

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ ID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : _____ Time: _____

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6.7.26.	9:05	ER	OT	<i>[Signature]</i>
6/12/26	2:30pm	OT	101	<i>[Signature]</i>

Cross Consultation Visit

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

[illegible]

Signature

67462

Ismael

[illegible]

Quantity	Order No.	Signature
----------	-----------	-----------

Prepared By :

Billing Assistant	Billing Supervisor
-------------------	--------------------

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176009

Admit Date : 06-Jul-2026

Admit Time : 08:29 AM UHID : BAH-00641065

Patient Details :

Patient Name : Master M NIVANSH

Age : 1 Y 8 M 2 D

Guardian : Mr M SHIVA.

DOB : 04-11-2024 06:30 AM

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO 8-67, MADHURA NAGAR Gachibowli
Hyderabad Telangana INDIA 500032

Phone No : 8328449590/ 9032322398

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : PRE OP 404

Ward Name : 4F-OT COMPLEX

Room No : PRE OP 404

Admission Type : First Visit

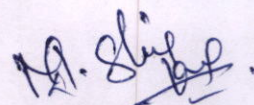
Contact Details :

Name : Mr M SHIVA.

Relationship : Father

Contact Address : H NO 8-67, MADHURA NAGAR Gachibowli
Hyderabad Telangana INDIA 500032

Phone No : 8328449590 / 9032322398


Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB

Specialisation : PEDIATRIC SURGERY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.03

Payor Name : SELFPAY



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)
Dr. MAINAK DES



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Bleeding
& Injection

Desired goals of the treatment :

Hypospadias repair

Planned Labs:

- CBP

W.B
IS Rail
8:50 am
6/11/26

Planned Management

- NPO as advised.
- I V F DMS

Signature of the Doctor: Nandana

Name of the Doctor: Dr. Nandana

Date & Time: 06/10/2026, 8:30AM

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 6/7/26

DR. MAINAK DES
Registration No: TSMC/FMR/02413

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)
Dr. MAINAK DEB



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name: M. M Nivansh Age: 1Y Gender: ☒ Male ☐ Female

UHID No.: 641065 Weight: _____ Height: _____

Surgeon: <u>Dr. Mainak Deb</u>		Asst. Surgeon: <u>Dr. Nikhita.</u>	
Anesthetist: <u>Dr. Amreen</u>	OT Nurse: <u>Bobi</u>	OT Technician: <u>Vijay</u>	
Pre-Operative Diagnosis: <u>Penoscrotal Hypospadias s/p stage I repair</u>			
Surgical Procedure: <u>Stage II Hypospadias repair (modified Braca's repair)</u>			
Indications for Surgery: <u>Penoscrotal Hypospadias s/p stage I repair</u>			
Date: <u>08/07/24</u>	Start Time: <u>9:30 AM</u>	End Time: <u>12:35 PM</u>	
Pre Operative Preparations:			
<u>past prep - 5% betadine</u>			
<u>position - supine</u>			
Post Operative Diagnosis:			
<u>Penoscrotal Hypospadias s/p stage I repair</u>			
Peri-Operative Complications:			
<u>NIL</u>			
Operation Notes:			
<u>Findings</u>			
<u>testis = 2cm</u>			
<u>- No chordee</u>			
<u>- graft uptake - good</u>			
<u>- partial penoscrotal transposition noted</u>			

Procedure :-

- ② - Stay suture taken through the glans.
- ③ - 8Fr Infant feeding tube inserted as the urethral catheter
- U shaped incision marked & made along the lateral edges of the graft marked graft site.
- Edges raised carefully while preserving the underlying vascular bed.
- Tubularization of the graft done around the catheter using fine 6-0 PDS & interrupted inverting closure, to create neourethra
- Glans wings mobilized bilaterally & glans plasty done

Amount of Blood Loss: $\approx 8 \pm 1 \text{ ml}$

Blood Transfused (in ML) - Nil -

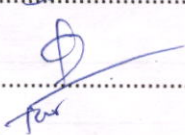
Name and Number of Surgical Specimen sent for examination:

- Nil -

Peri-Operative Complications: - Nil -

- Left Tunica vaginalis flap used to cover the neo-urethral suture line, as a second water proof layer.
- Scrotal penile transposition collected
- ventral penile skin closed with 7-0 PDS & interrupted deep subepidermal sutures
- Hemostasis done.

Name of the Surgeon: Dr. Manish Deh

Signature of the Surgeon: 

Date & Time: 6/7/26
12:40 PM

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)
Dr. MAINAK DEB



Patient Sticker


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: Stage II Hypospadias repair (Modified Braca's repair)

Post-Surgical Diagnosis: Penoscrotal Hypospadias s/p Stage I Hypospadias repair

Post-Operative Monitoring Parameters/Frequency:

TPR monitoring every 15 min for 1st hr

Wound Care:

Dressing

Drain /Special Lines/Catheters:

8Fr IFT inserted as urinary catheter
UO monitoring every 4th hr

Special Patient Positioning and Requirements:

- Nil -

Nutritional Instructions:

Full feeds as soon as child is awake

When to Start Mobilization:

As soon as possible

Special Referrals:

- Nil -

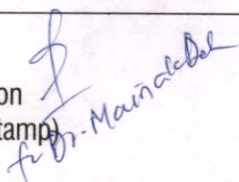
The new order for all required medications documented in the doctor order/medication sheet:

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

- Nil -

Treating Surgeon
(Signature & Stamp)


Dr. Mainak Deb

Date: 6/9/26 Time: 12:40P

Note: Plan of care will be readjusted if necessary.

