



ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Time : _____ Date of Discharge : 13/5/26 Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>11/5/26</u>	<u>8:00 AM</u>	<u>PR</u>	<u>OT</u>	<u>[Signature]</u>
<u>11/5</u>	<u>12:50 pm</u>	<u>OT</u>	<u>115</u>	<u>[Signature]</u>

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/5/26	Placemental	1	2298	<i>[Signature]</i>
	PAC op Basis.			
11/5/26	NHA	1	250952	<i>[Signature]</i>

Procedure
11/5/26

ANY OTHER INFORMATION

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

[Signature]

Date : 13/5/26

Time :

Prepared By : *[Signature]*

Staff Nurse <i>[Signature]</i>	Shift / Ward	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00173663 Admit Date : 11-May-2026 Admit Time : 07:16 AM UHID : BAH-00655548

Patient Details :

Patient Name : Master TEJAVATHU JAICHAND Age : 8 Y 1 M 28 D
Guardian : Mr TEJAVATHU HARILAL DOB : 13-03-2018
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : MANGAPURAM THANDA, NELAKONDAPALLI Phone No : 9989862168/ 8886851964
MANDALAM Khammam Khammam Telangana E-mail : nomailid@gmail.com
INDIA 507001

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 405 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 405 Admission Type : First Visit

Contact Details :

Name : Mr TEJAVATHU HARILAL Relationship : Father
Contact Address : MANGAPURAM THANDA, NELAKONDAPALLI Phone No : 9989862168 / 8886851964
MANDALAM Khammam Khammam Telangana
INDIA 507001


Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM Specialisation : PEDIATRIC SURGERY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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



115

DEFICIENCY CHECK LIST OF CASE SHEET

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

[Signature]
 (P.T.O)
 13/05

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00855548 IP5-00173663
Master TEJAVATHU JAICHAND
13-03-2018 8 Y 1 M 28 D (M)
Dr. HARISH JAYARAM



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Jaichand Age/Sex 8y / M
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Came for branchial cyst excision

History of present illness :

Swelling of left side of neck for last 3 weeks



USG neck : S/O 11 x 5 x 3 cm left-cervical cyst.
(S/S/26)



Planned for left branchial cyst excision



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 30.5 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 90/min B.P. 110/56 SPO2 97% (RA)
mm Hg
Resp. rate and type of breathing : RR - 22/min

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : no distress
Air entry & breath sounds : B/L VBS, B/L AE +
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : (N)
Heart Sounds : S₁S₂ +
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)
Palpation : Soft, non-tender
Ausculation : IPS +
Spine : (N) External Genitalia : (N)
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutriton : _____
Tone: _____ Power _____
Co-ordinator : _____
Posture : _____
Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

NAD.

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Came for left sided bronchial cyst excision



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complications

Desired goals of the treatment: Hemodynamic stability

Planned Labs:

CBP, blood grouping
cross match

NB
Bhavani
11/5/26

Planned Management

NPO
iv fluid
Reserve 100ml PRBC
Inj cefazolin
Shift to OT.

Signature of the Doctor: As

Name of the Doctor: DR. SOMOSHREE

Date & Time: 11/5/26 7:15 am

Signature of the Consultant: [Signature]

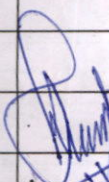
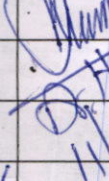

Name of the Consultant: Dr. Harish

Date & Time: 11/5/26 8:30 AM

DR. HARISH JAYARAM
Registration No. 66234





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	c/s/B	Dr. Malika
4 pm	POD - (0)	<u>Adv</u>
	Afebrile Vitals stable	1) Full feeds.
	P/A	
	LE - dressing no leakage	
	 DR. HARISH JAYARAM Registration No: 66254	Malika
	 DR. HARISH JAYARAM 11/5/26 5 PM	11/5/26 4 pm.
12/5/26 8.50 AM	POD (1)	<u>e/s/B Dr. Harish</u>
	Afebrile Vitals stable.	<u>Adv</u>
	D-0 - 15 ml.	1) Full feeds.
	 DR. HARISH JAYARAM Registration No: 66254 12/5/26 8.50 AM	Malika 12/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 5:30pm	C/S/B	Dr. Malika
	Afebrile Vitals stable	<u>Adv</u>
	P/A L/E-dressing no soakage	1) Full feeds.
 DR. HARISH JAYARAM Registration No: 66254 12/5/26 5:30pm		Malika 12/5/26 5:30pm
13/5/26 8:05 AM	POD - (2)	C/S/B Dr. Malika
	Afebrile Vitals stable	<u>Adv</u>
	L/E P - dressing	1) Full feeds 2) Plan discharge today
	P.O - 4-5 + 2ml = 6.5ml	3) Remove drain.
 DR. HARISH JAYARAM Registration No: 66254 13/5/26 8:05 AM		Malika 13/5/26 8:05 AM

