

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00174182 Admit Date : 22-May-2026 Admit Time : 01:50 PM UHID : KUH-00211416

Patient Details :

Patient Name : Baby Of ASHWINI DURKE Age : 0 Y 0 M 19 D
Guardian : Mr BAPU RAO TUKARAM DURKE DOB : 03-05-2026 10:10 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : KEDUGI NIWAS, KOTHALA ROAD, Hadgaon Phone No : 8149880799/ 8087901808
Nanded Maharashtra INDIA 431712 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 142 Ward Name : 1F-GENERAL WARD II
Room No : GW 142 Admission Type : First Visit

Contact Details :

Name : Mr BAPU RAO TUKARAM DURKE Relationship : Father
Contact Address : KEDUGI NIWAS, KOTHALA ROAD, Hadgaon Phone No : 8149880799
Nanded Maharashtra INDIA 431712

Signature


Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____ KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
03-06-2026 0 Y 0 M 19 D (M)
Dr. HARISH JAYARAM
UHID No. : _____  Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/5	3:15pm	ICU	142	Iceff
22/05	6:55pm	142	NICU-3	shah
27/5	5pm	NICU	3rd Floor	K. B. Long

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Anurag	25/5/26	9629805	Bleeny.
2				
3				
4				
5				
6				
7				
8				
9				
10				



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
03-05-2026 0 Y 0 M 19 D (M)
Dr. HARISH JAYARAM

ni Durke

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name: Baby of Ashwini Durke Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o swelling over the
(R) side of abdomen.

History of present illness :

DOL-19 / Term / Male / NVD / CIAB
Birth wt - 3.1 kg

Antenatal
Scans:- s/o (R) Renal mass.

USG:- enlarged (R) kidney measuring 64x33mm
with solid. mass like lesion
measuring 37x39mm
with minimal cystic component
s/o possible inflammatory pathology

CT:- Large heterogenous mass lesion
arising from lateral & posterior
aspect of (R) kidney

↓
Likely wilm's tumor

Now for Radical Nephrectomy

MBG / B⁺
BBG / B⁺

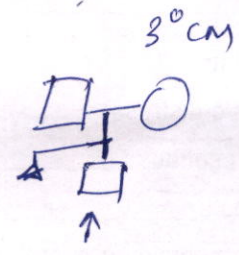


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term/NVD / 3.1 kg / NO NICU admission



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : middle

Developmental History :

Neonatal reflexes ⊕

Immunization History :

Birth Vaccine ⊕



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 35 (Centile _____) Height (cms): 48 (Centile _____)
Weight (kgs) 3.14 kg (Centile _____)

On Examination :

Temperature : 98.8°F Pulse Rate : 140/min B.P. 81/53 SPO2 100% @ RA
Resp. rate and type of breathing : 28/min
regular

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

Respiratory System :

Inspection (any s/o distress) : (N)
Air entry & breath sounds : BABE (+), clear
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

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

Per Abdomen :

Inspection (N)
Palpation : Soft, Organomegaly (+)
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : _____

Motor System:

Nutriton : Good

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR	(N)	Superficials:
Plantars	_____	_____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Wilms's Tumor
now for Radical Nephrectomy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

_____ IV Cannula - Plain _____

_____ EDTA _____

Planned Management

_____ 1) PAC to be done _____

_____ 2) Planned for _____

_____ Radical Nephrectomy _____

_____ Tomorrow _____

Signature of the Doctor: JK

Name of the Doctor: Jayashri

Date & Time: 22/05/2026

Signature of the Consultant: DR. NITASHA BAGGA

Name of the Consultant: DR. Nitasha

Date & Time: 22/05/26

KUH-00211416

IP5-00174182

Baby Of ASHWINI DURKE

2 Y 2 M 25 D

(M)

03-06-2022

Dr. HARISH JAYARAJ



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				
4	Patient Transfer form	2			
5	In-patient Medical record	8			
6	Doctors progress sheets	18			
7	Nursing plan of care and handover sheets	10			
8	Consultation sheet	1			
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
	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	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	4			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	10			
42	Rch ED doctors note				
43	BP Monitoring chart	1			
44	RBS monitoring chart				
	Total No. of Pages	69			

AR 28/5/26

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



ADMISSION CRITERIA – NICU

Admission / Transfer from:

- Emergency
- Outpatient (OPD)
- Ward
- Operation Theater
- Others:

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- Respiratory Distress
- Congenital Heart Disease
- Suspected or CONFIRMED SEPTICAEMIA
- Suspected or Diagnosed Meningitis
- UTI
- Septic Arthritis or Osteomyelitis
- Congenital Infections (Varicella, Pneumonia)
- Acquired Viral Illness
- Hyperbilirubinemia
- Severe Dehydration
- Bleeding Manifestations
- Neonatal Seizures
- Birth Asphyxia
- Surgical Problems
- Suspected Metabolic Disorders
- Dysmorphic Features
- Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- Congenital Hydrocephalus
- Neural Tube Defects
- Choanal Atresia
- Trachea- Esophageal Fistula
- Esophageal Atresia
- Congenital Diaphragmatic Hernias
- Eventration of Diaphragm
- Congenital Cystic Adenomatoid Malformation
- Intestinal Atresias
- Gastric Volvulus
- Cleft lip or Cleft Palate
- Omphalocele / Gastrochiasis
- Anorectal Malformations
- Gross Hydronephro Nephrosis
- Posterior Urethral Valves
- Congenital Tumors
- Cystic Hygromas

Wilms tumor - Radical nephrectomy

Criteria for shifting inborn babies from wards to NICU:

- Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- Any Baby with Severe Jaundice Requiring Exchange Transfusion
- Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- Any Baby with Temperature Instability
- Any Baby with Signs of Sepsis
- Any Baby with Seizures
- Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor:

Name of the Doctor: Dr. RAMYA

Date & Time: 29/5/26

KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
03-05-2026 0 Y 0 M 24 D (M)
Dr. HARISH JAYARAM



DISCHARGE CRITERIA – NICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- Preterm baby once attained weight of > 1.5kgs and crossing the PMA of >35 weeks of gestation.
- Preterm babies maintaining normal temperatures (36.5-37.5°C) in room temperature.
- All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor:

Name of the Doctor :

Date & Time:

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 20 D (M)
 Dr. HARISH JAYARAM



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No.:
 NICU Consultant : Referring Consultant :
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Ashwini Durke Mother's Blood Group : AB positive
 Gender : M F Blood Group : B positive Birth Weight (gms) : 3.1kg Length (cms) : 48 cms
 Date of Birth : 3/5/26 Time of Birth : @ 10:10am OFC (cms) : 35cm
 Place of Birth : Estimated Gesth Age : Term

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : Ht : Wt : BMI: Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details :
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
 H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long :
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :
 IUGR - when detected :
 Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :
 AFI :

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx :
 Scans : LGA, TIFFA , Fetal Echo :
 H/o Hypothyroidism : when diagnosed ? Medication?
 Any other Chronic Medical Problems, when detected drugs ?
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection : H/O, Fever
 (Malaria UTI TORCH TB HIV HBV)
 UTI : when : Any culture :

PPROM: Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

P : A : L :

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : Elective Emergency Indication :

Specify the reason :

Augmentation of Labour : Induced Assisted Vaginal

CTG : Normal Suspicious Pathological

MSL :

Resuscitaion : Yes No

Cord ABG :

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes

TOTAL

Resuscitation			
Minutes	1	5	10
Oxygen	✓		
PPV / NCPAP	✓		
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		
Multiple Seizures	No (0)	Yes (19)			
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)		
Apgar Score	> = 7 (0)	< 7 (18)			
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
SGA	> 3rd percentile (0)	< 3rd (12)			
Total					

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



2L19 / Term / med / NVD / CIAB . D.Wt = 3.1kg.

