒ EKG Lead ☒ Temp Site ☒ FIO₂ Monitor ☒ Agent Monitor ☒ Pulse Oximeter ☒ Capnograph ☒ Ventilator ☐ Nerve Stimulator Position: <u>Supine</u> ☒ 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: <u>03:10AM</u> OP Start: <u>03:30AM</u> OP End: <u>05:00AM</u> Leave OR: <u>05:00AM</u> Anaesthesia: ☒ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP ☐ ART ☒ IV: <u>20G L.V.</u> ☒ IV: <u>22G R.V.</u> ☐ IV:	
Induction ☒ IV ☒ Inhal ☐ Pre O₂ ☐ RSI ☐ Others Mask ☐ SGA Airway ☐ Oral ☐ Nasal ETT# at cm Oral ☐ Nasal ☐ Cuff Tracheostomy ☐ Topical Drug: Awake ☐ Direct Vision Video Laryngoscopy ☐ Stylette / Bougie Fiberoptic Blade# Attempts: Difficulty Why? ☒ Bilat = BS ☐ Semi-Closed Circle ☒ Closed Circle ☐ Other		Regional: Extremity Spinal ☐ Epidural ☐ Caudal Others: Position: Needle Size: Depth: Parasthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to ☐ PACU ☒ ICU ☐ Other Relaxant Reversed ☐ Yes ☒ No ☐ NA Name of the Doctor: Signature of the Doctor: <u>Dr. Madhav</u>	

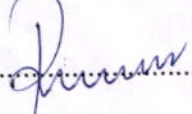


OPERATION NOTES

Surgeon : <i>Dr. Paaneeth</i>		Asst. Surgeon :	
Pre-Operative Diagnosis: <i>Obstructive Hydrocephalus & Bleed in</i>			
Surgical Procedure : <i>(Rt) MPVP Shunt</i> <i>Ventricles / pineal region</i>			
Indications for Surgery : <i>Raised ICP</i>			
Date : <i>13/7/26</i>	Start Time : <i>3:10 AM</i>	End Time : <i>5:00 AM</i>	
Post Operative Diagnosis:			
<i>Same</i>			
Peri-Operative Complications: <i>Nil</i>			
Amount of Blood Loss: <i>~15 ml</i>		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination:			
<i>CSF malignant cytology, routine, culture</i> <i>α-FP, β-HCG</i>			
Operation Notes:			
① <i>(Rt) parietal 'U' shape scalp flap raised</i>			
② <i>Burr hole made</i>			
③ <i>Tunnelling done and shunt assembly passed</i>			
④ <i>Dura and pia coagulated and cut</i>			
⑤ <i>Ventricle hit at 4cm and advanced till 8cm</i>			

- ⑥ Assembly completed and Good CCF flow seen at abdominal end
- ⑦ ~~anastomosis~~ shunt internalised into peritoneum
- ⑧ wounds closed in layers.

Name of the Surgeon: Dr. Prasanth

Signature of the Surgeon: 

Date & Time: 13/7/2026

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : V. JAYASRI Age : 15yr Gender : Male ☐ Female ☒
UHID NO: VIH 00206870 Surgeon Name: Dr. Praveen.
Anaesthesiologist : Dr. Madhav
Operative procedure planned : Ventriculo-Peritoneal Shunt.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- | | | | |
|--|---------------------------------------|---|--|
| ☐ Heart disease | ☐ Hypertension | ☐ Diabetes mellitus | ☐ Renal failure |
| ☐ Hepatic disorders | ☐ Shock | ☐ Multiple organ failure | ☐ Polytrauma / Renal Tubular Acidosis |
| ☐ Incapacitating Chronic Obstructive Pulmonary Disease | | | |
| ☐ Others : <u>Post op Ventilatory support, Bleeding, Blood transfusion associated</u> | | | |
| Comments : | | | |

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient V. JAYASRI the above mentioned operation / Diagnostic / Therapeutic procedures Ventriculo-Peritoneal Shunt.