BAH-00655548 IP5-00173863
 Master TEJAVATHU JAICHAND (M)
 13-03-2018 8 Y 1 M 28 D
 Dr. HARISH JAYARAM

115
RESULT SHEET

Date					
Time					
Hb	11.6				
PCV	36.5				
RBC	4.48				
WBC	8.84				
N/L	390/508				
Platelets	303				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00655548 IP5-00173663
 Master TEJAVATHU JAICHAND
 13-03-2018 8 Y 1 M 28 D (M)
 Dr. HARISH JAYARAM



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: CU Shifted to: OR

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [Signature]

Date & Time : 11/5/26 7:30 am

Nurse Name & Signature: [Signature]

Date & Time : 11/5/26 @ 7:30 AM



DRUG CHART

Date of Admission: 11/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name Signature

BAH-0065548 IP5-00173663
 Master TEJAVATHU JAICHAND
 13-03-2018 8 Y 1 M 29 D (M)
 Dr. HARISH JAYARAM



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : Neb 3% Nacl				Date/Time															
Dose	Route	Frequency	Start Dt.																
3ml	Neb	q8h	12/5																
Name & Signature of the Doctor Starting the Drugs:				<i>Sarav</i> <i>60/10/13</i> <i>10/10/13</i> <i>10/10/13</i> <i>Apply</i> <i>mail</i>															
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

Name

Patient Sticker

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:																				
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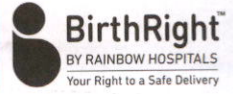
VERIFIED BY : Name Signature

BAH-00655548 IP5-00173663
 Master TEJAVATHU JAICHAND
 13-03-2018 8 Y 1 M 29 D (M)
 Dr. HARISH JAYARAM



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

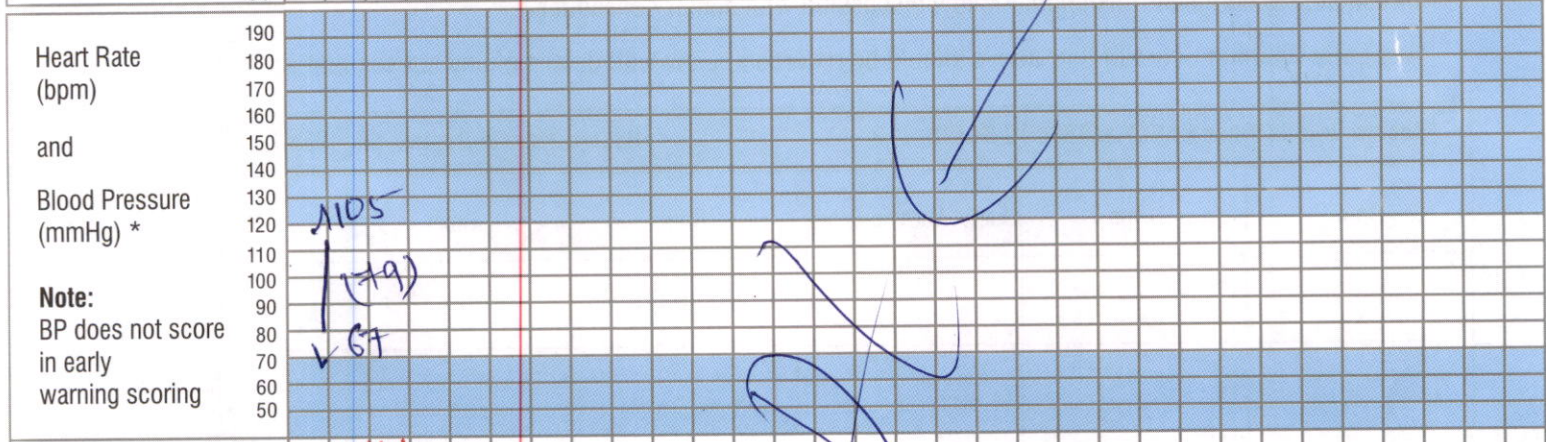
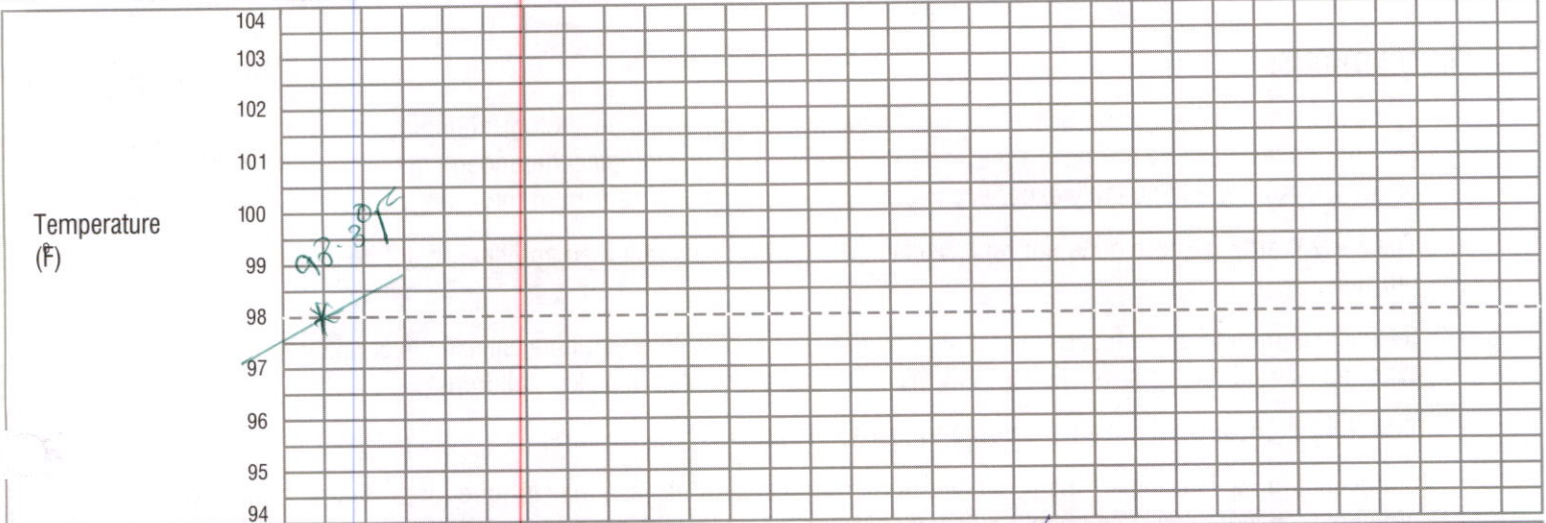
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



