

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174374      Admit Date : 27-May-2026      Admit Time : 09:54 AM      UHID : CUV-00176445

**Patient Details :**

Patient Name	: Baby UDDANDAM HIRANYA	Age	: 0 Y 10 M 30 D
Guardian	: Mr UDDANDAM MAHESH BABU	DOB	: 27-06-2025 06:35 PM
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: FLAT NO 202, SRI LAXMI APARTMENTS, SAI NAGAR COLONY, MADEENAGUDA Hyderabad Telangana INDIA 500049	Phone No	: 9989080560/ 7799990660
		E-mail	: TRIVENICHINNI308@GMAIL.COM

**Admission Details :**

Bed Type : DAY CARE      Bed No : POST OP 409      Ward Name : 4F-OT COMPLEX  
 Room No : POST OP 409      Admission Type : First Visit

**Contact Details :**

Name : Mr UDDANDAM MAHESH BABU      Relationship : Father  
 Contact Address : FLAT NO 202, SRI LAXMI APARTMENTS, SAI NAGAR COLONY, MADEENAGUDA Hyderabad Telangana INDIA 500049      Phone No : 9989080560 / 7799990660

*U. J. L. Triveni*  
 Signature

**Doctor Details :**

Doctor Name : Dr. VISHAKHA BASAVRAJ KARPE      Specialisation : PEDIATRIC NEUROLOGY  
 Referral Doctor : SELF      Phone No :  
 Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
 Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP N \_\_\_\_\_ it: \_\_\_\_\_ Dept : \_\_\_\_\_

CUV-00176445 IP5-00174374  
Baby UDDANDAM HIRANYA  
27-06-2026 0 Y 10 M 30 D (F)  
Dr. VISHAKHA BASAVRAJ KARPE

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



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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
22/5/26	10:50 AM	GR	OT	Pintu
22/5	11:50 PM	OT	331-2	Suman

**Cross Consultation Visit**

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









# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

CUV-00176445 IP5-00174374  
Baby UDDANDAM HIRANYA  
27-06-2025 0 Y 10 M 30 D (F)  
Dr. VISHAKHA BASAVRAJ KARPE



Patient Name: \_\_\_\_\_ Uddam \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_ Dr. Vishakha Basavraj, \_\_\_\_\_

## Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

### Chief Presenting Complaints & Duration (Chronologically)

post op clo posterior fossa intracranial space occupying lesion & 5/6 suboccipital craniotomy & near total excision of tumor and Right parietal omaya reservoir now came with no excessive irritability

### History of present illness :

child was apparently asymptomatic till 10 days ago, later child developed vomiting & Non projectile Non bilious, 3-4 episodes/day for 10 days duration watery consistency

clo excessive irritability since 3 days, no diurnal variation, with decreased sleep

↓

for the above complaints, child was taken to RCH, vijayawada → In persistence of symptoms after conservative management child was shifted to Ankura hospital diagnosed with posterior fossa Intracranial Sol

↓

referred to RCH, Banjara hills, got operated with suboccipital craniotomy and near total excision of tumor and Right parietal omaya reservoir placement, ~~at~~ now due to persistent irritability child was planned for programmable vp shunt.

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Baby UDDANDAM HIRANYA  
27-06-2025 0 Y 10 M 30 D (F)  
Dr. VISHAKHA BASAVRAJ KARPE

**Pediatric Multistory & Physical Examination**

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

postop case of Intracranial sol with obstructive hydrocephalus

**Birth & Neonatal History:**

term (GAR) NO NICU

**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

**Developmental History :**

Appropriate for age

**Immunization History :**

immunized till date

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Baby UDDANDAM HIRANYA  
27-06-2025 0 Y 10 M 30 D (F)  
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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) ) 6.6 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.4°f Pulse Rate : 126/min B.P. 83/50 (57mmHg) SPO2 98.1.0m

Resp. rate and type of breathing : 27/min  
Regular

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAC ⊕

Any addes sounds : clear

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

#### Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 ⊕

Any murmur : NO

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

#### Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BAC ⊕

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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 : Good \_\_\_\_\_

Tone: \_\_\_\_\_ Power (N) 4/5 \_\_\_\_\_

Co-ordinator : (N) \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : Nil \_\_\_\_\_

#### Reflexes :

DTR

Superficials:

Plantars flexor \_\_\_\_\_

#### Sensory System :

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

Post op posterior fossa Intracranial CoC, with  
obstructive hydrocephalus with suboccipital craniectomy  
and near excision of tumor with Right parietal anastomosis  
Reservoir placement, ADW come for  
Programmable VP shunt



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 Baby UDDANDAM HIRANYA  
 27-03-2025 0 Y 11 M 1 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



## DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
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			
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)	1			
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				
39	Bed side check list				
40	PICU bed formula Dilution feeds	10			
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
<b>Total No. of Pages</b>		<b>39</b>			

Signature and Date:  
  
 29/3/25

## 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

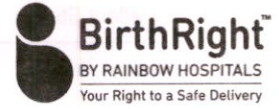
CUV-00178445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025 0 Y 11 M 1 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>28/5/26</p>	
	<p>clerk Neuroteam</p> <p>- Two spikes - 2 CUV 20-25.          - Taking well orally.          vitals - stable          - No facial weakness          - Eyes full.          - Symmetrical arm/leg movements          - No nuchal or cerebellar signs.</p>	
	<p>DR. ABHISHEK R. JAIN          Registration No: 2757</p>	<p>Adv:          - vitals in room etc          - if persistent fixed spikes (+)          ↓          plan to repeat CRP, WBC, etc          - Aunat <del>in room</del></p> <p>Noted by Sneha          28/5/26 @ 11:20 AM</p>

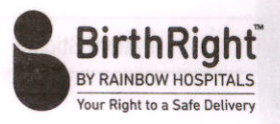
CUV-00176445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025 0 Y 11 M 1 D (F)  
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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28 / 5 / 26 1.20pm	S/R Dr. Vishakha	
	Post op @ V-P shunt (programmable) (POD - 1)	
	<p>W/O - fever 3-4 spikes</p> <p>Accepting feeds well</p> <p>No vomiting</p> <p>Irritability reduced</p>	
	<p>W/O - Baby dull</p> <p>apathic</p> <p>Moving all 4 limbs</p> <p>Shunt chamber - compressible</p>	
	<p>Adv</p> <p>- CBP</p> <p>- CRP</p>	<p>Adv</p> <p>cont. same</p> <p>Pediatrician's opinion</p> <p>Noted by [Signature] @ 28/5/26 2:45 pm</p>
Plan:	<p>Upgradation of antibiotics if CRP high.</p>	<p>[Signature]</p>