Antenatal Scans : S/o (R) Renal mass .

USA => Enlarged (R) kidney measuring 64 x 33 mm with solid mass like lesion .
measuring 37 x 39 mm with minimal cystic component .

S/o possible inflammatory pathology .

CECT : Large heterogeneous mass lesion arising from lateral & posterior aspect
of Rt kidney . ↓

likely wilms tumor

Now for radical nephrectomy .

Mother BG }
Baby BG } B positive

Investigation details in previous Hospital :

Feeding History :



HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
Sutures }
Shape / Moulding : } (N)
Edema / Bruising : }
Size - (H.C.) : }

FACIES :
(Any Facial Dysmorphism) } No facial dysmorphism

NECK and CLAVICLES : Range of Motion : }
Asymmetry : } (N)
Masses : }

EYES : Symmetry : }
Red Reflex : } (N)
Discharge : }

EARS, NOSE MOUTH and THROAT : Ear set / Shape : }
Periauricular Pits / Tags : }
Nasal shape / Patency : } (N)
Palate : }
Gums : }
Lips : }
Tongue : }

THORAX and BREASTS : Shape of Thorax : }
Position of Nipples and Number : } (N)

ABDOMEN and UMBILICUS : Shape : }
Organomegaly : } (N)
Bowel Sounds : }
Umbilical Stump : }
Discharge : }

GENITALIA : Labia / Hymen : } Male Ext genitalia
Testicles/penis : }
Anus : - Patent

HERNIAL ORIFICES Free

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

EXTREMETIES : Fingers / Toes : }
Deformities : } (N)
Hip Joint Examination : }
Arms / Legs : } (N)
Mobility : }



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress: RR: SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂: 98% on RA Auscultation: S1S2 (+) Breath Sounds: BILAE (+) Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 140/min BP :

Precordial Activity : (+)

Femoral Pulses : (+)

Murmurs : Nil

Other Peripheral Pulses : (+)

Signs of Cardiac Failure : Nil

ABDOMEN:

Shape : (+)

Hernia orifice : free

Palpation : (+)

Anal Patency : Patent

Palpable masses :

Umbilical Cord : → Whithered gt

Abdominal girth :

First urine passed : } passed

Meconium passed : }

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness : (+) C.I.A (+)

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone :

Active Tone : (+)

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : (+) DTR : (+)

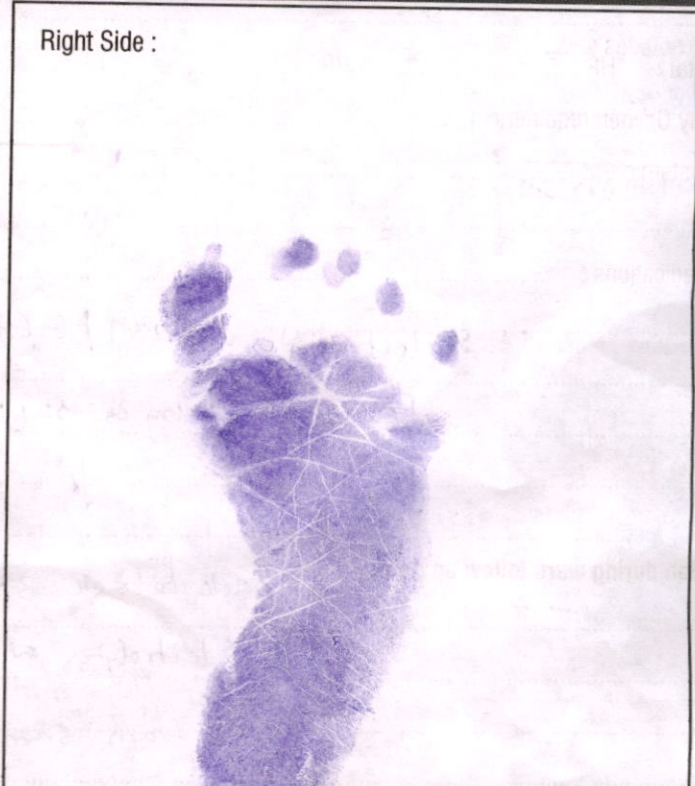
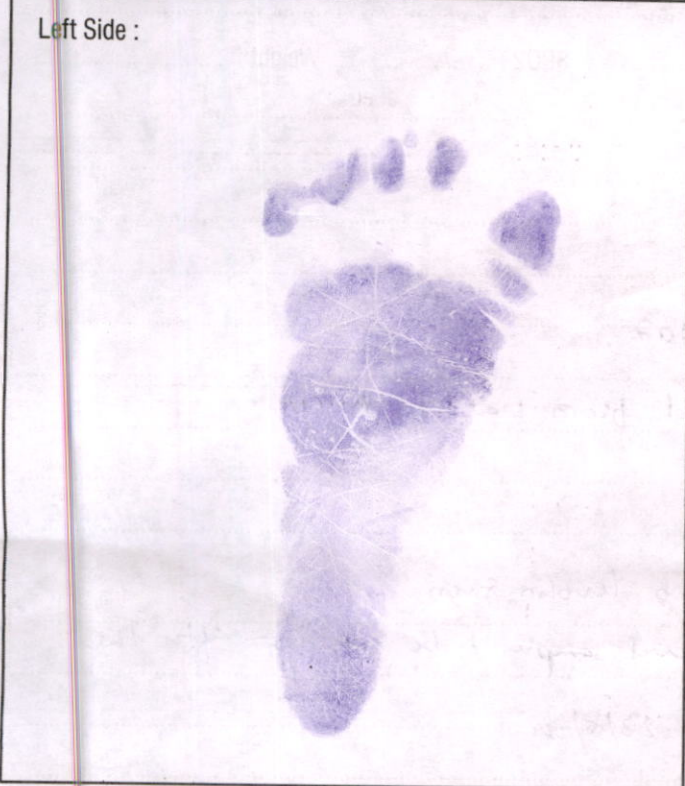
ATNR :

Skull and Spine :



Diagnosis : Term / AGA / 3.1kg / Wilms tumor likely -> Planned for Radical Nephrectomy

FOOT PRINTS



Resident Doctor :
Signature : Ramy
Name : Dr. RAMYA
Date & Time : 22/5/26

Consultant :
Signature : DR. NITASHA BAGGA
Name : DR. Nitasha Bagga
Date & Time : 22/5/26 @ 7AM

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the referring Hospital :
Address :
Contact Numbers :
3. Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
4. Name of the Doctor in Rainbow Team :
..... on whose name the patient is being referred.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Neonatal condition at the time of Transfer:

Vital : HR : RR : BP : SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

S-Electrolytes \rightarrow 139 / 6.6 / 107,
For which baby is shifted from ward to NICU.