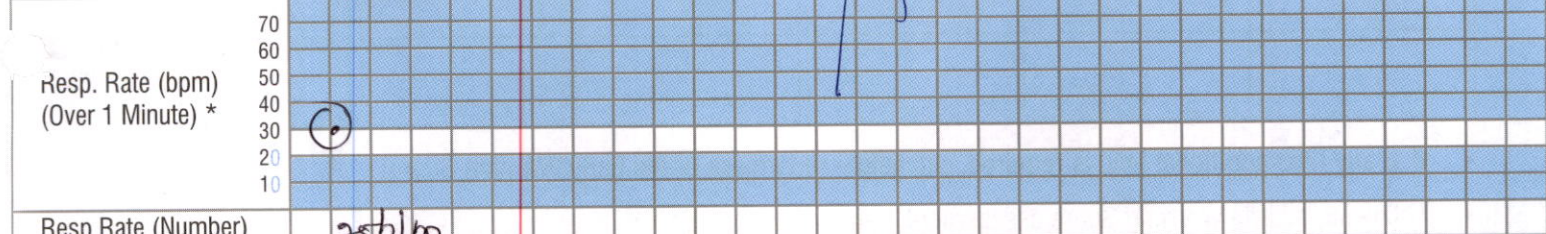
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/3 Time: _____

Doctor / Nurse / Family Concern? 6am



Heart Rate (Number) 101/110



Resp Rate (Number) 25/10

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 100.1

Conscious Level Normal Altered

GCS * 15/15

TOTAL SCORE Number of shaded boxes 1

Pain Score 0

Observer's Initials TO

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

* 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)