Date & Time	Progress Notes	Doctor's Order
7/7/26 8:05 AM	<u>CLS/B Dr. Maliha</u> POD - ① Stage 2 hypospadias Repair No fever spikes Vitals stable P/A - soft stools not passed. LE - dressing intact. U-O - adequate	<u>Adv</u> 1) Full feeds. 2) Plan discharge tomorrow Maliha Dr. Maliha 7/7/26 8:05 AM

Date & Time	Progress Notes	Doctor's Order
7/2/26 3:15 pm	C/S/B Do. Shueyla POD - 1 Stage 2 hypospadias - Fall leads repair - Tomorrow discharge afebrile vitals stable P/A - soft Breeding - No scabage	Advic
DR. NABEEL ALAM QADRI Reg. No: 75241 7/2 6 pm	Shueyla 7/2/26 3:15 pm Do. Shueyla	

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)
Dr. MAINAK DEB




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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

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

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: OT

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: Neelam, Dr. Nandan

Date & Time: 06/07/2026, 8:45 AM

Nurse Name & Signature: nr. Sushita

Date & Time: 6.7.26 @ 8:45 am



REGULAR PRESCRIPTIONS

Weight. 9.8kg Ward.

DRUG : <u>3mg AUGMENTIN</u>				Date Time	<u>6/7</u>	<u>8/7</u>	<u>8/7</u>
Dose	Route	Frequency	Start Date				
<u>300mg</u>	<u>IV</u>	<u>8mg</u>	<u>6/7</u>	<u>9:20AM</u>	<u>10AM</u>	<u>5PM</u>	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : <u>3mg AMIKACIN</u>				Date Time	<u>6/7</u>	<u>7/7</u>	<u>8/7</u>
Dose	Route	Frequency	Start Date				
<u>150mg</u>	<u>IV</u>	<u>Once</u>	<u>7/7</u>				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : <u>3mg PARACETAMOL</u>				Date Time	<u>6/7</u>	<u>8/7</u>	<u>8/7</u>
Dose	Route	Frequency	Start Date				
<u>150mg</u>	<u>IV</u>	<u>8mg</u>	<u>6/7</u>	<u>6AM</u>	<u>10AM</u>	<u>5PM</u>	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : <u>NASO CLEAR DROPS</u>				Date Time	<u>6/7</u>	<u>8/7</u>	<u>8/7</u>
Dose	Route	Frequency	Start Date				
<u>2</u>	<u>Nasal</u>	<u>TID</u>	<u>6/7</u>	<u>6AM</u>	<u>X</u>	<u>5PM</u>	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							



Weight. 3.8 kg Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	9:20 AM	Inj AUGMENTIN	300mg	iv	2	<i>[Signature]</i>
6/7/26	9:20 AM	Inj AMIKACIN	150mg	iv	2	<i>[Signature]</i>
6/7/26	10 AM	Inj. PARACETAMOL	150 mg	IV	1 ml	B. Vijay Bobi
7/7/26	5:45 PM	DULCOLAX SUPPOSITORY	5 mg	PR	Malika	prameela D'vya
8/7/26	2:50 PM	Inj ESDMEPRAZOLE	10 mg	IV	8	sana ssawanthi

VERIFIED BY : Name Signature

Weight. 9.8 kg Ward.

[illegible]

Signature _____

BAH-00641065
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)



No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :		Time:	
Doctor / Nurse / Family Concern?			
Temperature (°F)	104		
	103		
	102		
	101		
	100		
	99		
	98		
	97		
	96		
	95		
	94		
Heart Rate (bpm)	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110		
	100		
	90		
and Blood Pressure (mmHg) *	80		
	70		
	60		
	50		
	40		
	30		
	20		
	10		
	0		
	0		
	0		
Note: BP does not score in early warning scoring			
Heart Rate (Number)			
Resp. Rate (bpm) (Over 1 Minute) *	70		
	60		
	50		
	40		
	30		
	20		
	10		
	0		
	0		
	0		
	Resp Rate (Number)		
Resp	Mod/ Severe		
Distress	None / Mild		
Receiving O ₂ (l/min)			
O ₂ Saturations (%)			
Conscious	Normal		
Level	Altered		
GCS *			
TOTAL SCORE			
Number of shaded boxes			
Pain Score			
Observer's Initials			

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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)

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/11/26	Time: 01 AM
Doctor / Nurse / Family Concern?	GP 10PM 9AM 6AM
Temperature (F)	97.0F 97.0F 98.0F 98.5F
Heart Rate (bpm)	118bpm 125bpm 120bpm
Blood Pressure (mmHg) *	105/62 (69) 101/54 (69)
Resp. Rate (bpm)	28bpm 28bpm 28bpm
Receiving O2 (l/min)	98% 98% 100%
GCS *	15/15 15/15 15/15
TOTAL SCORE	1 1 1
Observer's Initials	0 0 0

ACTIONS	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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7	Time: 5:00	10pm	9AM	6AM	10pm	1pm
Doctor / Nurse / Family Concern?						
Temperature (F)	104					
	103					
	102					
	101					
	100					
	99	98.0	98.3	97.9	98.1	98.5
	98					
	97					
	96					
	95					
94						
Heart Rate (bpm)	190					
	180					
	170					
	160					
	150					
	140					
	130					
	120					
	110					
	100					
Blood Pressure (mmHg) *	130					
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
	40					
Note: BP does not score in early warning scoring	130					
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
	40					
Heart Rate (Number)	130	103b/m	105b/m.		105b/m	
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
	40					
Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
Resp Rate (Number)	70	25b/m	28b/m		28b/m	28b/m
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
Resp Mod/ Severe Distress None / Mild	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
Receiving O ₂ (l/min) O ₂ Saturations (%)	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
Conscious Level Normal Altered	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
GCS *	70	15/15	15/15		15/15	15/15
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
TOTAL SCORE	70	1	1		1	1
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
Number of shaded boxes	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
Pain Score	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	0					
	0					
Observer's Initials	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					
	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.
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)