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 : V. Vikram
Name : V. Vikram as Kuder
Relationship with Patient : Father
Date & Time : 13/7/26

Witness :

Signature : V. Bhulakshmi
Name : V. Bhulakshmi
Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr Pmadhar
Date & Time : 13/07/26

PROCEDURE CHECK LIST

VIH-00206870 IP-00060681
Baby V. JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. AKHEEL SYED RIZWAN



hRight™
30W HOSPITALS
to a Safe Delivery

VIH-00206870 IP-00060681
Baby V. JAYASRI
08-04-2011 15 Y 3 M 5 D (F)
Dr. GEETHA CHANDA



Ward

☒ PICU

☐ NICU

☐ ER

☐ Other: _____

Date: 13/1/26

Procedure Name: Intubation - Rapid Sequence Intubation

Diagnosis: ESR & hydrocephalus

Procedure done by: Dr. MADHAN

Assisted by: Dr. Ananya

PROCEDURE CARE BUNDLE COMPLIANCE

Barrier precautions

Hand wash ☒ Y/N
Gown ☒ Y/N
Mask & cap ☒ Y/N
Gloves ☒ Y/N
Eye protection ☒ Y/N

Skin preparation done using:

1. Iodophor alcohol

2. _____

Procedure related equipment check list (as per procedure)

Airway/ Nasal prongs Y/N
Oxygenation: Ambu/Bains ☒ Y/N
Mask (appropriate size) Y/N
Laryngoscope with blade ☒ Y/N
ET tube/LMA (appropriate size) ☒ Y/N
Oxygen connectors ☒ Y/N
Suction apparatus ☒ Y/N

Monitor: QRS volume audible ☒ Y/N
BP autocycling ☒ Y/N
SpO2 ☒ Y/N

Medication: Sedation/Analgesia 1. Ketamine
2. Rocuronium

Paralysis ☒ Y/N
Adrenaline ☒ Y/N
Atropine Y/N

Post procedure care bundle compliance

Have all the sharps been disposed? ☒ Y/N
Was the sterile field maintained? ☒ Y/N
Has the procedure been documented? ☒ Y/N

Adverse events - Y/N

If yes, details _____

Position check required - Y/N

If yes, details chest X-ray

Monitoring after procedure

HR - 78 bpm - ETCO2 - 29
BP - 120/74 mmHg
SpO2 - 100%

Signature of Doctor

(Please attach this to the patient file)

EARLY WARNING SCORE: CHILDREN'S UNIT

[illegible]

Temperature (°F)

104
103
102
101
100
99
98
97
96
95
94

Handwritten data points (approximate values):

Time (min)	Temperature (°F)
10	98.5
15	99.0
20	98.5
25	99.5
30	99.0
35	98.5
40	99.0
45	99.5
50	99.0
55	98.5
60	99.0
65	99.5
70	99.0
75	98.5
80	99.0
85	99.5
90	99.0
95	98.5
100	99.0
105	99.5
110	99.0
115	98.5
120	99.0
125	99.5
130	99.0
135	98.5
140	99.0
145	99.5
150	99.0
155	98.5
160	99.0
165	99.5
170	99.0
175	98.5
180	99.0
185	99.5
190	99.0
195	98.5
200	99.0
205	99.5
210	99.0
215	98.5
220	99.0
225	99.5
230	99.0
235	98.5
240	99.0
245	99.5
250	99.0
255	98.5
260	99.0
265	99.5
270	99.0
275	98.5
280	99.0
285	99.5
290	99.0
295	98.5
300	99.0
305	99.5
310	99.0
315	98.5
320	99.0
325	99.5
330	99.0
335	98.5
340	99.0
345	99.5
350	99.0
355	98.5
360	99.0
365	99.5
370	99.0
375	98.5
380	99.0
385	99.5
390	99.0
395	98.5
400	99.0
405	99.5
410	99.0
415	98.5
420	99.0
425	99.5
430	99.0
435	98.5
440	99.0
445	99.5
450	99.0
455	98.5
460	99.0
465	99.5
470	99.0
475	98.5
480	99.0
485	99.5
490	99.0
495	98.5
500	99.0
505	99.5
510	99.0
515	98.5
520	99.0
525	99.5
530	99.0
535	98.5
540	99.0
545	99.5
550	99.0
555	98.5
560	99.0
565	99.5
570	99.0
575	98.5
580	99.0
585	99.5
590	99.0
595	98.5
600	99.0
605	99.5
610	99.0
615	98.5
620	99.0
625	99.5
630	99.0
635	98.5
640	99.0
645	99.5
650	99.0
655	98.5
660	99.0
665	99.5
670	99.0
675	98.5
680	99.0
685	99.5
690	99.0
695	98.5
700	99.0
705	99.5
710	99.0
715	98.5
720	99.0
725	99.5
730	99.0
735	98.5
740	99.0
745	99.5
750	99.0
755	98.5
760	99.0
765	99.5
770	99.0
775	98.5
780	99.0
785	99.5
790	99.0
795	98.5
800	99.0
805	99.5
810	99.0
815	98.5
820	99.0
825	99.5
830	99.0
835	98.5
840	99.0
845	99.5
850	99.0
855	98.5
860	99.0
865	99.5
870	99.0
875	98.5
880	99.0
885	99.5
890	99.0
8	