CUV-00176445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-08-2025 0 Y 11 M 1 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>28/5/2026</u>		
09am	<p style="text-align: center;"><u>C/S/B Neuroteam:</u></p> <p>→ <u>Issues:</u> fever spikes            !! morning (99-100°F)            - No <del>has</del> vomiting / excessive crying / irritability ↓            - Accepting feeds orally.</p> <p><u>O/E:</u> Baby - vitals: stable            accepting feeds orally            Temp: 98.3°F (Afebrile)            - No meningeal / cerebellar signs</p>	
		<p style="text-align: center;"><u>Adv</u>  <u>vitals monitoring</u></p> <p>Noted by <u>Dr. Sheela Zolke</u>            @ 6:48pm</p>
		<p>① D/C today            ② cont. IVAB            ③ <u>wednesday</u> C/S/B            CRP            Review</p>
	<p style="text-align: center;"><b>DR. ABHISHEK R JAIN</b>            Registration No: 2757</p> <p style="text-align: center;"><i>Abhishek</i></p>	



# INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By:  Patient  Patient Attendant

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

1. Right programmable V-A shunt  
 2. \_\_\_\_\_

**I acknowledge the following:**

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

Benefits of the Surgery(s) / Procedure(s)	, Alternatives of the Surgery(s) / Procedure(s)
1) Reduction of Raised ICP 2) CSF drainage 3) Proper wound healing	—

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

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

- a. Risk of post op intracp bleeding (b) Risk of post op infection, cerebral  
 b. shunt migration, malfunction = blockage, intracranial complications

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

**Patient / Patient Attendant:**  
 Signature: U. J. L. Triveni  
 Name: U. Jaya Lakshmi Triveni  
 Relationship with patient: Mother  
 Date & Time: 27/05/2026 12:00 PM

**Witness:**  
 Signature: U. Naga Malleswar  
 Name: U. Naga Malleswar  
 Date & Time: 27/05/2026 12:00 PM

**Doctor (who is taking consent):**  
 Signature: [Signature] Name: 27/5/26  
 Date: 27/5/26 Time: 12 PM

## శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్కో బిల్టెన్ హాస్పిటల్లో చేయబడబోయే కింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు భాష స్థలం వదిలివేయకండి)

- 1 .....
- 2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

- a.
- b.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....



CUV-00176445      IPS-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025      0 Y 10 M 30 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



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

To Be Filled In By Assigned Nurse :

Date : 27/5/25

Department : POD      Duration of Procedure : 20 1/2 hr  
 Name of Surgeon : D. Vishkha      Date of Admission : 27/5/25

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic    or    Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>1g - TAZIM 330mg, Inj Amikacin 100mg</u>	<u>Anu</u>
2.	Hair Removal - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    if Yes :      Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent) ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Anu</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37.6°C</u> <input type="checkbox"/> Oral    Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>Suman</u>
4.	Name of doctor or staff administering the antibiotic : <u>D. Vishkha</u> Date & Time of antibiotic administration : <u>27/5/25 @ 12 PM</u> Date & Time procedure started : <u>27/5/25 @ 12:37 PM</u>	<u>Anu</u>

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



## OPERATION THEATER NOTES

Patient's Name : Baby Uddandam Hiranya Age : 10m Gender :  Male  Female

UHID No. : C211-00176445 Weight 5.0 kg Height : .....

Surgeon : Dr. Vishalcho Asst. Surgeon : -

Anesthetist : D Mohan OT Nurse : Amosch. Bimal OT Technician : Bapu

Pre-Operative Diagnosis: .....

Surgical Procedure : Right programmable Verteuloperitoneal shunt (Cesta plus Codman)

Indications for Surgery : Post subseptal craniotomy & emission ofependyma & communicating HCP

Date : 27/5/26 Start Time : 12:37pm End Time : 1:52pm

Pre Operative Preparations: .....

Position - Supine with head resting resting on head  
Being all pressure points padded. Wescure applied  
Incision - Curvilinear incision centered at (A) ~~Keele's~~ point  
Horizontal incision in (B) subcostal region  
Keen's

Post Operative Diagnosis: -

Peri-Operative Complications: NI

Operation Notes: Painting & draping done. Incisions made & deep  
Bull hole at (A) Keen's point. Draping done  
Subcutaneous tunnel made between two incision  
& shunt tube inserted in tunnel.  
Verteuloperitoneal puncture made & verteuloperitoneal catheter  
placed in lateral verteuloperitoneal & connected to shunt  
tube. free flow of cef observed through  
peritoneal end. & peritoneal end inserted in peritoneal  
cavity. Closure done to layers. Ommaya reservoir  
Shunt pressure setting done at 4

(80-125 mmHg)



176445 IP5-00174374  
Y UDDANDAM HIRANYA  
6-2025 0 Y 10 M 30 D (F)  
VISHAKHA BASAVRAJ KARPE

## POST-SURGICAL CARE PLAN FORM

Procedure Done: .....

Post-Surgical Diagnosis: .....

Post-Operative Monitoring Parameters /Frequency:

Vitals  
AC

Wound Care:

W/F Cff lead

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

Regular feeds once child is awake

When to Start Mobilization:

Special Referrals:

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

Yes  No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon  
(Signature & Stamp)

Date: 27/5

Note: Plan of care will be readjusted if necessary.

CUV-00176445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025 0 Y 10 M 30 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE

Pati



### RESULT SHEET

Date	27/5/20	28/5/26			
Time	10am	28/5/26			
Hb	9.5				
PCV	29.0				
RBC	3.96				
WBC	13.13				
N/L	38.2/50.3				
Platelets	741				
CRP		27			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/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					





# Laboratory Report



It takes a lot to treat the little.

