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

VIH-00204711 IP-00060663
ACTIVITY R Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

Name: --------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Paediatrics.

Date of Admission : 11/7/26. Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : OT. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26.	1:30pm	CVR	OT	
11/7/26	3pm	OT	Recovery Room	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/1	CBP	26023186.	Gk

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/7/26	IV placement.	1	3100315	Sr. Jyothi rani
	PAC	1	3100319	GK

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Name	Master ANGARI SADHGUN CHANDRA	**UHID**	VIH-00204711
Father/Guardian	Mr VENU CHANDU	**Age/Gender**	8 Y 1 M 23 D/Male
Address	NASPUR, Mancherial, NASPUR, Mancherial, Telangana, INDIA, 504302		
IP No	IP-00060663	**Admission Date**	11-07-2026
Ref Doctor	Self	**Discharge Date**	11-07-2026

DISCHARGE SUMMARY

Consultant : Dr. JYOTI BOTHRA
DNB; MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGEON & UROLOGY
TSMC/FMR/02962

Diagnosis: Left hydrocele

Surgical Procedure: Left high ligation of sac done under general anesthesia on 11.07.2026

History: Master ANGARI SADHGUN CHANDRA, 8 Y 1 M 23 D male presented with complaint of swelling in left scrotal area since 2 years of age. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. Heart rate was 83/min, Blood Pressure - 100/70 mmHg and RR - 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 28.8 kgs.

Investigations: Enclosed.

Management: Child was admitted in the ward and stat dose of analgesics.

Name	Master ANGARI SADHGUN CHANDRA	UHID	VIH-00204711

Hemogram showed Hb - 12.3 gm%, WBC - 6,970 cell/cmm, Platelets - 2.75 lakh/cmm.

Procedure: Left high ligation of sac done under general anesthesia on 11.07.2026

Findings: Left fluid filled processus vaginalis

Procedure notes:
- Left mid inguinal lower crease incision
- EOA opened
- Sac delineated from vas and vessels and divided
- Proximal end ligated and transfixed
- Distal sac laid open
- Incision closed in layers

Post-Operative Notes: Post operative period was uneventful. After stabilization, child was started on oral feeds which he accepted and tolerated well. He remained hemodynamically stable during the hospital stay and operated site remained healthy. He is being discharged with the following advice.

Advice:
1. Diet as advised.
2. Remove dressing after 3 days and daily bath.
3. Syrup Paracetamol (5ml=240mg) 5ml, 12^{th} hourly (if required) for pain/fever > 100^{o}F (maximum 6^{th} hourly).
4. Kindly consult Dr. Jyoti Bothra, Senior Consultant Pediatric Surgeon & Urologist, after one week in OPD with prior appointment (This consultation will be charged).

Name	Master ANGARI SADHGUN CHANDRA	UHID	VIH-00204711

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To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : Sravanthi Signature : Sravanthi

Relationship with patient : Mother

This summary has been explained by : Praveen

Summary prepared by: Dr. Vishwaja
DEO : MD Younus Pasha

Dr. Vishwaja

Registrar/Resident/C.M.O

Dr. JYOTI BOTHRA
DNB; MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGEON & UROLOGY
TSMC/FMR/02962

VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

DEFECIEN[illegible] DICAL CASE SHEET

Rainbow Children's Hospital — It takes a lot to treat the little.
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Patient Name : IP. No :

Ward : DOD :

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

Total No. of Pages 31

Signature and Date : 11/1/26

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

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
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060663 **Admit Date** : 11-Jul-2026 **Admit Time** : 11:46 AM **UHID** : VIH-00204711

Patient Details :

Patient Name	: Master ANGARI SADHGUN CHANDRA	**Age**	: 8 Y 1 M 23 D
Guardian	: Mr VENU CHANDU	**DOB**	: 18-05-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NASPUR, Mancherial NASPUR Mancherial Telangana INDIA 504302	**Phone No**	: 9849443646
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr VENU CHANDU **Relationship** : S/O

