

Patient Stick

BAH-00328090 IP5-00173829  
Baby GANIPAKA JYESHNA  
27-05-2016 9 Y 11 M 17 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



80185- 10/1/2016  
Dr. Saradhi

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 : 14/4/26

Patient Name: Baby Ganipaka Jyeshna Date of Birth: 27/5/2016 Age: 9y 11m

Gender: Female Ward: P-OT UHID No.: BAH-00328090

Date of Surgery: 14/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery: Flexible bronchoscopy & BAL

Time in: 2:35 PM Time Out: 3:00 PM

	NAME	AMOUNT
1. Surgeon	Dr Naveen Saradhi	
2. Anaesthetist	Dr. Amreen	
3. Assistant Surgeon		
4. OT Technician	Ravi	
5. Circulating Nurse	Sujata	
6. Assistant Nurse	Babi	

Special Equipment:  Laparoscopy  Broncoscope 9608628  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Naveen Saradhi  
Signature of the Surgeon

Sujata  
Signature of Circulating Nurse

Order No: 9608627

Order by: Sujata



*Bronchoscopes Florescence*  
**CONSUMABLES OF OT**

Circulating staff : ..... Technician : ..... Date : *24/5/21* Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>6-6.5-7</i>	<i>24</i>	<i>7</i>	Major Pack			Inj Vit.K		
LMA <i>3.4</i>	<i>14</i>	<i>1</i>	Sutures			Cord Clamp		
ECG leads <i>(A) P/N</i>	<i>5</i>	<i>3</i>				Suction Catheter		
HME filter <i>(A) P/N</i>	<i>01</i>	<i>1</i>				Feeding Tube		
Syringes : 10 cc	<i>10</i>	<i>3</i>				Vaccum Suction Set		
05 cc	<i>10</i>	<i>3</i>	Gloves			Surgical Gloves		
02 cc	<i>10</i>	<i>2</i>	<i>20/20/20/20</i>	<i>14</i>	<i>1</i>	Gauze Pack		
01 cc	<i>1</i>	<i>1</i>	<i>10/10/10/10</i>	<i>1</i>	<i>1</i>	Syringe 1ml / 2ml		
Cautery plate <i>(A) P/N</i>	<i>01</i>	<i>1</i>	Surgical blade			Surgical Blade # 20		
IV set	<i>01</i>	<i>1</i>	NG tube			Koochies (S)		
RL	<i>01</i>	<i>1</i>	Cautery pencil			<i>Pris mucous</i>	<i>1</i>	<i>1</i>
NS : 10ml / 100ml / 500ml / 1000ml	<i>02</i>	<i>1</i>	Koochies			<i>N's ground</i>	<i>1</i>	<i>1</i>
<i>whi spine</i>	<i>01</i>	<i>1</i>	Ointments			<i>Pranshi's</i>	<i>1</i>	<i>0</i>
<i>Guanz</i>	<i>03</i>	<i>2</i>	Suction Catheter			<i>illy</i>	<i>1</i>	<i>1</i>
Fentanyl	<i>01</i>	<i>1</i>	Cap, Mask	<i>0.5</i>	<i>3/3</i>	<i>accu see, 20</i>	<i>24</i>	<i>3</i>
Morphine			Gauze Pack	<i>5</i>	<i>2</i>	<i>mucous extractor</i>	<i>2</i>	<i>2</i>
Ketamine			Mop Pack	<i>1</i>	<i>1</i>	<i>ET CO2 NOSE</i>		
Propofol	<i>03</i>	<i>2</i>	Steristrip			<i>pran(A)</i>	<i>01</i>	<i>1</i>
Rocuronium	<i>01</i>	<i>1</i>	Underpad	<i>1</i>	<i>1</i>	<i>NOSEL APWEEY</i>		
Glycopyrolate	<i>01</i>	<i>1</i>	Draw sheet	<i>1</i>	<i>1</i>	<i>26.28</i>	<i>14</i>	<i>1</i>
Mycopyrolate	<i>01</i>	<i>1</i>	Abgel			<i>oral APWEEY</i>		
Ondansetron	<i>01</i>	<i>1</i>	Foleys catheter			<i>3.4</i>	<i>14</i>	<i>1</i>
Pencan 25g/ Spinal Needle 22	<i>1</i>	<i>1</i>	Urobag			<i>iv catheter</i>		
Bupivacaine 0.25%	<i>1</i>	<i>1</i>	Chest Drainage Catheter			<i>18, 20</i>	<i>14</i>	<i>1</i>
Bupivacaine 0.25%(Heavy)	<i>1</i>	<i>1</i>	Romodrain bag			<i>socket pmolice</i>	<i>14</i>	<i>14</i>
Antibiotics			Bandage					
<i>Dermide 100mcg</i>	<i>01</i>	<i>1</i>	Tegaderm			<i>Dermide 100mcg</i>	<i>01</i>	<i>1</i>
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supidol : 100mg			Vaccum Suction set	<i>1</i>	<i>1</i>			
Justidol : 12.5 mg / 25mg / 100mg	<i>14</i>	<i>1</i>	Plastic Bed Sheet	<i>1</i>	<i>1</i>			
Tab. Misoprost : 200mg			Betadine Solution					
<i>vaccine set</i>	<i>01</i>	<i>1</i>	Microshield	<i>1</i>	<i>1</i>			
<i>Doxat doxericle</i>	<i>14</i>	<i>1</i>	Cotton Balls					
<i>Tranoxa (pim)</i>	<i>24</i>	<i>1</i>	Latex Gloves					
<i>Garzell + clarem</i>	<i>54</i>	<i>1</i>	Ramdione Scrub					
<i>mean + 100ml 300</i>	<i>14</i>	<i>1</i>	Saral					

Surgeon : ..... Anaesthesiologist : *9 608611* Nurse : ..... OT Technician : .....  
 Order No. : ..... Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125

**ESTIMATION SLIP**

PTH-3

Date: 10/ May/26 UHID / IP No.: RAH 00328098 SI No. **80185**  
 Name of Patient: Balay Hanipata Jayeshna Age: 9y/1m Gender: F  
 Father's / Husband's Name: Mr. Jayaraj Panji Corporate / Occupation: Teacher  
 Address: Hyd. Phone: 9502680806 Email: \_\_\_\_\_  
 Procedure / Plan: PICU MA + Bronchography + BAC (c/s)

MODE OF PAYMENT:  SELF  TPA: Care Health  GIPSA: Health m/o  OTHERS

TARIFF INFORMATION: Dr. P. Narayanaswami 2017 11/May

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						25,344 + 9216 + 12000/hr				
O.T. Consumables						Subject to approval by TPA / Insurance Company				
Instrument Charges						Not Covered by TPA / Insurance company				
Pharmacy, Consumables & Investigations						As per actual - Not Included in Estimation				
Equipment Charges	Monitor :		Oxygen :		Infusion pump / Syringe pump :					
	Ventilator :		Conventional :		HFO-SLE 5000 :		HFO Sensormedix :			
	Phototherapy :		Single Surface :		Double Surface :		Triple Surface :			
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.						As per actual - Not Included in Estimation				
Package										
Others										
Initial Minimum Deposit						To deposit as per billing and SI status.				

- REMARKS: DRG (5x) - 2512 / 4hr. only 80185 95k
- 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, Jayaraj Panji 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: Jayaraj Panji  
 Signatory Relationship: Father  
 Signature of the Financial Counselor: Abbasullah

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_ BAH-00328090 IPS-00173312

UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Dept : \_\_\_\_\_  
Baby GANIPAKA JYESHNA  
27-05-2016 9 Y 11 M 17 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



Date of Admission: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
14/5/26	2pm	204	OT	Hay
14/5/26	6:40pm	OT	204	Hayes


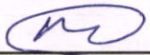

**Cross Consultation Visit**

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





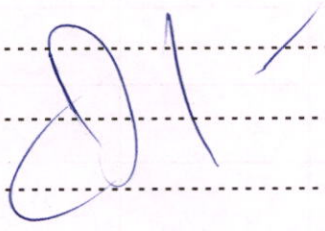
**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
13/5/26	IV Placement	①	968402	
15/5/26	CRB (106mg/dL) <sup>IPN</sup>	①		
10/5/	NHA	①	93248	


D/c

**ANY OTHER INFORMATION**

.....  
 .....  
 .....  
 .....  
 .....  
 .....