FLUID CHART

6/7/26

Sheet No. : ①

- All measurements in ml.
- 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											
6/7	10:00 am	RL NPO	75ml									
	11:00 am	RL NPO	75ml									
	12:00 pm	RL NPO	75ml									
	01:00 pm	H2O										
Total Intake :						Total Output :						
	02:00 pm	Boots										
	03:00 pm											
6/7	04:00 pm	NO IVF							197			
	05:00 pm	milk										
	06:00 pm											
	07:00 pm								220			
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
6/7	10:00 pm											
	11:00 pm								91ml			
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
6/7	04:00 am	NO IVF										
	05:00 am											
	06:00 am								89ml			
	07:00 am											
Total Intake :						Total Output : 597 ml						

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
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								
7/7	08:00 am		Milk		/				/		0	Jadhav	
	09:00 am				/				/		0		
	10:00 am	NO			/					91ml	0		
	11:00 am	IVF			/				/		0		
	12:00 pm				/				/		0		
	01:00 pm				/				/	100ml	0		
Total Intake :						Total Output :							
7/7	02:00 pm				/				/		0	Jadhav	
	03:00 pm				/				/		0		
	04:00 pm	NO			/				/		0		
	05:00 pm	IVF			/				/		0		
	06:00 pm				/				/	86ml	0		
	07:00 pm				/				/		0		
Total Intake :						Total Output :							
7/7	08:00 pm				/				/		0	Arunkumar	
	09:00 pm				/				/	10ml	0		
	10:00 pm	NO			/				/		0		
	11:00 pm	IVF			/				/		0		
	12:00 am				/				/		0		
	01:00 am				/				/	86ml	0		
Total Intake :						Total Output :							
8/8	02:00 am				/				/		0	Arunkumar	
	03:00 am				/				/		0		
	04:00 am	NO			/				/		0		
	05:00 am	IVF			/				/		0		
	06:00 am				/				/		0		
	07:00 am				/				/		0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 3 D (M)
Dr. MAINAK DEB



FLUID CHART

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. :

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

Patient Sticker

FLUID CHART

Sheet No. :

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

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



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 6/7/26

Assessment: Acute Pain Related to the Pt condition as per evidence by the Surgical Procedure

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 PM	Assess the pt General Condition.	3:10 PM	Assessed the pt General Condition.	Pt is Conscious & Oriented
4 PM	Relieve pain & Discomfort	4:10 PM	Relieved pain & Discomfort	no bleeding
	monitor for bleeding		monitored for bleeding	vital stable
5 PM	monitor vital signs	5:10 PM	monitored vital signs	no vomiting
6 PM	maintain NPO status	6:10 PM	NPO broken, water given	maintained
7 PM	maintain I/O chart	7:10 PM	maintained I/O chart	shifted
	pt shift to the ward		pt shifted to the ward	

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name: Divya

Date & Time: 6/7/26



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/17/26

Assessment: pt having full activity

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
8 AM	→ Assess the pt General condition	8 PM	→ Assessed pt General condition	pt condition is normal
10 AM	→ monitor vital signs	10 PM	→ monitored vital signs	
2 PM	→ maintain VO chart	2 AM	→ maintained VO chart	
8 PM	→ Administer the medications as per doctors orders	8 AM	→ Administered the medications as per doctors orders	
	→ provide comfortable position			

Re-Assessment: NTH

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Sreenukthi

Date & Time: 7/17/26 8 AM

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)
Dr. MAINAK DEB



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: 7/7/26

Assessment: Baby having dull activity

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 monitors vital signs	8am	* Assessed the baby general condition. monitored vital signs	Baby condition is improving.
10am	* provide comfortable position	10am	* provided comfortable position	
11am	* encourage take orally well	11am	* Encouraged take orally well	
12pm	* Administer medication as per doctor orders	12pm	* Administered medications as per doctor orders	
2pm	* ensure safety side rails	2pm	* ensured safety side rails	

Re-Assessment:

Special Notes: Plan discharge tomorrow

Nurse Signature: @

Nurse Name: Sushma (22088)

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



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/11/24

Assessment: Baby having dull Activity.

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
2p	* Assess the general condition of the patient.	2p	* Assessed the general condition of the patient.	By doing all the procedures the patient can be stable.
4p	* maintain personal hygiene.	4p	* maintained Personal hygiene.	
5p	* maintain good nutrition.	5p	* maintained good nutrition.	
6p	* monitor vitals.	6p	* monitored vitals.	

Re-Assessment: monitor vitals.

Special Notes:

Nurse Signature:

Nurse Name: Anya (018105)

Date & Time: 11/11/24 @ 8p

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 3 D (M)
Dr. MAINAK DES



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: 7/7/26

Assessment: Baby having discomfort

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 general condition of the baby	8PM	Assessed the general condition of the baby	by done all these
10PM	monitor vital sings and record	10PM	monitored vital sings & record	to improve baby
	provid comfortable position.		provided comfortable position	Condition.
6AM	Administer medication as per doctor orders.	6AM	Administred medication as per doctor orders.	

Re-Assessment:

Special Notes: plane for d/c. t/m.