Contact Address : NASPUR, Mancherial NASPUR Mancherial Telangana INDIA 504302 **Phone No** : 9849443646 / 9676960813

Signature

Doctor Details :

Doctor Name : Dr. JYOTI BOTHRA **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Rainbow Children's Hospital

BirthRight by Rainbow

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

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,
Banjara Hills, Hyderabad 500034,Telangana.
CIN : L85110TG1998PLC029914

Patient Name : Mast. ANGARI SADHGUN CHANDRA UHID : VIH-00204711 IPD : IP-00060663 Gender : Ma

VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/7/26 Time of arrival : 11:26Am (22) High ligation of sac

Chief Complaints: Came for surgery (Right Hydrocele) RBS: —

Height : 131cm Weight : 28.8kg 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 Parents.

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

Time of Initial assessment completed by ER Nurse : 11:29Am

Patient Name : Mast. ANGARI SADHGUN CHANDRA UHID : VIH-00204711 IPD : IP-00060663 Gender : Male Age : 8 Y 1 M 23 D

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

Time	Nursing Notes
11:21 Am	Patient Came to ER.
11:24 Am	Vitals checked and recorded.
11:25 Am	Given admission intimation slip
11:30 Am	Admission Process done.
	Last food - 6:20 am Today
	Last water - 11 Am today
1.Pm	Iv placement done.
1.20 Pm	Patient Shifted to OT. CBP @ dee

Samples collected by: Sr. Swagatika Time: 1:20pm

Samples sent by : Time: 1:25pm

Medication given in ER:

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

Condition of patient at time of shift - out :		**Details of Shift - out**
HR: 81b/m	BP: 105/70 CFT: -	Shift - out from ER to: OT
RR: 20b/m	SPO_2 : 100%	Time of Shift - out: @ 1:30pm
GCS: 15	Temperature : 98.6 F	Handover given to: Br. Azad
Pain Score: 0		(Nurse's Name) By Sr. Nagmani
Repeat RBS (if applicable): -		

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement

Name of the Nurse : Sr. Nagmani Signature of the Nurse : Nagm

Date & Time : 11/7/26 @ 1:30pm

PATIENT TRANSFER FORM

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Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

	Date & Time of Admission: 11/7/26 @ 11:46Am	Date & Time of Transfer Order: 11/7/26 @ 1:30pm
Treating Consultant Name	Transfer Ordered by: Dr. Vishwaja.	Reason for Transfer: Admission.
From Unit: ER	To Unit: OT.	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (21)	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over: OPD file given.

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swagatika	Dr. Vishwaja.

Patient & Clinical Records Received by : Bu. Azad

Date & Time of Patient Received : 11/7/26 @ 1:30pm

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00204711 IP-00060663 Master ANGARI SADHGUN CHANDRA 18-05-2018 8 Y 1 M 23 D (M) Dr. JYOTI BOTHRA	11/7/26 @ 11:46 am	11/7/26 @ 5pm
	Transfer Ordered by Dr. madhav	Reason for Transfer Post op care
From Unit OT	To Unit Recovery Room.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films NIL	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 ☐

Dr. Jyoti Bothra

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Vanitha	Dr. madhav

Patient & Clinical Records Received by : S. Praveena

Date & Time of Patient Received : 11/7/26 @ 5pm

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: VIH-00204711 IP-00060663 Master ANGARI SADHGUN CHANDRA 18-05-2018 8 Y 1 M 23 D (M) Dr. JYOTI BOTHRA n chandra.

UHID ID:

Department:

Consultant:

VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Name : Angara sadhgun Age/Sex male.

Information given by: mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o swelling in (Lt) Scrotal area since 2years of age

History of present illness :

Child brought by parents with c/o swelling in left scrotal region since 2years of age which gradually increased in size

↓

on evaluation

Left sided fluid ~~[illegible]~~ - Scrotal area - Hydrocele

↓

Left ~~[illegible]~~ Hydrocele

↓

posted for (Lt) ~~[illegible]~~ Left Hydrocelectomy.

