

BAH-00661695 IP5-00176674
Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 17 D (F)
Dr. SHRUTI KOTAPALLI



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Hospital
It takes a lot to treat the little.

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SURGERY DETAILS

Date : 22/08/16

Patient Name: Baby S. MOUKTHIKA REDDY Date of Birth: Age: 9.7

Gender: F Ward: P-05 UHID No: 0186824

Date of Surgery: 22/08/16 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: RPA Bronchoscopy, RSV

Time in : 3:25pm

Time Out : 8:45pm

	NAME	AMOUNT
1. Surgeon	Dr. Shanti Kotapalli	
2. Anaesthetist		
3. Assistant Surgeon		
4. OT Technician	Neelam Reddy	
5. Circulating Nurse	Alex	
6. Assistant Nurse	Suman	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 09716835

Order by: [Signature]

ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____ IP **BAH-00661665** **IP5-00176674**
Baby S MOUKTHIKA REDDY
08-08-2017 9 Y 2 M 16 D (17) ant: _____ Dept : _____
Dr. SHRUTI KOTAPALLI
 Date of Admission: _____ f Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	8:00pm	ER	ward	
22/7/26	4:50pm	102	OT	
22/7/26	6:25pm	OT	102	

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

ANY OTHER INFORMATION

.....

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.....

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.....

.....

Date : Time : Prepared By :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :

Admission No : IP5-00176674 Admit Date : 20-Jul-2026 Admit Time : 07:14 PM UHID : BAH-00661695

Patient Details :

Patient Name : Baby S MOUKTHIKA REDDY Age : 9 Y 2 M 15 D
Guardian : Mr S OBI REDDY DOB : 05-05-2017
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO 6-5-517, ANDHRA BANK COLONY, SRI NAGAR COLONY, RAM NAGAR Anantapur
Anantapur Andhra Pradesh INDIA 515001 Phone No : 8008771564/ 7207803031
E-mail :
APARNAREDDYGANDLURI@GMAIL.C

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 102 Ward Name : 1F-VIBGYOR
Room No : SPVT 102 Admission Type : First Visit

Contact Details :

Name : Mr S OBI REDDY Relationship : Father
Contact Address : H NO 6-5-517, ANDHRA BANK COLONY, SRI NAGAR COLONY, RAM NAGAR Anantapur
Anantapur Andhra Pradesh INDIA 515001 Phone No : 8008771564

G. Aparna
Signature

Doctor Details :

Doctor Name : Dr. SHRUTI KOTAPALLI Specialisation : PULMONOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. PILLARISETTI NAVEEN SARADHI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD



Non-invasive Flexible / Rigid
CONSUMABLES OF OT
160/female

Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.0, 15.5	18	—	Major Pack			Inj Vit.K		
LMA 21/2	1	—	Sutures			Cord Clamp		
ECG leads : A/P/N	5	03				Suction Catheter		
HME filter : A/P/N	1	—				Feeding Tube		
Syringes : 10 cc	10	2				Vaccum Suction Set		
05 cc	10	2	Gloves 5.0, 2.5, 2.5	24	24	Surgical Gloves		
02 cc	10	2	PF, 6.6, 2.5	24	24	Gauze Pack		
01 cc	3	1				Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	1	Surgical blade			Surgical Blade # 20		
IV set	1	—	NG tube 8, 10	24	—	Koochies (S)		
RL	1	—	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	48	01	Koochies	1	—	room set	1	1
minispike	1	00	Ointments			10cc, 5cc, 2cc	2	2
vaccum set	1	—	Suction Catheter			Exp. mucous	1	—
Fentanyl	1	01	Cap, Mask	8/5	8/5	mucous extractor	2	3
Morphine			Gauze Pack	8/5	03			
Ketamine			Mop Pack	1	—			
Propofol	8	02	Steristrip			midazolam	1	01
Rocuronium	1	—	Underpad	1	01	Naloxone	4	—
Glycopyrolate	1	01	Draw sheet	1	01	2.2m		
Myopyrolate	1	—	Abgel			oval airway	18	—
Ondansetron	1	—	Foleys catheter			(112)		
Pencan 25g/ Spinal Needle 22	1	—	Urobag			catheter mount	1	—
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			pexmed (100mg)	1	01
Bupivacaine 0.25%(Heavy)			Romodrain bag			street pmo lines	24	18
Antibiotics			Bandage			stop clocks	2	—
1upcm	1	—	Tegaderm			nasal prong	1	01
Suppositories			Ioban			2.2m (P)		
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	01			
Justia : 12.5 mg / 25mg / 100mg	44	—	Plastic Bed Sheet	2	—			
Tab. Misoprost : 200mg			Betadine Solution					
3way lot 100cm	44	—	Microshield	1	—			
9 love airway	44	01	Cotton Balls	1	—			
Transcutaneous Pex	24	01	Latex Gloves	108	58			
02mask (P)	1	—	Ramdone Scrub					
1vacuum (2.2m)	44	—	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 9716708 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00661695 IP5-00176674
Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 15 D (F)
Dr. SHRUTI KOTAPALLI



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : Moukthika

Information given by: Mother

Age/Sex 9 / F

Relationship good

Chief Presenting Complaints & Duration (Chronologically)

c/o chronic cough x 10-15d.
no fever / fever.

History of present illness :

- child pre morbidly well

• c/o chronic cough x 10-15d.

→ brassy cough

→ not relieved by antitussive

→ not a/w fever / fast breathing
run / abd pain / vomiting

→ cough not present during sleep.

• c/o interference in school & daily activities

inhalers & nasal spray
- no relief.

negative



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PEDIATRIC IN-PATIENT MEDICAL RECORD

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05-05-2017 9 Y 2 M 16 D (F)
Dr. SHRUTI KOTAPALLI



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Moukthika Age/Sex 9 / F
Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

c/o chronic cough x 10-15d.
no ~~fever~~ fever.

History of present illness :

- child pre morbidly well
- c/o chronic cough x 10-15d.
 - brassy cough
 - not relieved by antitussive
 - not a/w fever / fast breathing
 - no abd pain / vomiting
 - cough not present during sleep.

- c/o interference in school & daily activities

started on inhalers & nasal spray
- no relief.

5 viral panel
Pertussis PCR / negative



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

② perinatal transition

Birth & Socio Economic History:

About Father : _____

About Mother : _____ / ②

Any additional Information : _____

Developmental History :

appropriate

Immunization History :

immunised till age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 137cm (Centile _____)

Weight (kgs) 33.5kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 88/min B.P. 110/66 SPO2 100%

Resp. rate and type of breathing : 20/min

Rash ⊖ B/L ITH ⊕, pale boggy

Lymphadenopathy ⊖ microscopic

Oedema : ⊖ pharynx - congested

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : Ⓝ

Air entry & breath sounds : BAE ⊕ & equal

Any adduc sounds : no wheeze

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

Cardiovascular System :

Inspection of precordium : Ⓝ

Heart Sounds : S1/S2 - heard

Any murmur : none

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

Per Abdomen :

Inspection Ⓝ

Palpation : soft / NT

Auscultation : _____

Spine : _____ External Genitalia : _____

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : N

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : N

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars ↓ ↓

Superficials:

Sensory System :

N

Bladder / Bowel : N

Clinical Summary & Diagnostic:

chronic cough + evaluation

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

emphysema, pneumothorax

Desired goals of the treatment :

Resolution

Planned Labs:

CBP

CRP

ESR.

Blood urea
creatinine

S. IgE

where allergic rhinitis panel.