Plan during ward follow up :

- 1) Back to back 3 Neb levofloxacin
- 2) S-Electrolytes arterial sample to be sent now after the
- 3) NPO from 5am 23/5/26
- 4) Surgery @ 10am - 1pm on 23/5/26

Feeding Plan at the time of shifting :

- 5) PAC to be done now
- 6) Review LRBC for surgery.

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Doctor Signature (Handover Given): *Ramya* Doctor Signature (Handover Taken): *Ruprija*

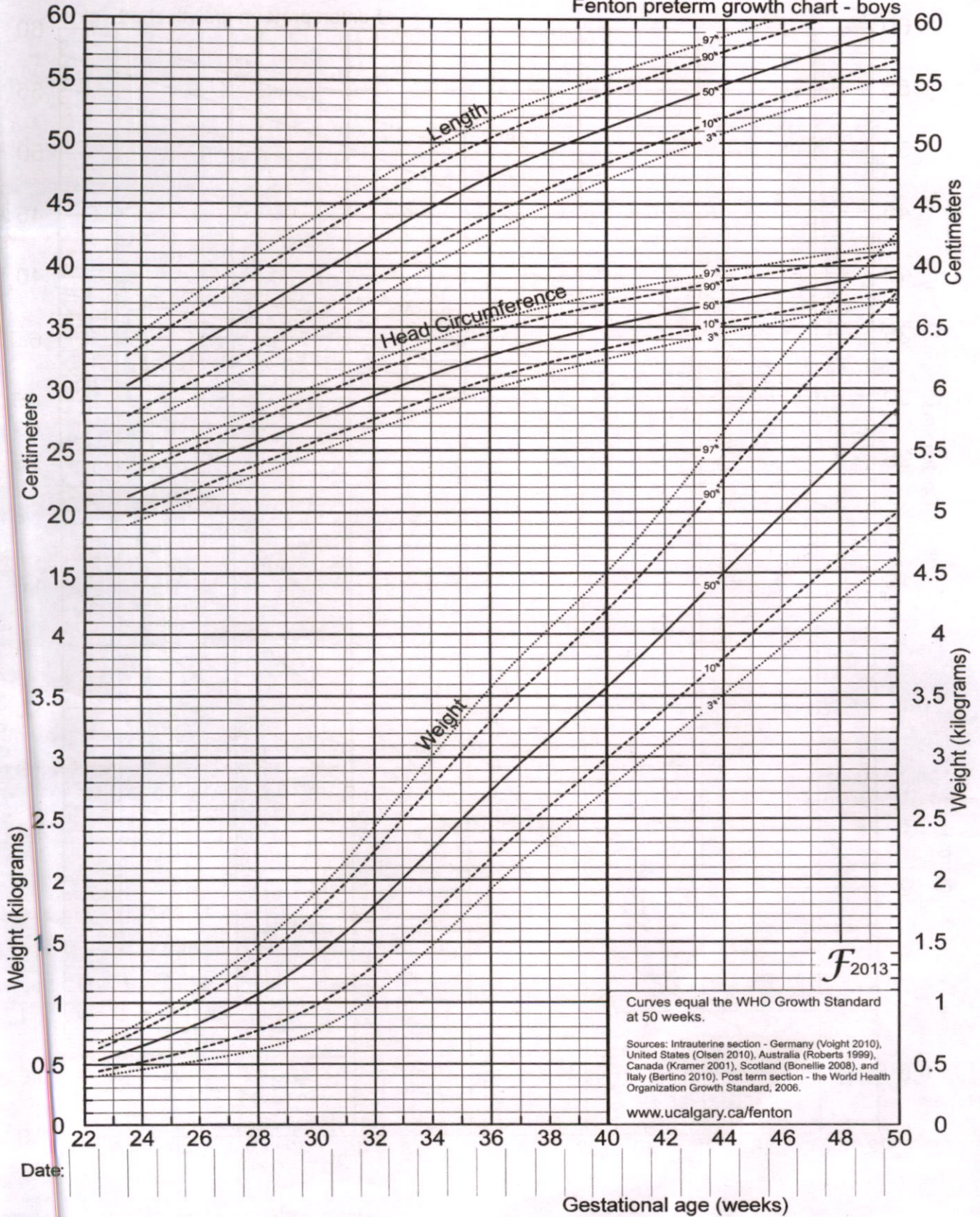
Doctor Name: *Dr. RAMYA* Doctor Name: *Ruprija*

Date & Time: *22/5/26* Date & Time: *22/5/26*

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 20 D (M)
 Dr. HARISH JAYARAM