[illegible][illegible][illegible][illegible][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.
	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.

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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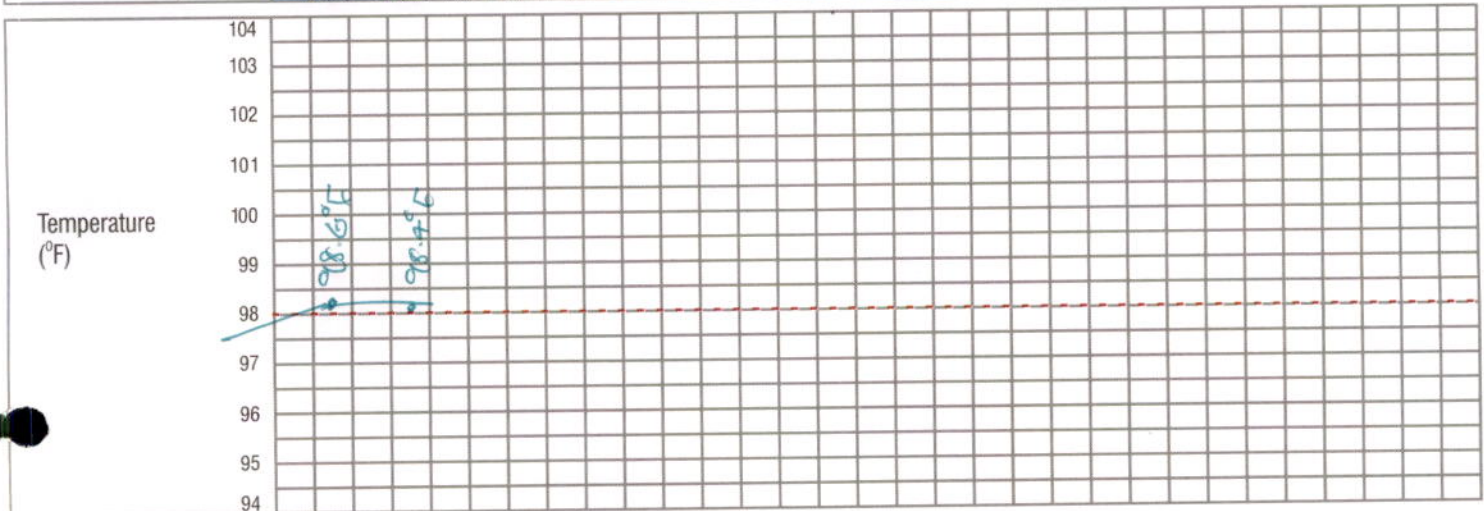
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TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7/16 Time: 9 11
 Doctor / Nurse / Family Concern? AM AM



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

Note:
 BP does not score
 in early
 warning scoring

Heart Rate (Number)