NPO for Solids since 9pm yesterday
Liquids since 11AM today

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Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

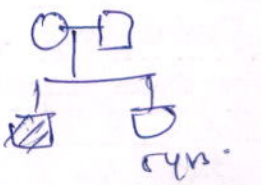
Pediatric Multiorgan History & Physical Examination

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

H/O hospitalisation for fever @ 2yrs of age.

Birth & Neonatal History:

FT | LSCS | 3kgs | NAB | H/O neonatal Jaundice



Birth & Socio Economic History:

About Father :
About Mother : class III
Any additional Information :

Developmental History :

Appropriate for age in all 4 domains

Immunization History :

Received upto date

(P.T.O.)

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Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms): 131 cm (Centile)_____)

Weight (kgs)) 28.8 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 83/min B.P. 105/70 SPO2 100%

Resp.rate and type of breathing : 24/min.

Rash (-)

Lymphadenopathy (-)

Oedema :

Allergies (if any): (-).

Respiratory System :

Inspection (any s/o distress) : B/L symmetrical chest movement

Air entry & breath sounds : B/L AE (+)

Any addes sounds : NO.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

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Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: (N) Power 5/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : NO

Reflexes : +

DTR +2 **Superficials:** +

Plantars Flexor

Sensory System : +

Bladder / Bowel : NO Incontinence

Clinical Summary & Diagnostic:

(Lt) fluid ~~[illegible]~~ (Hydrocele)
4 posted for (Lt) ~~[illegible]~~
(High ligation of sac)

(P.T.O.)

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Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment : To treat current symptoms

Planned Labs:

PAC done.

CBP.

Npo for solids 9pm yesterday
for liquids since 11:30pm.
today

Planned Management

1) IV fluids
2) Shift to OT on call.

Advised by Dr. [illegible] 11/7/26

Signature of the Doctor: .....
Name of the Doctor: Dr. Vishwajit
Date & Time: 11/7/26

Signature of the Consultant: .....
Name of the Consultant: Dr. Jyoti
Date & Time: 11/7/26

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Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26	S/B Dr Jyoti	
	(L) high ligation of sac	
	Stable	
	Adv	
	D/C today	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: (Lt) high ligation of sac		Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —				
	Surgery / Procedure: —		Post OP Day: —				
BACKGROUND	Date / Shift	11/7/26 M	11/7/26 E				
	Medical Condition (Any special condition to be noted):	Nil	NBM				
	Diet:	NPO	—				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6F				
	Res:	20b/m	22b/m				
	SpO_2:	99%	99%				
	Pulse:	136/m	88b/m				
	BP:	105/70mmHg	106/80mmHg				
	LOC:	Conscious	Conscious				
	Fall Risk Score:		15				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	—				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil	NBM				
	Critical Lab Test / Values:	Nil	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent				
Post Operative Procedure Special Orders:		Nil	—				
Handed Over By Name :		Nagmani	Vanitha				
Signature / ID :		[illegible]	[illegible]				
Date:		11/7/26	11/7/26				
Time:		@1:30pm	@5pm				
Taken Over By Name :		Bi Azad					
Signature / ID :		Azad					
Date:		11/7/26					
Time:		@1:30pm					

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master ANGARI SADHGUN CHANDRA**	**Age :**	**8 Y 1 M 23 D**
IP No:	**IP-00060663**	**Sex:**	**Male**
Consultant:	**Dr. JYOTI BOTHRA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: VENU CHANDU
Relationship: father
Date: 11-Feb-26 Time: 11:46 AM
Witness Name: jenny
Witness Signature:

Patient Address:
NASPUR, Mancherial NASPUR
Mancherial Telangana INDIA 504302

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mast Angara Sandhyam Gender: ☑ Male ☐ Female Age : 8 Yrs

UHID No : 204711 Date : 11/7/26

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

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

(L) high ligation of sac

upon

(Name of the Patient) Angara Sandhyam Chandh

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

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

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

Infection

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Sophi Butler

Consentee :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : Chandy

Name : Venu chandy

Relationship with Patient: Father

Date & Time : 11/7/26 1:56

Witness :