Fenton preterm growth chart - boys



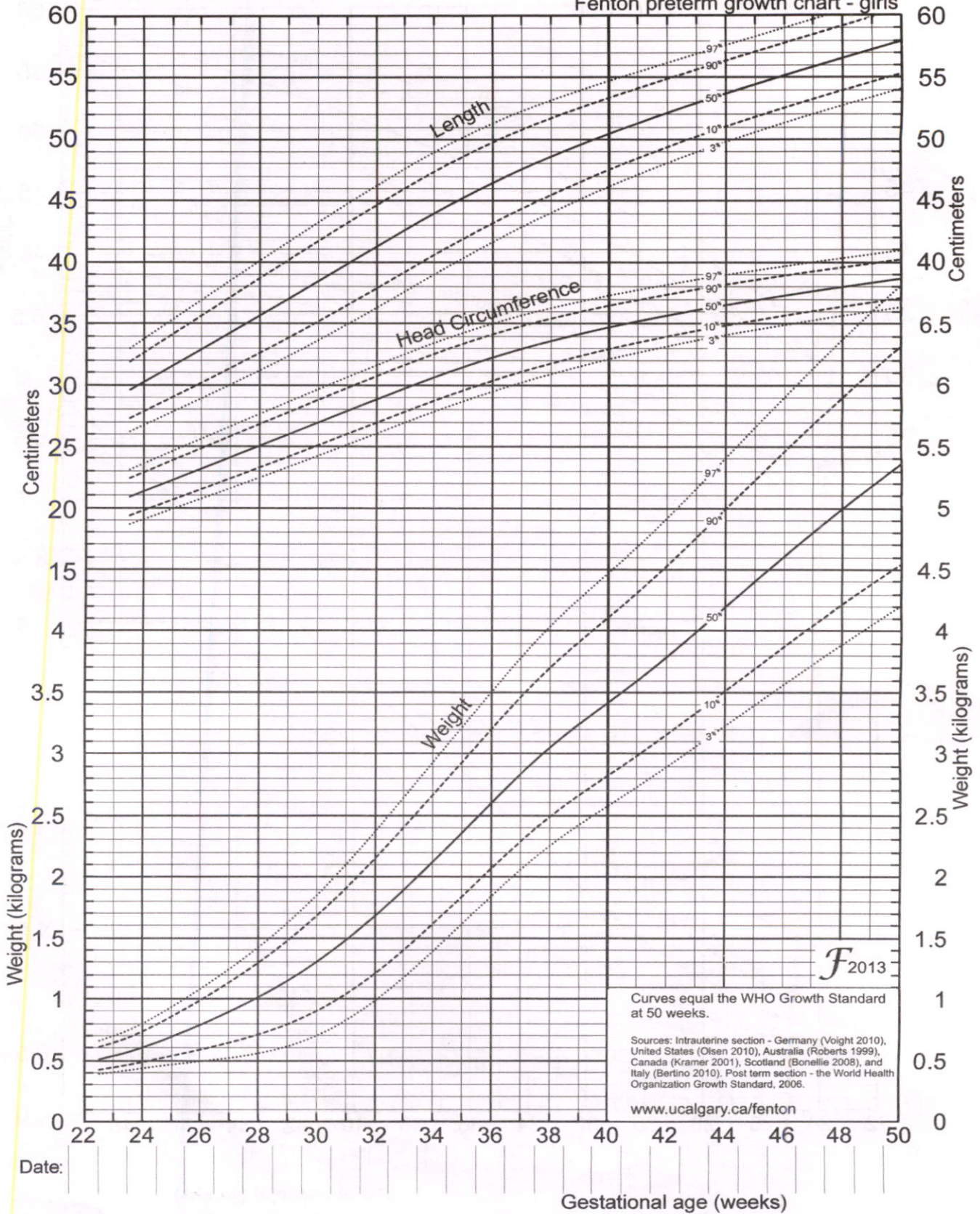
Date:

Gestational age (weeks)

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 24 D (M)
 Dr. HARISH JAYARAM



Fenton preterm growth chart - girls



KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE (M)
03-05-2026 0 Y 0 M 26 D
Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/05/26	<u>B/O Ashwini</u>	
	① Planned to review the CT Scan & inhouse radiologist → following which we will review the subsequent plans.	
	② After clinical review - by haematologist we will discuss treatment plan.	
	③ we will plan shifting to new accubator Rujins	

KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
03-05-2026 0 Y 0 M 26 D (M)
Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/05/26	B/O Ashwini	
	plan to discharge today.	
	Surgical plan discharged discussed @ parents.	

KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
03-05-2026 0 Y 0 M 25 D (M)
Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	<u>B/o Ashwini Durke</u>	
	<p>- Today Surgery posted at 10am - 11am. - once the surgery is done we need to shift to NICU. - once Biopsy of Tumor will be sent which will tell us about type of tumor. - The Surgery in the Small baby is always risky.</p>	
<u>Sachin</u>		<u>Harish</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 3:40pm	C/S / B. Dr. Nikhita.	
	Kfto	
	Case of suspected (R) side Wilms's tumour	
	Baby child etc	Adv
	Baby active accepting feeds	① Plan :- Right Nephrectomy tomorrow on 23/5/26, at 10 AM
	vitals - stable	② PAC
		③ Financial clearance
		④ Reserve 10 ^{LRBC} RBC @ 10mg/kg
		⑤ CBC Sr. Electrolytes
	⑥ Blood group, lym & Cross matchy.	Dr. Nikhita 22/5/26 3:40pm
22/5/26	etc C/S / B. Resolved	Dr. NITASHA BAGGA 9. NO. 20250
22/5/26 6:00pm	C/S / B - Resolved Suspect (R) Wilms tumor	Plan
	R ^r - G.G. SpO ₂ - 98% on RA HR - 140/min	- Nebulizations Look to look Shift to NICU for care Pancu

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 6:50pm	<p><u>Receiving Note</u></p> <p>Term / 19 days of life / male / with tumor → Come for Radical nephrectomy.</p>	<p><u>Plan:</u></p>
	<p>on room air. on DRP.</p>	<p>• Send S-Electrolytes (Arterial, free flow sample) now</p>
S. Elect 66-KT	<p>HR = 143/min RR = 36/min SpO₂ = 100% on RA BP - CRT = 2-3 sec.</p>	<p>• Continue full feeds (DBM)</p> <p>• If S-Electrolytes - (N) SOS plan to shift to room</p> <p>• If S-Elect - deranged, then requires intervention.</p>
	<p>③levolin neb given.</p>	
		<p>Woked By Dr. [Signature] 22/5/26 @ 6:50pm DRBany</p>



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 10am.	<u>Morning Rounds</u>	
	Term / 20 DOL / Wilms tumor → came for Radical nephrectomy. T.Wt = 3.085 kg.	
	On room air NPO from 5am.	<u>Plan:</u>
	HR = 142/min RR = 54/min	• Continue IV = 150ml/kg/day 180 R(10%) chertig NPO
	SPO ₂ = 98% on RA BP = 79/45 (58) mmHg	• bedside 2D Echo scanning before surgery today. by Dr. Pratyush Sir
	Secured - 2 IV lines 1 arterial line.	• NPO to continue
	Reserved 1 unit LRBC.	• I/O Chertig QCH
	NSG outside report → (N) Stable. (Report sent to anesthetic doctor) mobile	• Monitor vitals.
	Surgery time - 10am to 4pm.	Dr Ranje
		Noted by Satish 23/5/26

Dr. NATASHA BAGGA
 Reg. No. 46200
 NKS

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 19 D (M)
 Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 9:40am	2D Echo Screening	By Dr. Pratyush Sir (NICU Consultant)
	<u>Findings:</u> Contractility (N) PFO L → R NO PDA, NO PAH NO LV dysfunction NO RV dysfunction IVC collapsible	
		Dr. Ravi
		<u>Plan:</u> ↑ TV = 160ml/kg/day 20ml/hr IsoP (10%)
		Dr. Ravi



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: PMA:

Term Preterm Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment	[Handwritten notes]		
	[Handwritten notes]		
Medications Used	[Handwritten notes]		
	[Handwritten notes]		
Plan of Care: [Handwritten notes]			

Doctor's Name (Hand over given):

Doctor's Name (Hand over taken):

Signature:

Signature:

Date & Time:

Date & Time:

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/26 2:40pm	<u>POST-OPERATIVE NOTE</u>	
		Adv Keep NPO - till further advise
	- Baby underwent Right sided RADICAL NEPHRECTOMY	- R TV - 150cc 1ks/dar - 10% Iso - P
	- (Removal of tumor along with kidney & ureter	- continue Epidural analgesia as per anaesthetic order.
	- Reduce tumor burden.	- W/F Strict Vital monitoring c bps
	<u>Intra-op finding</u> R large Rt renal mass - c mixed solid cystic - component noted on the Superior, posterior & medial aspect of Rt kidney	I/O charting GM hourly
	- Lower pole of kidney free of tumor.	CRBS - GM hourly GAS - R/O Gas.
	- Mass adherent to liver capsule but no infiltration into liver	R/O feeding R/O anti biotic
	- Rt kidney malrotated	No infiltration of mass into liver, diaphragmatic exels

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 19 D (M)
 Dr. HARISH JAYARAM



5

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	On other retroperitoneal structure	✓ CBG new RBS
	- Operation done ↓ caudal epidural analgesia	- Sed CBP SFE } at 9:00 PM RBS
	- ≈ 50ml blood loss	Noted by Bhavani 23/5/26 @ 10 PM
	- 100ml N/S + 30ml LRAE given over 40 mins	
	<u>poll up vitals</u>	
	- ON Room air	
	- HR = 100/min	
	- SpO ₂ = 96%	
	BP = 106/65 (75)	
	RR = 68/min	
	RBS = 94 mg/dl	
	- NPO	
	- Sedated.	
	- U/O = 12ml over 4 hours 1ml/kg/hr	

3/0 Ashwini Durke

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: 21 PMA:

Term Preterm Gestation: Corrected Gestational Age: Today's Weight: 3.052

S.No.	Problems	
	Current	Past Problems
1.	Term	
2.	S/P Rightsided Radical	
3.	nephrectomy - P.O.D - 1	
4.		
5.		
6.		

Clinical Assessment
 ON room air.
 No Vomiting -
 No Desat / No Breaths / No Apnea.
 SpO₂ - 98%
 HR - 126/min, RR - 61/min, BP - 88/39 (5)
 U/O - 2.5 cl/24hr
 Stool - (3)
 Chastity - 0.6 ml
 (empties)
 RB - 94

Medications Used
 Uj - piperazine
 Uj - paracetamol

Plan of Care
 1) N - 150 ml/kg/day 10:11:15
 2) Surgical review (to start feeds)
 3) CRBS - 6th hourly - Review - 8th hourly
 4) EO charting 6th hourly
 5 - monitor vitals

Doctor's Name (Hand over given): Dr. Parthiv
 Signature: P.P.Z

Doctor's Name (Hand over taken): Rupjhal
 Signature: R

Date & Time: 24/5/26 11:30 am

Date & Time: 24/5/26 @ 11:20 am

Patient Sticker

KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
03-05-2026 0 Y 0 M 22 D (M)
Dr. HARISH JAYARAM



RESS NOTES AND DOCTOR'S ORDER

& Time	Progress Notes	Doctor's Order
24/5/26		Seen by Dr. Nitasha
7.00am		Placenta
		- Discuss with Surgeons about feeding
		TV - 150ml/4/day ↓ 10% I&O p
	<p>Dr. NITASHA BAGGA Reg. No.: 66266</p> <p>Noted by Shawari 24/5/26am</p>	<p>Amul</p>

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 19 D (M)
 Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 11:30 AM	<p>POD - ①</p> <p>Afebrile</p> <p>Vitals</p> <p>HR - 124 b/min</p> <p>SPO₂ - 99% on RA</p> <p>RR - 45/min</p> <p>BP - 88/39 mmHg</p> <p>P/A - soft</p> <p>U-O - 2.5 cc/kg/hr.</p>	<p><u>CLS/B Dr. Jyoti</u></p> <p><u>Adw</u></p> <p>1) Can start feeds at 5ml/2nd hourly as per NICU protocol.</p> <p>2) NGT care</p> <p>3) O/P chart</p>
	<p>207</p> <p>208</p>	<p>Dr. Jyoti</p>
24/5/26 11:50 AM		<p>seen by Dr. Nilesh</p> <p>→ feeds 3ml @ 2 hourly</p> <p>→ to tolerate plants to increase</p> <p>Noted By Nitin 24/5/26 11:55 AM</p> <p>Dr. Jyoti</p>



(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26		
7PM		
	On RA, haemodynamically	Plan
	Stable	
	V/A → soft	→ 10-150cc/12/day
	Aspirates → 3ml, light	3rd armly ok
	Shoo b → not assessed	Rest 10/12 of
		→ 10 GA aspirate
	HR - 150bpm	Artery
	RR - 51/min	
	SpO2 98%	→ 10 Refill aspirate
	DR - 88/38/54	→ 10ml over 6h
		→ 10 chest to 6h
		FAL
		(S)
		noted by
		by 50055
		24/5/26



Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.1 Ward ... 3rd floor

VERIFIED

DRUG : Inj PARACETAMOL				Date/Time	25/5	26/5	27/5													
Dose	Route	Frequency	Start Dt.	6 AM	X	10 AM	X													
25mg	I.V	8hrly	25/05																	
Name & Signature of the Doctor Starting the Drugs: Rupanjali				2 PM	X															
Additional Instructions: 7.5mg / 4kg / dare				10 PM	X															
Daily Doctor's Endorsement by a Sign																				

DRUG : DROP PARACETAMOL				Date/Time	27/5	28/5														
Dose	Route	Frequency	Start Dt.	6 AM	X															
0.3ml	PO	8hrly	27/5																	
Name & Signature of the Doctor Starting the Drugs: Rupanjali				2 PM	X															
Additional Instructions: 1ml = 100 mg				10 PM	X															
Daily Doctor's Endorsement by a Sign																				

DRUG : DROP VITAMINE D3				Date/Time	27/5															
Dose	Route	Frequency	Start Dt.	2 PM	X															
0.5ml	PO	OD	27/5																	
Name & Signature of the Doctor Starting the Drugs: Rupanjali				2 PM	X															
Additional Instructions: 1 ml = 800 IU																				
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																				

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 19 D (M)
 Dr. HARISH JAYARAM



DRUG CHART

Date of Admission: 22/05/26 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 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

A VERIFIED

VERIFIED

VERIFIED

DRUG: VITAMIN D3 drops				Date Time	22/5	23/5															
Dose	Route	Frequency	Start Date																		
0.5ml	PO	OD	22/5																		
Name & Signature of the Doctor Starting the Drugs: Jayaram																					
Additional Instructions: Give 400IU/day. 800IU/dose																					
Daily Doctor's Endorsement by a Sign																					
DRUG: Neb DEVOLIN.				Date Time																	
Dose	Route	Frequency	Start Date																		
0.6mg	Neb	TID	22/5																		
Name & Signature of the Doctor Starting the Drugs: Ajayshma																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG: Inj PARALLETMOL				Date Time	23/5	24/5	29/5	28/5													
Dose	Route	Frequency	Start Date																		
45mg	IV	Q8H	23/5/26																		
Name & Signature of the Doctor Starting the Drugs: Dr. NIKHIL																					
Additional Instructions: Dose change Rupture 25/05/26.																					
Daily Doctor's Endorsement by a Sign																					
DRUG: Inj PIPERACILLIN + TAZOBACTAM				Date Time	23/5	24/5	28/5	29/5	22/5												
Dose	Route	Frequency	Start Date																		
310mg	IV	Q8H	23/5/26																		
Name & Signature of the Doctor Starting the Drugs: Dr. NIKHIL																					
Additional Instructions: Dose change 24/05/26																					
Daily Doctor's Endorsement by a Sign																					