Nurse Signature: Aruna Nurse Name: Aruna Date & Time: 8/7/26

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 3 D (M)
Dr. MAINAK DES



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:

Patient Sticker



THE HUMPTY DUMPTY SCALE

6/11/24 7/12 8/17

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2		
	Female	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					
	History of Falls or Infant - Toddler Placed in Bed	4	4	4	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			15	15	15		

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes	yes		
Call device within reach	x	yes	yes		
Wheels Locked	E	yes	yes		
Room free of clutter	S	yes	yes		
Adequate Lighting		yes	yes		
Wheel Chair Support	NO	NO	NO		
Other Intervention(s) Specify	NO	NO	NO		
Nurse's Name :	sumita	sumita	Aruna		
Signature :	Aruna				
Date :	6/11/24	7/12			
Time :	8:19 am	on			



Patient St

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Mainak Des Department: OT Date of Admission: 6/7/26

SITUATION		Diagnosis: <u>hypopadias stage I Repair</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
BACKGROUND	Area	<u>ER</u>	<u>OT</u>	<u>OT</u>	<u>OT</u>	<u>OT</u>	
	Shift Time	<u>9:00-12:30</u>	<u>12:30-3:00</u>	<u>3:00-6:30</u>	<u>6:30-9:00</u>	<u>9:00-12:30</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.2°F</u>	<u>98.6°F</u>	<u>98.5°F</u>	<u>97.9°F</u>	<u>98.2°F</u>
		Res:	<u>26 b/m</u>	<u>25 b/m</u>	<u>25 b/m</u>	<u>28 b/m</u>	<u>28 b/m</u>
		SpO ₂ :	<u>96%</u>	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>
		Pulse:	<u>115 b/m</u>	<u>116 b/m</u>	<u>107 b/m</u>	<u>105 b/m</u>	<u>102 b/m</u>
		BP:	<u>96/54 (63)</u>	<u>94/42</u>	<u>99/52</u>	<u>100/59</u>	<u>98/60</u>
	Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>12</u>	
Pain Score:	<u>0</u>	<u>1/10</u>	<u>1/10</u>	<u>1/10</u>	<u>0/10</u>		
Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Susmita</u>	<u>Devi</u>	<u>Susha</u>	<u>Saurabh</u>	<u>Sushan</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>6/7/26</u>	<u>6/7/26</u>	<u>6/7</u>	<u>7/7/26</u>	<u>7/7/26</u>	
Time:		<u>9:05 am</u>	<u>9:00 pm</u>	<u>8 PM</u>	<u>8:01</u>	<u>2 pm</u>	
Taken Over By Name :		<u>Comanath</u>	<u>Susha</u>	<u>Saurabh</u>	<u>Sushan</u>	<u>Anura</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>6/7/26</u>	<u>6/7</u>	<u>6/7/26</u>	<u>7/7/26</u>	<u>7/7</u>	
Time:		<u>9:10 AM</u>	<u>3 PM</u>	<u>8 PM</u>	<u>8 am</u>	<u>8 PM</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Area	Shift Time	1st floor 8-8AM					
BACKGROUND	Medical Condition (Any special condition to be noted):		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: 97°F					
			Res: 27b/m					
			SpO ₂ : 99%					
			Pulse: 125					
			BP: 99/59					
Recommendations	Fall Risk Score:		15					
	Pain Score:		0/10					
	Safety Needs:		YES					
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		NA					
	Special Diet:		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:		NA						
Post Operative Procedure Special Orders:		NA						
Handed Over By Name :		Arung						
Signature :		Arung						
Date:		8/7						
Time:		8AM						
Taken Over By Name :		Arung						
Signature :		Arung						
Date:		8/7						
Time:		8AM						

BAH-00641065

IP5-00176009

Master M NIVANSH

04-11-2024

1 Y 8 M 2 D

(M)

Dr. MAINAK DEB



CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

6/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			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					
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		-	-	-	-					
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-	-	-					
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		-	-	-	-					
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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-	-					
Signature of the Nurse													

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 : Name :

Signature of Ward In Charge :

Signature : Name :



BRADEN 'Q' SCALE

					Date :	6/7/26	2/7	8/7	
					Time :	8:19am	6am		
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		
FRICION-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					Susmita	[Signature]	Aruna		

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

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	8:15 am	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil nil	Smite
6/7	12:50 pm	1/10	SS	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Deig
6/7	8:50 am	1/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sawade
7/7	5 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sawade
7/7	1 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Surekha
7/7	10 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	A
8/7	6 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arung
				☐ 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:

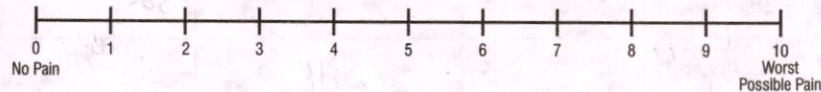
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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

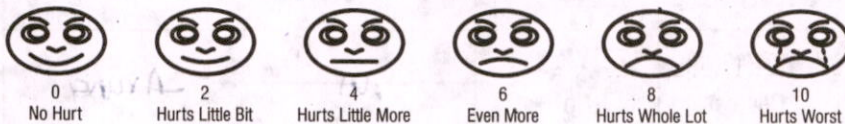
Numerical Pain Scale (Obstetric and Gynecology)



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



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Patient's / Learner Language: Delegu 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		
6/7/22	8:19 am	8	Diagnostic procedures	M	4	0	1	1	-	<i>[Signature]</i>
6/7/22	3pm	9	soft diet	F	1	0	1	1	-	<i>mocinis</i>