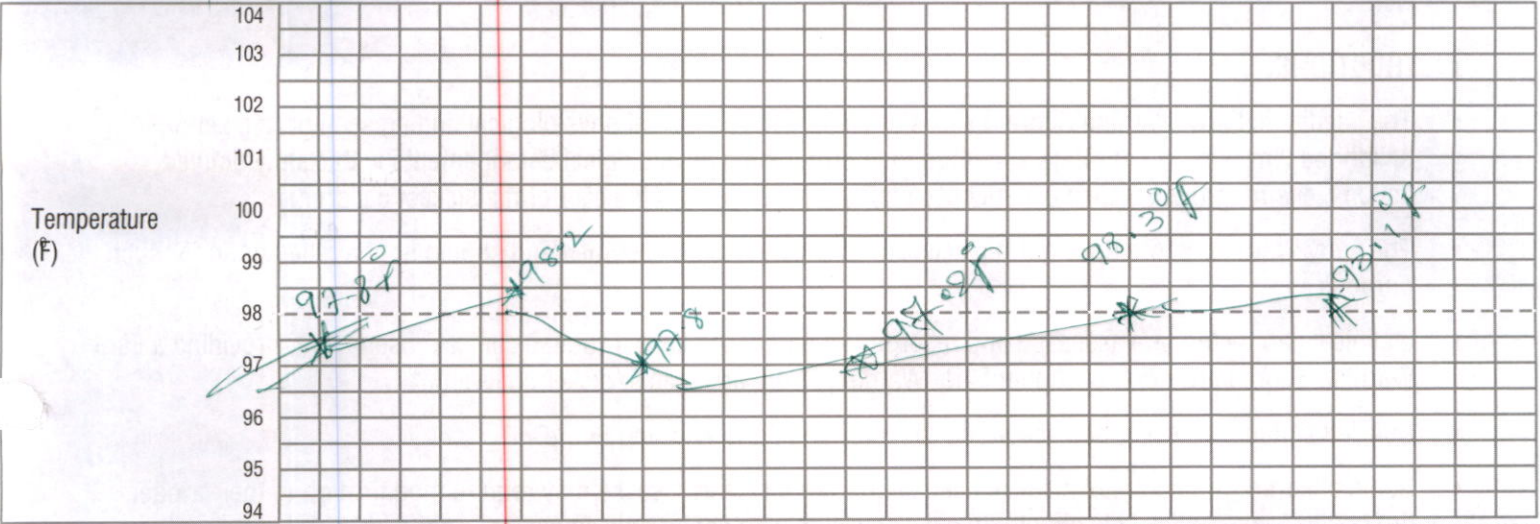


SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/5 Time: 6am 10am 1pm 6pm 10pm 13/5
 Doctor / Nurse / Family Concern? 6am



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
6am	103	88/63
10am	116	100/64 (42)
1pm	110	115/66 (44)
6pm	84	101/60 (43)
10pm	96	94/57 (69)
13/5	82	98/67 (79)

Heart Rate (Number)

103b/m 116b/m 110b/m 84b/m 96b/m 82b/m

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

Resp Rate (Number)

27b/m 27b/m 28b/m 26b/m 24b/m 25b/m

Resp Distress

Mod/ Severe Distress: None / Mild

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

97% 98% 99% 99% 98% 100%

Conscious Level

Normal / Altered

GCS *

15/5 13/10 13/15 15/15 6/15 15/2

TOTAL SCORE

Number of shaded boxes: 1 0 0 1 1 1

Pain Score: 0 0 0 0 0 0

Observer's Initials: v Q Q z o o

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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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!
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BAH-00655548
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 8 Y 1 M 28 D
 (M)

No. : RCHB/FRM / CLINICAL / 126

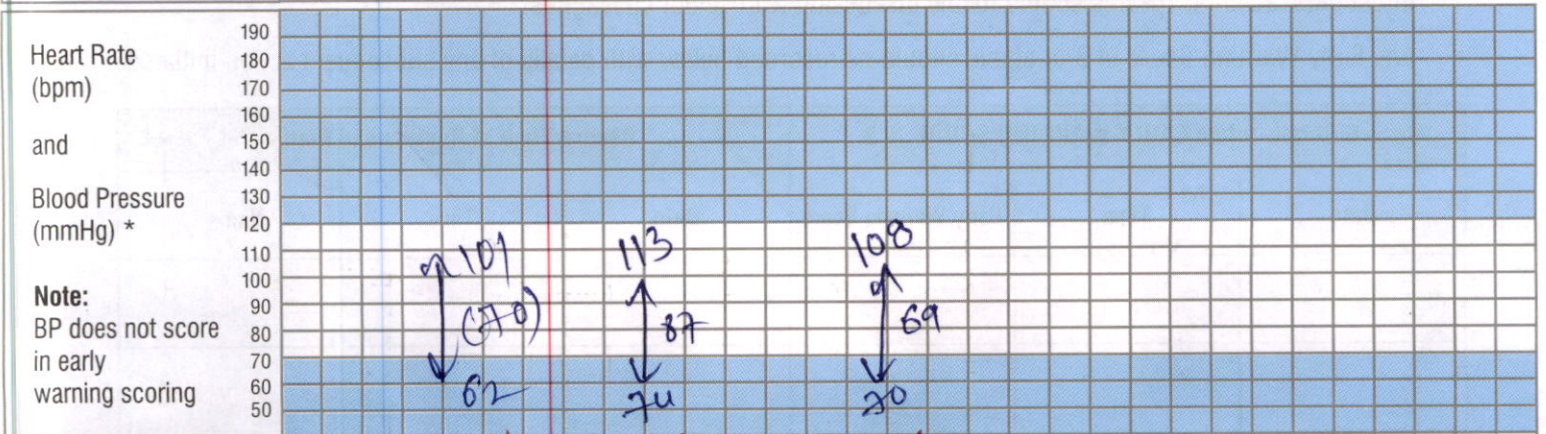
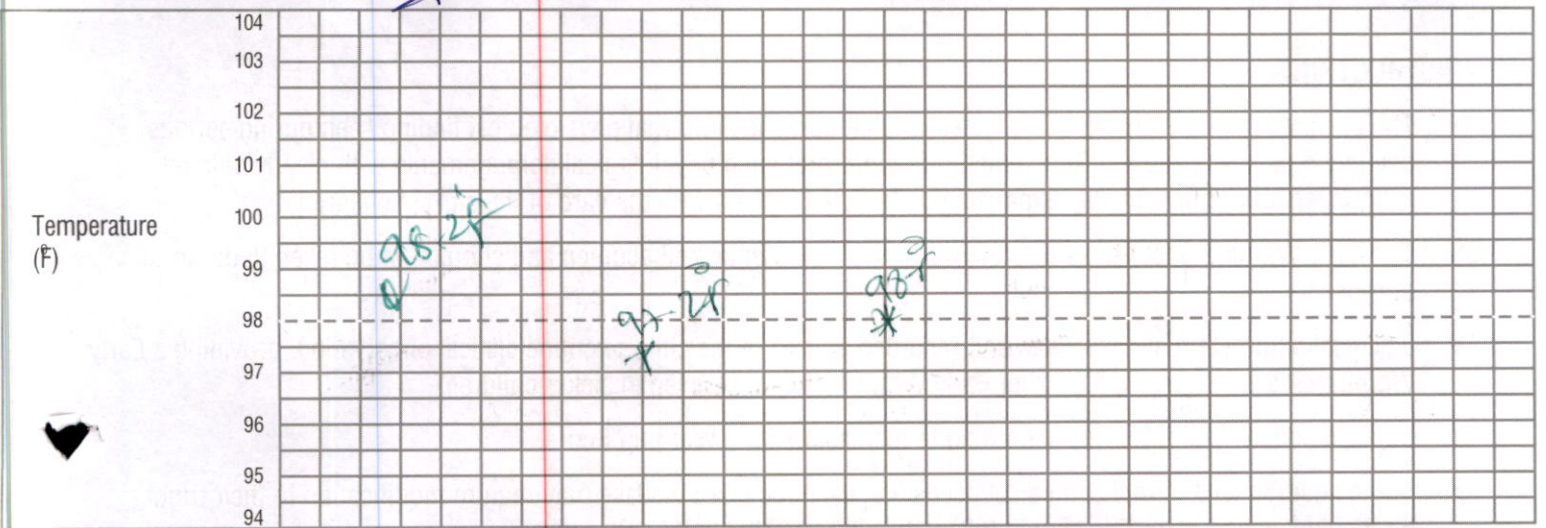
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