Planned Management

- Pipta 2

- Hydrocortisone

- Bilazap M

- Escomeprazole

- Neb Levofloxacin

Neb Budesal

N/A
Kerala
20/7/26

Signature of the Doctor:

Akhile

Name of the Doctor:

Akhile

Date & Time:

20/7/2026

Signature of the Consultant:

Shruti

Name of the Consultant:

Dr Shruti Kotapalli

Date & Time:

20/7/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 7pm	elS/B Pulmo team Cough (+) Afebrile Vitals stable SpO₂ - 100% (RA) Chest - B/L AE +	Adv - Flexible bronchoscopy tomorrow at 1pm - PAC - NPO & IV fluid accordingly - continue others. - Syp Reswar.
21/7/26 9:00am	elS/B Dr. Shruti Kotapalli Chronic cough & evaluation No fever. Cough (+) Vitals stable SpO₂: 99% Chest: B/L AE (+) CNS: S/S (+) P/A: Soft CNS: Active Awaited - IgE / wheeze & Rhinitis panel.	Adv: 1) Inj Piptax - D₂ 2) Inj Hydrocort D₂ 3) Inj Esmopranolol 4) Syp. Bilakap / Syp. Reswar 5) Advolin Neb 6) Budesal Neb 7) Flexible bronchoscopy at 1pm 8) Continue NPO 9) Continue IV fluids



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26. 5pm	cf/B Dr. Shanti Kotapalli cf Persistent cough ↓ evaluation No fever Cough (+) spo₂ 99% vitals stable chest: B/L AE (+)	Advise:- ① Flexible bronchoscopy tomorrow at 3:30 pm ② NPO from 9:00 am. ③ iv fluids according to time of NPO ④ Rest. ct same
22/7/26. 8:30am	cf/B Dr. Shanti Kotapalli cf Persistent cough ↓ evaluation No fever Cough (+) vitals stable spo₂ : 100% chest: B/L AE (+) crs: 4S (+) P/A: soft CNS: Active	Adv: 1) Inj Piptax - D₃ 2) Inj Hydrocort - D₃ 3) Inj Escmoprazole 4) Syp. Bilaxap / Syp. Reswae 5) Levohi Neb 6) Budecal Neb 7) Keep NPO continue iv fluids 8) Flexible bronchoscopy at 3:30 pm.





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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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RESULT SHEET

Date	20/7/26				
Time					
Hb	13.8				
PCV	39.3				
RBC	4.83				
WBC	11.49				
N/L	5.4/40.9				
Platelets	327				
CRP	5				
ESR	21				
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea	18				
Creatinine	0.4				
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					

[illegible]

Culture and Sensitivities :

Radiology : **USG :**

X-Ray :

ECHO :

CT:

MRI

Others (ECG, Contrast Studies etc.) :



X Don't enter
 Nebulization's X

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/7	00.00	Neb c Budesal - 11 PM	Prinyanka	
20/7	01.00	Neb c levolin - 11:45 PM		
21/7	02.00	Neb c levolin - 6 AM		
21/7	03.00	neb c Budesal - 10 AM	swateher	
21/7	04.00	neb c levolin - 12 PM		
22/7	05.00	neb c Budesal - 10 AM	shub	
	06.00	neb c levolin - 12 PM		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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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: ICU

Shifted to: Ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Akhile Dr. Akhile

Date & Time : 20/7/26 & 2:00pm

Nurse Name & Signature: Renek

Date & Time : 20/7/26 & 2:10pm

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DRUG CHART

Date of Admission: 20/7/20 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. 33.5 kg. Ward.

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : INJ PIPRAZ				Date Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
3-3 gm	IV	TID	20/7	6am	10am	2pm	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				10pm 500mg 10pm 500mg 10pm 500mg			
Daily Doctor's Endorsement by a Sign							
DRUG : INJ HYDROCORTISONE				Date Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
70mg	IV	TID	20/7	6am	10am	2pm	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				10pm 500mg 10pm 500mg 10pm 500mg			
Daily Doctor's Endorsement by a Sign							
DRUG : LEVOLIN NEB.				Date Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
1-25mg	neb.	QID	20/7	6am	10am	2pm	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				10pm 500mg 10pm 500mg 10pm 500mg			
Daily Doctor's Endorsement by a Sign							
DRUG : BUDESAL NEB.				Date Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
0.5mg	neb.	BD	20/7	6am	10am	2pm	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				10pm 500mg 10pm 500mg 10pm 500mg			
Daily Doctor's Endorsement by a Sign							

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 33.5 kg Ward

DRUG : SYR BILAZAP-M				Date Time	20/7/24
Dose	Route	Frequency	Start Dt.		
5ml	PO	OD	20/7		
Name & Signature of the Doctor Starting the Drugs:				10pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : INJ ESOMEPRAZOLE				Date Time	20/7/24
Dose	Route	Frequency	Start Dt.		
30mg	IV	OD	20/7		
Name & Signature of the Doctor Starting the Drugs:				10pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : SYR RESWAS				Date Time	20/7/24
Dose	Route	Frequency	Start Dt.		
5ml	PO	TID	20/7		
Name & Signature of the Doctor Starting the Drugs:				10pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

VERIFIED

VERIFIED Signature

VERIFIED BY : Nani



Sheet No:

REGULAR PRESCRIPTIONS

Weight 22.5kg Ward

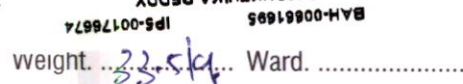
VERIFIED BY : Name Signature

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

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

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

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



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.		

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.	

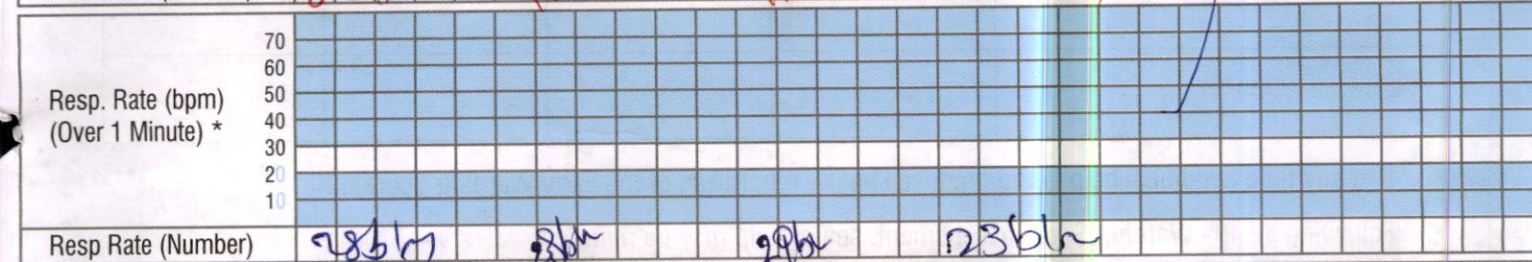
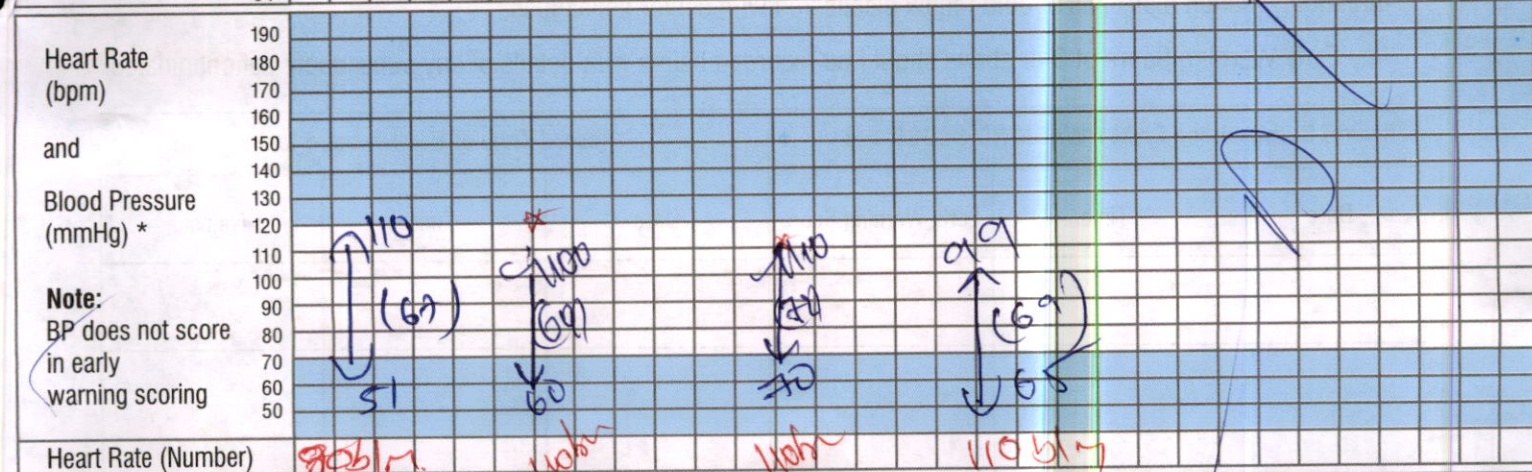
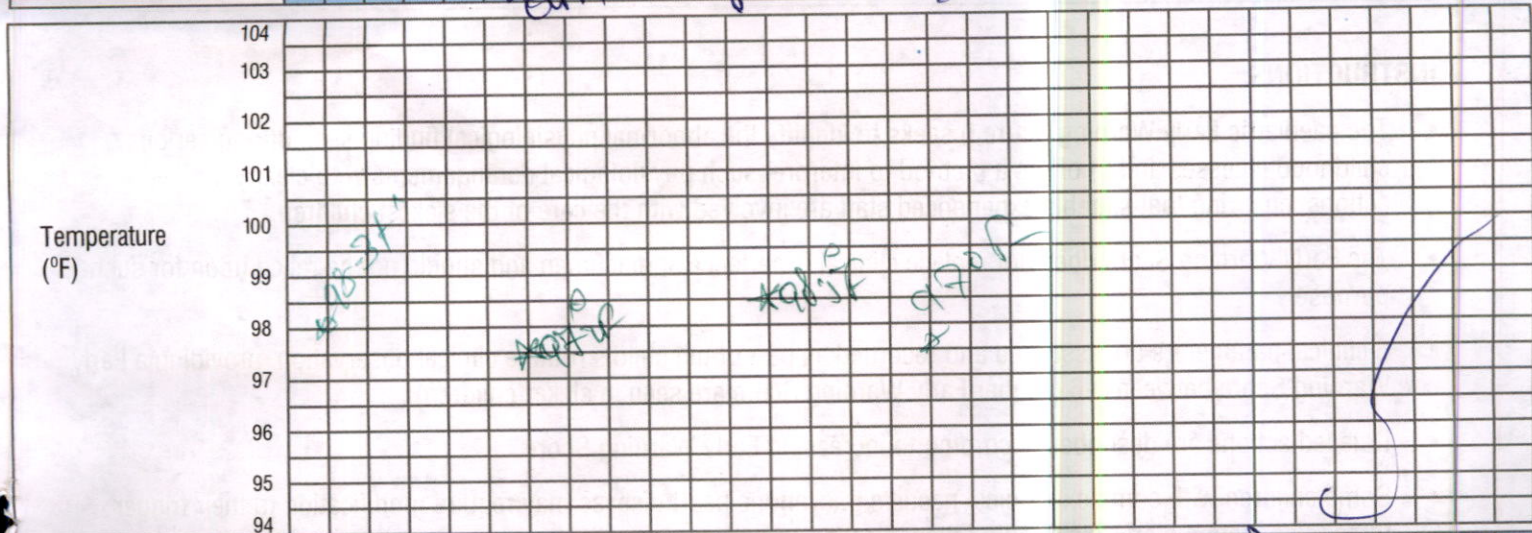
STAT / ONCE ONLY DRUGS[illegible]