Date : 16/4/2      Time : 10AM      Prepared By : 

Staff Nurse  	Shift / Ward  Hours	Billing Assistant	Billing Supervisor
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**ADMISSION SHEET**



**Registration Details :**

Admission No : IP5-00173829      Admit Date : 14-May-2026      Admit Time : 01:26 PM      UHID : BAH-00328090

**Patient Details :**

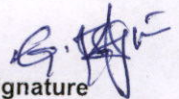
Patient Name : Baby GANIPAKA JYESHNA      Age : 9 Y 11 M 17 D  
Guardian : Mr G.SARANGAPANI      DOB : 27-05-2016  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : MOULAALI H.B.COLONY,THIRUMALANAGAR      Phone No : 9502680806  
Nagaram Hyderabad Telangana INDIA      E-mail : NOMAIL@GMAIL.COM  
500083

**Admission Details :**

Bed Type : SEMI PRIVATE      Bed No : SPVT 204      Ward Name : 2F-SECOND FLOOR  
Room No : SPVT 204      Admission Type : First Visit

**Contact Details :**

Name : Mr G.SARANGAPANI      Relationship : Father  
Contact Address : MOULAALI H.B.COLONY,THIRUMALANAGAR      Phone No : 9502680806  
Nagaram Hyderabad Telangana INDIA 500083

  
Signature

**Doctor Details :**

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

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 85315.20  
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD





BAH-00328090 IP5-00173312  
Baby GANIPAKA JYESHNA  
27-05-2016 9 Y 11 M 6 D (F)  
Dr. ANUPAMA Y



# PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 3/5/25 Time: 12:20

### Patient Assessment Form:

Informant:  Father  Mother  Other

Presenting Complaints / Chief Complaints :

cold - 5 days .  
cough - 2 days  
Fever - 1 day .  
Increased work of breathing 1 day .

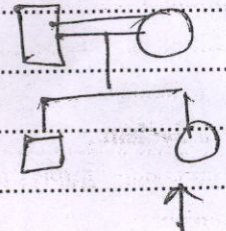
pleto basilar bibasal syndrome demosed  
at 8 yrs of age .

Past History (Including previous treatment and investigations) :

history of multiple hospital  
pivlo pneumonia .

Birth and Developmental History :

Term | LSCS | Birth 3 kg | NO NICU admission .



Immunization History :

received milestones on track .

H / O Allergy :

Family History :

vaccinated for age .

**Special Needs Screening:** (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)  
 (Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is  Positive  Negative
- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Diabetes Mellitus     | <input type="checkbox"/> Needs Therapeutic Diet.         | <input type="checkbox"/> Diarrhoea > 4days      | <input type="checkbox"/> Food Allergy   |
| <input type="checkbox"/> Overweight            | <input type="checkbox"/> Psychological Eating Disorder   | <input type="checkbox"/> Major Surgery          | <input type="checkbox"/> Patient in ICU |
| <input type="checkbox"/> Under Weight          | <input type="checkbox"/> Difficulty swallowing / Chewing | <input type="checkbox"/> Hyperemesis gravidarum | <input type="checkbox"/> Tube Feeding   |
| <input type="checkbox"/> Poor Appetite > 3days | <input type="checkbox"/> Unplanned Change in Weight      |   |   |

- b. Psychological Screening Criteria: Screening is  Positive  Negative
- Non-compliance to offered treatment Over weight  Suspected Drug Abuse
- Emotional / Behavioural Problem ( Tearful, uncooperative)

- c. Functional Screening Criteria: Screening is  Positive  Negative
- Patient cannot position himself in bed  Change in Muscle Power
- Restricted ROM  Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is  Positive  Negative
- Living alone  Suspected abuse or neglect
- Cultural or religious background that would need to know for the plan of care  Unable to assess due to lack of family

e. Need for Interpreter Screening is  Yes  No If Yes then plan .....

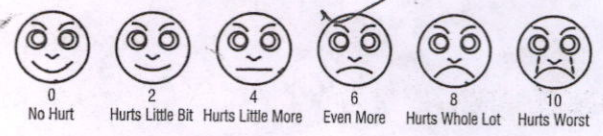
6. Patient needs additional specialized assessments:  Yes  No

If yes, Please fill Individualized Initial Assessments Form for Special Populations

Others .....

**Pain Screening:**

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)



Pain Score "Whenever Applicable"

Location: .....

Duration: ..... days / weeks / months (Strike Out that is not applicable)

Character:  localized  diffuse  sharp  aching  referred  vague  burning / soreness

Frequency:  constant  intermittent  occasional

Pain Management done  Yes  No

Nutritional Evaluation: ..... *obex* .....

Current Medications: .....

INITIAL ASSESSMENT

Temperature: 98.6°F Weight (kg): 53 kg

Respiratory System Findings:

Way:  Open  Maintainable  Not Maintainable  Intubated, If Intubated, size & position of ETT:

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate:

B.A.E. (P)

SpO2: 85% O by NC / FM / NRB mask / Oxyhood, at Room Air L/min

Respiratory Support: Yes No - Day # of Vent: Respiratory Efforts:

Respiratory Settings: Leak around ETT: Delivered Vt:

EtCO2: P/F ratio: O.I.:

Nebs: ICD? Yes No, if Yes, details:

Cardiovascular System Clinical Exam: Heart Rate: HR-160 Cardiac Rhyth: Sinus

Breath sounds, murmur etc.):

Quality of Pulses: good cap refill Time: 2 sec Liver Edge: cm below Rt costal margin

Blood Pressures: NIBP: 100/60 (70) mmHg IBP: CVP:

Medication: Inotropes?: Yes No - If yes, then details:

Other Infusions:

2D Echo Findings:

View of the heart and lung fields in latest CXR:

Arterial line in Situ: Yes No Place of art, line & its condition:

Central line in Situ: Yes No Place of central line & its condition:

Infection and Antibiotics:

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #):

Specimens Done outside? Yes No - If yes, details:

Microbiology c/s Reports:

Labs (Latex, Serology, etc):

Ongoing Antibiotics:

Abdominal Exam: soft

Neurological System:

Level of Consciousness: AVPU / GCS score: alert active

Neurological Findings:

Relevant data from outside (Neuro imaging any ongoing medications etc):

Provisional Diagnosis : ..... pneumonia  
..... lctcta beradett berdal syndrome

Prism III score at 24 hrs of admission : ..... 2 ..... Worse SOFA Score : ..... 2

Referred Patient -  Self Referral -  Rainbow Patient

Transferring Unit :  Ward  OT - Transported?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

Referring Consultant : .....

Admitting Consultant : ..... As per Data .

Indication for PICU referral : ..... respiratory distress .

**PLAN OF CARE**

Preventive aspects of the treatment : ..... hemodynamic status - respiratory failure

Desired goals of the treatment : ..... hemodynamic status .

**PLANNED INVESTIGATIONS**

CBP  
CRP  
AB  
B/C/S  
CXR  
noted by venketo .

**PLANNED MANAGEMENT**

- 1. Ivg ceftriaxone
- 2. Ivg Azithromycin
- 3. Neb Budeson
- 4. Ivg esomeprazole .

Final Diagnosis : ..... pneumonia

Doctor's Signature : ..... [Signature]

Name : ..... Dr. Naveen

Date : ..... 3/5/26 12:50 AM

Time : ..... 12:50 am

Consultant's Signature : ..... [Signature]  
DR. PILLARISETTI NAVEEN SARADHI  
Registration No: 38883

Name : ..... Dr. Naveen Saradhi

Date : ..... 4/5/26

Time : ..... 11 AM

Patient Stic



## OPERATION THEATER NOTES

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

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

Surgeon : ..... Asst. Surgeon : .....

Anesthetist : ..... OT Nurse: ..... OT Technician: .....

Pre-Operative Diagnosis: .....

Surgical Procedure :  
*flexible bronchoscopy ± BAL*

Indications for Surgery :  
*asthma*

Date : *14/5/26* Start Time : ..... End Time : .....

Pre Operative Preparations:  
.....  
.....  
.....

Post Operative Diagnosis: .....

Peri-Operative Complications:  
.....  
.....  
.....

Operation Notes: *flexible bronchoscopy done via nose -*  
*- mild pharyngomalacia, moderate adenoid hypertrophy*  
*- Epiglottis, vocal cords & subglottis normal*  
*- Trachea → mild anterior compression in lower trachea, no tracheomalacia, no TEF.*  
*- Rt upper lobe bronchus opening into trachea (Tracheal bronchus)*  
*- few secretions in rt middle lobe & rt lower lobe*  
*- lt main bronchus → few secretions in lingula; upper & lower lobes normal.*

- No bronchomalacia, no foreign body
- BAL done & samples collected

Child tolerated the procedure well

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

BAL fluid —

① CBS

② GeneXpert TB

Peri-Operative Complications:

Name of the Surgeon: ..... Dr Naveen Saradhi

Signature of the Surgeon: ..... DR. PILLARISSETTI NAVEEN SARADHI  
Registration No: 38883 Saradhi

Date & Time: ..... 14/5/26



5

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 9:15am	<p>US/B Dr Naveen Saradhi/                  Dr Shanti Kotapalli                  c/o Severe pneumonia/                  Bivert - Biedl syndrome / OSA</p>	<p>Adv                  - USG abdomen → to look for renal echotexture</p>
	<p>Afebrile</p>	<p>- Ophthalmal consultation</p>
	<p>Vitals stable</p>	<p>- meropenem ] 310</p>
	<p>SpO<sub>2</sub> - 98.7. (RA)</p>	<p>- levoflox ] 310</p>
	<p>Chest - b/c crepts &amp; mild</p>	<p>- Doxycycline D6</p>
	<p>wheeze, b/l AE +</p>	<p>- Methylpred D4</p>
	<p>CNS - NAD</p>	<p>- <del>esomeprazole</del> Pantodac / Domstal</p>
	<p>A/A - soft, non-tender</p>	<p>- Add 7. Metformin SR (500mg)</p>
		<p>- check blood glucose twice daily</p>
		<p>- Chest physiotherapy twice daily</p>
		<p>- MD1 Foracet</p>
		<p>- Flomist-F nasal spray</p>
		<p>- Neb - levulin 6h</p>
		<p>3% NS BD</p>
		<p>- Amlodipine / Prazosin / Melatonin / Zinc / ProGG</p>
		<p>- Fluivir D8</p>
		<p>- Home BiPAP - 2 hrs</p>
		<p>NP @ 24/min - 4 hrs } cycling</p>
		<p>During sleep → strictly BiPAP.</p>
		<p>(IPAP / EPAP - 14/8)</p>
		<p>- @ MLB tomorrow.</p>
		<p>- PAC Review. <i>Ameshree</i></p>

