

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D (F)
Dr. SRIPARTHA KRISHNA

Patient



Verbal.

Shukla
03/10/26

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 : 2/7/26

Patient Name: Baby. Riyanshika Date of Birth: 14/12/2025 Age: 6 months

Gender: Female Ward: OT-IV UHID No: BAH-00657589

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

Name of the Surgery : MYELOCYSTOCELE EXCISION AND REPAIR

Time in : 2:30 pm

Time Out : 6:50 pm

	NAME	AMOUNT
1. Surgeon	Dr. SRIPARTHA	
2. Anaesthetist	DR. Sankha	
3. Assistant Surgeon	Dr. PRANEETH	
4. OT Technician	Ramesh	
5. Circulating Nurse	Shreya	
6. Assistant Nurse	Ramadevi, Savita	

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: 9684 60 9/609
Docu. No. : RCHBH/FRM/GENERAL/114

Order by: Rcb1'

Patient Sticker
 Baby: Rizanglioka
 BAH 00652529
5206
 G M F 6 kg

Meningomyelocele
Exstrophy
CONSUMABLES OF OT



Circulating staff: Technician: Shirley Date: 2/1 Time:

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Used	Qty	Issued	Used	Qty	Issued	Used	Qty
ET tube <u>3.0, 3.5, 4.0</u>	1H+1	1	Major Pack <u>Surgical pack</u>	1	1	Inj Vit.K <u>5067</u>	2	1
LMA <u>3.5</u>	1	1	Sutures <u>5003</u>	2	2	Cord Clamp <u>Mancy 304</u>	2	2
ECG leads: A/P/N	5+1	1	<u>virid 2-03-04-05-0252</u>	2	2	Suction Catheter <u>872</u>	2	2
HME filter: A/P/N	1	1	<u>psolin 6-0 (15-0) (15-0) (15-0)</u>	1+1	1+1	Feeding Tube <u>8/0</u>	2	2
Syringes: 10 cc	20	5	<u>pds 5-0</u>	2+2	2+2	Vaccum Suction Set <u>8730</u>	2	2
05 cc	20	6	Gloves <u>6, 6 1/2, 7, 7 1/2</u>	2+2+2	1	Surgical Gloves <u>3328</u>	2	2
02 cc	20	6	<u>PF 6, 6 1/2 (7) 7 1/2</u>	2+2	1+3	Gauze Pack <u>Protogown</u>	1	1
01 cc	5	1	Surgical blade <u>11, 15</u>	2+2	1H	Syringe 1ml / 2ml <u>Romex</u>	1	1
Cautery plate: A/P/N	1+1	1	NG tube			Surgical Blade # 20		
IV set <u>+ Blood set</u>	2+1	0+1	Cautery pencil	1	1	Koochies (S) <u>3way stop</u>	1	1
RL <u>+ 25+ Dextrose</u>	1H	1+1	Koochies <u>pds-4-0</u>	3	0+1	<u>ds 500ml</u>	2	2
NS: 10ml / 100ml / 500ml / 1000ml	5+3+2	3	Ointments <u>4333</u>	3	3	<u>Transfex</u>	1	1
<u>02 mask CP</u>	1	1	Suction Catheter			<u>100, 100, 100</u>	2+2	1+2
<u>Airway 0 (00000)</u>	1H+1	1	Cap, Mask	5/5	10/10	<u>500</u>	1	1
Fentanyl	1	1	Gauze Pack <u>2x1</u>	5/5	3+3	<u>Diw 45ml</u>	2	5
Morphine			Mop Pack	7p	1	<u>Clips 100, 200</u>	1	1
Ketamine			Steristrip			<u>lox 2 Adrenalin</u>	1	10/1
Propofol	10	1	Underpad	1	1	<u>Vancomycin 500mg</u>	1	1
Rocuronium	1	1	Draw sheet	1	0	<u>Tuacamide 22 (24)</u>	2+2	1
Glycopyrolate	1	1	Abgel	1	1	<u>Jelco 22 (24)</u>	2+2	1
Myopyrolate <u>+ Neostigmine</u>	2	1	Foleys catheter <u>8, 10</u>	1H	1	<u>midaz + Lorazepam</u>	1+1	1+1
Ondansetron	1	1	Urobag <u>(urometer)</u>	1	1	<u>Dexa + tramexa</u>	1+1	1+1
Pencan 25g/ Spinal Needle <u>(22)</u>	1	1	Chest Drainage Catheter			<u>3.0 silk + corneal</u>	1+1	1
Bupivacaine 0.25%	1	1	Romodrain bag			<u>Microscope cone</u>	1	1
Bupivacaine 0.25% (Heavy)			Bandage			<u>Proto Groom</u>	1	1
Antibiotics <u>Taxim 500mg</u>	1	1	Tegaderm <u>Ana (P)</u>	1	1	<u>50cc + pmaline</u>	5+5	3+3
<u>Amikacin 100</u>	1	1	Ioban	1	1	<u>Dextromide 50</u>	1	0+1
Suppositories			Double J Stent			<u>clonidine</u>	1	1
Anamol: 80mg / 250mg / 170 mg	1H+1	1	Vaccum Suction set	2	1	<u>Nasat A 12.14</u>	1+1	1
Supridol: 100mg			Plastic Bed Sheet	1	1	<u>IBPKit + Hot line</u>	1+1	1
Justin: 12.5 mg / 25mg / 100mg	1+1	1	Betadine Solution	1	1	<u>Tegaderm 1624 + 832 (4)</u>		1
Tab. Misoprost: 200mg			Microshield	1	1	<u>splitnut (3) 100</u>	1+1	1
<u>vaccum set</u>	1	1	Cotton Balls	1	1	<u>q/site (alask)</u>	1	1
<u>Gauze</u>	3	2	Latex Gloves	10p	10p	<u>temporal (pump)</u>	1	1
<u>Gloves au</u>	4	1	Ramdione Scrub	1	1	<u>3064 Paul 4+6m</u>	3+3	2+2
<u>IV p.cm</u>	1	2	Saral			<u>Nor-5.6.7.8.9.10</u>		1
<u>3-way 100+100mm</u>	3+3	1				<u>Suction cath 6.8.10</u>		1

Surgeon Nasaulpung (w) Anaesthesiologist Nurse OT Technician Mimisphie
 Order No.: 9684619 Ordered by:
 Doc. No.: RCH / FRM / GENERAL / 125

B9

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No. : _____ Dept : _____

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 17 D (F)
Dr. SRIPARTHA KRISHNA

Date of Admission: _____ Charge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	6:40 pm	ER	140	Daphel.
27/12/26	12:18 pm	140	OT	Amol
31/1/26	11:50 AM	PICU	140	Pes

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Sandeep Reddy	21/07/26	9684707	Kami
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Investigations

Signature

Blood Grouping

65942

Lachel

217126

ABG, CBp, electrolyte

26066344

Palash

3) 7/26

RBS

260 66443

Lauren

be

WIDEGRAPH

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/11/26	Ev placement	(1)	82884	Rachael
2/7/26	NHA	(1)	9683020	[Signature]
2/7/26	PAC	(1)	9683772	[Signature]

ANY OTHER INFORMATION

VBG — (1)

Date: 4/11/26

Time: 10:10 am

Prepared By: [Signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[Signature]	120		

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IP5-00175835

Rainbow Children's Hospital - Banjara Hills

03/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175835 Admit Date : 01-Jul-2026 Admit Time : 05:11 PM UHID : BAH-00657589

Patient Details :

Patient Name : Baby RIYANSHIKA N Age : 0 Y 6 M 17 D
Guardian : Mr ARAVIND N DOB : 14-12-2025 01:00 AM
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO 303, RHAJIV SWAGRUHA,
BANDLAGUDA, OPPOSITE DMART Nagole
Hyderabad Telangana INDIA 500068 Phone No : 9948876353/ 8309818396
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 140 Ward Name : 1F-GENERAL WARD II
Room No : GW 140 Admission Type : First Visit

Contact Details :

Name : Mr ARAVIND N Relationship : Father
Contact Address : FLAT NO 303, RHAJIV SWAGRUHA,
BANDLAGUDA, OPPOSITE DMART Nagole
Hyderabad Telangana INDIA 500068 Phone No : 9948876353

Signature

Doctor Details :

Doctor Name : Dr. SRIPARTHA KRISHNA YERRAMILLI Specialisation : PEDIATRIC NEURO SURGERY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. KOKKULA PRANEETH

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash Payor Name : SELFPAY

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CIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	3			
5	In-patient Medical record	1			
6	Doctors progress sheets	6			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion	1			
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)	2			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra	4			
Total No. of Pages		46			

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 17 D (F)
Dr. SRIPARTHA KRISHNA



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Myelocystocele with hydrocephalus with neurogenic bladder



Now came for Myelomeningocele repair & plastic surgery

History of present illness :

No H/o fever, cold, cough, vomiting, loose stools.

No fresh complaints.

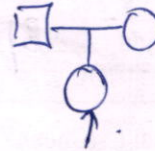
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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} Upper middle class

Developmental History :

Immunization History :



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 6.88kg . (Centile _____)

On Examination :

Temperature : 98.3°F Pulse Rate : 116/min B.P. 110/63(73) mmHg SPO2 100% on RA

Resp. rate and type of breathing : RR = 28/min

Rash L/E: 7 x 8cm swelling & skin erosion

Lymphadenopathy over left side (+)

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LAET (+)

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft, NT.