Baby UDDANDAM HIRANYA

9989080560

0 Y 10 M 30 D

BA26053820

Female

27-05-2026 10:51 AM

IP5-00174374

27-05-2026 10:51 AM

CUV-00176445

Dr. VISHAKHA BASAVRAJ KARPE

4F-OT COMPLEX / POST OP 409

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT ENTERED</b>	
HEMOGLOBIN (Colorimetry)	9.5	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	3.96	10 <sup>12</sup> /L	3.7 - 5.6
PCV/HCT (Calculated)	29.0	VOL%	33 - 49
MCV (Calculated)	73.2	fL	70 - 86
MCH (Calculated)	24.0	pg/cells	23 - 31
MCHC (Calculated)	32.8	g/dL	30 - 36
RDW-CV (Calculated)	<b>23.6</b>	%	H 11.5 - 16
PLATELET COUNT (DC Detection Method)	<b>741</b>	<b>10<sup>9</sup>/L</b>	H 150 - 450
MPV (Calculated)	8.3	fL	6.5 - 10
WBC COUNT (DC Detection Method)	13.13	10 <sup>9</sup> /L	6 - 17
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	<b>38.2</b>	%	H 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	50.3	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	7.8	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	1.8	%	1 - 7

CUV-00178445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025 0 Y 10 M 30 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP. LEVITERACETAM	1.5ml	PO	Q12H		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	DROP. VITAMIN D3	0.5ml	PO	Q24H		<input checked="" 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 : Sai

Date & Time : 27/5/26 @ 10:40

Nurse Name & Signature : P. Parthiva

Date & Time : 27/5/26 @ 10:40

CUV-00176445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025 0 Y 10 M 30 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



# DRUG CHART

Date of Admission: 27/5/26 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 :				Date
<u>DROPS</u> <u>PARALYTAMOL</u>				<u>27/5/26</u>
Dose	Route	Frequency	Start Date	
<u>1ml</u>	<u>PO</u>	<u>SOS</u>	<u>27/5</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>Pawani</u>		<u>48hrs</u>		
Additional Instructions:				
<u>100mg/ml. &gt;100°P.</u>				

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

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

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



REGULAR PRESCRIPTIONS

Weight. 6.6kg Ward. 3rd floor

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>Inj CEFOTAXIM</u>				Date Time	<u>27/5/2015</u>																	
Dose	Route	Frequency	Start Date																			
<u>260mg IV</u>		<u>Q 8H</u>	<u>27/5</u>	<u>7AM</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>
Name & Signature of the Doctor Starting the Drugs: <u>Pawan</u>																						
Additional Instructions: <u>40mg/kg/day</u>																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>Inj AMIKACIN</u>				Date Time	<u>28/5</u>																	
Dose	Route	Frequency	Start Date																			
<u>100mg IV</u>		<u>Q 24H</u>	<u>28/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Pawan</u>																						
Additional Instructions: <u>15mg/kg/day - once daily</u>																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>Inj PARACETAMOL</u>				Date Time	<u>27/5</u>	<u>28/5</u>	<u>29/5</u>															
Dose	Route	Frequency	Start Date																			
<u>100mg IV</u>		<u>Q 8H</u>	<u>27/5</u>	<u>6AM</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Pawan</u>																						
Additional Instructions: <u>15mg/kg/day</u>																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>NASOCLEAR nasal drops</u>				Date Time	<u>28/5</u>	<u>29/5</u>																
Dose	Route	Frequency	Start Date																			
<u>2°</u>	<u>each nostril</u>	<u>Q 1D</u>	<u>28/5</u>	<u>6AM</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	<u>8</u>	<u>12</u>	<u>5</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Akshita</u>																						
Additional Instructions: <u>2° in each nostril</u>																						
Daily Doctor's Endorsement by a Sign																						



		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>		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.

<b>VARIABLE DOSE</b>		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>		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
21/6/2026	12:10pm	2mg Paxim 50mg/kg/str	330mg	iv	[Signature]	[Signature] Bsm
21/6/2026	12:00pm	2mg Amikacin 10mg/kg/str	100mg	iv	[Signature]	[Signature] Bsm
27/6/24	12:04pm	2g. PARACETAMOL	66mg	iv	[Signature]	[Signature] Bsm

Signature  
VERIFIED BY : Name

CUV-00178445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2026 0 Y 10 M 30 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE

I.V. FLUIDS CHART

Weight. 6:6.1kg Ward. 07



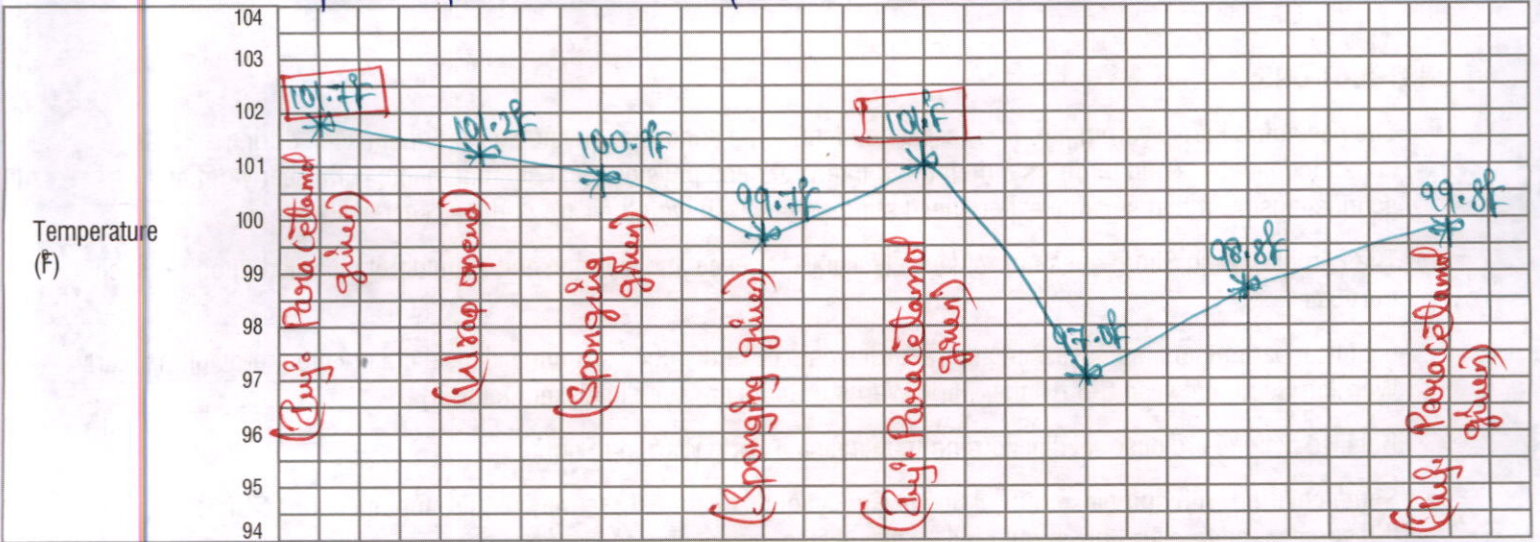
position of I.V. Fluid  
 (mention ml./hr = Mcg/kg/min. etc)