DR. PILLARISETTI NAVEEN SARADHI  
 Registration No. 38883



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	<u>elSB Dr Shanti Kotapalli</u>	
4 pm	Afebrile	<u>Adv</u>
	vitals stable	- Chest physiotherapy
	SpO <sub>2</sub> - 100% @ 2l/min	twice daily
	On home BiPAP - 2hrs	- Ophthalmology consultation
	NP @ 1-2l/min - 4hrs } cycling	tomorrow
	BP controlled	- Dr Brundavani consultation
	GRAS - normal.	tomorrow
	Chest - Bk few crepts,	- continue others.
	Bk AF +.	- Taper & stop O <sub>2</sub> → monitor
		SpO <sub>2</sub> → If < 95%, restart
	<u>Plan</u> : Omit Levoflox 1hr.	low flow O <sub>2</sub> .
	Hold MCB.	

USG abd.  
 ↓  
 (N)

Samshree



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/16 9 AM	<p>US/B Dr Naveen Saradhi/                      Dr Shwanti Kotapalli                      c/o Severe pneumonia/                      Bardet-Biedl syndrome</p> <p>Afebrile                      Vitals stable                      Sp<sub>2</sub> - <sup>95</sup> 88% (RA).                      99% E O<sub>2</sub> @ 1l/min                      Chest - B/L crepts &amp; occ wheeze,                      B/L AE +.                      CVS - NAD                      P/A - soft, non-tender                      OP L. GRBS controlled.</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>- Fluvir D9</li> <li>- Meropenem D11</li> <li>- cmit levoflox</li> <li>- Doxycycline D7</li> <li>- Methylpred D5</li> <li>- Pan / Domstal / Metformin/                      Amlodipine / Prazosin / Melatonin</li> <li>Zinc / Flomist-F nasal spray</li> <li>- MDI Foracort</li> <li>- Neb - Ventolin 6h</li> <li>37. NS GA</li> </ul> <p>- Ophthalmology consultation                      - Dr Brundavani consultation                      - Chest physiotherapy twice daily                      - Home BiPAP - 2hrs                      (IPAP - 14, EPAP - 8) on, } cycling  <del>AP @ 0.5-1 l/min - 4hrs</del>                      Try to taper &amp; wean off O<sub>2</sub>                      - monitor Sp<sub>2</sub> in RA → If &lt; 95%,                      restart low flow O<sub>2</sub> @ 0.5-1 l/min                      - PAC for bronchoscopy                      - Flexible bronchoscopy                      tomorrow at 1:30 pm.                      - MgSO<sub>4</sub> dressing</p>

DR. PILLARISETTI NAVEEN SARADHI  
 Registration No: 38863

*[Signature]*

204



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/2/26	NUTRITION REVIEW	
16/2/26	COUNSELLOR CALLED YESTERDAY	
	TRAINED FOR MEAL PLATE	
	1:2:2 RATIOS	
	ONE SERVE CARBS (RICE / OATS / DHANU)	
	TWO SERVICES VEGETABLES	
	TWO SERVICES PROTEIN (EGG WHITES) PANTREN / ZORO /	
		BEAN
		ASKED CHILD / MOM
		TO TAKE PIECES OF
		MEAL PLATE.

BROOK  
 15/2/26  
 16/2



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	<u>CS/B Mr Shwanti Kotapalli</u>	
5:20 PM	Afebrile	<u>Adv</u>
	Vitals stable	- Flexible bronchoscopy tomorrow
	SpO <sub>2</sub> - 99% on O <sub>2</sub> @ 0.5 L/min	at 1:30 pm
	Chest - B/L AE +	- PAZ
	BP & blood sugar controlled	- MPO
		- IV fluid } from 7am tomorrow
		- Chest physiotherapy twice daily
		- Home BiPAP - 2 hrs
		(IPAP/EPAP - 14/8) } cycling
		NP @ 0.5-1 L/min - 4 hrs
		- continue others.
		<u>Shwanti</u>
		Somasree



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/16	cls/b Dr Naveen Saradhi	
9am	40 Severe pneumonia / Bardet-Biedl syndrome	Adv
	Afebrile	- Fluniv Δ10 → stop
	Vitals stable	- Amopenem Δ12
	SpO <sub>2</sub> 99% E O <sub>2</sub> @ 0.5 l/min	- Doxycycline Δ8
	95% (RA)	- Metylpred Δ6
	Chest - B/L few crepts, B/L AE +.	- Pan / Domstal / Metformin / Amlodipine / Prazosin / Zn / Melatonin
	CVS - NAD	- MDI Foracort
	PIA - soft, non-tender	- Flomist-F
		- Neb - levolin 3% NS
		- Chest physiotherapy twice daily
		- Home BiPAP - 2 hrs on, (IPAP / EPAP - 14/8)
		4 hrs off.
		- Flexible bronchoscopy today at 1:30 pm
		- NPO
		- IV fluid
		- BP cheery Q12 H.
		→ Next pmc LFT / Lipid profile TFT - hold
5 PM	S/P Pneumony	
	On BiPAP 14/8 E O <sub>2</sub> 4CO <sub>2</sub>	
	SpO <sub>2</sub> - 99.	
	Chest Bx wheeze	

DR. PILLARISETTI NAVEEN SARADHI  
 Registration No: 38883

1. LFT / Lipid profile / TFT -  
 tomorrow  
 2. Continue same  
 Suresh

BAH-00328090 IP5-00173829  
 Baby GANIPAKA JYESHNA  
 27-05-2016 9 Y 11 M 17 D (F)  
 Dr. PILLARSETTI NAVEEN SARADHI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	cls/B Dr Shwanti Kotapalli	
9:15am	40 Severe pneumonia /	<u>Adv</u>
	<u>Bardet-Biedl syndrome</u>	
	Afebrile	- Meropenem D13
	Vitals stable	- stop Doxycycline
	SpO <sub>2</sub> - 99% @ 0.5 L/min	- Methylpred D7 → <u>stop</u>
	Chest - B/L vBS,	- Pan / Domstal / Metformin /
	B/L AE +.	2u / Melatonin
	CVS - NAD	- Monitor GRBS twice daily
	PIA - soft, non-tender	- MDI Foracort
	BP controlled.	- Flomist-F
		- Neb - budesinid 37-NS
	<u>Plan</u> : Repeat TFT after	- Chest physiotherapy twice
	FBS, HbA1c	daily
	after 2 weeks.	- Trace BAL US & gene expert TB,
		LFT / lipid profile / TFT.
		- Home BiPAP - 2 hrs on,
		(IPAP / EPAP - 14/8)
		4 hrs off.
		- Check SpO <sub>2</sub> in RA
		If ↓ < 95%, restart low flow O <sub>2</sub> .
		<del>Dr. NAVEEN SARADHI</del>
		<del>REGISTRATION NO. 1000000000000000</del>
		Sowashree



BAH-0032090 IP5-00173829  
 Baby GANPAKA JYESHNA  
 27-05-2016 9 Y 11 M 18 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 9:45am	<p>CLSB Dr Naveen Saradhi /            Dr Shwanti Kotapalli            Clo Severe pneumonia / OSA /            Bardet- Biedl syndrome</p>	<p>Adv            Discharge today.            ↓</p>
A	<p>Afebrile            Vitals stable            SpO<sub>2</sub> - 98% (RA)            Chest - B/L vBS,                      B/L AE +.            CVS - NAD            P/A - soft, non-tender            BP controlled            CRBS - 83 mg/dl.</p>	<p>Pan / Domstal / Met formin /            Zn            MDI Foracort &amp; Levofloxacin            37. NS neb.            chest physio            Flomist - F            Home BiPAP (IPAP/EPAP - 14/8)            during sleep.            Augmentin 500            Azee AD x 1 month</p>
	<p>Plan :- Repeat T<sub>4</sub>, TSH,            HbA1c, FBS after 2 weeks            - Adenoidectomy            - collect BAL cl &amp; GeneXpert                      TB.</p>	<p>DR. PILLARISETTI NAVEEN SARADHI            Registration No: 38883</p> <p style="text-align: right;">Anushree</p>





# CROSS CONSULTATION FORM

Doctor Name : Akhila Venayagi Date : 15/5/26 Time : 5pm

Diagnosis : Bardet Biedel syndrome

Hospital : REC - Bangalore hills

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

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

chest PT.