Ausculation : _____

Spine : _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____

Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

② left lower limb - weakness (+)

Reduced antigravity movements (+)

Rt LL → Antigravity (+) movements.

NO neck rigidity.

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Myelocystocele ± Hydrocephalus ± Neurogenic bladder



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

• Labs done on OPD basis
• Blood grouping
• Extra sample (EDTA) } collect in ER
• CBP, CRP, PT-INR, ESR,
USG - KUB.

Planned Management

PAC
NPO tomorrow
Sp @
Iv antibiotics
Iv fluids.

Noted by
Dr. S

Signature of the Doctor: Ramya

Name of the Doctor: Dr. RAMYA

Date & Time: 11/7/26

Signature of the Consultant: SS

Name of the Consultant: Dr. Sripartha

Date & Time: 11/7/26

Date & Time	Progress Notes	Doctor's Order
	1/13 <u>Neurotrans</u>	
21/1/26 9 AM.	Myelocystocele (terminal) with neurogenic bladder with hydrocephalus.	
	- No fever spikes. - Taking well orally ↳ kept NPO as of now.	(yest leakage from cystic) AC → 40 cm.
	OK: vitals → stable - Hx → S (M). - All CN intact.	
	① tone in UL. ↳ Hypotonia. ② UL → ? paucity of movements to elbows - No cerebellar signs	
	me vrd → PVR → 6 sec	Adv: ① NBM ② OT @ 1 pm

DR. ABHISHEK R JAIN
Registration No. 2757

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 6:50 PM	Case received from OT.	
	Diagnosis:- myelocystocele with tethered cord with Hydrocephalus Neurogenic bladder BIL Hydrocephalus. ?VUR.	plan. 1. Continue low flow oxygen 2L/NP.
	procedure:- excision of myelocystocele & Repair.	2. Send CBP, electrolytes ABG - now.
	sedation:- $\frac{1}{2}$ propofol $\frac{1}{2}$ midazolam $\frac{1}{2}$ dexmedetomidine.	3. keep NPO. 4. IV fluids DNS 20ml/hr
	Input:- 406ml (RL + 1% Dextrose)	5. Monitor vitals. 6. prone & lateral nursing.
	Output:- 300ml.	AS Bili
	Blood loss:- 50ml.	
	Blood transfusion:- 60ml.	Dr. Nathan
	Inta op:- uneventful.	
	Left LL - autogravity movement ⊕	
	Rt LL - autogravity movement ⊕	
	HR-130	
	BP-100/60 (70) mmHg.	



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 8 PM	CS/B pr sandeep. Issues:- myelomeningocele myelomeningocele with tethered cord with hydrocephalus plan. neurogenic bladder. BL hydrocephalus ? VUR. s/p excision & repair. on low-flow oxygen 2L NP. hemodynamically stable. no fever spikes. Drain pusitu. Chest-clear. vitals. HR-130 Bp 100/60 (70) mmHg. RR-40.	1. continue low-flow oxygen 2L/NP. 2. w/o fever spikes 3. Monitor vitals. 4. prone & lateral nursing 5. routine IV fluids 20ml/hr. 6. Triage CBR, S/E. Noted by Sindhu 2/7/26 9 PM Dr. Nataraj
2/7/26 9 PM	CS/B pr sandeep. Issue:- Rash over abdomen 8x4 cm	plan. 1. change inj vancomycin to inj Unasyn. Noted by Sindhu 2/7/26 9 PM Dr. Nataraj

12-2025
S. SRIPARTHA KRISHNA



Date & Time	Progress Notes	Doctor's Order
2/7/26 9pm	C/D/W DO postna.	
	Issue 1- rash over abdomen 8x4 cm	Am. i. Change IVg vancomycin to mg Linezolid. wated by small my 9:5pm do rashen 2/7/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/26 8:00am	c/s/B Dr Paethe Δ: Repair of myelocytocle teethend wnt.	ANV ↳ LHT to ward;

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 1/7/26 Day of Admission : Day-3 Today's Date & Time : 3/7/26 8AM

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : myelocystocele with Tethered cord hydrocephalus neurogenic bladder B/L hydrocephalus sp excision Repair	Current Issues : lower limb weakness. not accepting feeds.
VITAL SIGNS	Today's Wt. (kg) : 5.2 Temp. : 37.5	Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BACED clear	
	CXR :	
	SPO ₂ : 98% O ₂ by NC / FM / NRB mask / Oxyhood, at room Air L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : pH-7.3 pCO ₂ -30 EtCO ₂ -45.6 LAC-1.1 HCO ₃ -19.0	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Spms HR-130	
	Quality of Pulses : good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : 100/70 (80) mmHg IBP : CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : ☐ Yes ☒ No Place of art, line & its condition :	
CNS	Central line in situ : ☐ Yes ☒ No Place of central line & its condition :	
	Day of arterial line : Day of Central line :	
	Plan of Care :	
	Neuro Exam : E4 V2 H5	
	Pupils : 2mm 2mm reactive Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
Types of Sedation : Types of Paralysis :		
Relevant CT Scan, MRI EEG, Neurosonogram etc. :		
Plan of Care :		
Ramsay Sedation Score :		

mean - 3ml

FLUIDS STATUS NUTRITION AND G.I.	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance : <u>64</u> / (+/-) Input : <u>3.8</u> ml/kg/d UO : <u>4.5</u> ml/kg/hr Stools :	
	NG output : PO intake :	
	Feed Formula : Feed Schedule :	
	IV Fluids - Type of IVF : <u>DNS</u> @ <u>20ml/hr</u> ml / hr (..... times maintenance)	
	TPN : ☐ Yes ☐ No - If yes, details :	
	 % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)	
	 Cal/kg/d Nitrogen Trace elements & MVI	
	Labs : Na <u>141</u> K <u>4.8</u> Cl <u>112</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :	
	Latest LFT :	
Abd Exam : <u>soft</u> : <u>new onset rash</u>		
Any organomegaly ? ☐ Yes ☒ No - If yes, describe :		
Plan (G.I. & Liver) :		
.....		
INFECTION	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) :	
	Cultures Sent ? ☒ Yes ☐ No - If yes, details : <u>sup ceftriaxone - D3</u>	
	Describe c/s Reports : <u>sup Quezod - D2</u>	
	Other Labs (Latex, Serology, etc) :	
Ongoing Antibiotics :		
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs :	
	P.D. ☐ Yes ☒ No - If yes, details :	
	Diuretics : ☐ Yes ☒ No - If yes, details :	
	Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter :	
	Relevant Radiology (USC, MCUG radioisotope scan etc) :	
Plan of Care :		
HEMATOLOGY	Relevant Labs (CBP etc) : <u>2/2</u> <u>13.0</u> / <u>10,790</u> / <u>4.19 lach</u>	
	Any Coagulopathy : <u><63</u> / <u>31</u>	
	Relevant Transfusion History :	
	Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : ☐ Yes ☒ No ☐ NA	
	CRBSI Bundle Used ? : ☐ Yes ☒ No ☐ NA	
	CA - UTI Bundle Used ? : ☐ Yes ☒ No ☐ NA	
	Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA	
If yes, then details :		
Pending Lab Results : ☐ Yes ☒ No		
If yes, then details :		
Pending Consultations : ☐ Yes ☒ No		
If yes, then details :		
FINAL COMMENTS	<u>to start feeds</u>	

Doctor's Name (Handover given) : Dr. Nathan

Signature : [Signature]

Date & Time : 3/2/26 8AM

Doctor's Name (Handover taken) :

Signature :

Date & Time :

Date & Time	Progress Notes	Doctor's Order
02/07/26 8am	Club NeuroRx Team (Dr. Sripa The / Dr. Penarth)	
	POD, o/c/o Myelomastocytosis	
	Doing well J. Alebr. L.	
	① L 11-2/5 ② R 11-3/5 Drain Output ~15ml Serpines	
	<u>Plan</u>	- o Allow orally - o Shift to wound - o Continue IV Linezolid / Ceftriaxone - o Trace CSF Cultures - o Prone / Latent nursing - o Review Sbs
		Sripa The



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/26 9am	C/S/B Neuroteam → terminal myelocystocele & tethered cord S/P Excision of myelocystocele & repair → Clo swelling over back ↳ Antenatally diagnosed → Clo paucity of movement of (L) LL → No H/O bowel/bladder abnormalities	↳ neurogenic Bladder ↳ B/L HDUN POD - 1
	O/E: Child active, Accepting feeds (N) EOM - full B/L pupils normal size reacting to light Tone - N / N ↓ ↓ power - B/L symmetrical antigravity movements in UL LL - 3/5 / 2/5 on (L) No wound leakage/discharge Drain Output ~ 15ml → No fever spikes → Stools - passed	Plan 1) Trace CSF culture 2) Shift to ward 3) Retain folly's 4) NO IVF 5) Fully orals
		<i>[Signature]</i> Dr. Pruthi
MR:	L5-S1 terminal myelocystocele low lying tethered - L5 Syringe hydromedex - D6-D12	