Weight. 33.5 kg Ward.

[illegible]

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/7 Time: 6 AM 10 AM 1 PM 6 PM
 Doctor / Nurse / Family Concern?



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	1
Pain Score	0
Observer's Initials	S

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)

BAH-00661695 IP5-00176674
Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 16 D (F)
Dr. SHRUTI KOTAPALLI



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

SCHOOL AGE (5-12 years)

Children's Observation &
Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/07/20 Time: 22:17

Doctor / Nurse / Family Concern? 10pm 20

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

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

Heart Rate (Number)

112bW

105bM.

Resp. Rate (bpm)
Over 1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

28bW

28bM

Resp Mod/ Severe
Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

100%

100-1%

Conscious Level
Normal Altered

GCS *

15/15

15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

1

1

2

2

0

0

ACTIONS

NB: Scores 3 should be
recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

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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:

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BAH-00661695 IP5-00176674
 Baby S MOUKTHIKA REDDY
 05-05-2017 9 Y 2 M 16 D (F)
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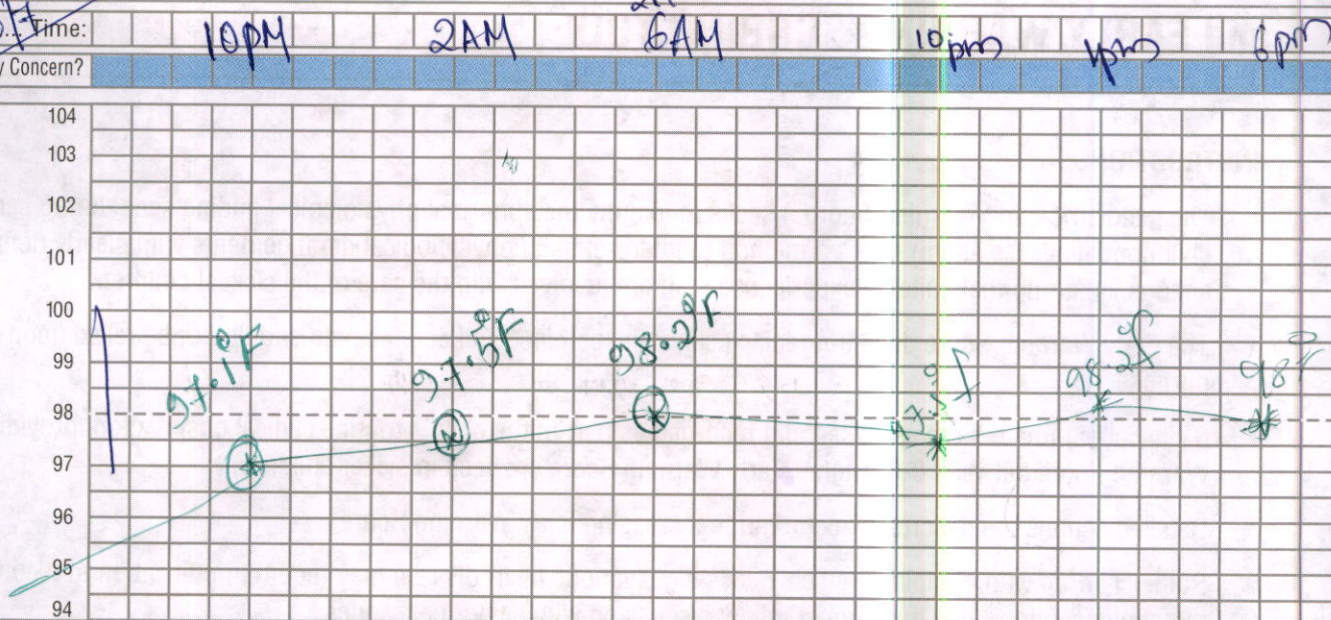
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/5 Time:

Doctor / Nurse / Family Concern?

Temperature
 (F)

104
103
102
101
100
99
98
97
96
95
94



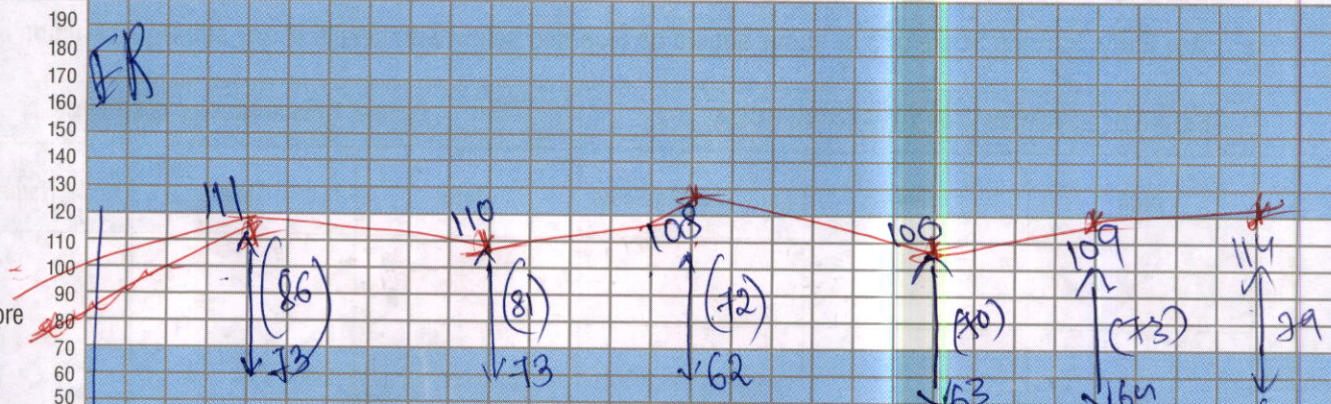
Heart Rate
 (bpm)

and

Blood Pressure
 (mmHg) *

Note:
 BP does not score
 in early
 warning scoring

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



Heart Rate (Number)

Resp. Rate (bpm)
 over 1 Minute) *

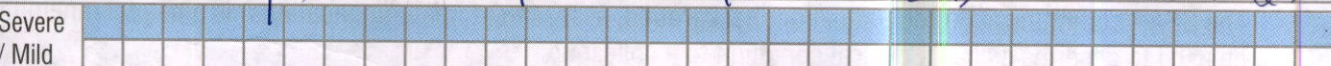
70
60
50
40
30
20
10



Resp Rate (Number)

