BAH-00615831 IP5-00175908
Baby Of PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

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SURGERY DETAILS

80794

Date : 03/07/26

Patient Name: B/o. Pathan Aliya Begum Date of Birth: 16/02/2025 Age: 1Y 4M 17D

Gender: Male Ward : P-OT-II UHID No.: BAH-00615831

Date of Surgery: 03/07/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : SINGLE STAGE HYPOSPADIAS REPAIR

Time in : 9:50 am Time Out : 12:54 pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Mainak Deb	
2.	Anaesthetist	: Dr. Ravi chandra	
3.	Assistant Surgeon	: Dr. Mukta	
4.	OT Technician	: Shirisha	
5.	Circulating Nurse	: Swapna	
6.	Assistant Nurse	: Rama Devi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 96855656 Order by: Rama Devi

Docu. No. : RCHBH/FRM/GENERAL/114

3:05 pm

pre-approval

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ESTIMATION SLIP

80794

Date : 17/06/2026 UHID / IP No. : BAH-00615831 Sl No.

Name of Patient : Baby. of Pathan Aliya Begum Age: 14 y/o Gender: M.

Father's / Husband's Name : Mr. Noushad. Corporate / Occupation : Pvt Employee Rainbow Hospital

Address : Phone : 8008857684 Email:

Procedure / Plan : Single stage Hypospadias Repair.

MODE OF PAYMENT : ☐ SELF ☒ TPA : FHPL / Oriental ☐ GIPSA: OTHERS

TARIFF INFORMATION : Dr. Mainak. Deb. (PU-71)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges	10,800 per Day									
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	G/W SF+AF 105094	OF+AF 38216 + OT 11000/hr
O.T. Consumables	7500	Subject to approval by TPA / Insurance Company
Instrument Charges		Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra	As per actual - Not Included in Estimation
Equipment Charges: Monitor :	Oxygen :	Infusion pump / Syringe pump :
Ventilator : Conventional :	HFO-SLE 5000 :	HFO Sensormedix :
Phototherapy : Single Surface :	Double Surface :	Triple Surface :
Blood/Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra	As per actual - Not Included in Estimation
Package		
Others		
Initial Minimum Deposit	15,000 & Final Bill claim.	

2.50 L / 3 Days / 3 hr OT / E.B. 2.79 L

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

#12: Room Cycle

Room A/C SX-STA

Dietchair IPDF 1kk c13k

CSSD.

DECLARATION

I Mr. Aliya. Begum have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Aliya Begum. P. — Signature of the Client

Mother — Signatory Relationship

[signature] — Signature of the Financial Counselor

BH-00615831

1 yrs | 9 | 12 | 19

Ayesha Begum.