Time	Heart Rate (bpm)
9 AM	90
11 AM	92

Resp. Rate (bpm)
 (Over 1 Minute)

Resp Rate (Number)

Time	Resp. Rate (bpm)
9 AM	18
11 AM	20

Resp Distress	Mod/ Severe	
None / Mild		
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		
Conscious Level	Normal	
Altered		
GCS *		

TOTAL SCORE

Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	M	m

ACTIONS

NB: Scores 3 should be recorded overleaf

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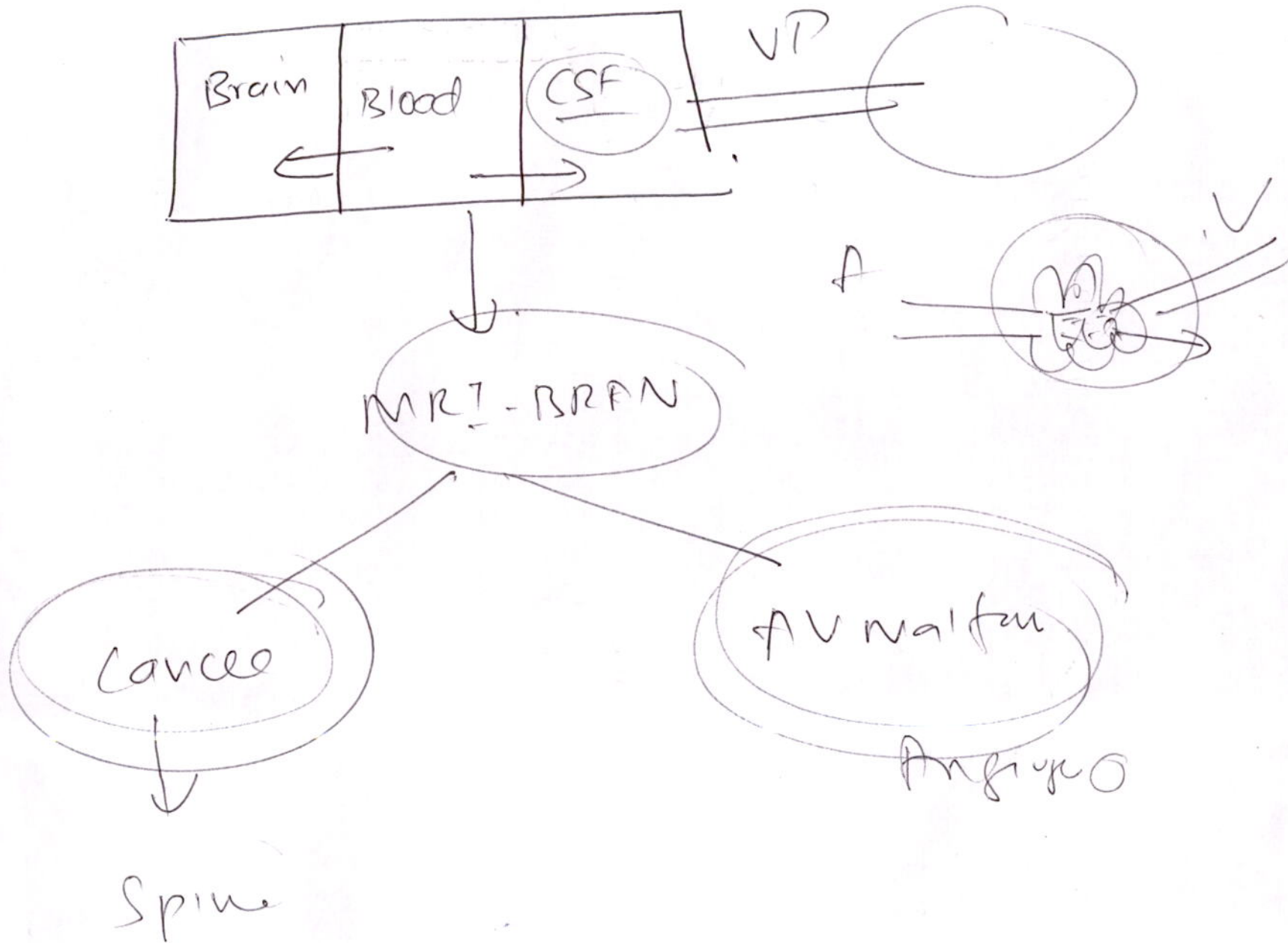


FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
12/1/11	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												



VIH-00206870

IP-00060681

Baby V. JAYASRI

08-04-2011

15 Y 3 M 7 D

(F)

Dr. GEETHA CHANDA



①

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. :

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm			30ml								
	07:00 pm			30ml								
Total Intake : 60ml						Total Output :						
	08:00 pm			30ml								
	09:00 pm	Kichidi		30ml								
	10:00 pm	+ water		30ml								
	11:00 pm	milk		30ml								
	12:00 am			30ml								
	01:00 am			30ml								
Total Intake : 180ml						Total Output :						
	02:00 am			30ml								
	03:00 am			30ml								
	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am			30ml								
	07:00 am			30ml								
Total Intake : 180ml						Total Output :						
Total 24 hrs. Intake			420 ml			Total 24 hrs. Output			3 times			

VIH-00206870 IP-00060681
 Baby V. JAYASRI
 08-04-2011 15 Y 3 M 7 D (F)
 Dr. GEETHA CHANDA

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
16/7.	08:00 am			30 ml.						✓	0 } 16/7/26 @ 11 AM Noted by nursing at 11 AM	
	09:00 am			30 ml								
	10:00 am			30 ml								
	11:00 am			30 ml					✓			
	12:00 pm			30 ml								
	01:00 pm			30 ml								
Total Intake :			12 ml.			Total Output :					22 ml.	
	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						



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: PICU 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	INJ CEFTRIAXONE 50mg/kg/DOSE	2g	IV	12 th HOURLY	15/7 3 AM	☒ C ☐ DC
2	INJ LEVETTERALITAM 20mg/kg/DAY	400mg	IV	12 th HOURLY	15/7 10 AM	☒ C ☐ DC
3	INJ DEXAMETHASONE 0.15mg/kg/dose	6mg	IV	8 th HOURLY	15/7 10 AM	☒ C ☐ DC
4	INJ PANTOPRAZOLE	40mg	IV	ONCE DAILY	15/7 6 AM	☒ C ☐ DC
5	IVE DNS	30mg/hr	IV			☒ 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. Anurag & Anurag

Date & Time: 15/7/26, 1:15 PM

Nurse Name & Signature: Jagann

Date & Time: 15/7/26 at 1 PM



DRUG CHART

Date of Admission: 12/07/26 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 :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 4.2 kg Ward. PIC

DRUG : <u>IV 3% NaCl</u>				Date Time
Dose <u>200ml</u>	Route <u>IV</u>	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions: <u>5ml/kg</u> <u>OVER 2 HOURS.</u>				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>INJ ONDENCETRON</u>				Date Time
Dose <u>4mg</u>	Route <u>IV</u>	Frequency <u>8th hourly</u>	Start Date <u>12/3/21</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Amulya</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>IV MANNITOL</u>				Date Time
Dose <u>120ml</u>	Route <u>IV</u>	Frequency <u>8th</u>	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions: <u>3mg/kg OVER</u> <u>1 HOUR</u>				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>INJ CEFTRIAXONE</u>				Date Time
Dose <u>2g</u>	Route <u>IV</u>	Frequency <u>12th hourly</u>	Start Date <u>13/3</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Amulya</u>				
Additional Instructions: <u>50mg/kg dose</u> <u>max - 4g/day</u>				
Daily Doctor's Endorsement by a Sign				