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:								
1. No Learning Barriers	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:								
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
06/07/2026 @ 8:50 am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Penoscrotal Hypospadias	Hypospadias repair	Stage-2 Hypospadias Repair	<u>Mulik</u>	☒ Nursing ☐ Others:
6/7/26 @ 8:50 am	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Hypospadias	Hypospadias repair	Stage-2 Hypospadias Repair	<u>S</u>	☐ Medical ☐ Others:
6/7/26 3pm	☐ Medical ☐ Nursing ☒ Others: Dichhan	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	penoscrotal hypospadias now for stage II hypospadias repair	soft diet	ROAT E: 1200 kcal/d P: 20 g/d	<u>moulick</u>	☐ 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:



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9:05 Mode of Arrival: walking Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Body Weight: Kg

..... Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

Family History: NA

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: Length: Head Circumference (< 2 years):

Temp.: 98.3 HR: 120h RR: 98h BP: 101/62

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

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

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

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

Character of Pain Location Frequency Duration

FUNCTIONAL SCREENING: ☒ No Abnormalities Detected

☐ Mobility Problem

☐ Walking Problem

☐ Developmental Delay

☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormalities Detected

☐ Underweight

☐ Overweight

☐ Special Feeding Method

☐ Feeding Problem

☐ Special diet

☐ 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):

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's Name: Amya

Date: 10/1

Time: 9:30p

[Signature]
Signature

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00641065 IP5-00176009 Master M NIVANSH 04-11-2024 1 Y 8 M 2 D (M) Dr. MAINAK DEB 		Date & Time of Admission <i>6/7/26 @ 8:25am</i>	Date & Time of Transfer Order <i>6/7/26 @ 9:10am</i>
		Transfer Ordered by <i>Dr. mainak</i>	Reason for Transfer <i>Post-op</i>
From Unit <i>OT</i>	To Unit <i>101</i>	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File <i>42</i>	Number of Imaging Films <i>Nil</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	<i>no file</i>		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring <i>Dr. mainak</i>		Name of Person Ordered Transfer <i>Dr. mainak</i>	
Patient & Clinical Records Received by : <i>Dr. mainak</i>			
Date & Time of Patient Received : <i>6/7/26 @ 3pm</i>			

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

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Anant
Asst. Surgeon :
Anaesthetist : Dr. Anjeev
Scrub Nurse : Bobi

Patient Name : M. Nivansh Age : 14 Gender :
UHID No. : 841065 Surgery Name : Hypospadias
Date : 06/12 In-time : 9:30 Am Out-time : 12:45 pm

BAH-00641065 IP5-00176009
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)
Dr. MAINAK DEB
Right
HOSPITALS
a Safe Delivery

Before Induction of Anaesthesia >>

SIGN IN		Time: <u>9 Am</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>Am</u>		
Name : <u>Dr. Anjeev</u>		

Before Skin Incision >>

TIME OUT		Time: <u>9:56 Am</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 <u>Stage II Hypospadias Repair</u>	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Nothing</u>	
	☐ 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>Dr. Anant</u>		
Name : <u>Dr. An</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>12:40 pm</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>Dr. Nikhita</u>		
Name : <u>Dr. Nikhita</u>		

Patient Sticker

BAH-00641065 IP5-00176009
 Master M NIVANSH
 04-11-2024 1 Y 8 M 2 D (M)
 Dr. MAINAK DEB

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 : 06/01/26

Department : P.O.T. Duration of Procedure : 3 hrs

Name of Surgeon : Dr. Mainak Deb Date of Admission : 06/01/26

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 : Am - Augmentin (2004) 9:20am	Bikala
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	Bikala
3.	Patient's body temperature immediately post operation (Recovery Room) 32 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	Bikala
4.	Name of doctor or staff administering the antibiotic : Dr. Mainak Date & Time of antibiotic administration : 06/01/26 at 9:20 Am Date & Time procedure started : 06/01/26 at 9:56 Am	Bikala

- 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

CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: STAGE II HYPOSPADIAS REPAIR

Anaesthesiologist: DR SHINY Surgeon: DR MAINAK DES

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 LARYNGOSPASM, BRONCHOSPASM

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: M. Sushmitha
 Name: M. Sushmitha
 Relationship with patient: GRAND MOTHER
 Date & Time: 04/07/26, 4:46pm

Witness:

Signature: M. Shiva Kumar
 Name: M. SHIVA KUMAR
 Date & Time: _____

Doctor (who is taking consent):

Signature: DR SHINY Name: DR SHINY Date 04/07/26 Time: 4:46 pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు. రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి దీర్ఘకాలిక అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
☐ రీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00641065

IP5-00176009

Master M NIVANSH

04-11-2024 1Y6M2D (M)

Dr. MAINAK DEB



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION

Name: Master M NIVANSH Age: 1Y6M Sex: Male UHID.No: BAH-00641065
Date: 04/01/26 Time: 4:35 pm Proposed Operation: stage 2 hypospadias Repair
Diagnosis: scrotal hypospadias s/p stage I Repair
B.P / CRT: _____ Weight: 9.8 kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Hgb: _____

PCV: _____

WBC: _____

Plate: _____

PT: _____

Glucose: _____

Urea: _____

Creat: _____

Na: _____

K: _____

Ca++: _____

Mg++: _____

Cl-: _____

Laboratory Data:

Protein: _____

Alb: _____

Total Bil: _____

Dir. Bil: _____

LDH: _____

Alk phos: _____

Amylase: _____

SGOT/SGPT: _____

HIV: _____

HBS Ag: _____

HCV: _____

Blood group: _____

T3: _____

T4: _____

TSH: _____

X-Ray: _____

ECG: _____

2D Echo: _____

Stress/Angio: _____

Other: _____

Allergies:

preterm / Em. lss / B-wt = 1.5 kg / NICU s
for 1 week i/v/o Respiral
dist

Diabetes: _____

development as per age
Vaccination till date

Physical Activity: Active

atic / GE: _____

thers: _____

Past Anaesthetic History:

stage 1 hypospadias Repair (29/02/25) → ? ↓ GA → U/E

Physical Exam:

Airway: _____

MP 1 2 3 4

Mouth Opening: Adequate

Mentohyoid Distance: _____

Neck: _____

Teeth: _____

Lungs: _____

B/LAE ⊕, clear

Heart: _____

S1S2 ⊕

CNS: _____

conscious

Venous Access Site: Acromioclavicular

Spine Exam for regional: _____

Pregnant: ☐ Yes ☐ No ☐ NAAnaesthetic Plan: ☒ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMAPeri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis: _____

2. NIL BY MOUTH: Water / ORS 2 Hours

Others 6 Hours

3. Informed Consent: ☒ Standard ☐ High Risk4. Pain Management: ☐ Discussed with Patient

5. Instructions: _____

CRP on cannulation
Review PAC on the day of surgery

Also clear nasal drops
drops Each Nostril
then consent
under

Signature: Dr. Shiny Name: DR SHINY

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



ANAESTHESIA CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition:

Physical Status:

☐ Yes ☒ No

☒ Patient Identified

Fasting Status: Adequate

☒ Consent Present

H.R.: 116/min

B.P./CRT: 76/33

SpO₂: 100%

Pre-OP Diagnosis: Hypospadias

Surgeon: Dr. Narek Seh

Operation: Hypospadias Staph

R.R.: 20/min

Anaesthesiologist: Dr. SSN / Dr. Anwar

Chart Reviewed

Last Feed:

Date: 26th

Physician: Vijay

Antibiotic

Suppository

Blood Loss

TIME

N₂O AIR O₂ PM

HALO ISO SEVO

Drugs:

MIDAZOLAM

FENRANAL

PROPOFOL

PARACETAMOL

FIO₂ (SaO₂)

ETCO₂

ECG

Temperature

Urine Output

Fluids

Blood

RINGER LACTATE

75 ml/h

B.P.

V Systolic

A Diastolic

X Mean

Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

☒ BP

☒ Cuff Site: @ ul

☒ Art Site: @ ul

☒ EKG Lead: - zelius

☒ Temp Site: @ axilla

☒ FIO₂ Monitor

☒ Agent Monitor

☒ Pulse Oximeter

☒ Capnograph

☒ Ventilator

☒ Nerve Stimulator

Temp:

☒ HME

☒ Cling Film

☒ Hugger's

☒ Other

☒ Fluid Warmer

☒ PH Warmer

☒ Cotton Wool

Times:

Anaes Start: 9:35 AM

OP Start: 10:00 AM

OP End: 12:30 PM

Leave OR: 12:45 PM

Anaesthesia:

☒ GA

☒ Monitored Anaesthesia Care

☒ Regional

Line (Size & Location)

☒ CVP

☒ ART

☒ IV

☒ IV

Induction

☒ IV

☒ Pre O₂

☒ Others

☐ Inhal

☐ RSI

☐ Mask

☐ Airway

☐ ETT #

☐ Oral

☐ Tracheostomy

☐ Drug:

☐ SGA

☐ Oral

☐ at

☐ Nasal

☐ Cuff

☐ Topical

Awake

Video Laryngoscopy

Fiberoptic

☐ Direct Vision

☐ Stylette / Bougie

Attempts:

Why?

= BS

losed Circle

Circle

Regional:

Extremity

☐ Spinal

Others:

Specify:

☐ Epidural

☒ Caudal

Position:

Site:

Needle Size:

Parasthesia

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

☐ PACU

☐ ICU

☐ Other

Relaxant Reversed

☐ Yes

☐ No

Name of the Doctor:

Signature of the Doctor:



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dish

Time Received: 12:58 PM

Time Discharged: 2 PM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPD,	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>999/D hand</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal 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)			IN	MINUTES			OUT	SCORING INTERPRETATION
				30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY	1	1	1	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	RESPIRATION	2	2	2	2		
Dyspnea or limited breathing	= 1							
Apneic	= 0							
BP ± 20 of Pre Anaesthetic leve	= 2	CIRCULATION	2	2	2	2		
BP ± 20-50 of Pre Anaesthetic leve	= 1							
BP ± 50 of Pre Anaesthetic leve	= 0							
Fully awake	= 2	CONSCIOUSNESS	1	1	2	2		
Arousable on calling	= 1							
Not responding	= 0							
Pink	= 2	COLOR	2	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1							
Cyanotic	= 0							
TOTAL			8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
07	12:58 PM	1/10	—	Dish

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

Anaesthesiologist Name: Dr. Sunish

Anaesthesiologist Signature: Sunish

Date & Time: 07/26/2024

PACU Nurse Name: Dish

PACU Nurse Signature: Dish

Date & Time: 07/26/2024

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): 101

Date & Time: 07/26/2024

DEPT. OF ANESTHESIOLOGY

ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

BAH-00641065
Master M NIVANSH
04-11-2024
Dr. MAINAK DEB

IP5-00176009

1 Y 8 M 2 D

(M)



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 Stage II Hypospadias Repair

2

I acknowledge the following:

1. 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)
① To place meatus at analore. (orthotopie) site ② Resolution of symptoms	

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. Bleeding infection, need for redo surgery, urethrocutaneous fistula.
- b.