Signature: \_\_\_\_\_

**Findings and Recommendations :**

S/B physiotherapy

Screening for Bardet Biedel syndrome

- chest PT given
- facial eprometry
- chest expansion ex's

**Consultant :**

Name : Akhila Venayagi Signature : Akhila Date & Time : 15/5/27 5pm

CROSS-COUNTRY FORM

cpm

12/2/02

Abbie's Veterinary

Parvovirus Antibody Assay

100 - 100000 IU



class Pt

2/0 Parvovirus

20000 IU

Parvovirus Antibody Assay

class Pt given

20000 IU

class Pt given

12/2/02  
cpm

Abbie's

Abbie's Veterinary

BAH-0028090 IP5-00173312  
 Baby GANIPAKA JYESHNA  
 27-05-2016 9 Y 11 M 16 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI



## RESULT SHEET

Date	15/5/26				
Time	11AM				
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RES					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	106				
SGPT	27				
SGOT	17				
T.Bil/Conj	0.4 < 0.3				
T.Protein	6.0				
S.Albumin	3.1				
S.Globulin	2.9				
A/G Ratio	2.9				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



# DRUG CHART

Date of Admission: 3/5/2016 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 : <u>INJ PARACETAMOL</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>500mg</u>	<u>IV</u>	<u>SOS</u>	<u>3/5</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>M</u>																			
Additional Instructions:																			
<u>SOS if &gt;100°F.</u>																			

DRUG : <u>INJ ZOFER</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>4mg</u>	<u>IV</u>	<u>SOS</u>	<u>10/5</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>Lamashree</u>																			
Additional Instructions:																			
<u>for vomiting.</u>																			

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

VERIFIED BY : Name

BAH-10328090 IP5-00173312  
 Baby GANIPAKA JYESHNA  
 27-09-2016 9Y 11M 6D (F)  
 Dr. ANUPAMA Y



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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 5.5kg

Ward puw

**DRUG: INJ. PIPTAZ** Date/Time

Dose	Route	Frequency	Start Dt.
4.5g	IV	TID	3/5

Name & Signature of the Doctor Starting the Drugs:  
 Dr. Nandan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG: TAB. LEVOFLOXACIN** Date/Time

Dose	Route	Frequency	Start Dt.
<del>500mg</del>	PO	BD	3/5

Name & Signature of the Doctor Starting the Drugs:  
 Dr. Nandan

Additional Instructions:  
 1 tab = 500mg  
 1 tab Morning & 1/2 tablet at Night

Daily Doctor's Endorsement by a Sign

**DRUG: FORACORT MDI** Date/Time

Dose	Route	Frequency	Start Dt.
2 puffs	MDI	BD	3/5

Name & Signature of the Doctor Starting the Drugs:  
 Dr. Nandan

Additional Instructions:  
 Foracort - 100/6

Daily Doctor's Endorsement by a Sign

**DRUG: INJ. LEVOFLOXACIN** Date/Time

Dose	Route	Frequency	Start Dt.
3.75g	IV	BD	3/5

Name & Signature of the Doctor Starting the Drugs:  
 Dr. Nandan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY: Name

VERIFIED



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 53 kg Ward New

DRUG : NEB. LEVODIN				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Dt.															
1.2mg	NEB	q6hrly	03/05															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		
DRUG : 3T. NS neb.				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Dt.															
3ml	neb.	BD	3/5															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		
DRUG : INI. MEROPENEM				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Dt.															
2gm	IV	TID	3/5															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		
DRUG : INI-TEICOPLANIN				Date/Time	4/5	5/5	6/5	7/5										
Dose	Route	Frequency	Start Dt.															
400mg	IV	BD	4/5															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

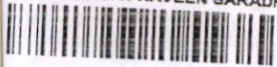
VERIFIED

VERIFIED

VERIFIED

VERIFIED

Signature .....



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 5.3 kg Ward P.W

DRUG : 7-DOMSTAL (10mg)				Date
Dose	Route	Frequency	Start Dt.	Time
1 tab	PO	TID	4/5	4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5
Name & Signature of the Doctor Starting the Drugs:				
Somasheela				
Additional Instructions:				
10/5/16				
Daily Doctor's Endorsement by a Sign				
DRUG : INJ METHYLPREDNISOLONE				Date
Dose	Route	Frequency	Start Dt.	Time
50mg	IV	BD	4/5	4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5
Name & Signature of the Doctor Starting the Drugs:				
Somasheela				
Additional Instructions:				
10/5/16				
Daily Doctor's Endorsement by a Sign				
DRUG : CAP FLUVIR (75mg)				Date
Dose	Route	Frequency	Start Dt.	Time
1 cap	PO	BD	4/5	4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5
Name & Signature of the Doctor Starting the Drugs:				
Somasheela				
Additional Instructions:				
10/5/16				
Daily Doctor's Endorsement by a Sign				
DRUG : CAP RIBAVIRIN (200mg)				Date
Dose	Route	Frequency	Start Dt.	Time
2 caps	PO	BD	4/5	4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5
Name & Signature of the Doctor Starting the Drugs:				
Somasheela				
Additional Instructions:				
10/5/16				
Daily Doctor's Endorsement by a Sign				

VERIFIED

VERIFIED Signature

VERIFIED Name

VERIFIED



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 531g

Ward PWD

VERIFIED  
500

VERIFIED

Signature  
Name

DRUG: INU. d E-V OF COCAINE				Date/Time	2/5	5/5	6/5	7/5	8/5	9/5						
Dose	Route	Frequency	Start Dt.													
500mg	IV	BD	4/5													
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Handwritten signatures and notes]</i></p>												
Additional Instructions:				<p><i>[Handwritten instructions]</i></p>												
Daily Doctor's Endorsement by a Sign				<p><i>[Handwritten signatures]</i></p>												
DRUG: Flomst f Nural spray				Date/Time	1/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Dt.													
15mg	INUSE	BD	4/5													
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Handwritten signatures and notes]</i></p>												
Additional Instructions:				<p><i>[Handwritten instructions]</i></p>												
Daily Doctor's Endorsement by a Sign				<p><i>[Handwritten signatures]</i></p>												
DRUG: Tab. AMLODIPINE				Date/Time	6/5	7/5										
Dose	Route	Frequency	Start Dt.													
2.5mg	PO	BD	6/5													
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Handwritten signatures and notes]</i></p>												
Additional Instructions:				<p><i>[Handwritten instructions]</i></p>												
Daily Doctor's Endorsement by a Sign				<p><i>[Handwritten signatures]</i></p>												
DRUG: Tab PRAZOSIN				Date/Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5			
Dose	Route	Frequency	Start Dt.													
2.5mg	Oral	BD	7/5													
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Handwritten signatures and notes]</i></p>												
Additional Instructions:				<p><i>[Handwritten instructions]</i></p>												
Daily Doctor's Endorsement by a Sign				<p><i>[Handwritten signatures]</i></p>												

Sheet No: ..... REGULAR PRESCRIPTIONS Weight 53kg Ward .....

**DRUG:** T. AMLODIPINE

Dose	Route	Frequency	Start Dt.	Date Time
5mg	Oral	BD	C/S	

Name & Signature of the Doctor Starting the Drugs:  
*K. S. Jhree*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG:** PROGG SACTLET

Dose	Route	Frequency	Start Dt.	Date Time
1 sachet	PO	BD	8/5/26	10 Am

Name & Signature of the Doctor Starting the Drugs:  
*Dr. Paratyan*

Additional Instructions:  
 10 Pm 100mg  
 12/5  
 Stop  
 13/5

Daily Doctor's Endorsement by a Sign

**DRUG:** T. LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.	Date Time
500mg	PO	BD	8/5	

Name & Signature of the Doctor Starting the Drugs:  
*[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG:** T. LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.	Date Time
500mg	PO	BD	04/09/2016	11/5

Name & Signature of the Doctor Starting the Drugs:  
*[Signature]*

Additional Instructions:  
 11/5  
 Stop  
 13/5

Daily Doctor's Endorsement by a Sign

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

**DRUG: INJ CEFTRIAXONE**

Date: 3/5  
 Time: 6 AM

Dose: 2 gm  
 Route: IV  
 Frequency: BD  
 Start Date: 3/5

Name & Signature of the Doctor  
 Starting the Drugs:  
 Dr. Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

6 AM  
 Stop  
 3/5/26  
 11 AM  
 Nalad.  
 (Dr. Nandan)

**DRUG: INJ AZITHROMYCIN**

Date: 3/5  
 Time: 6 AM

Dose: 500 mg  
 Route: IV  
 Frequency: OD  
 Start Date: 3/5

Name & Signature of the Doctor  
 Starting the Drugs:  
 Dr. Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

6 AM  
 Stop  
 3/5/26  
 11 AM  
 Nalad.  
 (Dr. Nandan)

**DRUG: BUDESAL**

Date: 3/5  
 Time: 6 AM

Dose: 1 mg  
 Route: Neb  
 Frequency: TID  
 Start Date: 3/5

Name & Signature of the Doctor  
 Starting the Drugs:  
 Dr. Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

6 AM  
 Stop  
 3/5/26  
 11 AM  
 Nalad.  
 (Dr. Nandan)

**DRUG: INJ ESMOPROZOLE**

Date: 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5

Dose: 40 mg  
 Route: IV  
 Frequency: OD  
 Start Date: 3/5

Name & Signature of the Doctor  
 Starting the Drugs:  
 Dr. Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