Weight: 3.1 kg Ward: 3rd floor

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/5	6 pm	Neb LEVOLIN	0.21mg	Neb	<i>[Signature]</i>	<i>[Signature]</i>
23/5/26	10:30AM	INJ PIPERACILLIN +TAZOBACTAM	300mg	IV	<i>[Signature]</i>	<i>[Signature]</i>

VERIFIED BY: Name

VERIFIED BY: Name

Signature

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min, etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
23/5	11:30 am	IV - 150 ml / 5.88g	IV	13ml	<i>[Signature]</i>	<i>[Signature]</i>	23/5	<i>[Signature]</i>	<i>[Signature]</i>
23/5	12:30 pm	PRBC	IV	20	<i>[Signature]</i>	<i>[Signature]</i>	23/5	<i>[Signature]</i>	<i>[Signature]</i>
23/5	10:30 am	NORMAL SALINE	IV	20	<i>[Signature]</i>	<i>[Signature]</i>	23/5	<i>[Signature]</i>	<i>[Signature]</i>
23/5		IV = 160 ml / 1.4g	IV	2ml ↑ 10	<i>[Signature]</i>	<i>[Signature]</i>	23/5	<i>[Signature]</i>	<i>[Signature]</i>
23/5	5:30 AM	IV - 150 cc / 1.5g	IV	19.3	<i>[Signature]</i>	<i>[Signature]</i>	23/5	<i>[Signature]</i>	<i>[Signature]</i>

I.V. FLUIDS CHART

Weight: 3.1kg Ward: 3rd floor

KUH-00211416 IP5-0010174182
Baby Of ASHWANI DURKE



DR. HARISH JAYARAM

KUH-00211416 IP5-00174182
 Baby O/ASHWINI DURKE
 03-05-2026 0 Y 0 M 22 D (M)
 Dr. HARISH JAYARAM



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: 22 PMA:
 Term Preterm Gestation: Term Corrected Gestational Age: Today's Weight:

		Problems	
		Current	Past Problems
Overview	S.No.	1. <u>Term / Renal mass - POD -2</u>	
	2.	<u>Radical Nephrectomy</u>	
	3.	<u>?</u>	
	4.		
	5.		
	6.		
Clinical Assessment	<ul style="list-style-type: none"> - Baby on room air, on caudal/epidural - TV - 150cc/kg/day - 3mls - 2 hourly = ↑ 3ml - every 4 hrs - analgesia - Haemodynamically stable 		
Medications Used	<ul style="list-style-type: none"> • <u>2mg Piperacillin + Tasabeclor</u> • <u>Trigloparacetamol</u> 		
Plan of Care:	<p>TU - 150cc/kg/day - 3ml - 2 hourly → increase feed feed ↑ 3ml on alternate to</p> <ul style="list-style-type: none"> - R/O anaesthesia opinions regarding epidural. - See ongoing surgical evaluation. - W/F apnea, brady, sat, abd distension feed intolerance 		

Doctor's Name (Hand over given): [Signature]
 Signature: [Signature]
 Date & Time: 26/05/2026

Doctor's Name (Hand over taken): [Signature]
 Signature:
 Date & Time: 25/05/20



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/05/26		Seen by D. Nilasha
		D/W Dr. Anurag
		- ↑ 3ml feed
		6th 4 th hour (alternate feed)
		- D/W Dr. Anesthesia
		team regarding epidural catheter insertion
		Noted By Bhargavi 25/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 10pm		seen by Dr. Nikesh
		Plan → Feed - 3ml (2nd hly) ↑ to 6ml (2nd hly) ↑ 3ml (4th hly)
		→ Continue Bupivacaine & Fentanyl infusion
		✓ Monitor BP
		→ Hold paracetamol till epidural present
		Noted By Bhavani 24/5/26 10pm
25/5/26 8:40am	C/S R Di. Nikhita (ped. Surg. Resident)	
	POD-2 (R) radical nephrectomy	
	Afebrile	Afebrile
28/5/26 HT - 14g/dl WBC - 8.16 x 10 ³ PLT - 326 x 10 ⁹	Vital - HR - 137bpm SpO ₂ - 100% RE - 48/L NG - minimal pre-feed aspirate U/O - 1.3cc/kg/h	(1) Can remove Foley's catheter from surgical side (only after epidural removal) (2) Continue feeds as per NICE protocol
No 1/20/26 - 136/5/112 P/A - mild gaseous dist.		Noted by Dr. Nikhita 28/5/26



12

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 4:00 pm	Afternoon rounds POD - 2 Right rectal resection	Plan
	Baby hemodynamically stable on air. No apnea / desaturation / bradycardia	1) Stop epidural anaesthesia as per surgery team advice
	Vitals - HR - 131 / min RR - 28 / min SpO ₂ - 98 % BP - 64 / 33 (44)	RR on starting Restart Paracetamol
	- Epidural anaesthesia has been stopped at 4 pm after surgery review.	3) To increase feeds 30ml strawberry alternate feeds. TV = 150ml/kg/day → upto 400ml
	- Tolerating 150 ml feeds; no vomit	4) To remove Foley's catheter 2 hrs after stoppage of epidural anaesthesia ~ 6 pm
		5) Monitor vitals Noted By Archa 28/5/26 ajayam D. Archa

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 22 D (M)
 Dr. HARISH JAYARAM

13

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

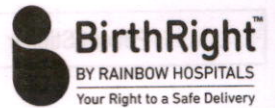
Date & Time	Progress Notes	Doctor's Order
26/5/26	c/s / B. D. Palak	
8:45am	[POD-3] (R) radical Nephrectomy	
	Afebrile	
	HR - 153 bpm	Adv
	BP - 90/70 mmHg	① Continue feeds as per
	SpO ₂ - 97% - LRA	NICU feeds protocol
	P/A - soft	Noted by Archer E. Jayaram
	Dressing - removed	[Signature]
	wound - healthy	[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]
		[Signature]

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 22 D (M)

Dr. HARISH JAYARAM



(u)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/05/26 9:40 am		Seen by Dr Nitasha
		→ Next feed full feeds (F/F + EBM)
		- Exhib care by RM night
		- Plan shift to room 7/14
		Noted about
		Dr. NITASHA BAGGA
		Reg. No: 66260
		Dr. Nitasha
		26/5
26/05/26 1 PM	Afternoon rounds POD-3 (R) Radical Nephrectomy Baby - hemodynamically stable on air No bradycardia/apnea/desat vitals HR - 152/min RR - 42/min BP - 75/63 (67) mmHg SPO ₂ - 98% on RA.	Plan 1) Continue full Pallada's feeds 2) Involve mother during feeding 3) Review regarding duration of Inj. Pipferz and paracetamol duration
	- Tolerated Pallada's feeds - 50 ml no vomit	1) Monitor vitals only Noted about Dr. Nitasha 26/5/26 Dr. Nitasha

Handover given by Dr. Neetee

Handover taken by
Dr. Reddy



27/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: 28 PMA:

Term Preterm Gestation: Term Corrected Gestational Age: Today's Weight: 3.120kg
 (116gms)

		Problems		
		S.No.	Current	Past Problems
Overview	1.	Term	RT Renal mass (? Wilms tumor)	
	2.		Rt Radical Nephrectomy (POD-4)	
	3.			
	4.			
	5.			
	6.			