position of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/5 IVF. DNS	IV	25ml/hr	Sai		Not	connected	
27/5 12:20pm Ringer Lactate	IV	66 ml/hr	MS	Dr. 27/5		MS	Dr. 27/5

Signature  
 VERIFIED BY : Name

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

Date: 27/6/25	Time: 5:56	7	10	11	12:35	1:30	4	6
Doctor/Nurse/Family Concern?	pm	pm	pm	pm	am	am	am	am



Heart Rate (bpm)	135b/m	138b/m	140b/m	122b/m	120b/m
Blood Pressure (mmHg) *	130	130	130	120	120

**Note:**  
 BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *	34b/m	36b/m	37b/m	30b/m	32b/m
------------------------------------	-------	-------	-------	-------	-------

Resp Distress	None / Mild	Mod / Severe	N	RA	N	N	N	N
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	99%	99%	99%	100%	98%		
Conscious Level	Normal / Altered	N	N	N	N	N		
GCS *	15/15	15/15	15/15	15/15	15/15			

<b>TOTAL SCORE</b>	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	at	at	Ry	Ry	Ry

<b>ACTIONS</b>	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.

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

CUV-00176445  
 Baby UDDANDAM HIRANYA  
 27-08-2025 0 Y 11 M 1 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE

No. : RCHBH / FRM / CLINICAL / 124

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

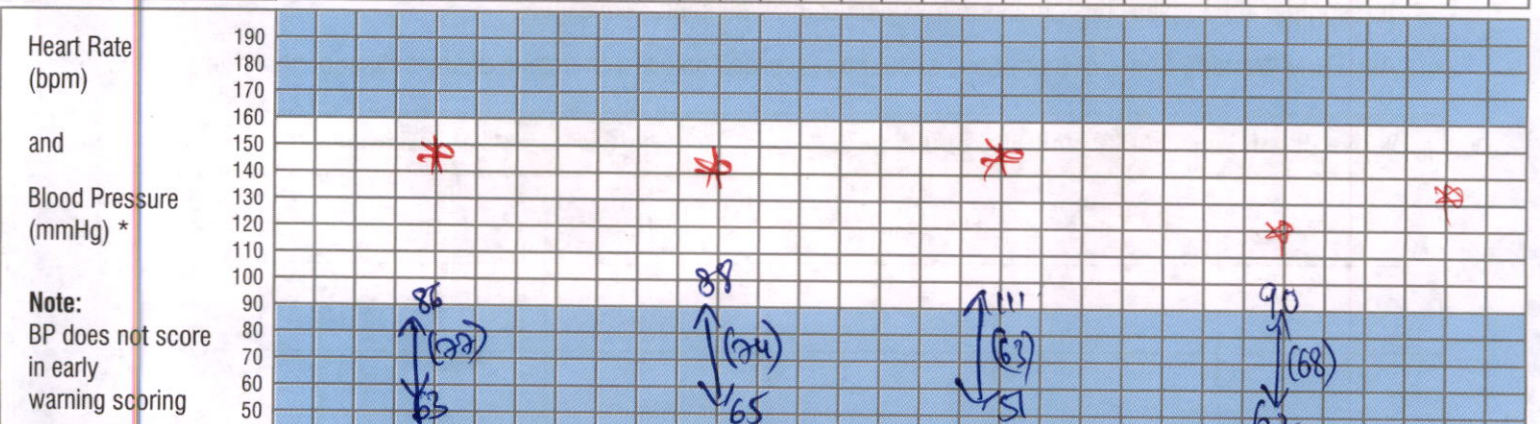
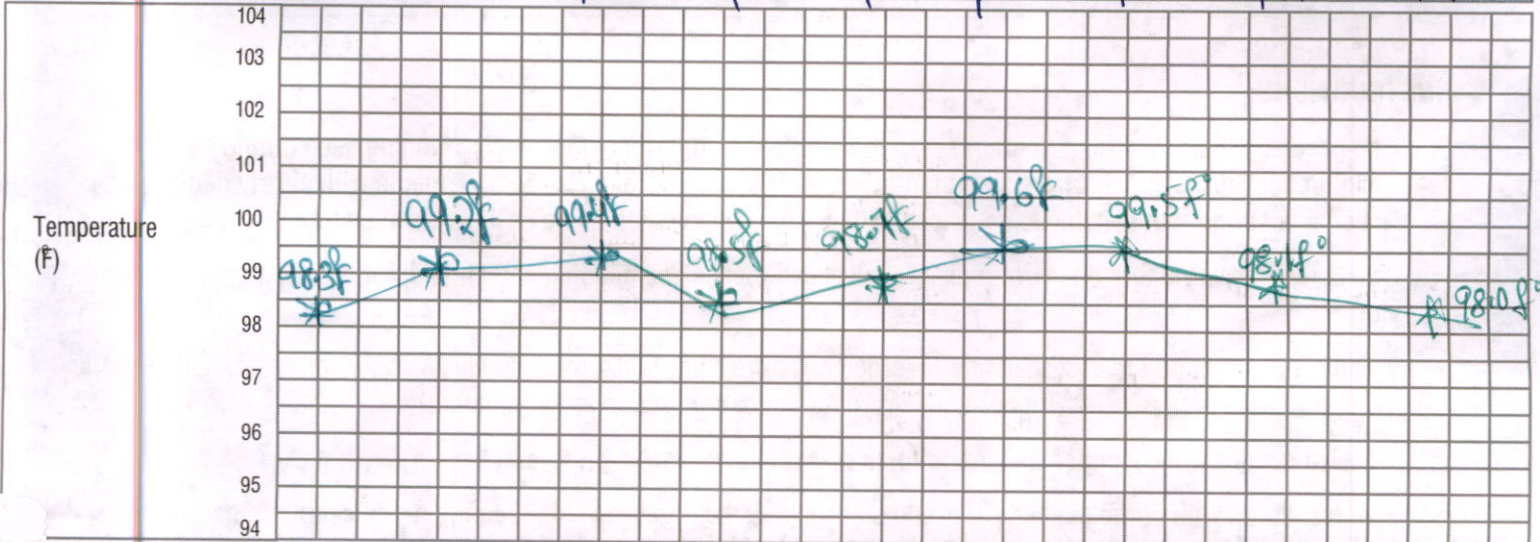
Pratiksha  
**Rainbow Children's Hospital**  
 It takes a lot to treat the little.