Signature : Sravanthi

Name : Sravanthi

Date & Time : 11/7/26 1:58

Doctor (who is taking the consent) :

Signature :

Name : Dr Sophi Butler

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Master Angasi Sadhgun chandra Age : 8y Gender : Male ☑ Female ☐

UHID NO: VIH-00204711 Surgeon Name: Dr. Jyoti Bothra

Anaesthesiologist : Dr Madhav

Operative procedure planned : left ~~Open Herniotomy~~ high ligation of sac

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 arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Laeyngospasm

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 Master Angasi Sadhgun Chandra the above mentioned operation / Diagnostic / Therapeutic procedures left ~~Open Herniotomy~~ high ligation of sac

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 : .....

Name : A. Venu Chanda

Relationship with Patient: Son's father

Date & Time : 10/7/26, 3:35pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Bhanda

Date & Time : 10/7/26, 3:35pm.

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Master Angasi Sadhguru chandra Age: 8y Sex: M UHID.No: VIH-002047I

Date: 10/7/26 Time: 3:35pm Proposed Operation: (L) ~~Open Urethroplasty~~ (Cyst high ligation of Sac)

Diagnosis: (L) (~~Hydro~~) Hydrocele

B.P / CRT: 116/67 mmHg H.R: 90bpm SpO2-99% on RA Weight: 29.1kgs ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

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

Laboratory Data:

Allergies: NKDA.

Medical History: CVS:

RESP: No URTI

CNS:

Renal:

Hepatic / GE:

Others:

Diabetes: FT, LSCS, Birt: 3kgs, CIAB, H/o neonatal jaundice

Past Anaesthetic History: Development - (N)

Physical Exam: Vaccinated till date

Physical Activity: Active

Airway: MP (1) 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Int

Lungs: BL AE clear

Heart: S1S2 (N)

CNS: NAD Venous Access Site: accessible Spine Exam for regional:

Pregnant: ☐ Yes ☐ No ☐ NA

Anaesthetic P ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operati an Explained to the Patient: ☑ Yes ☐ No

CURREN CATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis: Water / ORS 2 Hours
2. NIL ORAL → Others 6 Hours
3. Informed Consent: ☐ Standard
4. Post Operative Pain Management:
5. Other Instructions:
   - CBP after cannu

gnature: Name: Dr Brunda

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

VD / Instrumental / LSCS (if LSCS Details)

VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

ANAESTHESIA CHART

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Pre Induction Assessment:
Change in Patient Condition: ☐ Yes ☑ No
Physical Status:
H.R.: 86/min ☑ Patient Identified
Pre-OP Diagnosis: Left Hydrocele B.P / CRT: 95/40 (56) Fasting Status: Adequate
Surgeon: Dr. Jyoti SpO$_2$: 100% ☑ Consent Present
Operation: Left High ligation of ... R.R.: 14/min ☑ Chart Review
Anaesthesiologist: Dr. Madhav

TIME 9AM >> >> 9:30 >>
N$_2$O /AIR / O$_2$ LPM
HALO /SO /SEVO
Drugs:
PROPOFOL 60+20+20+20mg iv.
MIDAZOLAM 0.6mg iv.
FENTANYL 60mcg iv.
PARACETAMOL 450mg iv
FIO$_2$ / SaO$_2$
ETCO$_2$
ECG
Temperature 100 100 100
Urine Output NSR NSR NSR
Blood

240
220
200
180
160
140
120
100
80
60

Film ☐ Fluid Wa...
...s ☐ OH Warmer
☐ Cotton Wool

2:10pm
2:20pm
4:45pm

...Care

ETT
☐ Oral
☐ Tracheostomy
☐ Drug:
☐ Awake
☐ Video Laryngoscopy
☐ Fiberoptic
Blade#
Difficulty Why? ... Attempts: ...
☑ Bilat = BS
☑ Semi-Closed Circle
☐ Closed Circle
☐ Other

Signat...