Date & Time	Progress Notes	Doctor's Order
3/11/26 6:30pm	<u>C/S/B Neuroteam</u>	
	→ No fever spikes → c/o ↑ drowsiness (Did not sleep yesterday) → No vomitings/seizures → Urine Output (P) → Foley in situ - Stool - passed	
	<u>O/E:</u> Child asleep Afebrile Temp: 99.70F vitals - stable Accepting feeds (N) Tone - N N ↓ ↓ power - 3/5 2/5 of 4 No wound soaking/leakage	<u>Adv</u> ① vitals monitoring ② w/f sensorium

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/07/26 9am	C/S/B Neuroteam (Dr. Abhishek)	
	Δ: Terminal myelocystocele c tethered cord c Neurogenic Bladder c B/L HDON S/p: Excision of myelocystocele & repair	
		[POD - 2]
	<u>Issues:</u> No fever / spikes / seizures 2 episodes of vomiting in morning C/O ? ↑ drowsiness Accepting feeds - (N)	HC: 40.5cm
	<u>O/E:</u> Child asleep Afebrile B/L pupils normal size reacting to light Tone - N / N ↓ ↓	<u>Adv</u> ① w/ff sensorium ② foley's in situ
	power: UL - symmetrical antigravity movements (+) LL - 3/5 2/5 DTR: +2 +2 +1 +1 No nystagmus AF flat open	Discharge today ↓ Oral Cefixime / Lingoid x 5 days Smith's for antipain PCM x 3 days Bum x 1 month vit-D till 1 year
	CSF C/S → NBG till 03/07	Dr. KOKKULA PRANEETH Reg. No: APMC/FMR/92741 Dr. ABHISHEK R JAIN Registration No: 2757

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 17 D (F)
Dr. SRIPARTHA KRISHNA



B negative

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It takes a lot to treat the little.

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RESULT SHEET

30/6/26

2/7/26

Date		9pm			
Time					
Hb	12.4	13.0			
PCV	36.8	39.6			
RBC	4.79	5.01			
WBC	10540	10790			
N/L	25/70	63/31			
Platelets	4.5 lakn	4.19 lakn			
CRP	5.0				
ESR	38				
PCT					
RBS					
Na		141			
K		4.8			
Cl		112			
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	14/1.0				
APTT	38				
CSF Protein / Sugar					
Cells					
N/L					



MEDICATION RECONCILIATION FORM

Drug Allergies: Vancomycin Induced Rash

☒ 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: PIU

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INT CEFTRIAXONE	350mg	IV	BD		☐ C ☐ DC
2	INT ESMERAZOLE	8mg	IV	ON		☐ C ☐ DC
3	INT PARACETAMOL	100mg	IV	TDS		☐ C ☐ DC
4	INT LINEZOLID	700mg	IV	TDS		☐ C ☐ DC
5	INT TRAMADOL	7mg	IV	TDS		☐ C ☐ DC
6						☐ C ☐ DC
-						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Vamsi

& Time: 03/07/26 8:00 AM

Name & Signature: Dr. Sripatha

Time: 3/7/26 10:30 AM

Patient :



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: ER

Shifted to: Ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya

Date & Time : 11/7/26; 5pm.

Nurse Name & Signature: Rachel

Date & Time : 11/7/26 @ 5:30p.



DRUG CHART

Date of Admission: 11/2/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES
 (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>Ry TRAMADOL</u>				Date Time															
Dose <u>100mg</u>	Route <u>IV</u>	Frequency <u>SOS</u>	Start Date <u>02/07</u>																
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.																
Additional Instructions:																			

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 6.88kg Ward. 05

DRUG : Inj CEFTRIAXONE				Date/Time	11/7/26 3/7
Dose	Route	Frequency	Start Date		
350mg	IV	BD	11/7/26		
Name & Signature of the Doctor Starting the Drugs:				 	
Additional Instructions:				 	
Daily Doctor's Endorsement by a Sign					
DRUG : Inj VANCOMYCIN				Date/Time	11/7/26 9/7
Dose	Route	Frequency	Start Date		
100mg	IV	TID	11/7/26		
Name & Signature of the Doctor Starting the Drugs:				 	
Additional Instructions:				 	
Daily Doctor's Endorsement by a Sign					
DRUG : Inj ESOMEPRAZOLE				Date/Time	11/7/26 3/7 4/7
Dose	Route	Frequency	Start Date		
8mg	IV	OD	11/7/26		
Name & Signature of the Doctor Starting the Drugs:				 	
Additional Instructions:				 	
Daily Doctor's Endorsement by a Sign					
DRUG : P; PARACETAMOL				Date/Time	2/7/26 4/7
Dose	Route	Frequency	Start Date		
100mg	IV	TDS	02/07/26		
Name & Signature of the Doctor Starting the Drugs:				 	
Additional Instructions:				 	
Daily Doctor's Endorsement by a Sign					

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D (F)
Dr. SRIPARTHA KRISHNA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.8kg Ward 05

DRUG : IVI TRAMADOL				Date Time
Dose	Route	Frequency	Start Dt.	
7mg	iv	TID	2/7/26 6am	3/7/27
Name & Signature of the Doctor Starting the Drugs: Subey				8/11/27
Additional Instructions:				2pm x 10/11/27
Daily Doctor's Endorsement by a Sign				

DRUG : 7mg LINEZOLID				Date Time
Dose	Route	Frequency	Start Dt.	
70mg	iv	TID	2/7/26 6AM	3/7/27
Name & Signature of the Doctor Starting the Drugs: Dr. notueen				8/11/27
Additional Instructions:				10/11/27
Daily Doctor's Endorsement by a Sign				

DRUG : Syb SMUTH				Date Time
Dose	Route	Frequency	Start Dt.	
3ml	PO	HS	03/07	3/7
Name & Signature of the Doctor Starting the Drugs: Sripa				9/11/27
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				

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

Signature
 VERIFIED BY : Name



		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
2/2/26	9 AM	inj PCM	100mg	IV	Sh	Amish Anurha
2/2/26	9 AM	inj AVIL	5mg	IV	Sh	Amish Anurha
2/2/26	12:45 PM	INTJ DEXAMETHASONE	1mg	IV	Sh	OT nurse
2/2/26	12:45 PM	INTJ TRANAXAMIC ACID	90g	IV	Sh	OT nurse
2/2/26	12:45 PM	INTJ - PARACETMOL	90g	IV	Sh	OT nurse
2/2/26	2:00 PM	INTJ VANCOMYCIN	100mg slow	IV	Sh	OT nurse
2/2/26	8 PM	INTJ CALCIUM GLUCONATE	6ml + 6ml D5	iv over 2hr	Sh	OT nurse
2/2/26	8:50 PM	INTJ AVIL	0.2ml	IV over 10 min	Sh	Amish Anurha
2/2/26	9:00 PM	INTJ HYDROCORTISONE	35mg	IV	Sh	Amish Anurha

BAH-00657589 IP5-00175835

Baby RIYANSHIKA N

14-12-2025 0 Y 6 M 17 D (F)

Dr. SRIPARTHA KRISHNA



D. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation &
Early Warning Scoring ChartPratiksha
Rainbow
Children'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: 04/01/26	Time: 2am	6am
Doctor/Nurse/Family Concern?		
Temperature (°F)	104 103 102 101 100 99 98 97 96 95 94	97.5°F 98.6°F
Heart Rate (bpm)	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	98 bpm 104 bpm
Blood Pressure (mmHg) *	130 120 110 100 90 80 70 60 50	98/62 111/63
Note: BP does not score in early warning scoring		
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10	26 bpm 28 bpm
Resp Distress	Mod/ Severe None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		100% 100%
Conscious Level	Normal Altered	
GCS *		15/15 15/15
TOTAL SCORE		
Number of shaded boxes		1 1
Pain Score		2 3
Observer's Initials		O. J

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 incharge and PICU /NICU fellow or PICU/NICU 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)



INFANT (<1 year)
Children's Observation &
Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/12 Time: 12.30pm 3pm 6pm 10pm

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
80
70
60
50

and

Blood Pressure
(mmHg) *

130
120
110
100
90
80
70
60
50

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

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

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

Conscious Level
Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

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Dr. SRIPARTHA KRISHNA

BAH-00657589
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 17 D (F)
Dr. SRIPARTHA KRISHNA

IP5-00175835

IC. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation &
Early Warning Scoring Chart

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

21/12/25
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/7 Time: 7pm 10pm 2am 6am 8:40am
Doctor/Nurse/Family Concern?