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

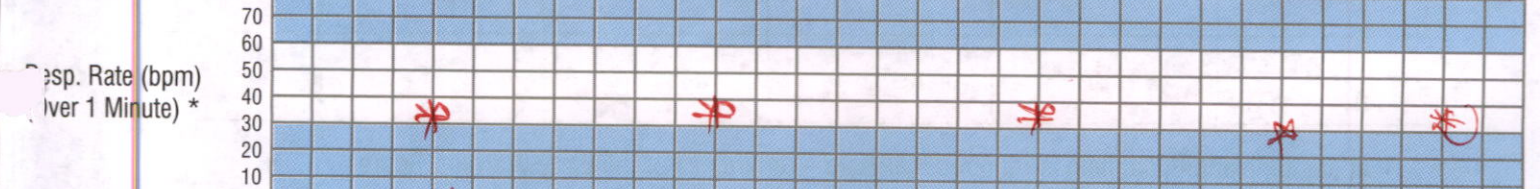
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 28/8/26 IIIIG. 8 10 12:35 P 4 6 8 10 2

Doctor/Nurse/Family Concern? ANL ANL PH PH PH PH PH PH AM



Heart Rate (Number) 140b/m 140b/m 142b/m 120b/m 132b/m



Resp Rate (Number) 30b/m 34b/m 32b/m 30b/m 32b/m

Resp Mod/ Severe Distress None / Mild N N N N N

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

Conscious Level Normal Altered N N N N N

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

**TOTAL SCORE** Number of shaded boxes 0 0 0 0 0

Pain Score 0 0 0 0 0

Observer's Initials ANL ANL PH PH PH PH PH PH AM

- 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 incharge and PICU /NICU fellow or PICU/NICU 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.
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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

CUV-00176445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025 0 Y 11 M 1 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



29/5  
 Doc. No.: RCHBH / FRM / CLINICAL / 124

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

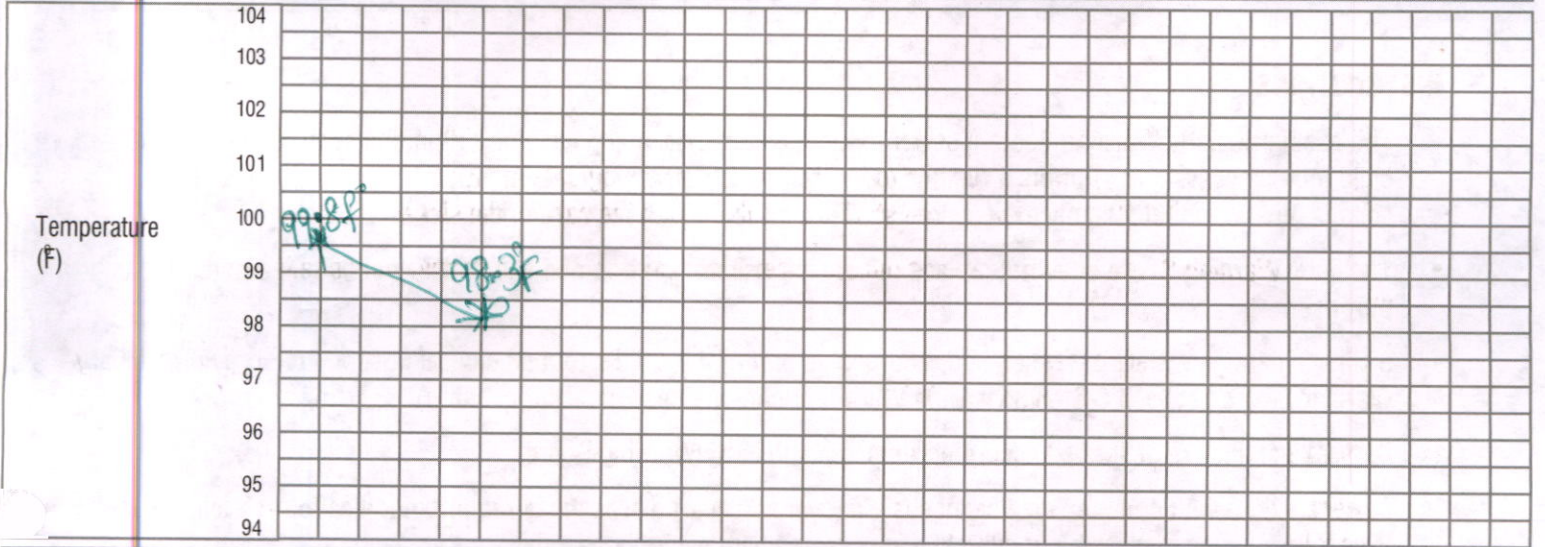
Pratiksha  
**Rainbow Children's Hospital**  
 It takes a lot to treat the little.