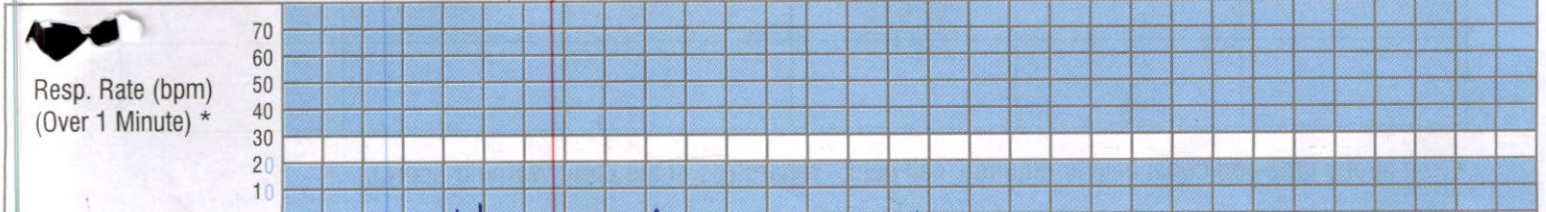
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/15 Time: 6pm 10pm 2am

Doctor / Nurse / Family Concern? 6pm 10pm 2am



Heart Rate (Number) 119b/m 101b/m 112b/m



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

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99% 100% 99%

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 1 1

Pain Score 0 0 0

Observer's Initials E J U

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am	RL		300						0		Deep
	11:00 am	RL		300						0		Deep
	12:00 pm	H2O								0		Deep
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm									0		
	03:00 pm	milk								0		
	04:00 pm	No WF	Jelly		NA	NP	NA			0		Shin
	05:00 pm									0		
	06:00 pm									0		Shin
	07:00 pm									0		
Total Intake :					Total Output :							
	08:00 pm		Rice							0		
	09:00 pm									0		
	10:00 pm	No WF								0		Milk
	11:00 pm									0		
	12:00 am									0		Milk
	01:00 am									0		
Total Intake :					Total Output :							
	02:00 am									0		
	03:00 am									0		
	04:00 am	No WF								0		Milk
	05:00 am									0		
	06:00 am									0		Milk
	07:00 am									0		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

(Drains r 18ml)



FLUID CHART



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
12/5/21	08:00 am	No Oral Intake IVF				/		/			0	Chande	
	09:00 am					/		/			0	Chande	
	10:00 am					/		/	✓		0		
	11:00 am					/		/			0		
	12:00 pm					/		/			0	Chande	
	01:00 pm					/		/	✓		0		
Total Intake :						Total Output :							
12/5	02:00 pm	NO ORAL Intake IVF				/		/			0		
	03:00 pm					/		/	✓		0		
	04:00 pm					/		/			0		
	05:00 pm					/		/	✓		0		
	06:00 pm					/		/			0		
	07:00 pm					/		/	✓		0		
Total Intake :						Total Output : incision - 405 ml							
12/8	08:00 pm	NO ORAL Intake IVF				/		/			0	JAPPU	
	09:00 pm					/		/	✓		0	JAPPU	
	10:00 pm					/		/			0		
	11:00 pm					/		/	✓		0	JAPPU	
	12:00 am					/		/			0		
	01:00 am					/		/			0		
Total Intake :						Total Output :							
13/1	02:00 am	NO ORAL Intake IVF				/		/			0	JAPPU	
	03:00 am					/		/	✓		0	JAPPU	
	04:00 am					/		/			0		
	05:00 am					/		/	✓		0	JAPPU	
	06:00 am					/		/			0		
	07:00 am					/		/			0		
Total Intake :						Total Output : Drain - 2ml							