Clinical Assessment

On room air
 Small quantity vomitings - 1 time while feeding
 Accepting pale feeds well (25-30min)
 No bradycardia, desat
 Abd - soft, No distension.

HR = 165/min
 SpO2 = 100% on RA
 RR = 48/min
 BP = 94/40(51)mmHg.
 U/O = 2.1ml/kg/hr
 S/O = 5 times
 RBS = 98mg/dl

Medications Used

Piptaz - D5
 PCM (TID) - D2

Plan of Care: • Continue TV = 150ml/kg/day, 40ml @ 2H (formula feeds + EBM), full pale feeds.
 • Crib care
 • Involve mother for feeds.
 • Shift to room plan today.
 • I/O Charting Q6H

Doctor's Name (Hand over given): Dr. Ranjya
 Signature: [Signature]
 Date & Time: 27/5/26; 7am.

Doctor's Name (Hand over taken): Rupanjala
 Signature: [Signature]
 Date & Time: 27/5/26 8:00am.

Patient Sticker



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: PMA:

Term Preterm Gestation: Corrected Gestational Age:..... Today's Weight:

		Problems	
Overview	S.No.	Current	Past Problems
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Doctor's Name (Hand over taken):

Signature:

Signature:

Date & Time:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8:00 am	POD-4 - Baby accepted full feeds - Cannula swelling	<u>Adv</u> - Remove cannula
		- Oral Paracetamol
		- R/U to stop antibiotics.
		noted by nurse 09/05/26 29/05/26 Discharge
		Case seen by Dr. Harish Jayaram
		Stop antibiotics Can shift to room
		Discharge - T/M. Noted by Dr. Baby 29/05/26
		Seen by D. Nilash Shift to room
		AABR TFR/NBS.
		R/U vaccination. Trace Nisho path
		accordingly - Review in OPD Dr. Nitasha 29/5/26 Dr. Nitasha 29/5/26
		Review Dr. Nitasha 29/5/26
		Dr. Nitasha 29/5/26
		Dr. Nitasha 29/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 12:09 PM	<p style="text-align: center;"><u>Shifting Note</u></p> <p>Δ ? @ MN / ? Wilms</p>	<p style="text-align: center;"><u>Adv</u></p> <p>Shift to room</p>
	<p>POD - 1 primary Radical nephrectomy</p>	<p>TV - 150 cc / K / day 40-45 ml f/f feeds. (nasogastric)</p>
	<p>- On full palada - on room air</p>	<p>NBS, TFT / T/M AABR - T/M</p>
	<p>- Surgical wound healthy</p>	<p>Discharge plan Jamarans.</p>
	<p>- On nasogastric formula feeds.</p>	<p>AB @ w/r vitals ↳ infern ser. Rupture</p>
	<p>- Birth vaccination done at birth hospital</p>	<p>Drop vitamin-D 0.5 ml OD</p>
27/5/26 @ 2:50 PM		<p>Noted By K. Beary 27/5/26 @ 12:10 PM</p> <p>Seen by Dr. Nitasha 12:15 PM</p> <p>Shift to Room Direct Breast feed</p> <p>Noted By K. Beary 27/5/26 @ 3 PM</p> <p>Sneha Y. Sneha</p>

KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
03-05-2026 0 Y 0 M 23 D (M)
Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>04/05/26</u>	<u>B/O Ashwin</u>	
	- swifling sadar	
	- If everything is normal → we	
	plan discharge for	
	- f/u after 1 week.	
	<u>Respirial</u>	

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 23 D (M)
 Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>27/5/26</u>		<u>Adv</u>
<u>8:30 am</u>	SON - 23 days	
	- POD-5, Rt radical	- SOB flb sleeping
	? CHN / Wilson's Disease	- AABR - today
	Tumor	- NBS today
	- T.W. 2.925	FEI
	(24 gm)	- Plan discharge
	- On full feeds.	today.
	- vitals stable.	
		Review
	NBS	Noted by
	T	Swetha
		8:40 AM
<u>28/05/26</u>		<u>Adv</u>
<u>9:00 a</u>		- Discharge today
		- FlU after 1 week.
	Dr. NITASHA BAGGA Reg. No. 66250	



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 RADICAL NEPHRECTOMY
2. _____

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. 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)
Removal of tumor along with kidney and ureter. Reduce tumor burden.	—

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

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

- a. Bleeding, Infection, Recurrence
- b. Adhesive intestinal obstruction

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

Patient / Patient Attendant:
 Signature: [Signature]
 Name: Bu Pe Rao Durke
 Relationship with patient: Father
 Date & Time: 23/5/26, 10:30 AM

Witness:
 Signature: [Signature]
 Name: Bhimeao Durke (Uncle)
 Date & Time: 23/5/26, 10:30 AM

Doctor (who is taking consent):
 Signature: Malika Name: Dr. Malika Date 23/5/26 Time: 10:30 AM



శక్తి / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో బిల్డింగ్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

- 1
- 2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా 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.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. 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: _____ సాక్షి: _____
 సంతకం: సంతకం:
 పేరు: పేరు:
 రోగితో సంబంధం: తేదీ & సమయం:
 తేదీ & సమయం:

డాక్టర్ : _____
 సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Moinark DeL
 Asst. Surgeon:
 Anaesthetist: Dr. Akhila
 Scrub Nurse: Ameel

NUP-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 13-05-2026 0 Y 0 M 20 D (M)
 Dr. HARISH JAYARAM
 Date: 23/5/26 In-time: 10:30 AM Out-time: 2:30 PM

Age: 070m20d Gender: M
 Name: Radical nephrectomy



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>10:20 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>[Signature]</u>	
Name: <u>Dr. Akhila</u>	

TIME OUT	Time: <u>11:45 AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Breath 3hr 10ml</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<u>Bleed post op</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>Prabhavathi</u>	
Name: <u>Prabhavathi</u>	

SIGN OUT	Time: <u>1:50 PM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Dr. Akhila</u>	

CUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 Patient Sticker 13-05-2026 0 Y 0 M 20 D (M)
 Dr. HARISH JAYARAM