6 AM  
 Stop  
 3/5/26  
 11 AM  
 Nalad.  
 (Dr. Nandan)



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 53kg Ward PW

VERIFIED

VERIFIED

VERIFIED BY: Name

VERIFIED

DRUG: <u>DOXYCYCLINE (100mg)</u>				Date/Time	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>	<u>14/5</u>	<u>15/5</u>	
Dose	Route	Frequency	Start Dt.											
<u>1 tab</u>	<u>PO</u>	<u>BD</u>	<u>7/5 10 AM</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Somashree</u>														
Additional Instructions:				<u>10 PM</u>										<u>STOP 15/5</u>
Daily Doctor's Endorsement by a Sign				<u>Te</u>										

DRUG: <u>SYP HELATONIN</u>				Date/Time	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>	<u>14/5</u>	<u>15/5</u>	
Dose	Route	Frequency	Start Dt.											
<u>10ml</u>	<u>PO</u>	<u>OD/12H</u>	<u>7/5</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. natheem</u>				<u>10 PM</u>										
Additional Instructions:														
Daily Doctor's Endorsement by a Sign				<u>Te</u>										

DRUG: <u>Tab. AMLODEPINE</u>				Date/Time	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>	<u>14/5</u>	<u>15/5</u>	<u>16/5</u>
Dose	Route	Frequency	Start Dt.											
<u>5mg</u>	<u>POq</u>	<u>BD</u>	<u>7/5/26</u>	<u>3 AM</u>										
Name & Signature of the Doctor Starting the Drugs: <u>Dr. pratap</u>														
Additional Instructions: <u>If BP &gt; 118/80 mm Hg.</u>				<u>3 PM</u>										
Daily Doctor's Endorsement by a Sign				<u>Te</u>										

DRUG: <u>SYP. RINC</u>				Date/Time	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>	<u>14/5</u>	<u>15/5</u>	
Dose	Route	Frequency	Start Dt.										
<u>5ml</u>	<u>POq</u>	<u>OD</u>	<u>8/5/26</u>										
Name & Signature of the Doctor Starting the Drugs: <u>Dr. pratap</u>				<u>10 PM</u>									
Additional Instructions:													
Daily Doctor's Endorsement by a Sign													



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

VERIFIED

<b>DRUG:</b> 1mg Melnidipine				Date/Time	9/5	10/5	11/5	12/5	13/5	14/5										
Dose	Route	Frequency	Start Dt.																	
50mg	IV	OD	9/6/26																	
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Signature]</i></p> <p><i>[Handwritten notes: 8pm, 9am, 10am, 11am, 12pm, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:				<p>STOP 15/5</p>																
Daily Doctor's Endorsement by a Sign																				

VERIFIED

<b>DRUG:</b> CAP FLUVIR (75mg)				Date/Time	11/5	12/5	13/5	14/5												
Dose	Route	Frequency	Start Dt.																	
1 cap	PO	BD	11/5																	
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Signature]</i></p> <p><i>[Handwritten notes: 8pm, 9am, 10am, 11am, 12pm, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:				<p>STOP 14/5</p> <p>for 3 days.</p>																
Daily Doctor's Endorsement by a Sign																				

VERIFIED

<b>DRUG:</b> Tab: PANTODAL 40mg				Date/Time	12/5	13/5	14/5	15/5	16/5											
Dose	Route	Frequency	Start Dt.																	
1 tab	oral	OD	11/5/26																	
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Signature]</i></p> <p><i>[Handwritten notes: 8pm, 9am, 10am, 11am, 12pm, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED

<b>DRUG:</b> T. METFORMIN SR				Date/Time	12/5	13/5	14/5	15/5	16/5											
Dose	Route	Frequency	Start Dt.																	
1 tab	PO	OD	12/5																	
Name & Signature of the Doctor Starting the Drugs:				<p><i>[Signature]</i></p> <p><i>[Handwritten notes: 8pm, 9am, 10am, 11am, 12pm, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:				<p>1 tab = 500mg (after dinner)</p>																
Daily Doctor's Endorsement by a Sign																				



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 6.5kg

Ward HDM

DRUG : PROCTO GARD - T OINTMENT				Date Time
Dose	Route <u>local</u>	Frequency <u>TID</u>	Start Dt. <u>12/5</u>	<u>12/5 12:15</u> <u>13/5 14:15</u> <u>14/5 15:15</u> <u>15/5 16:15</u>
Name & Signature of the Doctor Starting the Drugs: <u>Somoshree</u>				<u>Dipa</u> <u>Borani</u> <u>Rosana</u> <u>Rosana</u> <u>Rosana</u> <u>Rosana</u>
Additional Instructions: <u>apply locally over diaper area.</u>				<u>Dipa</u> <u>Rosana</u> <u>Rosana</u> <u>Rosana</u> <u>Rosana</u>
Daily Doctor's Endorsement by a Sign				

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

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

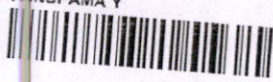
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

BAH-00328090 IP5-00173312  
 Baby GANIPAKA JYESHNA  
 27-05-2016 9 Y 11 M 6 D (F)  
 Dr. ANUPAMA Y

IP5-00173312 0050230010

Weight. 53kg Ward. PICU



Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
Route		Dose		Dose		Dose	
Start Date		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.	

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
Route		Dose		Dose		Dose	
Start Date		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
03/05/26	11AM	SYP. MEFTAL	10ml	PO	Neelka	ADID
4/5/26	8AM	INT LASIX	10mg	IV	My	pravalika Bodhadar
5/5/26	6AM	INT LASIX	20mg	IV	My	pravalika peelash
6/5/26	12:15PM	INT PARACETA MOL	500mg	IV	My	pravalika polay
6/5/26	9am	INT LASIX	10mg	IV	My	pravalika Bodhadar
6/5/26	9pm	SYP. MEFTAL	10ml	PO	My	pravalika Bodhadar
7/5/26	6AM	SYP. MEFTAL	10ml	PO	Neelka	pravalika Bodhadar
7/5/26	10:20a	INT INSULIN	4U	SLC	My	pravalika Bodhadar
8/5/26	2AM	INT LASIX	10mg	IV	KSPA	Nishu Roy Bodhadar

VERIFIED BY: Neelka



I.V. FLUIDS CHART

Weight. 5319g Ward. PLW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/5/26	12:10 AM	IVF DNS	IV	40 ml/hr		reenuh palash	4/5/26		
4/5/26	7 AM	IVF DNS	IV	40 ml/hr		Neel prasad subash	4/5/26		
4/5/26	7 AM	0.1 ml Heparin + 50 ml NS	Arterial line	1 ml/hr		prasad subash	5/5		
4/5/26	6 PM	IVF DNS	IV	50 ml/hr		Subash	5/5		
5/5/26	5 AM	IVF DNS	IV	50 ml/hr		Subash	5/5		
5/5/26	5 AM	0.1 ml heparin + 50ml NS.	Arterial line	1 ml/hr		Subash	6/5		
5/5/26	10 PM	DNS	IV	40 ml/hr		Subash	5/5/26		
6/5/26	8 AM	DNS	IV	40 ml/hr		Subash	6/5		
6/5/26	8 AM	ABP FLUSH 0.1 ml heparin + 50 ml NS	Arterial line	1 ml/hr		Subash	7/5		
6/5/26	4 PM	DNS	IV	20		Subash	7/5		