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

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

Date: ..... Time: 6 | 8

Doctor/Nurse/Family Concern? AM | AM



Heart Rate (bpm)	190	
	180	
	170	
	160	
	150	
and	140	
Blood Pressure (mmHg) *	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	

**Note:**  
 BP does not score in early warning scoring

Heart Rate (Number) 130b/m | 134b/m

resp. Rate (bpm) (over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	

Resp Rate (Number) 32b/m | 34b/m

Resp Distress	Mod/ Severe	
	None / Mild	
		<u>N</u>   <u>N</u>

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

Conscious Level	Normal	
	Altered	
		<u>N</u>   <u>N</u>

GCS \* 15/15 | 15/15

<b>TOTAL SCORE</b>	
Number of shaded boxes	<u>0</u>   <u>0</u>
Pain Score	<u>0</u>   <u>0</u>
Observer's Initials	<u>g</u>   <u>dk</u>

**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 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.

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

MBD-00041213 IP5-00174356  
 Dr. TEKUMALLA SINDHUJA  
 09-06-1991 34 Y 11 M 17 D (F)  
 Dr. HIMABINDU VEERLA



# FLUID CHART

Sheet No. : .....

27/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm	RL		66ml							0		
	01:00 pm	RL		66ml							0		Suman
<b>Total Intake :</b>				132ml		<b>Total Output :</b>							
	02:00 pm	RL		66ml							0		
	03:00 pm	milk									0		Suman
	04:00 pm										0		Suman
	05:00 pm						NP				0		Suman
	06:00 pm	Inf's padgala milk		10ml							0		Suman
	07:00 pm										0		Suman
<b>Total Intake :</b>				76ml		<b>Total Output :</b>					U-1	M-0	
	08:00 pm										0		
	09:00 pm	milk									0		Ranya
	10:00 pm										0		Ranya
	11:00 pm	Inf's padgala milk		22ml			NP				0		Ranya
	12:00 am	Inf's padgala milk									0		Ranya
	01:00 am	Inf's padgala milk		10ml							0		Ranya
<b>Total Intake :</b>				32ml		<b>Total Output :</b>					U-3	M-3	
	02:00 am										0		Ranya
	03:00 am	milk									0		Ranya
	04:00 am										0		Ranya
	05:00 am						NP				0		Ranya
	06:00 am	Inf's padgala milk		22ml							0		Ranya
	07:00 am										0		Ranya
<b>Total Intake :</b>				22ml		<b>Total Output :</b>					U-2	M-0	
<b>Total 24 hrs. Intake</b>				262 ml		<b>Total 24 hrs. Output</b>					U-6	M-0	



# FLUID CHART



Sheet No. : 0

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.

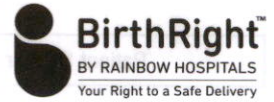
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
29/6/25	08:00 am										✓	0	Shr
	09:00 am	pure										0	Shr
	10:00 am						NP					0	Shr
	11:00 am	water									✓	0	Shr
	12:00 pm											0	Shr
	01:00 pm	milk									✓	0	Shr
Total Intake : Taken			Total Output : M-0 U-3										
29/6/25	02:00 pm										✓	0	Shr
	03:00 pm	milk									✓	0	Shr
	04:00 pm						✓					0	Shr
	05:00 pm	milk								✓		0	Shr
	06:00 pm	milk								✓		0	Shr
	07:00 pm											0	Shr
Total Intake : Taken			Total Output : M-2 U-4										
29/6/25	08:00 pm											0	Shr
	09:00 pm	cordae					✓				✓	0	Shr
	10:00 pm											0	Shr
	11:00 pm	milk										0	Shr
	12:00 am									✓		0	Shr
	01:00 am											0	Shr
Total Intake : Taken			Total Output : M-1 U-2										
29/6/25	02:00 am	milk									✓	0	Shr
	03:00 am										✓	0	Shr
	04:00 am						NP					0	Shr
	05:00 am	milk										0	Shr
	06:00 am									✓		0	Shr
	07:00 am											0	Shr
Total Intake : Taken			Total Output : M-0 U-2										

Total 24 hrs. Intake : Taken

Total 24 hrs. Output : M-2 U-11

Department of Anaesthesiology  
PRE-ANAESTHETIC EVALUATION

CUV-00176445 IP5-00174374  
Baby UDDANDAM HIRANYA  
27-06-2025 0 Y 10 M 30 D (F)  
Dr. VISHAKHA BASAVRAJ KARPE



Name: Baby Hiranya Age: 10/12 Sex: Female UHID.No : .....  
Date: 27/5/26 Time: 9 AM Proposed Operation: VP Shunt  
Diagnosis: CSF Accumulation  
B/P/CRT: 2 sees H.R: 96 Weight: 6.6kg ASA Physical Status:  1  2  3  4  5

Laboratory Data:

15/5  
Hgb: 11g Glucose: 115 Protein: ..... HIV: ..... X-Ray: .....  
PCV: ..... Urea: ..... Alb: ..... HBS Ag: ..... ECG: .....  
WBC: 11780 Creat: 0.3 Total Bill: ..... HCV: ..... 2D Echo: .....  
Plate: 4.8 Na: 137 Dir. Bill: ..... Blood group: O+ve Stress/Angio: .....  
PT: ..... K: 4.6 LDH: ..... T3 ..... Other: .....  
PTT: ..... Ca++: ..... Alk phos: ..... T4 .....  
NR: ..... Mg++: ..... Amylase: ..... TSH .....  
Cl -: ..... SGOT/SGPT: .....  
Allergies: NPI

Medical History: CVS: No Cardiac issues  
RESP: No Asthma Diabetes: NO  
CNS: .....  
Renal: 1 WNL  
Hepatic / GE: ..... Physical Activity: As per Age ok  
Others: Normal Milestones

Past Anaesthetic History: Posterior fossa tumor Resection 19/15

Physical Exam:  
Airway: MP 1 2 3 4 Mouth Opening: ..... Mentohyoid Distance: ..... Neck: ..... Teeth: .....  
Lungs: WNL  
Heart: WNL  
CNS: .....  
Pregnant:  Yes  No  NA Venous Access Site: Hand Spine Exam for regional: .....