Resp Mod/ Severe
 Distress None / Mild

Receiving O₂ (l/min)
 O₂ Saturations (%)



Conscious Level
 Normal Altered

GCS *

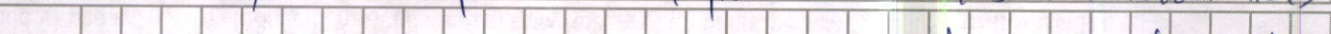


TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials



ACTIONS

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 recorded overleaf

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BAH-00661695 IP5-00176674
 Baby S MOUKTHIKA REDDY
 05-05-2017 9 Y 2 M 16 D (F)
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FLUID CHART

Sheet No. : ①

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

Date	Time	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											
	07:00 pm											
Total Intake :						Total Output :						
20/7/20	08:00 pm	↑	200ml	—							0	Priyanka
	09:00 pm			—							0	Priyanka
	10:00 pm	NO IVP		—							0	Priyanka
	11:00 pm			—							0	Priyanka
	12:00 am			—							0	Priyanka
	01:00 am	↓		—							0	Priyanka
Total Intake :						Total Output :						
21/7	02:00 am	↑		—							0	Priyanka
	03:00 am	NO IVP		—							0	Priyanka
	04:00 am			—							0	Priyanka
	05:00 am			—							0	Priyanka
	06:00 am	↓	200ml	—							0	Priyanka
	07:00 am	DNS	NPO	48ml							0	Priyanka
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
21/7	08:00 am	DNS	NPO	48ml	/	/	/	/	/	✓	0	Sgt
	09:00 am			48ml						0		
	10:00 am			48ml						✓	0	
	11:00 am			48ml						✓	0	
	12:00 pm			48ml						✓	0	
	01:00 pm			48ml						✓	0	
Total Intake :				Total Output :								
21/7	02:00 pm	DNS	NPO	46ml	/	/	/	/	/	✓	0	Sgt
	03:00 pm			43ml						0		
	04:00 pm			43ml						0		
	05:00 pm			-						0		
	06:00 pm			-						0		
	07:00 pm			-						0		
Total Intake :				Total Output :								
21/7	08:00 pm	DNS	Rice	48ml	/	/	/	/	/	✓	0	Sgt
	09:00 pm			48ml						0		
	10:00 pm			48ml						✓	0	
	11:00 pm			48ml						✓	0	
	12:00 am			48ml						✓	0	
	01:00 am			48ml						✓	0	
Total Intake :				Total Output :								
22/7	02:00 am	DNS	Rice	48ml	/	/	/	/	/	✓	0	Sgt
	03:00 am			48ml						0		
	04:00 am			48ml						✓	0	
	05:00 am			48ml						✓	0	
	06:00 am			48ml						✓	0	
	07:00 am			48ml						✓	0	
Total Intake :				Total Output :								
Total 24 hrs. Intake				Total 24 hrs. Output								



FLUID CHART

Sheet No. 23

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
22/07	08:00 am												
	09:00 am			48ml								shakti	
	10:00 am			48ml									
	11:00 am											shakti	
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
22/7/16	02:00 pm			NPO								mrk	
	03:00 pm			1									
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
23/07	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
24/07	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

Patient Sticker

FLUID CHART

Sheet No. : W

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 :						
	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												

BAH-00661695 IP5-00176674
 Baby S MOUKTHIKA REDDY
 05-05-2017 9 Y 2 M 16 D (F)
 Dr. SHRUTI KOTAPALLI



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 20/7/26

Assessment: Chronic cough

Goals

- ☐ Maintain Airway and Oxygenation
- ☒ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☒ Maintain Personal Hygiene
- ☒ Prevent Infection
- ☐ Meet Elimination Needs
- ☒ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☒ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess general condition of the patient.	8:10 pm	→ Assessed general condition of the patient.	By doing all implementation, as per doctor's order,
10PM	→ Monitor vital signs.	10:10 pm	→ Monitored vital signs.	
12AM	→ To give nebulization.	12pm	→ Given nebulization.	
1AM	→ Provide education about NPO.	1 AM	→ Provided information about NPO status.	
5 AM	→ Administer I.v fluids 48ml/hr.	5:30 AM	→ Administered I.v fluids.	
6AM	→ Administer medication as per doctor's order.	6:10 AM	→ Administered medication as per doctor's order.	

Re-Assessment: Re-Assessment done by checking vitals.

Special Notes: NPO from - 7 AM

Nurse Signature: PS

Nurse Name: Priyanka

Date & Time: 20/7/26 8pm



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 21/7/26

Assessment: Baby having cough

Goals

- | | | | | | |
|---|---|--|---|--|--|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the baby general condition. monitor vital signs	8am	* Assessed the baby general condition. monitored vital signs	Baby condition is improving slowly.
10am	* provide comfortable position	10am	* provided comfortable position	
12pm	* give nebulization to the patient	12pm	* given nebulization to the patient	
2pm	* doctor advice to do bronchoscopy today @ 4pm	2pm	* doctor advised to do bronchoscopy today	

Re-Assessment: given nebulization.

Special Notes:

Nurse Signature:

Nurse Name: Surekha Garg

Date & Time: 21/7/26 @ 2pm

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 21/7/26

Assessment: Baby having cough

- Goals
- ☒ Maintain Airway and Oxygenation
 - ☒ Maintain Personal Hygiene
 - ☐ Identify Potential Complications
 - ☐ Relieve Pain & Discomfort
 - ☒ Prevent Infection
 - ☐ Any Others. Specify.....
 - ☒ Maintain Fluid Balance
 - ☐ Meet Elimination Needs
 - ☐ Improve Activity Tolerance
 - ☒ Ensure Safety
 - ☒ Maintain Good Nutritional Status
 - ☐ Early Ambulation Reduce Anxiety
 - ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2:00pm	Assess pt general condition	2:10pm	Assessed pt general condition	By doing all these procedures pt condition is improving slowly.
3:00pm	Monitor vitals & record	3:10pm	Monitored vitals & recorded	
5:00pm	Maintain DLO chart	5:10pm	Maintained DLO chart	
6:00pm	Administer IV fluids as per doctor's order	6:10pm	Administered IV fluids as per doctor's order	
7:00pm	Encourage safe pt safety	7:10pm	Ensured pt safety	
8:00pm	Provide comfortable position	8:10pm	Provided comfortable position	

Re-Assessment:

Cleer pleo vitals pt's normal.

Special Notes:

(11)

Nurse Signature:

Nikhitha

Nurse Name:

Nikhitha

Date & Time:

21/7/26 @ 8pm

BAH-00661695 IP5-00176674
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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 21/07/20

Assessment: baby having cough

Goals

- | | | | | | |
|---|---|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the pt general condition	8:10p	Assessed pt general condition	By doing above all the care pt condition is none
10pm	provide comfortable position	10:10p	provided comfortable position	
12am	monitor vital signs	12:10am	monitored vitals & recorded	
2am	maintain 1/6 chart	2:10a	Maintained 1/6 chart	
4am	Ensure safety	6:10a	Ensured safety	
6am	Administer medications as per chart	8:10a	Administered medications as per chart	

Re-Assessment: Monitored vitals maintained 1/6 chart

Special Notes: flexible bronchoscopy (1hr) (3:30pm) NPO (9am)

Nurse Signature: [Signature]

Nurse Name: @Anitha Srawanthi

Date & Time: 22/07/20 @8am

BAH-00681695 IP5-00176674
 Baby S MOUKTHIKA REDDY
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 22/07/16

Assessment: pt having some activity

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☒ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☒ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☒ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	*Assess the pt all vitay	8:30 am	*Assessed the pt all vitay	pt is stable
9am	*check the pt all vitay	9:30 am	*checked the pt all vitay	
10am	*maintain zero chart	10:30 am	*maintained zero chart	
12pm	*provide comfortable position	1pm	*provided comfortable position	
1:30 pm	*administer all medication given as per doctor order	2pm	*administered all medication given as per doctor order	

Re-Assessment: N/A

Special Notes: Bronchoscopy u/ltrason

Nurse Signature: [Signature] Nurse Name: shanika Date & Time: 22/07/16 2pm

Patient Sticker

NURSING CARE RECORD


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


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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

IP5-00176674
S MOUKTHIKA REDDY
9 Y 2 M 17 D (F)
SHRUTI KOTAPALLI

NURSING CARE RECORD

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

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 22/7/20

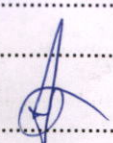
Assessment:

- | | | | | | | |
|-------|---|---|---|---|---|---|
| Goals | ☒ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| | ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| | ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
3.45 pm	* Assess the condition of Patient	3.50 pm	* Assessed the condition of Patient	Patient is Conscious and oriented.
3.50 pm	* monitor vitals	3.55 pm	* monitored vitals	
3.55 pm	* provided comfortable Position	4.00 pm	* provided comfortable Position	
3.58 pm	* Break NPO.	4.05 pm	* provided water no vomiting	

Re-Assessment:

Special Notes:

Nurse Signature: 

Nurse Name: Shruti

Date & Time: 22/7/20 @ 6.00 pm

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature: _____ Nurse Name: _____ Date & Time: _____

BAH-00861695
Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 16 D
Dr. SHRUTI KOTAPALLI (F)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2		
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1		
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1		
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
TOTAL			9	9	9		

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes	yes	yes		
Call device within reach		yes	yes	yes		
Wheels Locked		yes	yes	yes		
Room free of clutter		yes	yes	yes		
Adequate Lighting		yes	yes	yes		
Wheel Chair Support		no	no	no		
Other Intervention(s) Specify		no	no	no		
Nurse's Name :		encelle	Priyanka	Shru		
Signature :		P	P	P		
Date :		20/12/20	21/12	22/12		
Time :		7:00	6:00	6:00		



SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Shanthi Department: Paed Date of Admission: 20/7/17

SITUATION		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:						
BACKGROUND	Area	ER 7:55 PM	1st Floor 8 PM - 1 AM	1st Floor 2 PM - 5 PM	1st Floor 2 PM - 5 PM	4th Floor 8 PM - 1 AM	4th Floor 8 PM - 1 AM	
	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.6°	98.1°	98.2°	98°	97.5°	98.4°
		Res:	24 blm	26 blm	24	24	26	28 blm
		SpO ₂ :	100%	98%	97%	99%	99%	99%
		Pulse:	125 blm	100 blm	98 blm	98%	109 blm	110 blm
		BP:	110/66 (75)	111/71	109/64	114/68	98/70	100/60
	Fall Risk Score:	09	9	9	9	9	9	
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Recommendations	Safety Needs:	side rails	side rails	side rails	Yes	Yes	Yes	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	NA	NA	NA	NA	NA	NA	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Renita	Poojanika	Suekha	Kikita	Shwathi	Shanthi	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		20/7/17	21/7	21/7/17	21/7	22/7	22/7	
Time:		8:00 PM	8 AM	2 PM	2 PM	8 AM	2 PM	
Taken Over By Name :		Poojanika	Suekha	Kikita	Shwathi	Shanthi	Shanthi	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		20/7	21/7/17	21/7	21/7	22/7	22/7	
Time:		8 PM	8 AM	2 PM	2 PM	8 AM	2 PM	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. S. K. Department: pulmo Date of Admission: 20/7

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: _____					
	<u>Dry cough</u>							
BACKGROUND	Area	Shift Time						
	Medical Condition (Any special condition to be noted):	<u>1st 2pm-2</u> <u>Nil</u>						
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.10F</u>					
		Res:	<u>28b</u>					
		SpO ₂ :	<u>100%</u>					
		Pulse:	<u>112b</u>					
		BP:	<u>102/62</u>					
	Fall Risk Score:	<u>9</u>						
Pain Score:	<u>0/10</u>							
Recommendations	Safety Needs:	<u>SHE DEC</u>						
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>NA</u>						
	Special Diet:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>NA</u>						
	Post Operative Procedure Special Orders:	<u>NA</u>						
Handed Over By Name :		<u>MALEU</u>						
Signature :		<u>(MA)</u>						
Date:		<u>22/7/26</u>						
Time:		<u>2.50pm</u>						
Taken Over By Name :		<u>Amay</u>						
Signature :		<u>Amay</u>						
Date:		<u>22/7/26</u>						
Time:		<u>3.00pm</u>						

BAH-00661695 IP5-00176674
 Baby S MOUKTHIKA REDDY
 05-05-2017 9 Y 2 M 15 D (F)
 Dr. SHRUTI KOTAPALLI



BRADEN 'Q' SCALE

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				Date : 20/12/20	21/12	22/12	
				Time : 7:00 AM	6 AM	6 AM	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
				TOTAL SCORE	28	28	28
				Evaluator's Name	Ramachandran	Ramachandran	Ramachandran

Severe Risk : less than 9 | High Risk : 10-12 | Moderate R 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	- Regular Turning Schedule - Enable as much activity as possible - Protect the heels - Use pressure redistribution surfaces - Manage moisture, friction and shear - Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	- Use the Same Protocol as for “At Risk” Patients - Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	- Follow the same protocol as for “Moderate Risk” Patients - In addition to regular turning schedule - Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	- Use same protocol as for “High Risk” Patients - Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00661695 IP5-00176674
 Baby S MOUKTHIKA REDDY
 05-05-2017 9 Y 2 M 18 D (F)
 Dr. SHRUTI KOTAPALLI



PAIN ASSESSMENT FORM

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Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	7:00 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	Perula
21/7	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pradyumn
21/7	2 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Seetha
22/7	10 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Ch
22/7	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Seetha
22/7	2 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Seetha
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

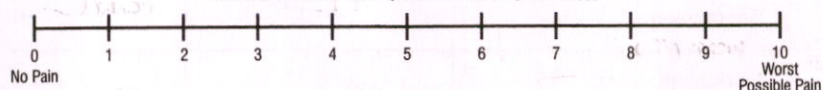
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



BAH-00681695 IP5-00178874
Baby S MOUKTHIKA REDDY
05-05-2017 0 Y 2 M 16 D (F)
Dr. SHRUTI KOTAPALLI



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

**Rainbow[®]
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Patient's / Learner Language: Telugu Patient / Learner Literacy: ☐ Read ☒ Write ☐ Speak Willingness to Learn: ☐ Yes ☒ No Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/05/20	7:00 PM	2	Infection control measure	M	1	0	1	1	—	Renub
21/05/20	8 AM	9	child is on NPO	M	1	0	1	1	—	Shruti

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)															
Learning Barriers:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice																			
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)																			
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio D: Demonstration V: Video O: Oral P: Printed																						
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify																				
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference																					
Understanding:	1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review																						

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
2017/12/25 7:00 PM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Dry cough x 10 days	H-Stability	bronchoscopy	Pamela	☒ Nursing ☐ Others:
2017/12/6 7:00 PM	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	chronic cough & evaluation	H-stability	→ IV fluids → Bronchoscopy	Pamela	☐ Medical ☐ Others:
2/1/18 8 AM	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Chronic cough & evaluation	Child is on NPO	NPO till further advice	R. Kottu	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 20/7/21			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	1		-	-	-	-	-			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	ER		-	-	-	-	-			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	1		-	-	-	-	-			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-			
Signature of the Nurse				Anjana Sunda & Resly									

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : (Signature) Name : Krisorendu

Signature of Ward In Charge :

Signature : (Signature) Name : Neevada

BAH-00661695 IP5-00176674
 Baby S MOUKTHIKA REDDY
 05-05-2017 9 Y 2 M 15 D (F)
 Dr. SHRUTI KOTAPALLI



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: chronic cough & evaluation
 Arrival Time: 8 PM Mode of Arrival: coked chair Admitting From: ☒ ER ☐ OPD ☐ Direct
 Allergy / Adverse Reaction: NA Body Weight: 33.5 Kg
 Height: NA cm

Past Medical History: Obtained From ☐ Patient ☒ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>NA</u>	<u>NA</u>	<u>NA</u>

Family History: no significant family history

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No

If yes please list,

Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☒ Yes ☐ No

Current Medication: ☐ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 33.5 kg Length: NA Head Circumference (< 2 years): NA
 Temp: 98.4 F HR: 96 bpm RR: 26 bpm BP: 110/73

Pain Score: 0 Specify Site: NA (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☒ Wong Baker

Character of Pain NA Location NA Frequency NA Duration NA

FUNCTIONAL SCREENING: ☒ No Abnormalities Detected

- ☐ Mobility Problem
☐ Developmental Delay

- ☐ Walking Problem
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormalities Detected

- ☐ Underweight
☐ Feeding Problem

- ☐ Overweight
☐ Special diet

- ☐ Special Feeding Method
☐ No Abnormality Detected

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):

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify Inform consultant for positive criteria.