Verified
 Dr. Rishika
 Clinical Pharmacologist



REGULAR PRESCRIPTIONS

Weight 4.2 Kg Ward PICU

DRUG : INJ LEVETIRACETAM				Date Time	13/7/17	15/7
Dose	Route	Frequency	Start Dt.			
400mg	IV	12 th HOURLY	13/7	10 AM	10 AM	10 AM
Name & Signature of the Doctor Starting the Drugs:						
Dr. ANULYA						
Additional Instructions:						
100mg/ml 20mg/kg/day						
Daily Doctor's Endorsement by a Sign						
DRUG : INJ DEXAMETHASONE				Date Time	13/7	15/7
Dose	Route	Frequency	Start Dt.			
6mg	IV	8 hourly	13/7/26	6 AM	11 AM	16/7
Name & Signature of the Doctor Starting the Drugs:						
Dr. Swathi						
Additional Instructions:						
@ 0.15 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						
DRUG : INJ PARALIZOL				Date Time	14/7	16/7
Dose	Route	Frequency	Start Dt.			
1mg	IV	once daily	14/7	10 AM	11 AM	16/7
Name & Signature of the Doctor Starting the Drugs:						
Dr. Suresh						
Additional Instructions:						
1mg/kg/dose						
Daily Doctor's Endorsement by a Sign						
DRUG : T. LEVITEL				Date Time	16/7	
Dose	Route	Frequency	Start Dt.			
1 tab	PO	12 hourly	16/7	10 AM	11 AM	
Name & Signature of the Doctor Starting the Drugs:						
Dr. Neel						
Additional Instructions:						
1 tab = 500mg						
Daily Doctor's Endorsement by a Sign						

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. CEFIXIME				Date Time
Dose 1 tab	Route PO	Frequency 12 hly	Start Dt. 16/7	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. N. Kesh</i>				
Additional Instructions: (10mg/kg/d) 1 tab = 200mg				
Daily Doctor's Endorsement by a Sign				
DRUG : T. PANTOPRAZOLE				Date Time
Dose 1 tab	Route PO	Frequency once daily	Start Dt. 16/7	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. N. Kesh</i>				
Additional Instructions: (1mg/kg/d) 1 tab = 40mg				
Daily Doctor's Endorsement by a Sign				
DRUG : T. DEKAMETHASONE				Date Time
Dose 1 tab	Route PO	Frequency 8 hly	Start Dt. 16/7	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. N. Kesh</i>				
Additional Instructions: 1 tab = 4mg				
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
 Dr. Rishika
 Clinical Pharmacologist

16/7/20

Verified
 Dr. Rishika
 Clinical Pharmacologist

16/7/20

Verified
 Dr. Rishika
 Clinical Pharmacologist

Verified

Verified

Verified

VIH-00206870

Baby V. JAYASRI

IP-00060681

08-04-2011

15 Y 3 M 5 D

(F)

Dr. GEETHA CHANDA



Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/7/24	1 AM	3.1. NACL	200ml (5ml/kg)	IV	L	10/10
13/7/24	2 AM	IV MANNITOL	120ml (3ml/kg) OVER 1 HOUR	IV	L	WH
13/7/24	3 AM	INJ CEFTRIAXONE	2g	IV	L	10/10
13/07	03:30 AM	Liq. PARACETAMOL	650mg	IV	(2)	Dr. A
13/07	8:00 AM	Liq NS	20ml OVER 1 hour	IV	L	Binod N.B.
14/7	10:45 AM	NEB ADRENALINE	X 3	P/N	L	Binod Soma

I.V. FLUIDS CHART

Weight. 4.2 kg Ward. P1C0

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
12/7/11	1pm	DNS 2/3 rd (maintenance)	IV	53ml/hr			13/7/11		
13/07	03:10 Am	RINGER LACTATE	IV	400 ml/hr			13/07		
13/7	8:00 Am	ALL	IV	20ml/hr					
13/7	11Am	SWT 3 X. NaCl	iv	20 ml/hr			14/7		
13/7	11Am	DNS (2/3 rd)	IV	35ml			14/7		
14/7	10Am	SWT 100 (1/3 m)	IV	55			14/7		
15/7	8Am	DNS	IV	30					

Signature

VERIFIED BY : Name