Total 24 hrs. Intake

Total 24 hrs. Output

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Masre Tejavarthu Jaichand Age: 841m Sex: male UHID.No: BAH-00655548

Date: 9/5/2026 Time: 2:30pm Proposed Operation: Branchial cyst Excision

Diagnosis: Ⓛ Branchial cyst ? lymphatic cyst

B.P / CRT: 3sec H.R: 90/min Weight: 30.8kg 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: NKDA

Medical History: CVS: -
 RESP: mild cough (+) Diabetes: -
 CNS: Not significant
 Renal: Not significant
 Hepatic / GE: Not significant
 Others: Not significant
 Physical Activity: (N) development
Active USG of Neck

Past Anaesthetic History: 36 weeks NVD/CIAB
B.Wt: 3kg
NO NICU admission
immunised till date
 Physical Exam: (N)
 Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: RTB Neck: (N) Teeth: intact
 Lungs: BAE (+) clear
 Heart: S1S2 (+)
 CNS: AMF (+)
 Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: angle of mandible, inferiorly in superior mediastinum above thymus gland
 Anaesthetic Plan: MAC REGIONAL GA-ETT LMA
 Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:
 1. DVT Prophylaxis : explained
 2. NIL ORAL Water / ORS 2 Hours
Others 6 Hours
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions: CBP, blood grouping

Signature: [Signature] Name: Dr. Tejaswini



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 116/min B.P/CRT: <3 sec SpO₂: 100% on RA R.R: Last Feed: Yesterday night

Pre-OP Diagnosis: Branchial cyst Operation: Branchial cyst excision Date: 11/5/26

Surgeon: Dr. Harish Jayaram Anaesthesiologist: Dr. Sanjita Technician: M. R. Bapu

TIME	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00
N ₂ O / AIR / O ₂ LPM	1:1	→	→	→	→	→	→	→	→	→	→	→	→	→
HALO / SO (SEVO)	1 MAC	→	→	→	→	→	→	→	→	→	→	→	→	→
Drugs:	<u>Inj Midazolam 2mg</u> <u>Inj Fentanyl 60mcg</u> <u>Inj Propofol 100mg</u> <u>Inj Rocuronium 15mg</u> <u>Inj Paracetamol 900mg</u> <u>Inj MYDAPROLATE 3ml</u>													
Antibiotic														
Suppository														
Blood Loss														
NOTES														
FI _{O2} / SaO ₂	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ETCO ₂	36	37	37	36	38	38	38	38	37					
ECG	NR	NR	NR	SR	SR	SR	SR	SR	SR					
Temperature	33	34	33.4	34.1	34.3	34.5	34.6	34.7	34.6					
Urine Output														
Fluids	<u>RL @ 200ml/hr</u>													
B.P														
V Systolic														
A Diastolic														
X Mean														
Heart Rate														
Tourniquet on Time														
Tourniquet off Time														
Throat Pack In														
Throat Pack Out														

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: R.U.L.

Art Site:

EKG Lead

Temp Site: SKIN

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME

Cling Film

Hugger's

Other

Fluid Warmer

OH Warmer

Cotton Wool

Times:

Anaes Start: 8:45am

OP Start: 8:55am

OP End: 10:50am

Leave OR: 11AM

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV: 22G R.U.L.

IV:

IV:

IV:

Induction:

IV

Pre O₂

Others

Inhal

RSJ

Mask

Airway

Oral

Tracheostomy

Drug:

SG

Oral

Cuff

Topical

Awake

Video Laryngoscopy

Fiberoptic

Blade# 2 Attempts: Single

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify:

Spinal

Epidural

Caudal

Others:

Position:

Site:

Needle Size:

Depth:

Parasthesia Yes No

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU

ICU

Other

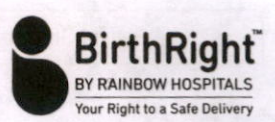
Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Sanjita

Signature of the Doctor: [Signature]

BAH-00655548 IP5-00173663
Master TEJAVATHU JAICHAND
13-03-2018 8 Y 2 M 0 D (M)
Dr. HARISH JAYARAM

jaichand.



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Ⓛ Branchial cyst excision.

Anaesthesiologist: Dr. Tejanini Surgeon: Dr. Harish Jayaram.