Temperature
(F)

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

Heart Rate (Number)

esp. Rate (bpm)
(Over 1 Minute) *

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

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

Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

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BAH-00657589
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 17 D (F)
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FLUID CHART

Sheet No. : 1

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

		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										0	Rama	
	09:00 pm										0		
	10:00 pm	NO IVF	milk			NA					0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0	Rama	
	03:00 am	NO IVF	formula milk			NA					0		
	04:00 am										0		
	05:00 am										0		
	06:00 am										0		
	07:00 am	NO IVF	hpo			NA					0		
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

FLUID CHART

Sheet No. : 2

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 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			
2/12/25	08:00 am	↓				/					0	/	
	09:00 am	↓	n	280							0		
	10:00 am	↓	p	200							0		
	11:00 am	↓									0		
	12:00 pm	↓	0								0		
	01:00 pm	↓									0		
Total Intake :						Total Output :							
3/12/25	02:00 pm	↑				/				150ml	0	/	
	03:00 pm	↑	milk								0		
	04:00 pm	NO									0		
	05:00 pm	IVF									0		
	06:00 pm									150ml	0		
	07:00 pm	↓									0		
Total Intake :						Total Output :							
03/12	08:00 pm		milk			/					0	/	
	09:00 pm	↑									0		
	10:00 pm	NO								45ml	0		
	11:00 pm	WF									0		
	12:00 am										0		
	01:00 am	↓									0		
Total Intake :						Total Output :							
04/12	02:00 am	↓				/				50ml	0	/	
	03:00 am	↓									0		
	04:00 am	NO									0		
	05:00 am	IVF									0		
	06:00 am	↓								30ml	0		
	07:00 am										0		
Total Intake :						Total Output :							
Total 24 hrs. Intake			Total 24 hrs. Output										

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 17 D (F)
Dr. SRIPARTHA KRISHNA



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

☐ Night

Date: 21/07/26

Assessment: Baby having surgery today (neurosurgical surgery)

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 pt general condition.	8:10a	Assessed pt general condition.	
	provide comfortable position.		provided comfortable position.	
10am	monitor vital signs.	10:10a	monitored vital signs.	
	maintain 1/6 chest		maintained 1/6 chest	
12pm	Administer medication as per chest	12:10pm	Administered medication as per chest	
	Ensure safety.		Ensured safety.	
			Baby now NPO @ 4am till surgery time @ 4pm.	
			Administered medication as per chest	
				By doing above care the pt condition is slightly normal

Re-Assessment: Monitored vitals. Maintained 1/6 chest

Special Notes: Baby having meningomyelocele Excision (baby NPO till @ 4am 21/7/26)

Nurse Signature: [Signature]

Nurse Name: Dr. Aritha (4010544)

Date & Time: 21/07/26 @

BAH-00657589
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 17 D (F)
Dr. SRIPARTHA KRISHNA

IP5-00175835

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:

☒ Night

Date: 1/7/2026

Assessment:

Baby is having dm 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
8pm	⇒ Assess the general condition of the baby	8:10pm	⇒ Assessed the general condition of the baby	⇒ The baby condition is Improving slowly
10pm	⇒ monitor vital signs	10:10pm	⇒ monitored vital signs	
1AM	⇒ administer medication as per doctor order	1:10pm	⇒ administered medication as per doctor order	
4AM	⇒ plan for NPO	4:10pm	⇒ planned for NPO	
8AM	⇒ provide comfortable bed and position	8:10AM	⇒ provided comfortable bed and position	

Re-Assessment:

Baby is feeling discomfortable

Special Notes:

excision of myelocystocele and repair T/m

Nurse Signature:

Rama

Nurse Name:

Rama

Date & Time:

1/7/2026 8AM

BAH-00657589 IP5-00175835
 Baby RIYANSHIKA N
 14-12-2025 0 Y 6 M 19 D (F)
 Dr. SRIPARTHA KRISHNA



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: 03/07/26

Assessment: Baby having pain at surgical site

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
2pm	→ Assess the baby General Condition	2pm	→ Assessed the baby General Condition	By doing the all procedures the baby condition is improved slowly
3pm	→ provide comfort position	3pm	→ monitored the vitals & recorded it	
4pm	→ administer the all drugs as per doctor orders	4pm	→ administered the all drugs as per doctor orders	
5pm	→ Baby having urine catheter	5pm	→ Urine measurement every 4th hourly	
6pm	→ Stop IV fluids	6pm	→ Stop IVF	
7pm	→ Ensure the Safety	7pm	→ Ensured the safety side rails	
8pm		8pm		

Re-Assessment:

Re-assessment Redone (TID going to amdo)

Special Notes:

Stop I/O charting

Nurse Signature: [Signature]

Nurse Name: Shailaja (60556)

Date & Time: 03/07/26 (8 PM)



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 03/07/2026

Assessment: Baby having pain at the surgical site

Goals

- ☐ Maintain Airway and Oxygenation
☒ Relieve Pain & Discomfort
☐ Maintain Fluid Balance
☒ Improve Activity Tolerance
☒ Maintain Good Nutritional Status
☐ Maintain Skin Integrity
☒ 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 baby general Condition and monitor the vitals and record.	8:10 PM	Assessed the baby general Condition and monitored the vitals and record-ed.	By doing all above procedure baby condition improving well.
10pm	After the doctor rounds advice to continue medication as per chart.	10:10 PM	After the doctor rounds advised to continue medications as per chart.	
12am	Allow Oral feeds fully.	12:10 am	Allowed oral feeds fully.	
2am	measure Urine output 4th hrly.	2:15am	measured the Urine output 4th hrly.	
4am	Watch for sensorium.	4:30 am	watched for sensorium.	
6am	Provide Comfortable position	6:30 am	Provided Comfortable position i.e. Prone.	
7:30am	Ensure the safety needs.	8am	Ensured the safety needs	

Re-Assessment: Re assessment done

Special Notes: Measure Urine output 4th hrly, Give support to prone position and lateral position

Nurse Signature: S. S. K.

Nurse Name: K. Sumanthi

Date & Time: 04/07/26 @8am

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sri Partha Krishna Department: ER Date of Admission: 1/7/26

SITUATION		Diagnosis:		Any Infection: ☐ Yes ☒ No ☐ Not Known	
BACKGROUND		Area		If Yes Specify:	
Shift Time		ER 6:40am	1st Floor 8pm-8am	1st Floor 8am-12pm	1st Floor 12pm-8pm
Medical Condition (Any special condition to be noted):		NA	NA	NA	NA
Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Vital Signs:		Temp: 98.5°F	98.2°F	97.0°F	98.0°F
Res:		24bpm	28bpm	26bpm	20bpm
SpO ₂ :		98%	99%	99%	99%
Pulse:		120bpm	120bpm	120bpm	132bpm
BP:		18/6mm	100/70	116/80	90/60
Fall Risk Score:		12	13	13	13
Pain Score:		0/10	0/10	0/10	0/10
Safety Needs:		Yes	Yes	Yes	Yes
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Others Specify:		NA	NA	NA	NA
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Other Special Orders / Medications:		NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA
Handed Over By Name :		Abhishek	Rama	Ankur	Shailaja
Signature :		Abhishek	Rama	Ankur	Shailaja
Date:		1/7/26	2/7/2026	2/7	3/07
Time:		6:40pm	8am	12PM	8pm
Taken Over By Name :		Meelis	Ankur	Teena	K. Braavanthi
Signature :		Meelis	Ankur	Teena	K. Braavanthi
Date:		1/7/26	2/7	27	02/07/26
Time:		6:40pm	8am	12pm	8am

BAH-00657589
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D (F)
Dr. SRIPARTHA KRISHNA

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time						
	Medical Condition (Any special condition to be noted):							
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:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:							
	Special Diet:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								



THE HUMPTY DUMPTY SCALE

3/7 04/07

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	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				
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1				
	History of Falls or Infant - Toddler Placed in Bed	4	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	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	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	1	
TOTAL			14	14	14	14	

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	yes	yes	yes	
Call device within reach	✓	yes	no	yes	
Wheels Locked	✓	yes	yes	yes	
Room free of clutter	✓	yes	yes	yes	
Adequate Lighting	✓	yes	yes	yes	
Wheel Chair Support	✓	yes	no	no	
Other Intervention(s) Specify	✓	no	no	no	
Nurse's Name :	Abhishek	Roma	Sush	Sraw	
Signature :	Abhishek	Roma	Sush	Sraw	
Date :	2/7/26	2/7/26	3/7/26	04/07	
Time :	2:40pm	6am	6:40am	6am	



BRADEN 'Q' SCALE

					Date :	1/7/26	22/7/26	24/7/26	24/07
					Time :	2:40pm	6am	6am	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 extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	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	1	1	
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	2	2	
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	3	3	
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	2	2	
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 of 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	1	1	
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	4	
TOTAL SCORE					23	23	17	17	
Evaluator's Name					Abhishek	Ram	Shruti	Shruti	

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
03/10/25	10 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gray
04/10/25	12 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gray
04/10/25	2 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gray
04/10/25	4 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gray
04/10/25	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gray
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

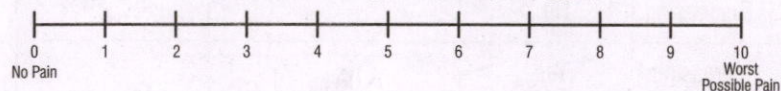
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

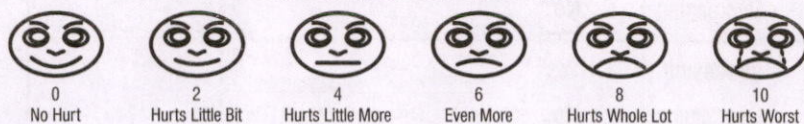
Numerical Pain Scale (Obstetric and Gynecology)