Signature

VERIFIED BY: Name

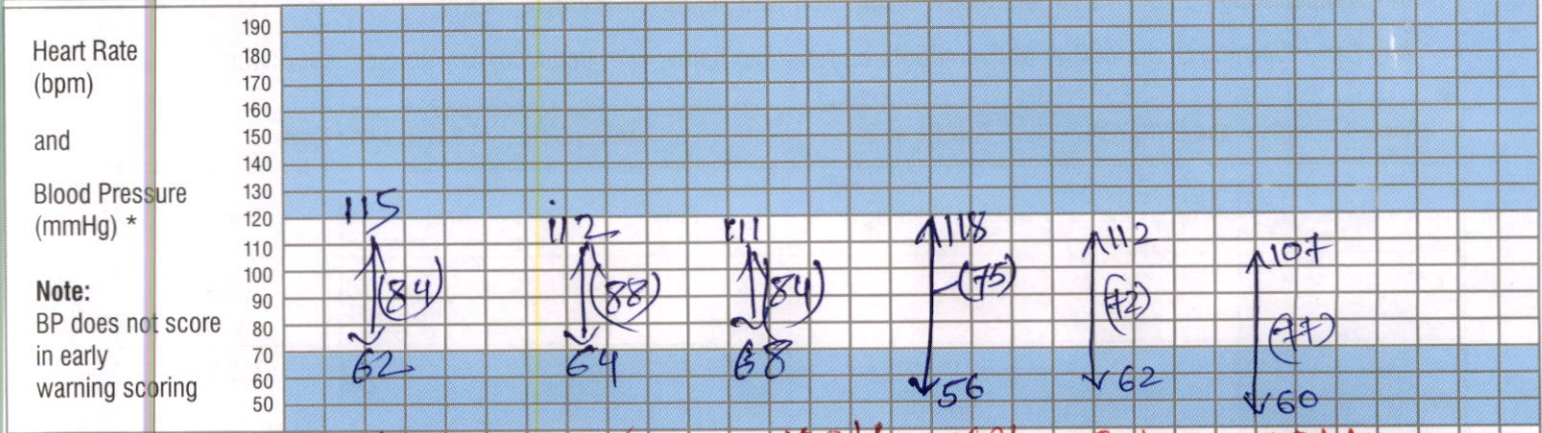
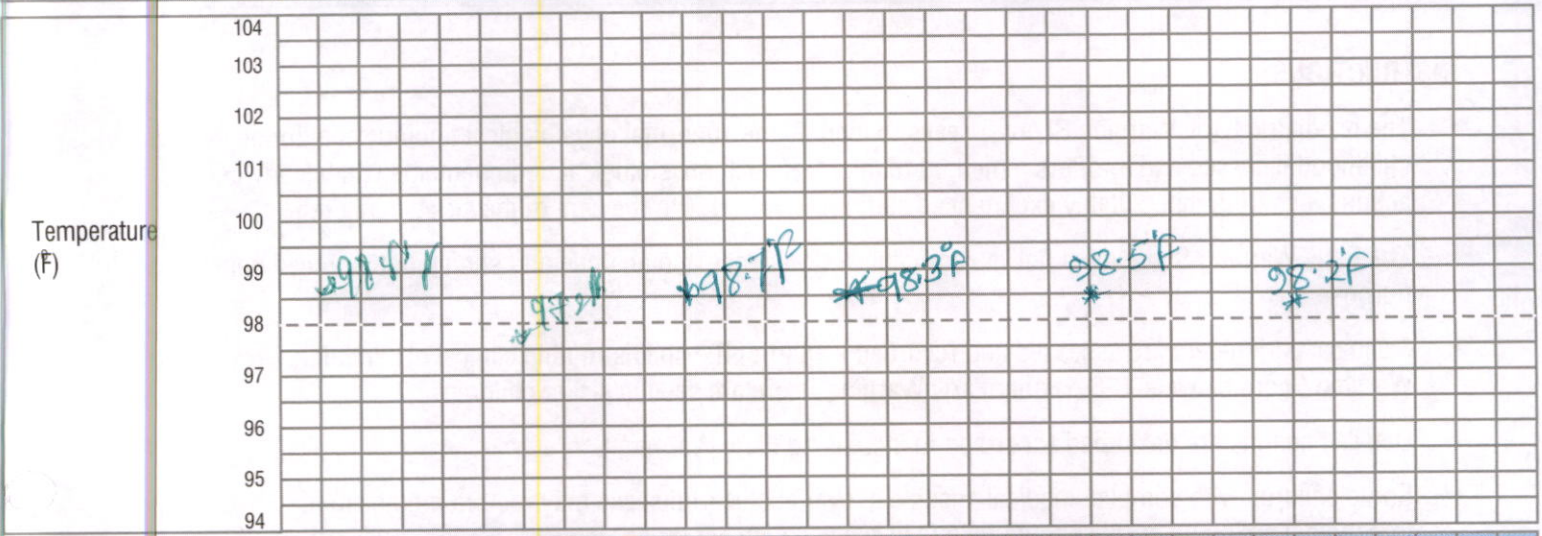






EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 10AM 9PM 6PM 10PM 2AM 6AM  
 Doctor / Nurse / Family Concern? \_\_\_\_\_



Heart Rate (Number) 124 124 102 96 98 99



Resp Rate (Number) 25 28 24 24 23

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) 2.05L 2.05L BIPAP (Bipap) RA BIPAP 2L BIPAP 2L  
 O<sub>2</sub> Saturations (%) 99% 98% 98% 100% 99% 98% 98%

Conscious Level Normal / Altered C

GCS \* 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE  
 Number of shaded boxes 0 0 0 0 0 0  
 Pain Score 0 0 0 0 0 0  
 Observer's Initials ✓ ✓ NA ✓ ✓ ✓

**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

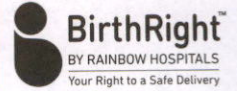
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

14/5/26

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

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 10 AM 2 pm 6 pm 10 pm 2 AM 6 AM  
 Doctor / Nurse / Family Concern? \_\_\_\_\_

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99	98.8 F	98.9 F	98.3 F	98.3 F	98.5 F	98.2 F
	98						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190					
	180					
Note: BP does not score in early warning scoring	170					
	160					
Note: BP does not score in early warning scoring	150					
	140					
Note: BP does not score in early warning scoring	130					
	120					
Note: BP does not score in early warning scoring	110					
	100					
Note: BP does not score in early warning scoring	90					
	80					
Note: BP does not score in early warning scoring	70					
	60					
Note: BP does not score in early warning scoring	50					
	50					

Heart Rate (Number) 116 99b/m 120b/m 128b/m 106b/m 108b/m

Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					

Resp Rate (Number) 23 24b/m 28b/m 28b/m 26b/m 28b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) O<sub>2</sub> 0.5L 97% O<sub>2</sub> 0.5L 98% O<sub>2</sub> 0.5L 100% Bipap 2L 99% Bipap 2L 100% Bipap 2L 99%

Conscious Level Normal Altered

GCS \* 15/15 15/15 (15/15) 15/15 15/15 15/15

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	<u>L</u>	<u>N</u>	<u>S</u>	<u>S</u>	<u>S</u>	<u>S</u>

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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\* 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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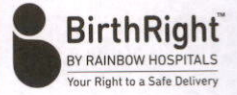
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BAH-00328090 IP5-00173312  
 Baby GANPAKA JYESHNA  
 27-05-2016 9 Y 11 M 16 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI

12/5/26

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

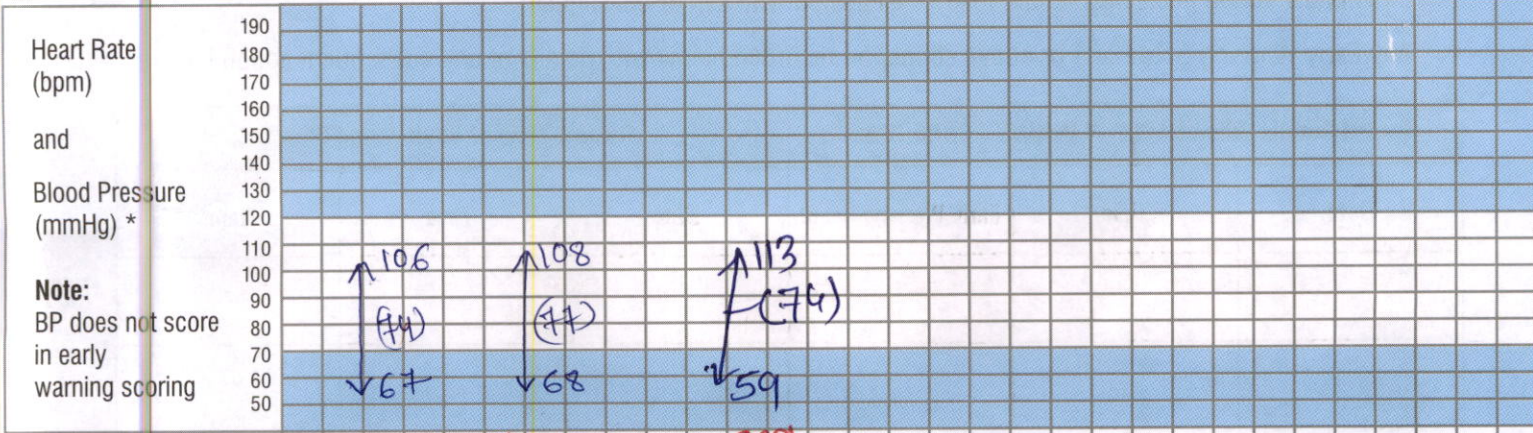
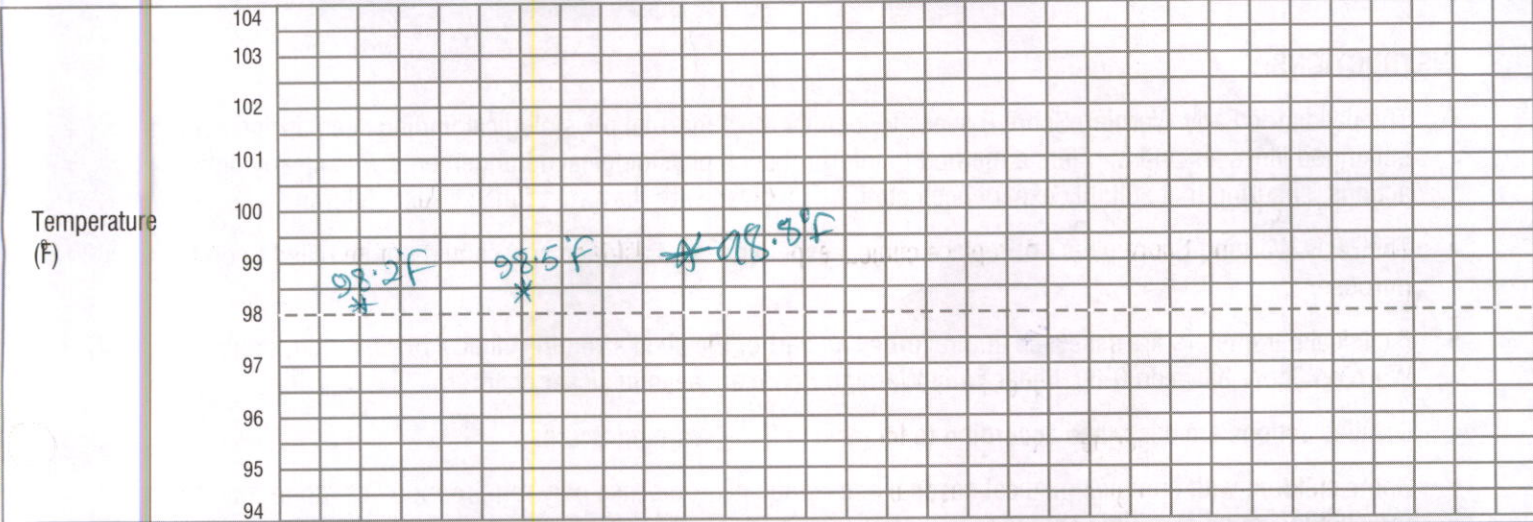
**SCHOOL AGE (5-12 years)**  
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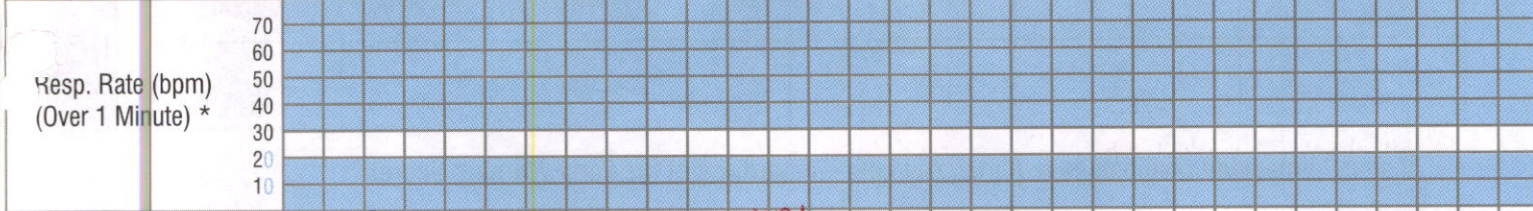
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 10pm 2Am 6Am