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
- Shock Obesity Chronic Obstructive Pulmonary Disease
- Others Bleeding, Desaturation, laryngospasm, bronchospasm.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant: T. Harilal
 Signature: [Signature]
 Name: _____
 Relationship with patient: Father.
 Date & Time: 9/5/2026 2:40pm

Witness:
 Signature: T. Chandini
 Name: T. Chandini
 Date & Time: 9/5/2026 2:40pm

Doctor (who is taking consent):
 Signature: [Signature] Name: Dr. Tejanini Date 9/5/26 Time: 2:40pm.

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నారోమిటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

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

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

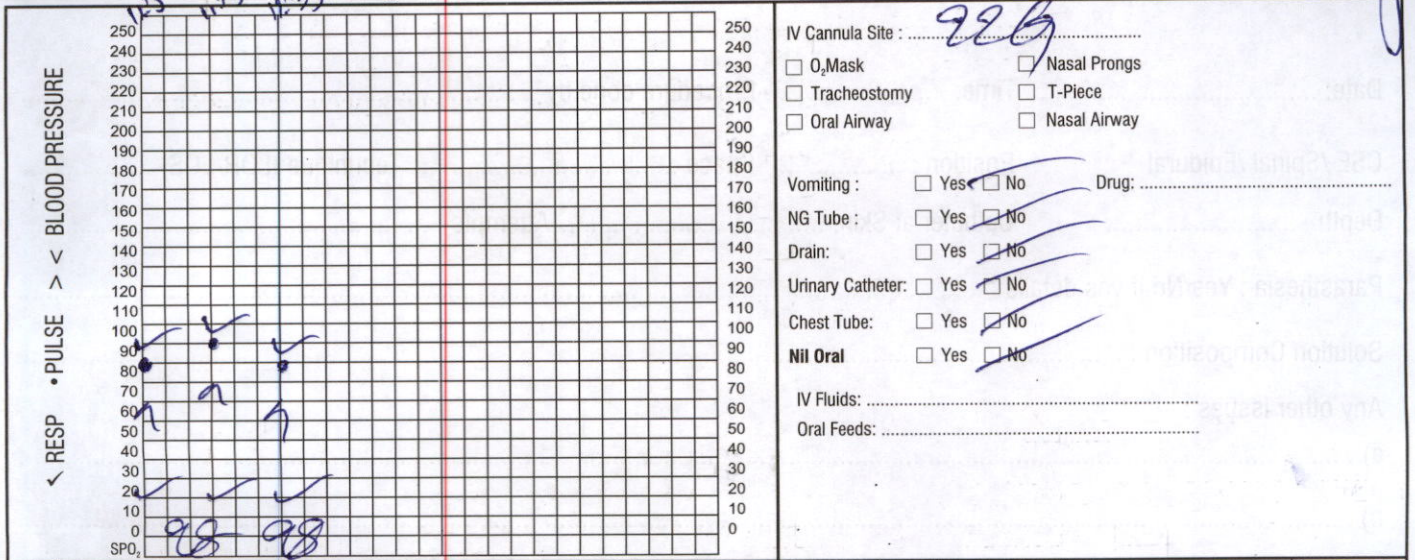
డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Harish Jayaram Time Received: 11:50 AM Time Discharged: 12:50 PM



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		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	1	1	1		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	8	9		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/5	11:50 AM	1	—	Dr. Harish Jayaram

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Harish Jayaram
 Anaesthesiologist Signature: [Signature]
 Date & Time: 11/5/2018 12:50 PM

PACU Nurse Name: [Signature]
 PACU Nurse Signature: [Signature]
 Date & Time: 11/5/2018 12:50 PM

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

Transferred to Unit by (PACU): [Signature]
 Date & Time: 11/5/2018 12:50 PM

BAH-0065548 IP5-00173663
Master TEJAVATHU JAICHAND
13-03-2018 8 Y 1 M 28 D (M)
Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

Procedure Done: <u>(L) Branchial cyst excision</u>
Post-Surgical Diagnosis: <u>(L) Cystic hygroma / ?? Thyroid cyst</u>
Post-Operative Monitoring Parameters / Frequency: <u>TPR 15 mins x 1 hr.</u>
Wound Care: <u>Watch for bleeding</u>
Drain / Special Lines / Catheters: <u>Drain - To empty once in 24 hrs at 7 AM</u>
Special Patient Positioning and Requirements: <u>-</u>
Nutritional Instructions: <u>NBM until fully awake</u>
When to Start Mobilization: <u>As soon as child is fully awake</u>
Special Referrals: <u>-</u>
The new order for all required medications documented in the doctor order/medication sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Post-Operative Care Needed including Required Follow Up
Treating Surgeon (Signature & Stamp): <u>[Signature]</u> DR. HARISH JAYARAM Registration No: 36254
Date: <u>11/5/26</u> Time: <u>10.30 AM</u>
Note: Plan of care will be readjusted if necessary.