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 23/5/26

Department : POT Duration of Procedure : 3 hrs

Name of Surgeon : Dr. Manish Deb Date of Admission : 23/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : inj- piptaz 200 mg	Prabhat Li
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	Prabhat Li
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr. Nirpane Date & Time of antibiotic administration : 23/5/26 at 10:30 AM Date & Time procedure started : 23/5/26 at 11 AM	Prabhat Li

- 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

KUH-00211416 IP5-00174182
Baby Of ASHWINI DURKE
13-05-2026 0 Y 0 M 20 D (M)
Dr. HARISH JAYARAM



OPERATION THEATER NOTES

Patient's Name : B/o Ashwini Durke Age : 20 D Gender : Male Female

UHID No. : KUH-00211416 Weight : 3-1kgs Height :

Surgeon : Dr. Mainak Deb

Asst. Surgeon :

Anesthetist :

OT Nurse : Anus

OT Technician : Bapu

Pre-Operative Diagnosis : (RT) renal mass

Surgical Procedure :

Right Radical Nephrectomy

Indications for Surgery :

(RT) renal mass

Date : 23/5/26

Start Time : 10:45 AM

End Time : 2 PM

Pre Operative Preparations:

5-7 betadine

Post Operative Diagnosis:

RIGHT RENAL MASS

Peri-Operative Complications:

Operation Notes: Findings

- ① Large (RT) renal mass - mixed solid-cystic component noted on the superior ^{posterior} & medial aspect of (RT) kidney. Lower pole of kidney free of tumour
- ② The mass was noted to be adherent to liver capsule. But no infiltration into liver noted
- ③ ~~The mass~~ No infiltration of the mass into liver / diaphragmatic crus, (or) other adjacent retroperitoneal structures noted, kidney noted to be malrotated

Procedure:-

- ① Right supra umbilical incision made.
- ② Incision deepened to open the subcutaneous tissue.
- ③ Rectus sheath, muscle & peritoneum opened.
- ④ White line of Toldt opened to enter retroperitoneum.
- ⑤ Findings noted.
- ⑥ RT kidney noted to be malrotated.
- ⑦ (RT) renal mass dissected away from the liver superiorly, duodenum & colon medially.
- ⑧ (RT) ureter identified & followed to
- ⑨ (RT) renal artery & vein doubly clipped & cut.
- ⑩ (RT) Adrenal vein clipped & cut.
- ⑪ (RT) ureter doubly ligated close to

Amount of Blood Loss: ≈ 50 ml

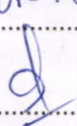
Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications: - Nil -

- ⑫ vesico-urteral junction.
- ⑬ (RT) renal mass dissected away from the surrounding tissue & excised along w (RT) adrenal gland.
- ⑭ Hemostasis secured.
- ⑮ wound Abdomen closed in layers.
- ⑯ ASD done.

Name of the Surgeon: Dr. Mainak Deb

Signature of the Surgeon: 

Date & Time: 23/5/20 2:15 PM

00211416 IP5-00174182
 Pasaby Of ASHWINI DURKE
 13-05-2026 0 Y 0 M 20 D (M)
 Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

Procedure Done: RIGHT RADICAL NEPHRO-URETERECTOMY

Post-Surgical Diagnosis: RIGHT RENAL MASS

Post-Operative Monitoring Parameters /Frequency:
TPR monitoring every 15min for 1st hr.

Wound Care:
Dressing

Drain /Special Lines/Catheters:
- Nil - NG tube - 2nd body aspirate + continuous drainage

Special Patient Positioning and Requirements:
- Nil -

Nutritional Instructions: NPO till further orders.
Full feeds as soon as baby is fully awake.

When to Start Mobilization:
- Nil -

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) for Dr. Maisank Deb
23/5/28
 Date: 23/5/28 Time: 2:15 PM

Note: Plan of care will be readjusted if necessary.



CROSS CONSULTATION FORM

Doctor Name : Dr. Anurag Date : 25/5/20 Time : 2:30 pm

Diagnosis : ? CMU

Hospital : Rainbow Children's Hospital
Banara Hills

Type of Referral :

Emergency

Urgent

Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Findings and Recommendations :

Signature: _____

25/5/20
2:30 pm

S/O Dr. Anurag

- Many thanks for referral
- POD₂ → (R) Radical Nephrectomy
- on oral ORT feeds - tolerating well
- on epidural analgesia

Adh

- ² Nilw management regarding
- ² feeds & epidural
- ² this to pathology report.
- to be cancelled

Consultant :

Name : Dr. Anurag

Doc. No. : RCH / FRM / CLINICAL / 049

2008 CONSULTATION FORM

1. Name of the company
2. Name of the person
3. Address

4. Telephone
5. Fax
6. E-mail

7. Date of completion
8. Date of issue

9. Name of the person
10. Signature

11. Name of the person
12. Signature

13. Name of the person
14. Signature

15. Name of the person
16. Signature

17. Name of the person
18. Signature

19. Name of the person
20. Signature

21. Name of the person
22. Signature

23. Name of the person
24. Signature

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 03-05-2026 0 Y 0 M 19 D (M)
 Dr. HARISH JAYARAM

Patient Stic



RESULT SHEET

Date	22/5	22/5	23/5/26		
Time	4:45pm		9:37pm		
Hb			14.1		
PCV			44.0		
RBC			4.57		
WBC			8.16		
N/L			58.2/29.5		
Platelets			326		
CRP					
ESR					
PCT					
RBS					
Na	139		136		
K	6.6/4.9		5.1		
Cl	107		112		
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc..) :



CROSS CONSULTATION FORM

Doctor Name : Dr. Anurag Date : 25/5/26 Time : 2:30 pm

Diagnosis : ? CMV

Hospital : Rainbow Children's Hospital
Baranara Hills

Type of Referral :
 Emergency
 Urgent
 Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

25/5/26
2:30 pm

S/O Dr. Anurag

- Many thanks for referral
- POD₂ → (R) Radical Nephrectomy
- on 9ml Q2H feeds - tolerating well
- on epidural analgesia

Adc

- continue NICU management regarding feeds & epidural.
- review e histology pathology report.
- family to be counselled.

Consultant :

Name : Dr. Anurag Signature : _____ Date & Time : 2:35 pm

KUH-00211416 IP5-00174182
 Baby Of ASHWINI DURKE
 05-05-2026 0 Y 0 M 23 D (M)
 Dr. HARISH JAYARAM



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergy

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: NICU Shifted to: 3rd Floor

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	PARACETAMOL DROPS	0.3ml	PO	8 th hourly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	VITAMIN D3 DROPS	0.5ml	PO	OD		<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: D. Lakshmi Ray

Date & Time: 27/05/26 4pm

Nurse Name & Signature: K. Blessy

Date & Time: 27/5/26 @4pm



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

**Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)**

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<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: Jayashri (Jr)

Date & Time: 22/05/26 @ 2:00 PM

Nurse Name & Signature: Keethu KJ

Date & Time: 22/05/26 @ 2pm