Social History: Lives With Family

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

All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☒ Yes ☐ No

Waste Disposal Explained: ☒ Yes ☐ No

Infusion Pump : ☒ Yes ☐ No

Hand hygiene Explained: ☒ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☒ Yes ☐ No

Information given to Mother

Nurse Signature: Pmyanka

Nurse Name: Pmyanka

Date: 21/7/26

Time: 10pm



DISCHARGE PLANNING FORM

Nationality: Russian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 22/7/26

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

☐ Medication ☒ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

Remarks

Explain to Mother

NA

NA

NA

NA

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: Personal hygiene

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: RB

Nurse Name: Priyanka

Date and Time: 20/7/26 8pm

BAH-00661695 IP5-00176674
Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 17 D (F)
Dr. SHRUTI KOTAPALLI



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☒ Patient Attendant

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

1. Flexible bronchoscopy with BAL
2. _____

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Diagnostic and therapeutic</u>	

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

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

- a. Bronchospasm, laryngospasm, oxygen requirement, hypoxia, Plev stay.

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

Patient / Patient Attendant:

Signature: S. Obi Reddy
Name: S. Obi Reddy
Relationship with patient: Father
Date & Time: 22/7/26, 3:00pm

Witness:

Signature: G. Aparna
Name: G. Aparna
Date & Time: 22/7/26, 3:00pm

Doctor (who is taking consent):

Signature: Shruti Name: Dr. Shruti Kotapalli Date: 22/7/26 Time: 3:00pm

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చిల్డ్రన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాల వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీసియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమైన వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

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

a.	
b.	

- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమున నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భావ సమాధానం ఇచ్చారు.
ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్:

సంతకం: పేరు: తేదీ & సమయం:

URGICAL SAFETY CHECKLIST

Surgeon : Dr. S. Saritha
 Asst. Surgeon :
 Anaesthetist : Dr. Shruti
 Scrub Nurse : Shruti

Patient Name : Age :
 UHID No. : Surgery Name :
 Date : 22/12 In-time : 3:30pm Out-time :

BAH-00661695 IP5-00176674
 Baby S MOUKTHIKA REDDY
 05-05-2017 9 Y 2 M 17 D (F)
 Dr. SHRUTI KOTAPALLI


BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

SIGN IN		Time: <u>3:20pm</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. Saritha</u>		
Name : <u>Dr. SARITHA</u>		

Before Skin Incision >>

TIME OUT		Time: <u>3:30pm</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? ☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☒ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>Shruti</u>		
Name : <u>Shruti</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>3:40pm</u>
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>Shruti</u>		
Name : <u>Dr. Shruti Kotapalli</u>		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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



Before Induction of Anaesthesia ➤ ➤

SIGN IN		Time:.....
Patient Has Confirmed		
Identity	☐ Yes ☐ No	
Site	☐ Yes ☐ No	
Procedure	☐ Yes ☐ No	
Consent	☐ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☐ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☐ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☐ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☐ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☐ No ☐ NA	
Blood Units Reserved	☐ Yes ☐ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☐ Yes ☐ No ☐ NA	
Signature :		
Name :		

Before Skin Incision ➤ ➤

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

Before Patient Leaves Operating Room

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

BAH-00661695 IP5-00176674
Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 17 D (F)
Dr. SHRUTI KOTAPALLI

Patient



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 22/7/26

Department : Duration of Procedure :

Name of Surgeon : Dr. Shruti Kotapalli Date of Admission :

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☒ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic :	Ther
2.	Hair Removal ☐ Yes ☒ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☒ No	Ther
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	TE
4.	Name of doctor or staff administering the antibiotic : Date & Time of antibiotic administration : Date & Time procedure started : 22/7/26 @ 3.31pm	Ther

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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

BAH-00661695 IP5-00176674
Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 17 D (F)
Dr. SHRUTI KOTAPALLI



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OPERATION THEATER NOTES

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

UHID No.: Weight : Height :

Surgeon : <u>Dr. Shruti Kotapalli</u>		Asst. Surgeon :
Anesthetist :	OT Nurse:	OT Technician:
Pre-Operative Diagnosis:		
Surgical Procedure : <u>Flexible bronchoscopy</u>		
Indications for Surgery :		

Date : <u>22/7/26</u>	Start Time :	End Time :
-----------------------	--------------	------------

Pre Operative Preparations:
Post Operative Diagnosis:
Peri-Operative Complications:

Operation Notes: Bronchoscope passed via nose

- Inferior turbinate hypertrophy (+), Grade III adenoids.

Epiglottis - Erythema noted at carina and right & left main bronchus.

Vocal cords - Subglottic area - Trachea - Secchiare (+) in right lower lobe. Right middle and upper lobes - normal

Secchiare in left lower lobe. Left upper lobe - normal.

- No TEF, No foreign body.

- Secchiare collected. BAC done

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Flexible bronchoscopy + BAC

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

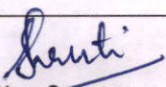
When to Start Mobilization:

Special Referrals:

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up


Treating Surgeon
(Signature & Stamp)

Date: 22/7/26 Time:

Note: Plan of care will be readjusted if necessary.

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Baby S MOUKTHIKA REDDY
05-05-2017 9 Y 2 M 17 D (F)
Dr. SHRUTI KOTAPALLI



Name: Moukthika Reddy Age: 9y 2m Sex: F UHID.No: BAH-00661695

Date: 20/7/26 Time: 8:20pm Proposed Operation: Bronchoscopy

Diagnosis: Chronic cough & evaluation

B.P./CRT: 110/66 H.R: 88 Weight: 33.5kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SpO2 100%

Laboratory Data:

Hgb: <u>13.8</u>	Glucose: <u>1.8</u>	Protein: <u>0.4</u>	HIV: <u>---</u>	X-Ray: <u>---</u>
PCV: <u>11.4</u>	Urea: <u>0.4</u>	Alb: <u>---</u>	HBS Ag: <u>---</u>	ECG: <u>---</u>
WBC: <u>327</u>	Creat: <u>---</u>	Total Bill: <u>---</u>	HCV: <u>---</u>	2D Echo: <u>---</u>
Plate: <u>---</u>	Na: <u>---</u>	Dir. Bill: <u>---</u>	Blood group: <u>---</u>	Stress/Angio: <u>---</u>
PT: <u>---</u>	K: <u>---</u>	LDH: <u>---</u>	T3: <u>---</u>	Other: <u>---</u>
PTT: <u>---</u>	Ca++: <u>---</u>	Alk phos: <u>---</u>	T4: <u>---</u>	
INR: <u>---</u>	Mg++: <u>---</u>	Amylase: <u>---</u>	TSH: <u>---</u>	
	Cl-: <u>---</u>	SGOT/SGPT: <u>---</u>		

Allergies: Nil

Medical History: CVS: ---

Neonatal transition

RESP: Cough: 2wks Diabetes: ---

CNS: No fever/cold

Renal: ---

Hepatic / GE: --- Physical Activity: ---

Others: ---

Past Anaesthetic History: Nil

Physical Exam:

Airway: MP (2) 3 4 Mouth Opening: 3RB Mentohyoid Distance: 3RB Neck: (2) Teeth: (2)

Lungs: BAE @ Ch SpO2 - 99% on RA

Heart: S1m @

CNS: clcle

Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: accessible 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>neb - levofloxacin</u>	<u>1.25mg QID</u>
<u>Budesonide</u>	<u>0.5mg BD</u>

Pre-Operative Instructions:

1. DVT Prophylaxis: ☒
2. NIL ORAL: ☒ Water / ORS 2 Hours ☒ Others 6 Hours
3. Informed Consent: ☒ Standard ☐ High Risk
4. Post Operative Pain Management: ☒ Discussed with Patient
5. Other Instructions: - CBC

7am
↑
11am
↑
1pm

Signature: (Signature) Name: Dr. A. Kamesh



ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No

Physical Status: ☒ Patient Identified

Fasting Status: Confirmed

☒ Consent Present

☒ Chart Reviewed

H.R: 82/min

B.P / CRT: 3/4

SpO₂: 100%

R.R: 22

Last Feed: mid

Pre-OP Diagnosis: flexible bronchoscopy

Surgeon: Dr. Shanthi

Operation: flexible bronchoscopy

Date: 22/7/26

Anaesthesiologist: Dr. Santhi

Technician: Ms. Vinita

TIME: 3:25pm

N₂O / AIR / O₂ LPM: 3/3/3

HALO / SO / SEVO

Drugs:

Hy. midazolam 2mg
At. Fentanyl 10mcg
At. Propofol 1mg
At. Propofol 1mg
At. Propofol 1mg

FiO₂ / SPO₂: 100% / 100%

ETCO₂: 40

ECG: HR 82

Temperature

Urine Output

Fluids
Blood

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

LAB Values

☒ Equipment Checked and Functional

☒ BP

☒ Cuff Site: 2UL

☒ Art Site: San

☒ EKG Lead

☒ Temp Site: San

☒ FIO₂ Monitor

☒ Agent Monitor

☒ Pulse Oximeter

☒ Capnograph

☒ Ventilator

☒ Nerve Stimulator

Position: Supine

☒ Pressure Points Checked

Eye Care:

☒ Oint

☒ Tape

☒ Padding

☒ Awake

Temp:

☒ HME

☒ Clog Film

☒ Hugger's

☒ Other

Times:

Anaesth Start: 3:25pm

OP Start: 3:30pm

OP End: 3:45pm

Leave OR: 3:45pm

Anaesthesia:

☒ GA

☒ Monitored Anaesthesia Care

☒ Regional

Line (Size & Location)

☒ CVP:

☒ ART:

☒ IV: 22G (2) UL

☒ IV:

☒ IV:

☒ IV:

Induction

☒ IV

☒ Pre O₂

☒ Others

☒ Mask

☒ Airway

☒ ETT#

☒ Oral

☒ Tracheostomy

☒ Drug:

☒ Awake

☒ Video Laryngoscopy

☒ Fiberoptic

Blade#

Attempts:

Difficulty Why?