1. I authorize Dr. Dr. Mainak Deb. and his / her team to perform the procedural sedation upon the patient / myself.
2. 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.
3. 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: M. Shivan Kumar

Name: M. Shivan Kumar

Relationship with patient: Father

Date & Time: 6/1/26 9:15 AM

Witness:

Signature: Sushmitha

Name: Sushmitha

Date & Time: 6/1/26 9:15 AM

Doctor (who is taking consent):

Signature: D. Nikhita

Name: D. Nikhita

Date: 6/1/26

Time: 9:15 AM

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 పదాలు వాడవద్దు మరియు భాళి 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 అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

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

a.	
b.	

4. 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 ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష 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:

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 5/7/26 Time: 3 PM

Weight: 9.8 kgs Centile: 25th

Height: 77 cms Centile: 25th

Inference: underweight child

RDA: — Calories: 1200 kcal/d Protein: 20 g/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, chilled & outside foods.

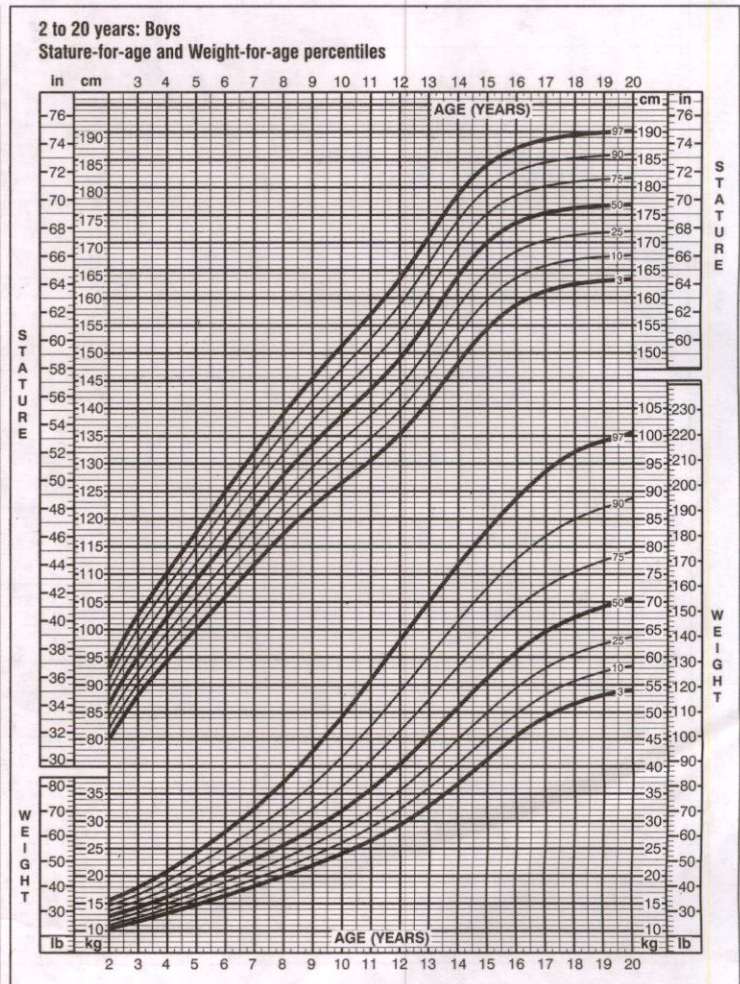
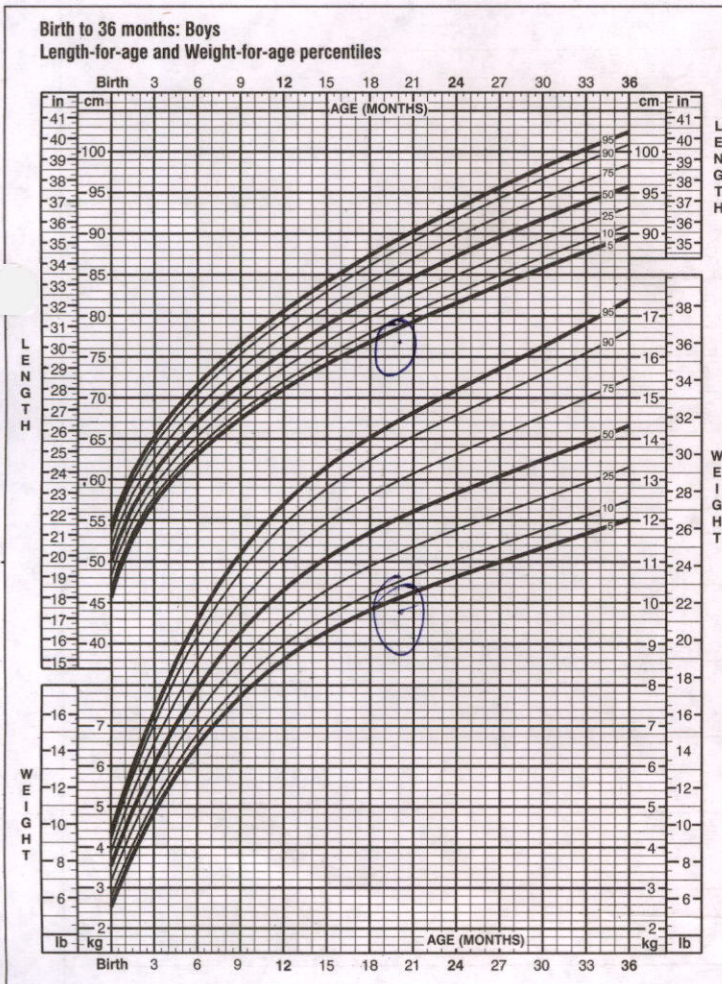
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: penoscrotal hypospadias now for stage II hypospadias repair

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: K. Sridharan.