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

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

CURRENT MEDICATIONS	DOSAGE
<u>Levipil</u>	<u>1.5 ml</u>

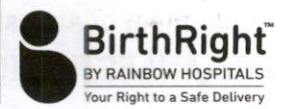
Pre-Operative Instructions:

- DVT Prophylaxis: Cereclac before SA
- NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions: (CBP on Admission)

Signature: [Signature] Name: Dr. M. Subrahmanyam



# ANAESTHESIA CHART



**Pre Induction Assessment:**

**Change in Patient Condition:**  Yes  No      Fasting Status: confused

**Physical Status:**  Patient Identified       Consent Present       Chart Reviewed

H.R: 131 bpm      B.P/CRT: 83/54 mmHg      SpO<sub>2</sub>: 99% @ Room Air      R.R: 24 breaths/min      Last Feed: @ 8AM

Pre-OP Diagnosis: Postoperative Posttrauma for distal humerus fracture      Operation: VP Shunt      Date: 27/5/26

Surgeon: Dr. Vishakha      Anaesthesiologist: Dr. S. Mohan      Technician: Bapu

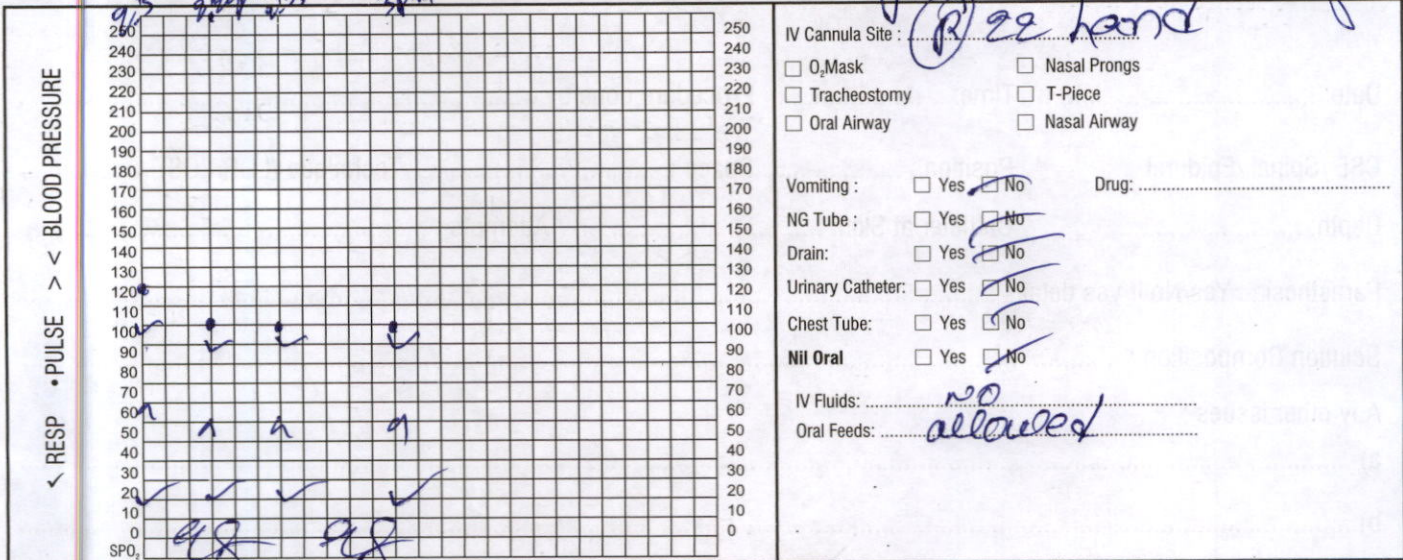
TIME	12:35	1:00	1:30	2:00
N <sub>2</sub> O AIR / O <sub>2</sub> LPM	0-3 / 0-3			
FALG / SEVO	2-3			
Drugs:	1. Midazolam 0.2mg IV 2. Fentanyl 12mcg IV 3. Propofol 25mg IV 4. Rocuronium 1mg IV 5. Paracetamol 66mg IV			
Antibiotic				
Suppository				
Blood Loss				
FI <sub>2</sub> / SaO <sub>2</sub>	100	100	100	100
ETCO <sub>2</sub>	35	35	35	35
ECG	NR	NR	NR	NR
Temperature	34	35	36	36.4
Urine Output				
Fluids Blood	<u>RL @ 66ml/hr</u>			
B.P	[Graph showing BP fluctuations between 80-140 mmHg]			
V Systolic	[Graph showing Systolic BP fluctuations]			
A Diastolic	[Graph showing Diastolic BP fluctuations]			
X Mean	[Graph showing Mean BP fluctuations]			
Heart Rate	[Graph showing Heart Rate fluctuations]			
Tourniquet on Time				
Tourniquet off Time				
Throat Pack In				
Throat Pack Out				
LAB Values	ABG, GRBS, Others			

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>LL</u> <input type="checkbox"/> Art Site: <input type="checkbox"/> EKG Lead <u>skin</u> <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO <sub>2</sub> Monitor <input checked="" type="checkbox"/> Agent Monitor <input type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator  Position: <u>Prone</u> <input checked="" type="checkbox"/> Pressure Points Checked  <b>Eye Care:</b> <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input type="checkbox"/> Awake	<b>Temp:</b> <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other  <b>Times:</b> Anaes Start: <u>12:15 pm</u> OP Start: <u>12:30 pm</u> OP End: <u>1:50 pm</u> Leave OR: <u>2:00 pm</u>  <b>Anaesthesia:</b> <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional  <b>Line (Size &amp; Location)</b> <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>B2c Lnd</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	<b>Induction</b> <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <input type="checkbox"/> Others  <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>3.5</u> at <u>9</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>Rocuronium</u> <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>3</u> Attempts: <u>1</u> Difficulty Why?	<b>Regional:</b> Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size:      Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin      cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>S. Mohan</u> Signature of the Doctor:
--	--	--	--



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Suman Time Received: 2:50pm Time Discharged: 4:50pm



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	2	2		A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	8	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/5	2:50pm	0/10	—	Suman

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. VISHAKHA

Anaesthesiologist Signature: [Signature]

Date & Time: 27/5/25; 4:50pm

PACU Nurse Name: Suman

PACU Nurse Signature: [Signature]

Date & Time: 27/5/25 @ 4:50pm

Transferred to Unit by (PACU): 331 (2)

Date & Time: 27/5/25 @ 4:50pm

CUV-00176445 IP5-00174374  
 Baby UDDANDAM HIRANYA  
 27-06-2025 0 Y 10 M 30 D (F)  
 Dr. VISHAKHA BASAVRAJ KARPE



Department of Anaesthesiology

# EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....



## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: Programmable Ventriculo peritoneal Shunt  
Anaesthesiologist: Dr. M. Subrahmanyam Surgeon: Dr. Vishaka

### 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 Benign Tumor Surgery, Possible ICU stay

### Declaration by Patient Attendant

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

### Patient / Patient Attendant:

Signature: U. Mahesh  
Name: U. MAHESH BABU  
Relationship with patient: FATHER  
Date & Time: 27/5/26 @ 9:12 AM.