☒ Bilat = BS

☒ Semi-Closed Circle

☒ Closed Circle

☒ Other

Regional:

Extremity

☒ Spinal

Others:

Position:

Site:

Needle Size:

Parasthesia ☐ Yes ☒ No

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

☒ PACU ☐ ICU

Relaxant Reversed ☐ Yes ☒ No

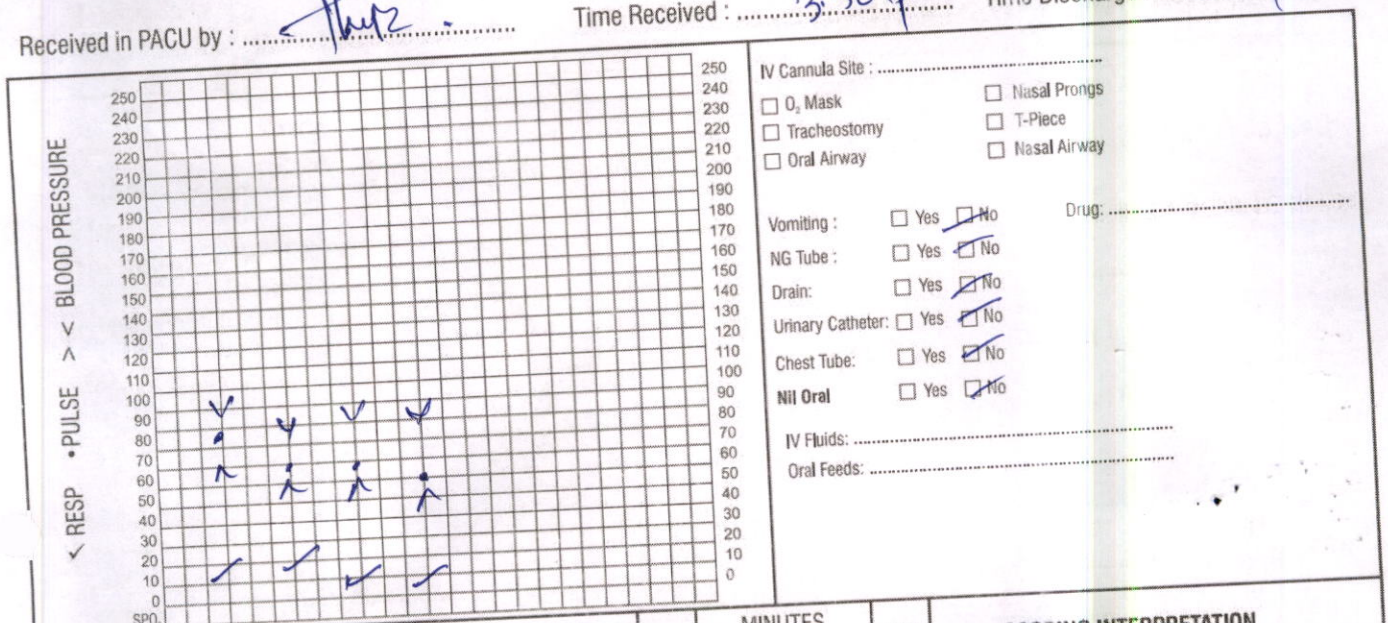
Name of the Doctor: Dr. Santhi

Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thy2 Time Received : 3:50 PM Time Discharged : 6:20 PM



IV Cannula Site : ☐ Nasal Prongs
☐ O₂ Mask ☐ T-Piece
☐ Tracheostomy ☐ Nasal Airway
☐ Oral Airway
Vomiting : ☐ Yes ☒ No
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)		MINUTES			OUT	SCORING INTERPRETATION
		IN	30	60	90	
Able to move 4 extremities voluntary or on command	= 2	0	1	2	2	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	2	2	2	2	
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2	2	2	2	
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1					
BP $\pm$ 50 of Pre Anaesthetic level	= 0					
Fully awake	= 2	0	1	2	2	
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL		6	8	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/7/20	6:00	7/10	<u>an</u>	<u>Thy2</u>

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

Anaesthesiologist Name : Dr. K. Sri. Surya

Anaesthesiologist Signature : [Signature]

Date & Time : 22/7/20 @ 6:00

PACU Nurse Name : Thy2

PACU Nurse Signature : [Signature]

Date & Time : 22/7/20 @ 6:20

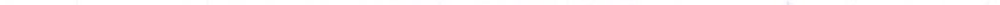
Reassessment Frequency:

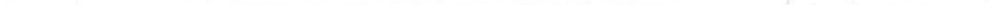
- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): [Signature]

Date & Time: 22/7/20

EPIDURAL ANALGESIA RECORD

a) 

b) 

[illegible]

Date and Time :



CONSENT FOR ANAESTHESIA

By: ☐ Patient ☒ Patient Attendant

Procedure:

bronchoscopy

Anesthesiologist:

Dr. Subramanyam

Surgeon:

Dr. Shrinithi

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 can be achieved by infusing weak solutions of local anaesthetics 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 ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others laryngoscopy, Bronchoscopy.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
☐ Regional Anaesthesia ☒ General Anaesthesia ☒ Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: S. Obi Reddy
 Name: S. Obi Reddy
 Relationship with patient: Father
 Date & Time: 20-7-2026 8:30

Witness:

Signature: G. Aparna
 Name: Aparna
 Date & Time: 20/7/26 @ 8:30 am

Doctor (who is taking consent):

Signature: [Signature] Name: DR. AKHILA-K Date: 20/7/26 Time: 8:30 pm

అనుమతి ఇచ్చినవారు:
రస్తచికిత్స:

☐ ರಾ.ಗಿ
☐ ರಾ.ಗಿ ಅಪ್ರೆಂಡಿಷ್

అనన్తేశ్వరయనా వైష్ణవః.

[illegible]

అందుచేతనే ఇంకా అనేక అంశాలు ఉన్నాయి. అందుచేతనే ఇంకా అనేక అంశాలు ఉన్నాయి. అందుచేతనే ఇంకా అనేక అంశాలు ఉన్నాయి.

120

□ వ్యవసాయ వ్యాధి □ వృక్ష వైద్యము □ పశు వైద్యము □ జలమయ వ్యాధి □

క్రింద వర్ణితములైన వ్యాధులు కారణంగా ఉండే అధిక ప్రమాదాలు:

అడిగాను మరియు అది నివృత్తి చేయబడ్డాయి.

□ వృక్ష వైద్యము □ పశు వైద్యము □ జలమయ వ్యాధి □

□ హృదయ వ్యాధి □ కాలము అవి నివృత్తి చేయబడ్డాయి. □ కాలము అవి నివృత్తి చేయబడ్డాయి.

☐ కాలేయ సమస్యలు ☐ రక్తపోటు
☐ ఇతరవి: ☐ డాక్ట్

રોજગી / રોજગી અપેન્ડેક્સ.....

• అన్నదీగిరియా బిందం అన్నదీగిరియా అటెండెంట్ ☐ చీర్లకాల స్వాస్థ్యకోశ వ్యాధి (COPD) ☐ బహుళ అవయవ వైఫల్యం ☐ పుట్టల ☐ కుటుంబ చరిత్ర

అనన్తేశ్వరయ్య అనన్తేశ్వరయ్య భావించిన నా

అనన్తేశ్వర అనన్తేశ్వర భావించిన విధంగా నాకు అనన్తేశ్వర ఇష్టానికి నేను అనుమతి ఇస్తున్నాను

నవరత్నాన్ని ఉండవచ్చు. అని నేను అర్థం చేసుకున్నాను. నవరత్నాన్ని ఉండవచ్చు. అని నేను అర్థం చేసుకున్నాను.