GROWTH CHART (BOYS)



Dietician's Name: mounica

Dietician's Signature: mounica

Daily Notes:

8/2/26

10:30am

child is stable. oral intake is fair

continue c soft diet

- Nikky

8/2/26

9:50am

child is stable. oral intake is optimal

continue c soft diet

- Murphy

BAH-00641065
Master M NIVANSH
04-11-2024 1 Y 8 M 2 D (M)
Dr. MAINAK DEB

IP5-00176009

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 06-07-26

Patient Name: M. NIVANSH Date of Birth: 04-11-2024 Age: 1Y

Gender: Male Ward: P. 07 UHID No.:

Date of Surgery: 06/07/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Stage II Hypospadias repair

Time in : 9:30 AM

Time Out : 12:45 PM

NAME

AMOUNT

1. Surgeon	Dr. Mainak Deb	Sf = 86900
2. Anaesthetist	Dr. Anirban	Asf = 8690
3. Assistant Surgeon		Anaesthesia = 26070
4. OT Technician	Vijay	AA = 8690
5. Circulating Nurse	Bikali	OT Charges = 68872
6. Assistant Nurse	Bob;	OTC = 9500
		CSO = 2607
		R/R = 2000

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9690253

Order by: BDI



Hypoxia

CONSUMABLES OF OT

Technician : Date : Time : 9 AM

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Qty	Used	Issued	Qty	Used	Issued	Qty	Used
ET tube	3.5, 4.0, 4.5	1/1/1	Major Pack	1	1	Inj Vit.K		
LMA	2, 1 1/2	1/1/1	Sutures	2	1	Cord Clamp		
ECG leads : A/P/N	5/1/1	3	var 3-0, 4-0, 5-0	2/1/1	1	Suction Catheter		
HME filter : A/P/N	1/1/1	1	PDS 5-0, 6-0, 7-0	2/1/1	3	Feeding Tube		
Syringes : 10 cc	15	15	poly 5-0, 6-0	2/1/1	1	Vaccum Suction Set		
05 cc	15	15	Gloves	15	15	Surgical Gloves		
02 cc	15	15	6.0, 7.0, 8.0, 9.0	2/1/1	1	Gauze Pack	26	Nodele
01 cc	3	3	poly 1/2, 1/4, 1/8	2/1/1	1/1/1	Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	1	Surgical blade	1/1/1	1	Surgical Blade # 20		
IV set	1	1	NG tube	1/1/1	1	Koochies (S)	small	2
RL	1	1	Cautery pencil	1	1	NS scone		1
NS : 10ml / 100ml / 500ml / 1000ml	3/1/2	2/1/1	Koochies			Tranquile		1
02 mask (P)	1	0	Ointments			100, 500, 200		2/1/1
Alprax 0.1	1/1/1	1/1/1	Suction Catheter			Telly		1
Fentanyl	1	1	Cap, Mask	5/5	5/5	Day Anaesthesia		1
Morphine			Gauze Pack	1/1/1	1/1/1	Dermi marker		1
Ketamine			Mop Pack	1	1	TV comla	22, 24	1/1/1
Propofol	2	2	Steristrip			Dexa		1
Rocuronium	1	1	Underpad	1	1	Tramexa		1
Glycopyrolate	1	1	Draw sheet	1	1	mimipflue		1
Myopyrolate + Neostigmine	2	2	Abgel			NG 5, 6, 7, 8, 9, 10		1
Ondansetron	1	1	Foleys catheter			Suction cath 6, 8, 10		1
Pencan 25g/ Spinal Needle 22	1	1	Urobag			Atropine		1
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			Adrenaline		1
Bupivacaine 0.25% (Heavy)	1	1	Romodrain bag			Midla 2 + Laxiford	1/1/1	1/1/1
Antibiotics			Bandage			2 + jelly		1/1/1
			Tegaderm			Stro9 Nasal pump		1
Suppositories			Ioban			Nasal Airway 16, 18	1/1/1	1
Anamol : 80mg / 250mg / 170 mg	1/1/1	1	Double J Stent			Dextamidine 50		1
Supridol : 100mg			Vaccum Suction set	1	1	clomidine		1
Justin : 12.5 mg / 25mg / 100mg	1/1/1	1	Plastic Bed Sheet	1	1	Socct + pmoline	1/1/1	1/1/1
Tab. Misoprost : 200mg			Betadine Solution	1	1	Stopcock		1
Vaccum Set	1	1	Microshield	1	1	g Site		1
Gauze	3	3	Cotton Balls	1	1	Splint	3 + 100	1/1/1
Gloves all	4	4	Latex Gloves	1	1			
IV PCM 3	1	1	Ramdone Scrub					
3 way 100/100mm	1/1/1	1	Saral					

ESTIMATION SLIP

Date : 25.10.2026 UHID / IP No. : BAH-00641065 SI No. 80888
Name of Patient : Master. M. Vignansh Age: 14.70 Gender: M.
Father's / Husband's Name : Mr. Shrinikumar Corporate / Occupation :
Address : Phone : 8328449590 Email :
Procedure / Plan : Surgery of Hypogastrium Repair → 3 Days
3h OT

MODE OF PAYMENT : ☒ SELF ☐ TPA : ☐ GIPSA : ☐ OTHERS

TARIFF INFORMATION :

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

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	TSW	95590
O.T. Consumables	9500	Subject to approval by TPA / Insurance Company
Instrument Charges		Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Each	As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :
	Ventilator :	Conventional :
	Phototherapy :	Single Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		As per actual - Not Included in Estimation
Package		
Annual Minimum Deposit		Approved: 3,15,000 & Final Bill

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

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

Signature of the Client: Mr. Shrinikumar
Signatory Relationship: Mother
Signature of the Financial Counselor: [Signature]