### Witness:

Signature: B.L. Sujanya  
Name: B. Lakshmi Sujanya  
Date & Time: 27/5/26 @ 11:06 AM

### Doctor (who is taking consent):

Signature: Dr. M. Subrahmanyam Name: Dr. M. Subrahmanyam Date: 27/5/26 Time: 9:11 AM

## 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 అపస్వారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపన ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

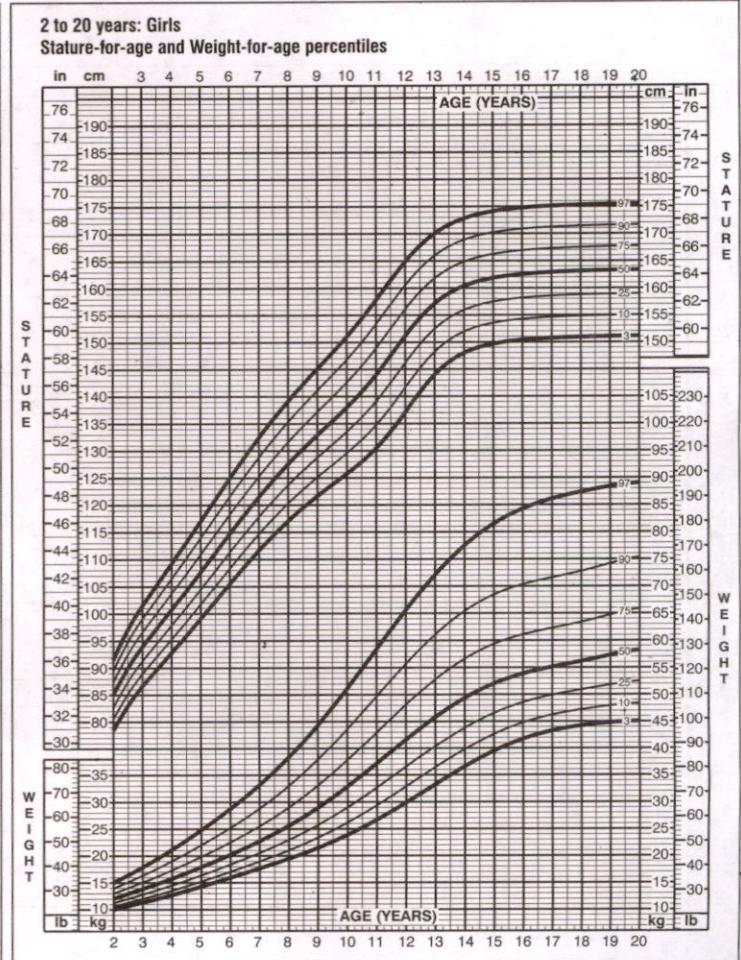
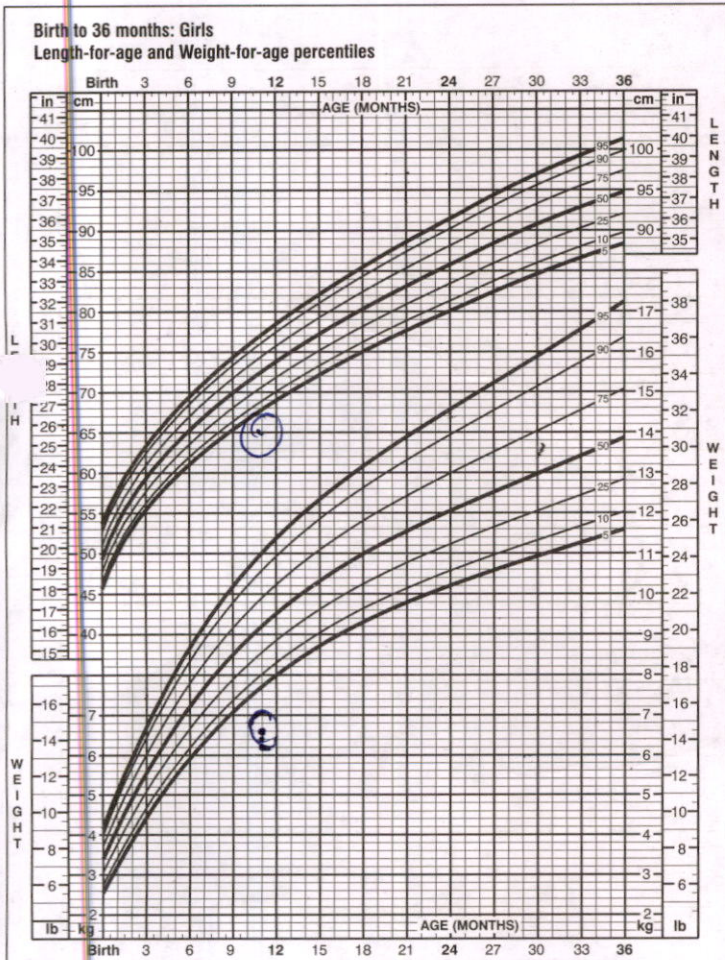
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## NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 9am

Weight: 6.6kgs Centile: 25th  
 Height: 65cm Centile: 25th  
 Inference: Underweight child  
 RDA: Calories: 98kcal/kg/d Protein: 1.6g/kg/d  
 Diet Recommendations: Aptamil pepti (1:30ml) dilution  
 Re-Assessment: Stage II wearing foods, Hee advised  
 Food Allergies: NO Veg/Non-veg: Non-veg  
 Diagnosis: (R) Programmable VP shunt  
 Nutritional Intervention -  Oral  Enteral  Parenteral  
 Patient's Signature: U.J.L. Triveni

### GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