Doctor / Nurse / Family Concern? \_\_\_\_\_



Heart Rate (Number) 106b/m 108b/m 113b/m



Resp Rate (Number) 26b/m 24b/m 28b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) 0.5L 0.5L 0.5L  
 O<sub>2</sub> Saturations (%) 100% 100% 99%

Conscious Level Normal / Altered

GCS \* 15/15 15/15 15/15

<b>TOTAL SCORE</b>			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	<u>D</u>	<u>B</u>	<u>[Signature]</u>

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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- NB: Scores 3 should be recorded overleaf

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<b>R</b>	<b>RECOMMENDATION:</b> 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

Sheet No. : .....

13/5/26

- 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			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm										01		Dipu
	09:00 pm	↑	Sdly water	-							Cannula change		Dipu
	10:00 pm	No IVF		-			NP				0		Dipu
	11:00 pm	↓		-							0		Dipu
	12:00 am			-							0		Dipu
	01:00 am			-							0		Dipu
<b>Total Intake :</b>						<b>Total Output :</b> M - U - 2							
	02:00 am			-							0		Dipu
	03:00 am	↑		-							0		Dipu
	04:00 am	No IVF		-			NP				0		Dipu
	05:00 am	↓		-							0		Dipu
	06:00 am			-							0		Dipu
	07:00 am		Npo	-							0		Dipu
<b>Total Intake :</b>						<b>Total Output :</b> M - U - 2							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							
						M - U - 4							

# FLUID CHART



Sheet No. : .....

14/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
14/5	08:00 am			--							0	Sheet	
	09:00 am		ppo	90ml					✓		0	Sheet	
	10:00 am			90ml							0	Sheet	
	11:00 am	NO IVP		90ml					✓		0	Sheet	
	12:00 pm			90ml							0	Sheet	
	01:00 pm										0	Sheet	
<b>Total Intake :</b>						<b>Total Output :</b>						M-0-0-2	
14/5	02:00 pm												
	03:00 pm												
	04:00 pm	NO IVP											
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>						M-0-0-2	
14/5	08:00 pm		gdy water	-							0	Dipg	
	09:00 pm			-							0	Dipg	
	10:00 pm	NO IVP		-				✓			0	Dipg	
	11:00 pm			-							0	Dipg	
	12:00 am			-							0	Dipg	
	01:00 am				-					✓		0	Dipg
<b>Total Intake :</b>						<b>Total Output :</b>						M-10-2	
15/5	02:00 am			-							0	Dipg	
	03:00 am			-							0	Dipg	
	04:00 am	NO IVP		-				NP		✓	0	Dipg	
	05:00 am			-							0	Dipg	
	06:00 am			-							0	Dipg	
	07:00 am				-					✓		0	Dipg
<b>Total Intake :</b>						<b>Total Output :</b>						M-00-2	

**Total 24 hrs. Intake**

**Total 24 hrs. Output** M-10-2

BAH-00328090 IP5-00173829  
 Baby GANPAKA JYESHNA  
 27-05-2016 9 Y 11 M 17 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI



# FLUID CHART

1515126

Sheet No. : .....

- 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		
10/1/16	08:00 am	No per	✓	-							0	Neeraj
	09:00 am		✓	-						✓	0	Neeraj
	10:00 am		✓	-							0	Neeraj
	11:00 am		✓	-							0	Neeraj
	12:00 pm		✓	-						✓	0	Neeraj
	01:00 pm		✓	-							0	Neeraj
<b>Total Intake :</b>			Good			<b>Total Output :</b>					0-2 M-0	
10/1/16	02:00 pm	No per	✓	-							0	Neeraj
	03:00 pm		✓	-					✓	0	Neeraj	
	04:00 pm		✓	-							0	Neeraj
	05:00 pm		✓	-							0	Neeraj
	06:00 pm		✓	-							0	Neeraj
	07:00 pm		✓	-							0	Neeraj
<b>Total Intake :</b>			Good			<b>Total Output :</b>					0-1 M-0	
10/1/16	08:00 pm	No per	✓	-							0	Dips
	09:00 pm		✓	-					✓	0	Dips	
	10:00 pm		✓	-							0	Dips
	11:00 pm		✓	-							0	Dips
	12:00 am		✓	-						✓	0	Dips
	01:00 am		✓	-							0	Dips
<b>Total Intake :</b>			Good			<b>Total Output :</b>					M-0U-2	
10/1/16	02:00 am	No per	✓	-							0	Dips
	03:00 am		✓	-					✓	0	Dips	
	04:00 am		✓	-							0	Dips
	05:00 am		✓	-							0	Dips
	06:00 am		✓	-						✓	0	Dips
	07:00 am		✓	-							0	Dips
<b>Total Intake :</b>			Good			<b>Total Output :</b>					M-0U-2	
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>			M-0U-7			

BAH-00328090 IP5-00173829  
 Baby GANIPAKA JYESHNA  
 27-05-2016 9 Y 11 M 18 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI



# 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.

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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker

BAH-00328090 IP5-00173829  
 Baby GANPAKA JYESHNA 9 Y 11 M 17 D (F)  
 27-05-2016  
 Dr. PILLARISETTI NAVEEN SARADHI



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

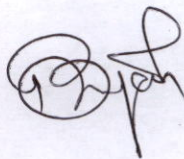
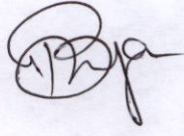


To Be Filled In By Assigned Nurse :

Date : 14/5/26

Department : ..... Duration of Procedure : 30 min

Name of Surgeon : Dr Naveen Saradhi Date of Admission : 13/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : .....	
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : ..... Date & Time of antibiotic administration : ..... Date & Time procedure started : <u>14/5/26 @ 2:30 PM</u>	

- 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

Patient Sticker

BAH-00328090 IP5-00173829  
Baby GANPAKA JYESHNA  
27-05-2016 9 Y 11 M 17 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



## POST-SURGICAL CARE PLAN FORM

Procedure Done: .....	<i>flexible bronchoscopy &amp; BAL.</i>
Post-Surgical Diagnosis: .....	
Post-Operative Monitoring Parameters /Frequency:	} <i>Monitor vitals</i> <i>Shift once stable.</i>
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Other Post-Operative Care Needed including Required Follow Up	
Treating Surgeon (Signature & Stamp)	<i>Naveen Saradhi</i>
Note: Plan of care will be readjusted if necessary.	Date: <i>14/5/26</i> Time: .....