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



0

No Hurt

2

Hurts Little Bit

4

Hurts Little More

6

Even More

8

Hurts Whole Lot

10

Hurts Worst

Patient Sticker

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D (F)
Dr. SRIPARTHA KRISHNA

PAIN ASSESSMENT FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7/26	8:40 PM	DIU	NPI	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA - Abhishek
1/7/26	10 PM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA Rama
2/7/26	6 AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA Rama
2/7/26	7 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA Rama
2/7/26	8 PM	1/10	Surgical Site	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Big pain general Sindh
3/7/26	12 AM	1/10	Surgical Site	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Big pain general Sindh
3/7/26	8 AM	1/10	Surgical Site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Big pain general Sindh
3/7/26	12 PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA Melin
3/7/26	4 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA Sharif
3/7/26	8 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA Sharif

Re-assessment Frequency:

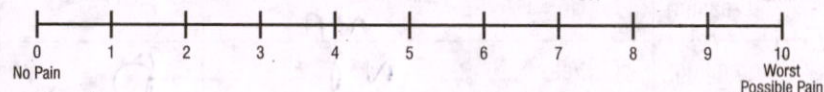
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

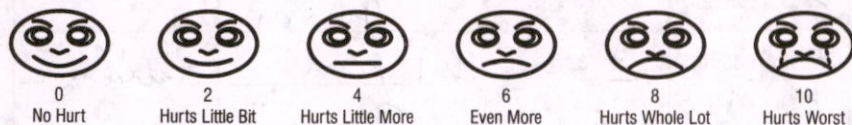
Numerical Pain Scale (Obstetric and Gynecology)



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



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	4/7 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									
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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—									
Signature of the Nurse				<u>Sunil</u>									

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 : Abhishek Name : Abhishek

Signature of Ward In Charge :

Signature : Neeraj Name : Neeraj

Patient Sticker

BAH-00657589
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D (F)
Dr. SRIPARTHA KRISHNA

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

S. No.	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	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						Rama	N	Sindhu	Neel	Praveen		

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

Signature of Shift In Charge :

Signature : [Signature] Name : Krishna de

Signature of Ward In Charge :

Signature : [Signature] Name : Neeraj

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 02/07/26

Date of Removal:

Parameters	Date	Shift Time	03/07/26 8pm-8am						
Need for the Catheter	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☒ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	K. Gnananthi								
Signature of the Nurse	Gnananthi								

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

BAM-00657589

IP5-00175835

Baby RIYANSHIKA N

14-12-2025 0 Y 6 M 17 D (F)

Dr. SRIPARTHA KRISHNA



Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
1/11/20 ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Myelocystocele Hydrocephalus neurogenic bladder	Hemodynamic stability	Myelomeningocele Repair & plastic surgery.	☐ Nursing ☐ Others:
1/11/20 ☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	myelocystocele Repair	stability	NPO	☒ Medical ☐ Others:
2/7/26 7am ☐ Medical ☐ Nursing ☒ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	myelocystocele Hydrocephalus	Dextrose 40 kcal (1:30ml) 10ml	RDA E: 108 kcal/kg/d P: 2-4g/kg/d	☐ Medical ☐ Nursing ☒ Others:
2/7/26 8pm ☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☒ Modified ☐ Per-Op ☐ Post Op	myelocystocele Hydrocephalus	to reduce the pain	given pain management medication	☐ Medical ☒ Nursing ☐ Others:
☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op				☐ Medical ☐ Nursing ☐ Others:

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 02/07/26 Time: 4:50pm
 Blood Group of the Patient: B-re Blood Group on the Blood Bag: B-re
 Blood Bank Issue No: BAH26-01530 Date of Collection: 27/Jul/2026 Date of Expiry: 08/Aug/2026
 Date & Time of Starting Transfusion: 02/07/26 @ 4:50pm Planned duration of Transfusion: 30 mins
 Check for Correct Unit: ☒ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: Shivalbela Nurse 2: Swapna
 Before starting transfusion vitals: Temp: 37.6°F HR 132/min RR: 20/min BP: 64/26 mmHg SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
	15 Min 5:05pm	132/min	37.6°F	71/24 mmHg	100%	-	-	-	-
	15 Min 5:20pm	128/min	37.6°F	82/44 mmHg	100%	-	-	-	-
	30 Min 5:40pm	130/min	37.6°F	86/43 mmHg	100%	-	-	-	-
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: nil

Name of the Incharge-Nurse: Swapna Name of the Nurse: Swapna
 Signature of the Incharge-Nurse: Signature of the Nurse: Swapna
 Date & Time: 02/07/26 @ 5pm Date & Time: 02/07/26 @ 6pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HB/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.



Rh Negative

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-01530
Blood Group: B Rh Negative
Collection Date: 27/Jun/2026
Expiry Date: 08/Aug/2026

1) Administer with caution. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter. 6) Do Not Use if Expired. 7) Do Not Use if
There is a Change in Appearance. 8) Do Not Use if
Appropriate Antibodies are Present.

Issue Label / Cross Matching Report

Patient : Baby RIYANSHIKA N .
Patient's Blood Group : B Rh Negative
Hosp/Dr : Fernandez hospital, DUTY DOCTOR
UHID No.: BAH-00657589 Wd-Bed No.:
Product : LR-PRBC Pedia-1
Blood Group : B Rh Negative
Unit No.: BAH26-01530
X Matching Report: Compatible
X-matched by: K.SAIKUMAR
Issue Dt : 02/Jul/2026
Colln. Dt : 27/Jun/2026
Exp. Dt : 08/Aug 2026
Issued By :
Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital

D.No.8-2-120/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, R
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HB/TS/2018/BB/G

CONSENT FOR BLOOD TRANSFUSION

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D (F)
Dr. SRIPARTHA KRISHNA

Name: Age: 04.6 M RD Gender: Male ☐ Female ☒
UHID.No : Date: 02/04/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☒ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: *Harshini*
Name: Harshini (mother)
Date & Time: 02/04/26 @ 4:45pm

Doctor (Who is talking the consent)

Signature: *Dr. K-Sri Ramya*
Name: Dr. K-SRI RAMYA
Date & Time: 2/04/2026 6:30pm

Witness

Signature: *Lakshmi*
Name: Lakshmi
Date & Time: 02/04/26 @ 4:45pm

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00657589 IP5-00175835 Baby RIYANSHIKA N 14-12-2025 0 Y 6 M 19 D (F) Dr. SRIPARTHA KRISHNA 		Date & Time of Admission 11/7/26	Date & Time of Transfer Order 3/7/26
Transfer Ordered by Dr. Sripartha Krishna		Reason for Transfer stable	
From Unit PICU	To Unit 1st floor (140)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20 above	Number of Imaging Films out MRI films 5	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.	WBC	1	
2.	out side MRI	1	
3.	OP File sh.	1	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Raj		Name of Person Ordered Transfer Dr. Sripartha Krishna	
Patient & Clinical Records Received by : Mehin			
Date & Time of Patient Received : 3/7/26 @ 12pm			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

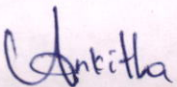
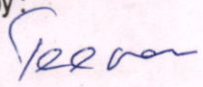
PATIENT TRANSFER FORM

BAH-00657589 IP5-00175835 Baby RIYANSHIKA N 14-12-2025 0 Y 6 M 18 D (F) Dr. SRIPARTHA KRISHNA 		Date & Time of Admission 02/04/26	Date & Time of Transfer Order 02/07/26
		Transfer Ordered by Dr. Sripartha Krishna	Reason for Transfer Observation
From Unit P.OI	To Unit PIU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 30	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Swarna		Name of Person Ordered Transfer Dr. Sripartha Krishna	
Patient & Clinical Records Received by : medson			
Date & Time of Patient Received : 2/7/26 @ 3pm			

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

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

PATIENT TRANSFER FORM

BAH-00657589 IP5-00175835 Baby RIYANSHIKA N 14-12-2025 0 Y 6 M 18 D (F) Dr. SRIPARTHA KRISHNA 		Date & Time of Admission 17/12 @ 5:11pm	Date & Time of Transfer Order 27/12 @ 12pm
		Transfer Ordered by Dr. Abhishek	Reason for Transfer meningomyelocele fusion.
From Unit 140	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Number of Imaging Films op files x rays 5	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.	op files	5	
3.			
4.	Received with ID band		
5.	Cannula dress & time		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Abhishek	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 27/12 @ 12 ⁰⁰ pm			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00657589 IP5-00175835 Baby RIYANSHIKA N 14-12-2025 0 Y 6 M 17 D (F) Dr. SRIPARTHA KRISHNA 		Date & Time of Admission 11/12/21 @ 5:11pm	Date & Time of Transfer Order 11/12/21 @ 6:40pm
		Transfer Ordered by Dr. Ramya	Reason for Transfer Admission
From Unit ER	To Unit 140	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	NA	NA	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Rachel		Name of Person Ordered Transfer Dr. Ramya	
Patient & Clinical Records Received by : Yes			
Date & Time of Patient Received : 11/12/21 @ 7pm			

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

Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D
Dr. SRIPARTHA KRISHNA
(F)

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Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 7 PM Mode of Arrival: By wheel chair Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 6.88 kg Kg

Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: NIL

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: 6.88 kg Length: Head Circumference (< 2 years):

Temp.: 98.6 F HR: 120 bpm RR: 20 bpm BP: 100/70 mmHg

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

Fall Risk Assessment: ☒ Yes ☐ No Score: 10 (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 FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives WithSiblings 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 ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump : ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No ☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ No