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Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: .... Time: .... Procedure done by ....
CSE /Spinal /Epidural .... Position : .... Space : .... Technique (LOR/LOS) ....
Depth: .... Catheter at Skin: .... Attempts : ....
Parasthesia : Yes/No if yes details : ....
Solution Composition : ....
Any other issues :
a) ....
b) ....

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

Delivery Details : Time : .... APGAR: ....
Catheter Removed by and Tip Inspected : ....
...tisfaction : ....

VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

Patient Name : Mast. ANGARI SADHGUN CHANDRA UHID : VIH-00204711 IPD : IP-00060663 Gender : Male Age : 8 Y 1 M 23 D

VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

wt:-28.8kg
Ht:-131cm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Angara sadhgun Age : 8yrs Gender: ☑ Male ☐ Female

Date : 11/7/26 Time of Arrival : 11:21 Am

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6F PR: 93b/m BP: 105/70 RR: 20b/m SpO2: 100%

Chief Complaints: Came for Surgery (Lt) ~~inguinal hernia~~ high ligation of sac

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

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

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 11:25 Am

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Nagmani

Signature of Triage Nurse : Nagm

Date & Time : 11/7/26 C 11:25Am

PRE - OPERATIVE CHECK LIST

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VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

Date : 11/7/26.

Patient's Name ....Age : ....Gender : ☑M ☐F

Blood Group : .... I.P.No. ....

...ed Surgery : Lt. Open herniotomy (Rt) high ligation of sac Surgeon : Dr. Jyoti Bothra

Anesthetist : .... Date & Time of Operation : 11/7/26.

Tick appropriate boxes :

To befilled by Nurse Incharge / Senior Nurse :

S.No.	Instructions	YES	NO
1	Weight checked and recorded ? Wt. 28.80 Kgs.	✓	
2	Is the patient fasting for over 6 hours pre-operatively ?	✓	
3	Check pre-OP investigations & results (CBP, Blood Group, BT, CT, PT/APTT Viral Screening , CXR etc) Discuss with Registrar / Consultant	✓	
4	Enema given / Bowel Preparation		✓
5	Remove all ornaments, etc and sterile gown given	✓	
6	Is Blood arranged as required ?		✓
7	If Blood has been ordered - is Blood bag read ?		✓
8	IV Cannula to be placed / IV Fluids if indicated	✓	
	Pre Anesthetic consultation with anesthesiologist	✓	
10	Pre medications given ? (Sedative / etc)		✓
11	Skin Preparation		✓
12	Surgery consent / High Risk consent taken by surgeon ? (Consent should be taken by the operation Surgeon only)	✓	
13	Other (if any)		✓

NOTE : If any of above is ticked "No" Discuss with the registrar / consultant immediately

Date : 11/7/26. Time : 12:38 pm

Sr. Jyothi
Signature of Nurse in-charges

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Jyoti Bothra
Asst. Surgeon : Dr. —
Anaesthetist : Dr. Madhav
Scrub Nurse : Br. Ratan / Jyoti

Patient Name : Mast. Angari Age : 1 m Gender : Male
UHID No. : 204711 Surgery Name : (L) Hydrocele
Date : 11/7/26 In-time : 2:10 pm Out-time : 2:45 pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 02:00 pm

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 : [signature] Dr. Madhav 11/07/26

Name : ....

Before Skin Incision ➤ ➤

TIME OUT Time: ....

Confirm all team members have introduced themselves by Name and Role	☑ Yes ☐ No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Mast Angari Sagi...	
Correct Patient (Check ID Band)	☐ Yes ☐ No
Correct Site Lt ... Region	☑ Yes ☐ No
Correct Procedure Lt high ligation ...	☑ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? None, 20 min, 5 ml	☑ Yes ☐ No ☐ NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? Non specific	☑ 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 : [signature] Ruby

Name : Ruby Florence

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]

Signature : ....