Difficult airway

Department of Anaesthesiology  
PRE-ANAESTHETIC EVALUATION

BAH-00328090 IPS-00173312  
Baby GANIPAKA JYESHNA  
27-05-2016 9 Y 11 M 16 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



Name: JYESHNA Age: \_\_\_\_\_ Sex: \_\_\_\_\_ UHID.No: \_\_\_\_\_

Date: 13/5/26 Time: 9.00pm Proposed Operation: Bronchoscopy

Diagnosis: K/C/O Bardiet Biceled syndrome c/o severe pneumonia

B.P / CRT: 115/54 H.R: 120bpm Weight: 5.3kg ASA Physical Status:  1  2  3  4  5

RA 95  
0.5 litre  
O2  
100%

Laboratory Data:	
Hgb: <u>9.3</u>	Glucose: <u>113 mg/dl</u>
PCV: <u>33.3</u>	Urea: <u>6.9</u>
WBC: <u>23.5</u>	Creat: <u>0.3</u>
Plate: <u>257</u>	Na: _____
PT: _____	K: _____
PTT: _____	Ca++: _____
INR: _____	Mg++: _____
	Cl-: <u>131</u>
	SGOT/SGPT: _____

ECG: 915 bpm  
2D Echo: VSD device closure  
Stress/Angio: closure  
T3: \_\_\_\_\_  
T4: \_\_\_\_\_  
TSH: Normal  
Allergies: No known drug allergy

Medical History: CVS: \_\_\_\_\_

RESP: cough - 5 day w/c 2 day Diabetes: \_\_\_\_\_

CNS: intubated on BIPAP and nasal prongs cyclic Team/USC

Renal: new BIPAP removed

Hepatic / GE: on nasal prongs 2.5 litre Physical Activity: \_\_\_\_\_

Others: Multiple hospital admis. E pneumonia

Past Anaesthetic History: on antihypertensives T amlo + furosem

Physical Exam: VSD device closure at 7 months of age

Airway: MP 1 2 B4 Mouth Opening: decreased Neck: Short

Lungs: HEBE rips

Heart: S1S2 v

CNS: NTD

Pregnant:  Yes  No  NA Venous Access Site: difficult Spine Exam for regional: not present

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>Amlodipin</u>	
<u>Prazosin</u>	
<u>metoprolol</u>	
<u>Levofloxacin</u>	

Signature: [Signature] Name: Dr. Pillariseetti Naveen Saradhi

- Pre-Operative Instructions:**
- DVT Prophylaxis : \_\_\_\_\_
  - NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$  COCONUT WATER  
SOLID FOOD / MILK
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions: Continue spironolactone  
CONSENT PENDING  
IV cannulation

Patient Sticker

# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No

Fasting Status: Adequate

Physical Status:  Patient Identified

Consent Present

Chart Reviewed

H.R: 98/Min B.P./CRT: 110/80/9 SpO<sub>2</sub>: 92% R.R: Last Feed:

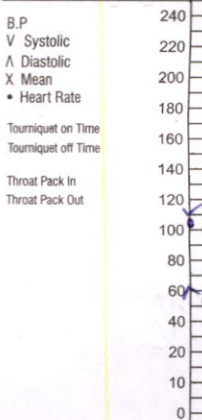
Pre-OP Diagnosis: Operation: Laparoscopy Date:

Surgeon: Dr. Naveen Anaesthesiologist: Dr. S. H. P. / Dr. Anusha Technician: Rani

TIME	2:45	3:00																		
N <sub>2</sub> O / AIR / O <sub>2</sub> LPM																				
HALO / SO / SENO																				
Drugs:																				
B-MIDAZOLAM	1mg																			
B-Fentanyl	50mcgs																			
B-Dexamethasone	4mg																			
B-Propofol	100mg																			
FiO <sub>2</sub> / SaO <sub>2</sub>	92% / 92%																			
ETCO <sub>2</sub>	36	36	38	38																
ECG	SR	SR	SR	SR																
Temperature																				
Urine Output																				

Antibiotic  
Suppository  
Blood Loss  
NOTES

Fluids Blood Ringer



LAB Values

ABG	
GRBS	
Others	

- Equipment Checked and Functional
- BP
- Cuff Site: R/L
- Art Site:
- EKG Lead
- Temp Site
- FiO<sub>2</sub> Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator

Position:  Pressure Points Checked

- Eye Care:**
- Oint
- Tape
- Padding
- Awake

- Temp:**
- HME
- Fluid Warmer
- Cling Film
- OH Warmer
- Hugger's
- Cotton Wool
- Other
- Times:**
- Anaes Start: 2:35pm
- OP Start: ↓
- OP End: ↓
- Leave OR: 3pm

- Anaesthesia:**
- GA
- Monitored Anaesthesia Care
- Regional

- Line (Size & Location)**
- CVP:
- ART:
- IV: Distal
- IV:
- IV:

- Induction**
- IV
- Inhal
- Pre O<sub>2</sub>
- RSI
- Others
- Mask
- SGA → Prongs 10L O<sub>2</sub>
- Airway
- Oral
- Nasal
- ETT# ..... at ..... cm
- Oral
- Nasal
- Cuff
- Tracheostomy
- Topical
- Drug: .....
- Awake
- Direct Vision
- Video Laryngoscopy
- Stylette / Bougie
- Fiberoptic
- Blade# ..... Attempts: .....
- Difficulty Why? .....

- Bilat = BS
- Semi-Closed Circle
- Closed Circle
- Other

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

Transportation to  PACU  ICU  Other

Relaxant Reversed  Yes  No  NA

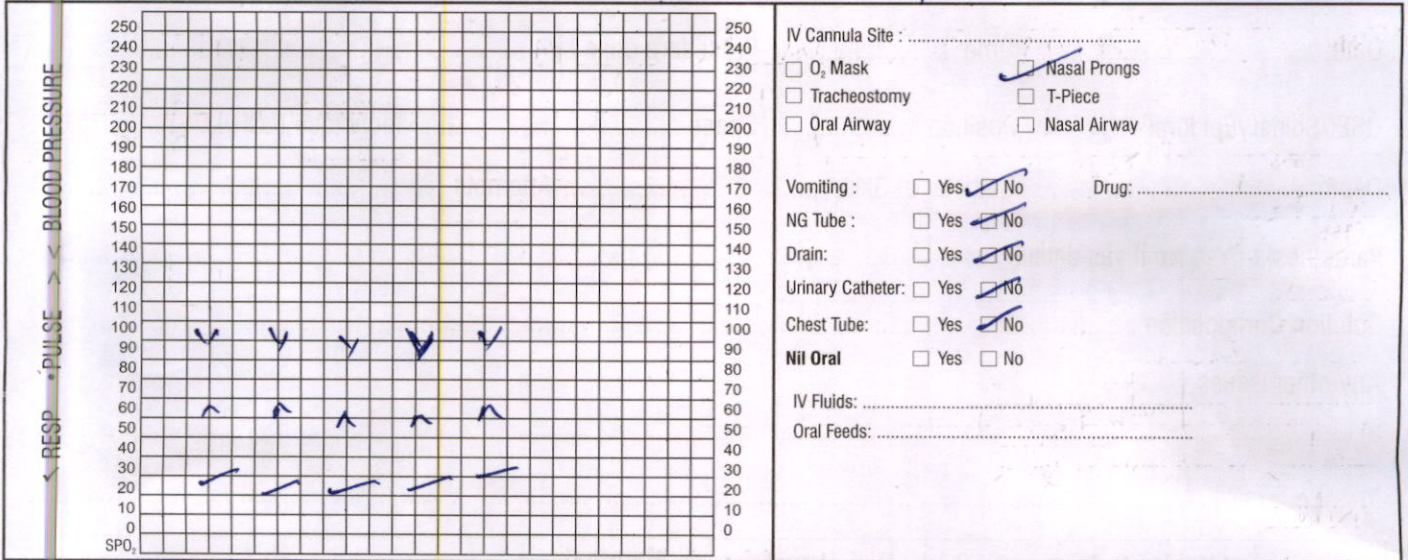
Name of the Doctor: Dr. Anusha

Signature of the Doctor: [Signature]

Patient Sticker

**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : Thyo Time Received : 3:05pm Time Discharged : 5:45pm



IV Cannula Site : .....

O<sub>2</sub> Mask  Nasal Prongs

Tracheostomy  T-Piece

Oral Airway  Nasal Airway

Vomiting :  Yes  No Drug: .....

NG Tube :  Yes  No

Drain:  Yes  No

Urinary Catheter:  Yes  No

Chest Tube:  Yes  No

Nil Oral  Yes  No

IV Fluids: .....

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command = 2	ACTIVITY	0	1	2	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	RESPIRATION	2	2	2	2		
Dyspnea or limited breathing = 1							
Apneic = 0							
BP ± 20 of Pre Anaesthetic level = 2	CIRCULATION	2	2	2	2		
BP ± 20-50 of Pre Anaesthetic level = 1							
BP ± 50 of Pre Anaesthetic level = 0							
Fully awake = 2	CONSCIOUSNESS	1	1	1	2	2	
Arousable on calling = 1							
Not responding = 0							
Pink = 2	COLOR	2	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other = 1							
Cyanotic = 0							
TOTAL		7	8	9	10	10	

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
14/5/26	5:40	0/10	Nil	Thyo

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

**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

Anaesthesiologist Name : Dr. Stella

Anaesthesiologist Signature: [Signature]

Date & Time: 14/5/26 @ 5:45pm

PACU Nurse Name : Thyo

PACU Nurse Signature: [Signature]

Date & Time: 14/5/26 @ 5:45pm

Transferred to Unit by (PACU): Bobi

Date & Time: 14/5/26

Patient Sticker



Department of Anaesthesiology

# EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....