Information given to mother

Nurse Signature: Rama

Nurse Name: Rama

Date: 1/8/2026

Time: 7pm



DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: as per doctor order

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

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

☒ Needs Assistance In:

Remarks

☒ Medication ☒ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

Explain to the mother

Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: personal hygiene

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

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: Mehin

Nurse Name: Mehin

Date and Time: 1/12/26 @ 7pm

BAH-00657580
Baby RIYANSHIKA N
14-12-2026 0 Y 6 M 17 D (F)
Dr. SRIPARTHA KRISHNA



EMERGENCY ROOM TRIAGE FORM

Patient's Name: Baby Riyanika Age: 6M Gender: ☐ Male ☐ Female
Date: 01/07/26 Time of Arrival: 4:46 pm Triage Completion Time: 4:48 pm
Allergies: ☐ No ☐ Yes ☐ Medications ☐ Other (Specify): NA
☐ Others (Specify): NA ☐ Wheelchair ☐ Stretcher ☐ Ambulance

Source of Information: INITIAL
Mode of Arrival: Normal

CATEGORIZATION

Circulation / Colour: ☒ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☒ Stable
☐ Unstable:
☐ Not - Life - Threatening
☐ Life -Threatening

Signs: Temp: 98.3 F PR: 116 bpm BP: 110/63/73 RR: 28 b/m SpO₂: 100% RA

Complaints: Came for Myelome Surgical procedure

Triage Classification

- ☐ Level 1: Resuscitation
☐ Level 2: EMERGENT: Life or limb threatening
☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening
☐ Level 4: LESS URGENT: Significant illness but not life threatening
☐ Level 5: NON - URGENT: May receive care when convenient

CTAS
☐ Immediate
☐ < 15 min
☐ 30 min
☐ 60 min
☒ 120 min

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

* CTAS - Canadian Triage and Acuity Scale

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks? ☐ Yes ☒ No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? ☐ Yes ☒ No

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No
If yes, State Location:
- Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

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

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

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

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation
- ☐ The patient should be given a surgical mask immediately, if already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse: N R Subbar
Date & Time: 01/07/26 at 4:48 pm.
Docu. No.: RCHBH / FRM / CLINICAL / 085

Signature of Triage Nurse: [Signature]

Inform consultant for positive criteria.
(P.T.O.)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight D
2nd Floor Ward / Oncology

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

Time	Nursing Notes
	x Assessed the child condition
	x vitals Documented
	x Iv placement done
	x sample sent
	x shifted to ward.

Time: 6:20p
Time: 6:20p

Samples collected by: Mr. Rachel
Samples sent by:

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 118 bpm BP: 100/58 (mm) CFT: 2 sec
RR: 24 bpm SPO₂: 100% RA
GCS: 15/15 Temperature: 98.5° F
Pain Score: 0
Repeat RBS (if applicable): NA

Details of Shift - out

Shift - out from ER to: 140
Time of Shift - out: 6:40p
Handover given to: Merlin
(Nurse's Name)

DATE:

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD
Procedures done with details (if any):

Name of the Nurse: Mr. Rachel
Date & Time: 1/1/26 @ 6:40p

Signature of the Nurse:

Mr. Rachel

Date:	3/1/26								
Doctor's Orders	Followed								
Carried out or not	Carried								
Bed Side	clean								
Structured Handover done	done								
IV Site	Yes								
Central Lines	NA								
Arterial Lines	NA								
Feeding Catheter	NA								
Urinary Catheter	Yes								
Skin Care	given								
Eye Care	given								
Mouth Care	given								
Sterillum Bottle, Stethoscope	Yes								
Suction Bottle (Should be clean & empty)	checked								
Intubation Tray	NA								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	loaded								
Ventilator Tubing, (Any Water, Blood)	NA								
Humidification	NA								
Check all Infusion (Labelling, Correct Preparation)	labelled								
Chest Physio & Neb	NA								
Handed Over By Name :	Singh								

Date & Time :

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/7/26 Time: 9:30AM

Weight: 6.88kg Centile: 75th

Height: Centile:

Inference: well child

RDA: Calories: 108kcal/kg/d Protein: 2.1g/kg/d

Diet Recommendations: Dextrose 1:30ml solution

Re-Assessment: Continue to Stage 1 weaning Foods HEE Advised.

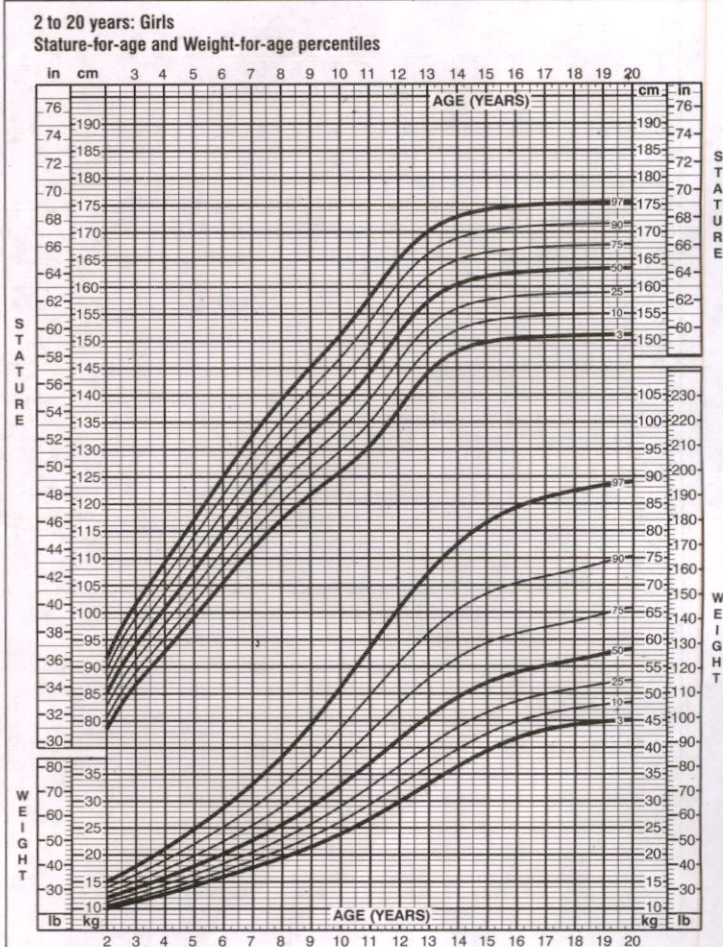
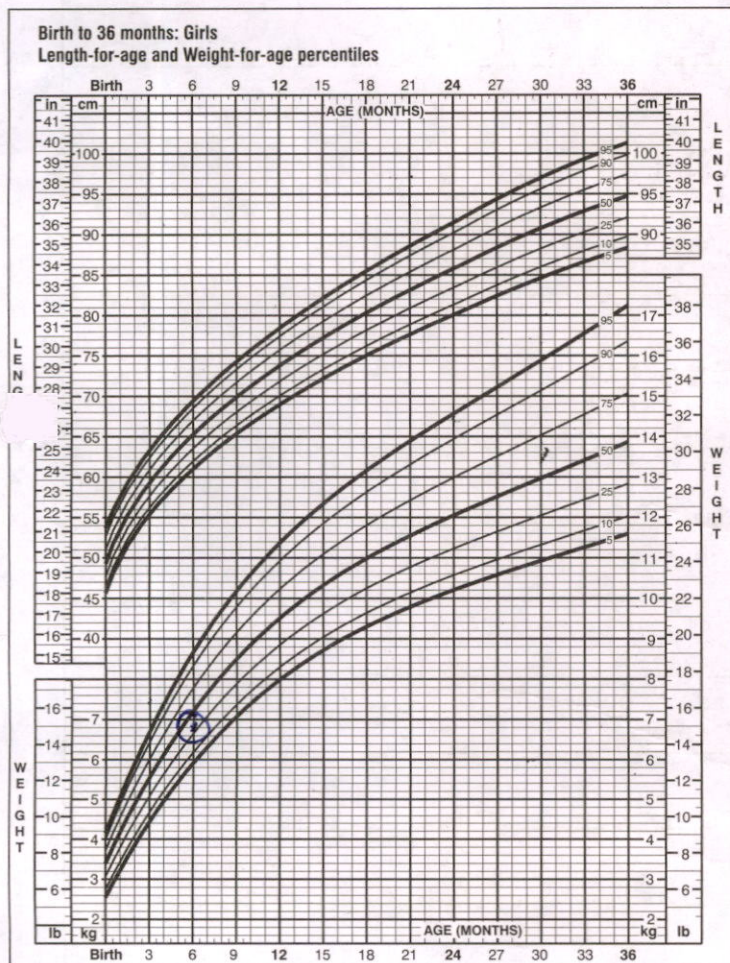
Food Allergies: NO Veg/Non-veg: non-veg

Diagnosis: Myelocystocele & Hydrocephalus & Neurogenic bladder

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Mounica

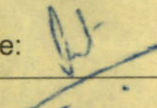
Dietician's Signature: [Signature]

Daily Notes:

[illegible]