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11.5.26 Time: 4 PM

Weight: 30.5 kg Centile: >75th

Height: 124 cm Centile: >25th

Inference: overweight child

RDA: - Calories: 1550 kcal/d Protein: 27 g/d

Diet Recommendations: soft diet

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

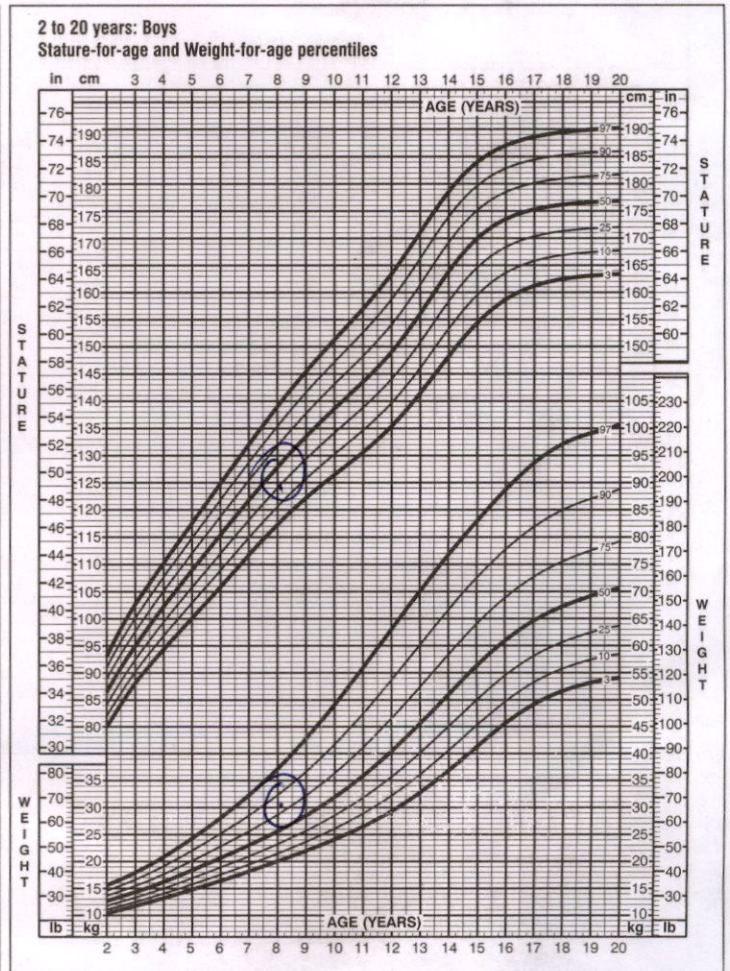
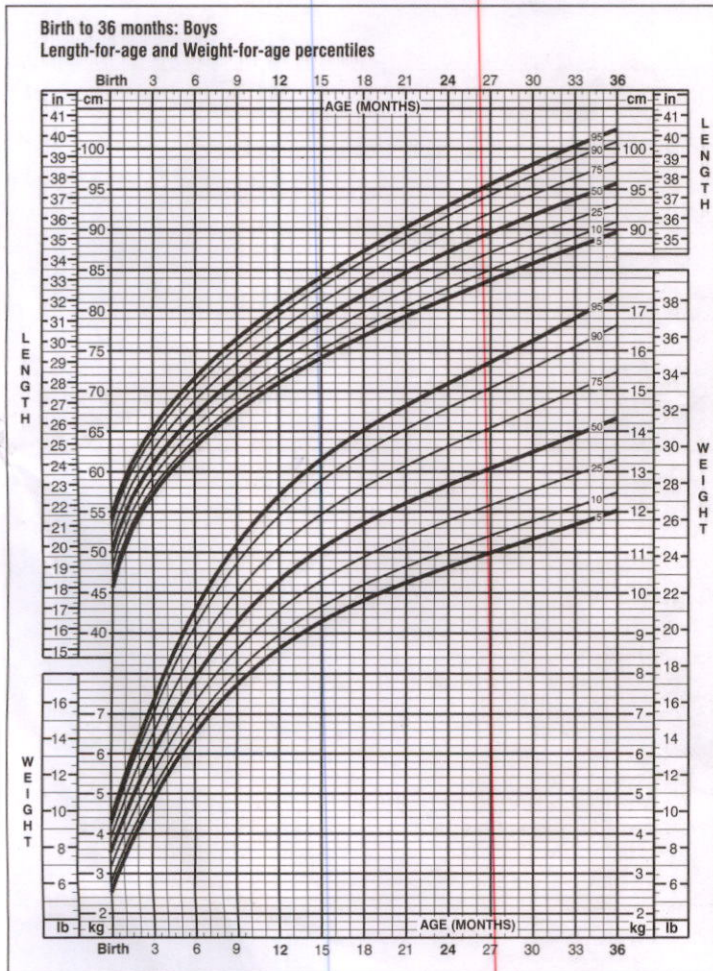
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Branchial cyst excision

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes:

12/5/26

10:30 AM

child is stable. oral intake is good

continue \bar{c} soft diet.

Nikitha.