Name : Dr. Jyoti Bothra

Doc. No. : RCH / FRM / CLINICAL / 111

Rainbow Children's Medicare Ltd.
3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station
Karkhana Main Road, Kakaguda, Secunderabad - 500009.
Tel :+91-40-4246 2200, 2789 5050, 2789 6060.
GST: 36AABCR4014M1ZE email: vrchbilling@rainbowhospitals.in
CIN: L85110TG1998PLC029914 www.rainbowhospitals.in

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OPERATION THEATER NOTES

Patient's Name : Master ANGARI SADHGUN CHANDRA	**Age : 8 Y 1 M 23 D**	**Gender : Male**
UHID : VIH-00204711	**I.P. NO.** 00060663	**WEIGHT :28.8 kg**

Surgeon : Dr.. JYOTI BOTHRA	**Asst surgeon :** Dr —
Anaesthetist : Dr Madhav	**OT Nurse :** S/N Ratan, Jyothi
Surgical Procedure :.Left High ligation of sac	
Indications for Surgery : Left Hydrocele	
Anaesthesia - GA	

PRE-OPERATIVE PREPARATION-
Betadine skin preparation

OPERATIVE NOTES:
Findings: Left fluid filled processus vaginalis
Procedure notes:
- Left mid inguinal lower crease incision
- EOA opened
- Sac delineated from vas and vessels and divided
- Proximal end ligated and transfixed
- Distal sac laid open
- Incison closed in layers

DISCHARGE ORDERS:
1. Diet as advised.
2. Remove dressing after 3 days and daily bath
3. Syp. Crocin-DS (5ml/240mg) 5ml twice a day SOS for pain/fever > 100*F (maximum 6th hourly).
4. Kindly consult Dr. Jyoti Bothra, Consultant Pediatric Surgeon & Urologist,after 1 week in OPD with prior appointment (This consultation will becharged).

Consultants Surgeon's Name
Dr. JYOTI BOTHRA
Date : 11/7/24

Consultant Surgeon's Signature

Time : 3pm

NABH ACCREDITED

VIH-00204711 IP-00060663
Master ANGARI SADHGUN CHANDRA
18-05-2018 8 Y 1 M 23 D (M)
Dr. JYOTI BOTHRA

(1)

CH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/7/26 Time:	1	2	3	4	5
Doctor / Nurse / Family Concern?	Pain.				
Temperature (°F)	98.6F	98.6F	98.6F	98.6F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100	102	104	110	114
Note: BP does not score in early warning scoring	70	59	60	59	60
Heart Rate (Number)	110	102	114	98	94
Resp. Rate (bpm over 1 Minute) *					
Resp Rate (Number)	19	20	29	21	20
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	97	98
Conscious Level: Normal / Altered	NA	NA	NA	NA	NA
GCS *	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am										0	
	12:00 pm		NBM								0	
	01:00 pm		NBM								0	
Total Intake :						Total Output :						
11/5	02:00 pm		NBM								0	
	03:00 pm		NBM								0	
	04:00 pm		NBM								0	
	05:00 pm	Intake										
	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	

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 11/7/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				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 ..... Signature .....

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REGULAR PRESCRIPTIONS

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

DRUG :

Date ▸ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/07	02:15 pm	Inj. PARACETAMOL	450mg	IV		Nurse Rakesh
11/07	02:10 pm	Sup. DICLOFENAC	25mg	PR		Nurse Rakesh

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

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I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

Signature .....

VERIFIED BY : Name .....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Master Angasi Sadhgun chandra Age: 8y Sex: M UHID.No: VIH-00204711

Date: 10/7/26 Time: 3:35pm Proposed Operation: (L) ~~Open Herniotomy~~ (Left high ligation of Sac)

Diagnosis: (L) ~~Hernia~~ Hydrocele

B.P / CRT: 116/67 mmHg H.R: 90bpm Weight: 29.1kgs ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

6pg - 99% ones.

Laboratory Data:

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

Allergies: NKDA.