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

2954

Patient Name: Baby. RIVANSHIKA. N	Age: 6m	Gender: female	
UHID No: BAH-0065-7589	IP No: 00175835	Date: 2/7/26	
Time: 11:45 AM			
Diagnosis: MENINGOMYELOCELE EXCISION			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Inj. Fentanyl Citrate 100 mcg / 2 ml	100mcg	-
2.	Fentanyl Citrate 25 mcg patch	-	-
3.	Inj. Morphine 15 mg / ml	-	-
Doctor Name: Dr. SARITHA		Doctor Registration No: 48033	
Signature: 			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 00175835 Date: 2/7/26

Aadhaar No. of the Patient (Optional):

1.	Name: Baby. RIVANSHIKA. N	Remarks		
2.	Complete postal address (with contact number, if any)	FLAND-303 RHADIV SWAGRUHA BANDLAGUDA. HYDERABAD.		
3.	Brief description of the illness	MENINGOMYELOCELE EXCISION		
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	-		
5.	Details of essential Narcotic drug dispensed	FENTANYL		
	Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
	FENTANYL	ONE AMP		

Signature: SANJITHA 071095
Signature: N. Ravi 05300

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby Riyanika Age: 6M Sex: Female UHID No:
Date: 17/12/26 Time: 11.15 Proposed Operation: Meningomyelocele
Diagnosis: Meningomyelocele & HYDROCEPHALUS + Neurogenic bladder
B.P / CRT: 110/83 H.R: 116/min Weight: 6.8 ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.4 Glucose: Protein: HIV: X-Ray:
PCV: 36.8 Urea: Alb: HBS Ag: ECG:
WBC: 10,510 Creat: Total Bill: HCV: B-ne 2D Echo:
Plate: 4.52 Na: Dir. Bill: Blood group: B-ne Stress/Angio:
PT: 11.2 K: LDH: T3: Other:
PTT: 38.1 Ca++: Alk phos: T4:
INR: 1.0 Mg++: Amylase: TSH:
CRP 5.0 Cl-: SGOT/SGPT:

Allergies: No known drug allergy

Medical History: CVS:

RESP: diaphragmatic hernia Diabetes:
CNS: Progressive in size Femur NVD
Renal: 7-8cm swelling 3 key bolts at
Hepatic / GE: with skin erosion over site
Others: ① LL weakness reduced antigravity movements
Past Anaesthetic History: diaper wet 6-8 times

Physical Exam:

Airway: MP 1 2 3 4 ? Mouth Opening: Adx Mentohyoid Distance: ② Neck: ② Teeth: ①
Lungs: BLAE
Heart: S1S2
CNS: NVD LL Hypotonia ① LL ↓ Movements

Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: 2nd Spine Exam for regional: Meningomyelocele

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

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

CURRENT MEDICATIONS	DOSAGE
<u>INT CEFTRIAXONE</u>	<u>350mg IV BD</u>
<u>INT VANCOMYCIN</u>	<u>100mg IV</u>

Pre-Operative Instructions:

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

Signature: [Signature] Name: [Signature]

→ CBC, PT, PTT, Blood grouping
→ RESERVE 20ml/kg PRB

1hr 2hr
1.45 - 2.25 - 3.2
m - 24 24
P - 149 36
3 - 36 36
132 86
Blood loss
comp - 30ml
15ml
45x3
135
132
135
87

BAH-00657589 IP5-00175835
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 20 D (F)
Dr. SRIPARTHA KRISHNA



ANAESTHESIA CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BP = 90/59
MAP = 71
Brockline - 2R - 157

Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status:

Continued

Physical Status:

☒ Patient Identified

☐ Consent Present

☐ Chart Reviewed

H.R:

160 BPM

B.P / CRT: 90/50-110

SpO₂:

100%

R.R: 20 BPM

Last Feed:

24 hr

Pre-OP Diagnosis:

Meningocele

Operation:

Meningocele Excision

Date:

2/12/25

Surgeon:

12:30

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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by :

Time Received :

Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	BLOOD PRESSURE PULSE RESP		IV Cannula Site : ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway	Vomiting : ☐ Yes ☐ No Drug : NG Tube : ☐ Yes ☐ No Drain : ☐ Yes ☐ No Urinary Catheter : ☐ Yes ☐ No Chest Tube : ☐ Yes ☐ No Nil Oral : ☐ Yes ☐ No IV Fluids : Oral Feeds :
				POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN MINUTES OUT 30 60 90
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0		ACTIVITY	TOTAL		
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION			
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0		CIRCULATION			
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS			
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0		COLOR			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
21/7/26	2pm	11/10	Duf Pain	Sindhu

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Reassessment Frequency:

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

Transferred to Unit by (PACU):

Date & Time:

EPIDURAL ANALGESIA RECORD

Date and Time :

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



BirthRight

BY RAINBOW 76

Your Right to a Safe

Signature of the Doctor: _____

Department of Anaesthesiology
ANAESTHETIC EVALUATION

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Age: Sex: UHID.No :

Date: Time: Proposed Operation:

Diagnosis:

B.P / CRT: H.R: Weight: ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

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

Allergies:

Medical History: CVS :

RESP :

Diabetes :

CNS :

Renal :

Hepatic / GE :

Others :

Physical Activity:

Past Anaesthetic History:

Physical Exam:

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

Lungs :

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site :

Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name:



INFORMED CONSENT FOR HIGH RISK PROCEDURE / SURGERY

Name: RIYANSHIKA . N Age: 6mon 16 Days Gender: ☐ Male ☒ Female

UHID.No : BAH-00657589 Date: 01.07.2026

I / We MOTHER & GRANDMOTHER have been explained by Dr. SRIPARTHA Y about the medical condition and the proposed procedure.

I / We have been told that our patient RIYANSHIKA N has the following Medical Conditions / Diagnosis:

MYELOCYSTOCELE WITH TETHERED CORD

Proposed Treatment / Procedure / Operation:

EXCISION OF MYELOCYSTOCELE AND REPAIR

+ LOCAL FLAPS FOR CLOSURE

I / legal guardian, have been explained in the language understood by me / us, about the medical condition mentioned above and that our patient has following risks involved during the hospital stay

INFECTION - SSI AND MENINGITIS, CEREBROSPINAL FLUID LEAK, POSTOPERATIVE WOUND NECROSIS AND NEED FOR REDO SURGERY, POSTOPERATIVE LOWER LIMB WEAKNESS, POSTOPERATIVE PROLONGED CATHETERISATION AND/OR CLEAN INTERMITTENT CATHETERISATION, NEED FOR FOLLOW-UP FOR NEUROGENIC BLADDER, RETETHERING,

I / We have been explained risk, benefits and alternatives of the procedure. NON-IMPROVEMENT OF CURRENT LIMB WEAKNESS BLOOD LOSS AND NEED FOR TRANSFUSION

I / We have been informed that the ongoing treatment in the Intensive Care Unit involves the risk of unsuccessful results, complications, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results of the procedure or treatment.

I / We have understood the consequences of not undergoing the proposed treatment.

I / We hereby give (my / our) full consent for the above - mentioned treatment.

I / We also indemnify the hospital, the concerned Doctors and the hospital staff in case of any adverse consequences arising from the treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: V. Lakshminarasimhalu

Signature: SRIPARTHA

Name: V. LAKSHMINARASIMHALU (GRANDMOTHER)

Name: SRIPARTHA

Date & Time 01.07.2026 6pm

Date & Time 01.07.2026 6pm

Witness

Signature: [Signature]

Name: K. Harshini

Relative / Legal Guardian: (Relationship with Patient) MOTHER

Address: NAGOLE

Date & Time 01.07.2026 6pm

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BAH-00657589
Baby RIYANSHIKA N
14-12-2025 0 Y 6 M 18 D (F)
Dr. SRIPARTHA KRISHNA

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 21/12/2025 @ 6:30 PM
Source of Admission: ☐ OPD ☐ Ward ☒ Other: OT
Reason for Admission: Observation.
Admission Diagnosis: myeloblastosis
Accompanied By: ☐ Parent ☒ Guardian ☐ Other Name: _____
Primary Language: ☒ Telugu ☐ English ☐ Hindi ☐ Other Specify _____
Do you require an interpreter? ☐ Yes ☒ No
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: _____
If yes, identify _____

Source of Information: ☒ Family ☐ Patient ☐ Others, Specify _____			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	NO past Medical History	NO past surgical history	Rainbow Hospital
	Family History: ☒ Father ☒ Mother ☐ Grandfather ☐ Grandmother ☐ Others		
	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 MEDICATIONS	Taking Medications? ☐ Yes ☒ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☒ No		
Observations: Weight: 6.5 kg Length: _____ Head Circumference (< 2 years): _____ Temp.: 98.6 HR: 170 RR: 26 BP: _____ Pain Score: 1/10 Specify Site: surgical site (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 20 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 14) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on:

☐ Sleeping ☒ Crying ☐ Calm ☐ Distressed/Console ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ 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?)