[illegible]

● పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకోవాల్సి వచ్చింది. ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సలు (Blood products) ఇవ్వడానికి నా పాత ఇన్సుల్యూను, ప్రమాదాలు, అవిసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా పాత ఇన్సుల్యూను, ప్రమాదాలు, అవిసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా పాత ఇన్సుల్యూను.

రాశిగి / రాశిగి అటెండెంట్:
సంతకం:

పేరు:.....

గోత్ర సంబంధం:.....
 తీర్మానం:.....

.....

విజయభంధం:

శ్రీ సమయం:

సంతకం:

పాత్రి: భార్య భాషలో
వ్రాయబడినట్లున్నది.

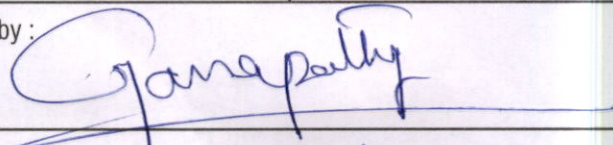
సంకలనం:
 పేరు:
 శాఖ & సమయం:

సం:
 తేది:
 గా నిమిషం:

[illegible]

గ్రామీణ సమయం:

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00661695 IP5-00176674 Baby S MOUKTHIKA REDDY 05-05-2017 9 Y 2 M 16 D (F) Dr. SHRUTI KOTAPALLI 		Date & Time of Admission 20/7/26 @ 7.14pm	Date & Time of Transfer Order 22/7/26 @ 3pm
		Transfer Ordered by Dr. S. K	Reason for Transfer Bronchoscopy
From Unit 102	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File - 25 -	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.	DNS	-1	
2.	Intr Flox	-1	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Mithu		Name of Person Ordered Transfer Dr. S.K.	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 22/07/26 @ 3:00pm			

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. BAH-00661695 IP5-00176674 Baby S MOUKTHIKA REDDY (F) 05-05-2017 9 Y 2 M 17 D Dr. SHRUTI KOTAPALLI		Date & Time of Admission 20/7/26 @ 7:14	Date & Time of Transfer Order 22/7/26 @ 6:23 PM
		Transfer Ordered by Dr. Shrutli	Reason for Transfer Post operative
From Unit OT	To Unit 102	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 304	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films			
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 Thiyas		Name of Person Ordered Transfer Dr. Shrutli	
Patient & Clinical Records Received by : Srinika			
Date & Time of Patient Received : 22/7/26 @ 6:30 PM			

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. BAH-00661695 IP5-00176674 Baby S MOUKTHIKA REDDY 05-05-2017 9 Y 2 M 15 D (F) Dr. SHRUTI KOTAPALLI 		Date & Time of Admission 20/7/26 & 2:14pm	Date & Time of Transfer Order 20/7/26 & 8:00pm
		Transfer Ordered by Dr. Ramya	Reason for Transfer Admission
From Unit ER	To Unit SF ward 102	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what? ... of files	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films No			
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 Nr. Renuka		Name of Person Ordered Transfer Dr. Ramya	
Patient & Clinical Records Received by : Priyanka			
Date & Time of Patient Received : 20/7/26 8:10pm			

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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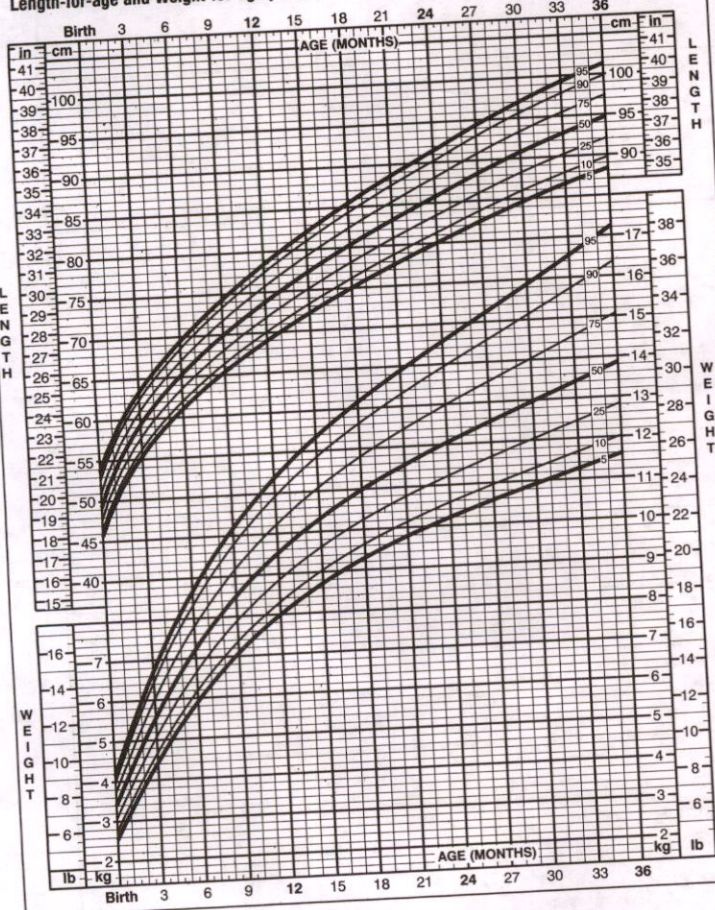
NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 21/5/20 Time: 8am

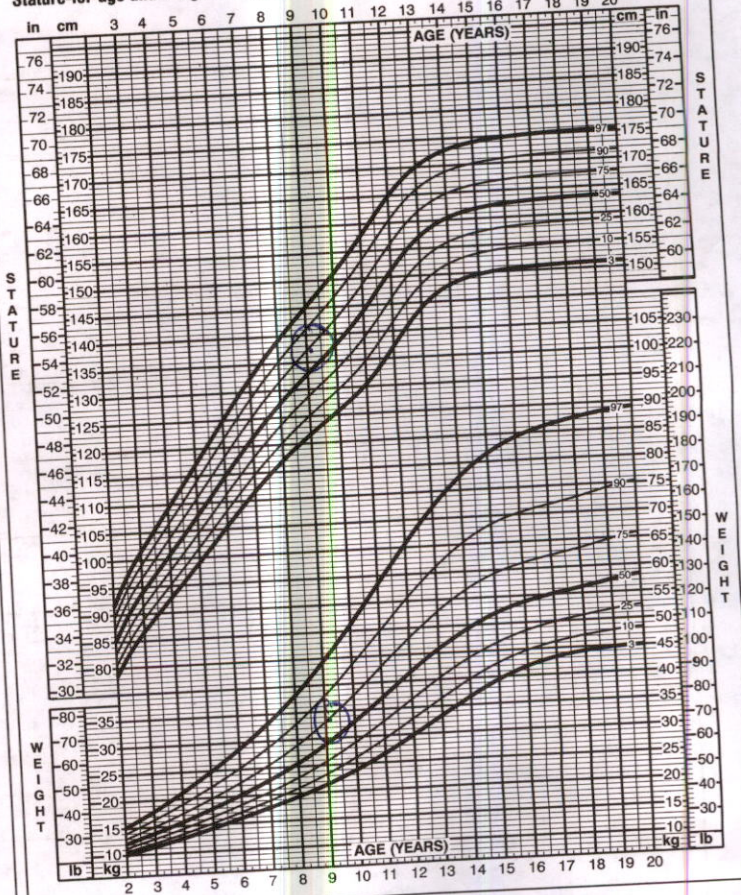
Weight: 33.5 kgs Centile: 75th
 Height: 137cm Centile: >50th
 Inference: well child
 RDA: - Calories: 1600 kcal/d Protein: 28g/d
 Diet Recommendations: child is on NPO
 Re-Assessment:
 Food Allergies: NO Veg/Non-veg Non-veg
 Diagnosis: chronic cough & evaluation
 Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral
 Patient's Signature: G. Aparna

GROWTH CHART (GIRLS)

Birth to 36 months: Girls
 Length-for-age and Weight-for-age percentiles



2 to 20 years: Girls
 Stature-for-age and Weight-for-age percentiles



Dietician's Name Nikitha

Dietician's Signature Nikitha

Daily Notes:

~~20/1/26~~
sam

child is on NPO - nil by mouth