Medical History: CVS : FT, LSCS, Bwt: 3kgs, CIAB, H/o neonatal jaundice

RESP : No URTI Diabetes :

CNS : Development – (N)

Renal : Vaccinated till date

Hepatic / GE : Physical Activity: Active

Others :

Past Anaesthetic History: Nil

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact

Lungs : B/L AE (+) Clear

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site : accessible | Spine Exam for regional : —

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours } Explained
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient parents.
5. Other Instructions:
   - CBP after cannulation

Signature: Name: Dr. Brunda

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Adequate

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

H.R: 86/min | B.P / CRT: 95/40 (56) | SpO_2: 100 % | R.R: 14/min | Last Feed: >6hrs

Pre-OP Diagnosis: Left Hydrocele | Operation: Left High ligation of Sac | Date: 11/07/26

Surgeon: Dr. Jyoti | Anaesthesiologist: Dr. Madhav | Technician: Rakesh

TIME (2) >> >> 8:50 >> (3)

N_2O /AIR/O_2 LPM 4LPM

HALO /SO /SEVO

Drugs:

PROPOFOL 60+20+20+20mg IV. PARACETAMOL 450mg IV.

MIDAZOLAM 0.6mg IV.

FENTANYL 60mcg IV.

Antibiotic

Suppository: DICLOFENAC 25mg PR

Blood Loss

NOTES

FIO_2 / SaO_2: 100 100 100

$ETCO_2$

ECG: NSR NSR NSR

Temperature

Urine Output

Fluids

Blood

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RLL
☐ Art Site:
☑ EKG Lead 3 leads
☑ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 02:10pm
OP Start: 02:20pm
OP End:
Leave OR: 02:45pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G LUL
☐ 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: Lateral
Site: Sacral hiatus
Needle Size: 22G (IV) Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 20mL
Bolus: 0.25% Bupivacaine
Infusion:
Block Level:
Comments:

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

Name of the Doctor:
Signature of the Doctor: Dr Madhav

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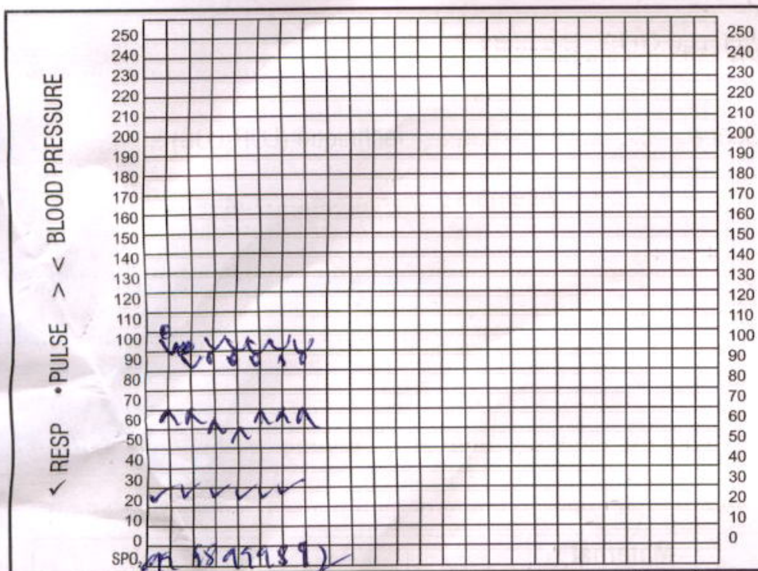
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Vanitha Time Received : 2:50 pm Time Discharged : 6pm



IV Cannula Site : Lt. ant [illegible]

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

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

Drug: NO Drug [illegible]

IV Fluids: NIL
Oral Feeds: [illegible] 3pm.

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	2	2	2
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2	2
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2	2
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	2	2	2	2
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2
		TOTAL	8	10	10	10	10

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/7/26	3:00pm	0	—	[signature]

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

Anaesthesiologist Name : Dr. Madhav
Anaesthesiologist Signature: [signature]
Date & Time: 11/7/26 3pm

PACU Nurse Name : Sr. Vanitha
PACU Nurse Signature: [signature]
Date & Time: 11/10/26 @ 3pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): Sr. Vanitha
Date & Time: 11/10/26 @ 3pm.

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....