Orientation has been given regarding the following aspects:

- ☒ ID Band in situ
☒ Bedside safety explained
☐ PICU Routine: Doctor's rounds/Medication time
☒ Visiting policy explained

Orientation given to: ☐ Family ☐ Others specify

Name of Person Orientation was given to: Dr. Mum

Orientation not given Reason:

Nurse Name: Rishi

Nurse Signature: Rishi

Date & Time: 24th Dec 7:30 PM

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☐ Yes ☒ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

Any other needs anticipated: ☐ Yes ☒ No If Yes Specify

Discharge Medications: ☐ Yes ☒ No

Details:

Final Diagnosis: Myelomelia

Nurse Name: Rishi

Nurse Signature: Rishi

Date & Time: 24th Dec 7:30 PM

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : <u>myelocystos</u>		Diagnosis :		Surgery / Procedures :		
	Allergies :				Post OP Day :		
	Date :	<u>24/12</u>	<u>25/12</u>	<u>26/12</u>			
	Area	<u>PIU</u>	<u>PIU</u>	<u>PIU</u>			
	Shift Time	<u>Day</u>	<u>Night</u>	<u>Day</u>			
	Diet :	<u>NPO</u>	<u>NPO</u>	<u>Orally</u>			
	Ventilation (RA, NP, NIV, VENTI)	<u>NP</u>	<u>NP</u>	<u>RA</u>			
INVASIVE LINES	1.	<u>Central</u>	<u>cannula</u>	<u>Cannula</u>			
	2.	<u>(1)</u>	<u>(3)</u>	<u>(1)</u>			
	3.						
	4.						
ASSESSMENT	Infusions / Transfusions		<u>DNS</u>	<u>DNS</u>	<u>DNS</u>		
	PU Prophylaxis		<u>NA</u>	<u>NA</u>	<u>NA</u>		
	DVT Prophylaxis		<u>NA</u>	<u>NA</u>	<u>NA</u>		
	Vitals	BP	<u>120/60</u>	<u>114/68</u>	<u>104/90</u>		
		PR	<u>170</u>	<u>140</u>	<u>144</u>		
		RR	<u>26</u>	<u>25</u>	<u>29</u>		
		SpO ₂	<u>100%</u>	<u>100%</u>	<u>100%</u>		
		Temp	<u>98.6</u>	<u>98.7 F</u>	<u>98.9 F</u>		
	Pain Score		<u>1/10</u>	<u>1/10</u>	<u>1/10</u>		
	LOC (Alert, Conscious, Confusion, Unconscious)		<u>Alert</u>	<u>Alert</u>	<u>Alert</u>		
	Skin Integrity (Intact / Bedsores / Any other condition)		<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
	Restraints If any	Physical	<u>NA</u>	<u>NA</u>	<u>NA</u>		
		Chemical	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Fall Risk (Vulnerable (Y/N) if yes score)		<u>Yes</u>	<u>Yes</u>	<u>Yes</u>			
(Ambulation, walking, moving with assistance, bed ridden)		<u>moving</u>	<u>moving</u>	<u>moving</u>			
ADL (Dependent / Non-Dependent)		<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>			
Critical Lab Test / Values (if any)		<u>NA</u>	<u>NA</u>	<u>NA</u>			

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

RECOMMENDATIONS	Investigations Procedures	Date :	2/7/26	2/7/26	2/7/26			
		Area	110	110	110			
		Shift Time	Day	Day	Day			
		Ordered / Planned	Follow	Follow	Follow			
			Order	Order	Order			
		Due	No	No	No			
			Due	Due	Due			
		Reports Pending	No	No	No			
Report	Report		Report					
Referrals (If any)	No	No	No					
	Ref	Ref	Ref					
	Remarks (Special Interventions like, Drainage Tube flushing etc.)	ma rem	back side drain	back side drain				
	Handed Over By Name :	Rah	Sundh	Rah				
	Signature :	[Signature]	[Signature]	[Signature]				
	Date :	2/7/26	2/7/26	2/7/26				
	Time :	8:00	8:00	8:00				
	Taken Over By Name :	Sundh	Rah	Wah				
	Signature :	[Signature]	[Signature]	[Signature]				
	Date :	2/7/26	2/7/26	2/7/26				
	Time :	8:00	8:00	8:00				

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POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☒ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 2/12/26 Time: 6:30

Name of the Surgery: Meningomyelocele. Spina.

Drugs used for sedation during surgical procedure: PROPOFOL — MIDAZOLAM — DEXMETHORPHAN.

Fluids type / amount used using surgical procedure: RINGER LACTATE + 1% DEXTROSE

Input 406 ml Output 300 ml Blood Loss 45-50 ml

Blood Transfusion if any 10 PRBC - 60 ml

Any intra operative event:

On arrival to PICU / NICU / MICU / WARD:

Temp: HR: RR: BP: CRT:

Peripheries: SpO₂:

.....

ET Tube: ☐ Cuffed ☐ Uncuffed

Size of ETT: Length of Fixation of ETT:

Surgeon's Notes: ☐ Yes ☐ No

Time of Arrival to Unit:

Handover given by:

Anesthesiologist's Name DR. K. K. RAMYA

Signature: [Signature]

Date & Time: 2/12/26 - 6:33 PM

Handover taken by:

Doctor's Name Dr. Nathan

Signature: [Signature]

Date & Time: 2/12/26 6:40 PM

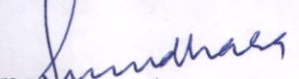
SURGICAL SAFETY CHECKLIST

Surgeon : DR. Sripa 2
Asst. Surgeon :
Anaesthetist : DR. Subramanyam
Scrub Nurse : Sravati, Ramadevi

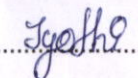
Patient Name : Baby. Raghavika Age : 6 months Gender : F
UHID No. : 00657589 Surgery Name : Hernia Repair
Date : 2/2/26 In-time : 12:30pm Out-time : 1:50pm

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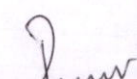

Before Induction of Anaesthesia >>

SIGN IN		Time: 12:17pm
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☐ Yes ☒ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☒ Yes ☐ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☒ Yes ☐ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature: 		
Name: DR. Subramanyam		

Before Skin Incision >>

TIME OUT		Time: 1:20pm
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 ☒ NA	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 109/1 3hrs Hone ☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☒ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature: 		
Name: Dr. Sripa		

Before Patient Leaves Operating Room

SIGN OUT		Time: 1:30pm
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☒ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No		
Signature: 		
Name: Dr. Praveen		

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Patient Sticker



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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 2/7/26

Department : OT-III Duration of Procedure : 3 hrs

Name of Surgeon : DR. Sri Partha Date of Admission : 2/7/26

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 : Inf. Vancomycin 100mg	Jyotho
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : NA Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	Jyotho
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Jyotho / Ramesh Date & Time of antibiotic administration : 2/7/26 at 2pm Date & Time procedure started : 2/7/26 at 1:30pm	Jyotho.

- 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



OPERATION THEATER NOTES

Patient's Name : Baby. RIYANSHIKA Age : 6 months Gender : ☐ Male ☒ Female
 UHID No.: BAH-00657589 Weight : Height :

Surgeon : Dr. SRIPARTHA		Asst. Surgeon : Dr. PRANEETH	
Anesthetist : DR. Sathya	OT Nurse: Rama, Sathya	OT Technician: Pameesh	
Pre-Operative Diagnosis: MYELOCYSTOCELE WITH TETHERED CORD			
Surgical Procedure : EXCISION OF MYELOCYSTOCELE AND REPAIR			
Indications for Surgery : TETHERING , RISK OF CSF LEAK			
Date : 2/7/26	Start Time : 1.30pm	End Time : 6.30pm	
Pre Operative Preparations:			
3x BETADINE			
Post Operative Diagnosis: MYELOCYSTOCELE WITH TETHERED CORD			
Peri-Operative Complications: NONE			
Operation Notes: 1. Patient laid prone under GA. Pressure points padded.			
2. Cyst opened over thinned out area, CSF drained.			
3. Dysplastic nerve travelling along cyst wall, multiple locations noted.			
4. Nerves dissected from attachment to cyst wall and placode tubularised.			
5. Dura dissected from surrounding tissue. Filum terminale identified and divided			
6. Dura closed in midline with 4-0 PDS sutures			
7. Thoracolumbar fascia dissected and elevated to close fascial defect			

8. Skin flaps raised and redundant skin excised.

9. Wound closed in layers, over 10Fr. Drain

Amount of Blood Loss: 50ml

Blood Transfused (in ML) 50ml

Name and Number of Surgical Specimen sent for examination: Placode tissue for Biopsy

Peri-Operative Complications:

None

Name of the Surgeon: Dr. Sripatha

Signature of the Surgeon: [Signature]

Date & Time: 02.07.26 6:15 pm

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Patient

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POST-SURGICAL CARE PLAN FORM

Procedure Done: MYELOCYSTOCELE EXCISION AND REPAIR

Post-Surgical Diagnosis: MYELOCYSTOCELE WITH TETHERED CORD

Post-Operative Monitoring Parameters /Frequency: VITALS Q4H

Wound Care: DRESSING

Drain /Special Lines/Catheters: SUBCUTANEOUS DRAIN PRESENT

Special Patient Positioning and Requirements: PRONE AND LATERAL NURSING

Nutritional Instructions: ORAL ALLOWED ONCE ALERT

When to Start Mobilization:

Special Referrals:

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

☐ Yes ☒ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Dr. Sripartha

Date: 02.09.26 Time: 6:45pm

Note: Plan of care will be readjusted if necessary.