5212

Hypospadias Repair Single Stage

Patient Sticker

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CONSUMABLES OF OT

Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3. 3.5. 4. 4.5.	HHH	01	Major Pack Drape.	1	1	Inj Vit.K		
LMA	01	—	Sutures 9915. r	2	—	Cord Clamp		
ECG leads : A / P / N	5	03	Prolin. 50.	2	01	Suction Catheter		
HME filter : A / P / N	01	01	PDS. 6.0. 7.0	2+2	02	Feeding Tube		
Syringes : 10 cc	20	02	Vicryl. 5.0. 6.0	2+2	01	Vaccum Suction Set		
05 cc	20	02	Gloves 6. 6.5. 7. 7.5	2+2	01	Surgical Gloves		
02 cc	20	02	6. 6.5 7. 7.5	2+2	2+2	Gauze Pack		
01 cc	—	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade 15	1	01	Surgical Blade # 20		
IV set +Blood set	1+1	01	NG tube 8 Fro	1	01	Koochies (S) 10cc +15cc	2+2	01
RL +Dextrose 25 DI.	1+1	01	Cautery pencil	1	—	NS 500 ml	1	01
NS : 10ml / 100ml / 500ml / 1000ml	5+1	1	Koochies P. XL	1	01	Transofix	1	01
Mini Spike Guard	01	00	Ointments			Jelly	1	01
	03	02	Suction Catheter			Dermi marker	1	01
Fentanyl	01	01	Cap, Mask	5+1	5.5	Cuttisoll 10x10	1	01
Morphine			Gauze Pack N+R	3+3	3+3	misdar		
Ketamine			Mop Pack	1	03	Nosel Airway		
Propofol	03	01	Steristrip			16|18	1+1	—
Rocuronium	01	01	Underpad	1	1	oral Airway		
Glycopyrolate	01	01	Draw sheet	1	1	0.1	1+1	—
Myopyrolate Neo	02	02	Abgel			IV cannula. 22|24	1+1	—
Ondansetron	01	01	Foleys catheter			O2 mask (P)	01	—
Pencan 25g/ Spinal Needle 22	01	01	Urobag	1	—			
Bupivacaine 0.25%	01	01	Chest Drainage Catheter			Soctpro Live	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Epidural 20G	01	—	Tegaderm Pad Small	1	01			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	1+1	1+0	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	01			
Proto Gown + Vaccine	01+1	01	Microshield	1	01			
Dexa + Dexmide	1+1	—	Cotton Balls	1	01			
Tranexa + pcm	1+1	—	Latex Gloves	1	1op			
Glaxcel + clouxon	5+1	—	Ramdione Scrub					
Lam + Hoom 3ee	1+1	—	Saral					

Surgeon 9768000 Anaesthesiologist Nurse. OT Technician

Order No. : ..... Ordered by : .....

Doc. No. : RCH / FRM / GENERAL / 125

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ACTIVITY RECORD FOR BILLING

Name :_____

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

BAH-00615831 IP5-00175908
Master PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

Date of Admission: _____ Tim _____ ge : _____ Time: _____

Room / Bed No : _____ Ward _____ lable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
03/7/26	8.48am	ER	OT	
3/7/26	2pm	OT	12ID	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/7/26	CBP	66459	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	IV Placement	1	7133	
	PAC - OP Basis.			
3/7	NHA	(1)	685857	APM

ANY OTHER INFORMATION

Date : 5/7/26 Time : 9.45am Prepared By : Malik

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Malik	GW-I		

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 : IP5-00175908 **Admit Date** : 03-Jul-2026 **Admit Time** : 08:17 AM **UHID** : BAH-00615831

Patient Details :

Patient Name	: Baby Of PATHAN ALIYA BEGUM	**Age**	: 1 Y 4 M 17 D
Guardian	: Mr SHAIK NOUSHAD	**DOB**	: 16-02-2025 12:45 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 27, SHIVAPURI COLONY, NEAR SHIVALAYAM TEMPLE Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 8008857684/ 7416881898
		E-mail	: NFORNOUSHAD@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 404 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 404 **Admission Type** : First Visit

Contact Details :

Name : Mr SHAIK NOUSHAD **Relationship** : Father

Contact Address : H NO 27, SHIVAPURI COLONY, NEAR SHIVALAYAM TEMPLE Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : 8008857684

Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

BAH-00615831 IP5-00175908
Baby Of PATHAN ALIYA BEGUM
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia 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	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45		4			
	Total No. of Pages	40			

Signature and Date : 5/2/26

(P.T.O)

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: B/O Aliya Begum

UHID ID:

Department:

Consultant:

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Master PATHAN ALIYA BEGUM
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BAH-00615831 IP5-00175908
Master PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Name : B/o Pathan Aliya Begum Age/Sex 1y/m

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Distal penile hypospadias } since birth
Narrow meatus. }

↓

Planned for Single Stage hypospadias.

History of present illness : mild Cold since 2days.

NO H/o fever, Cough, vomitys / loose stools

No fresh complaints

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Master PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) transition

□—○

Birth & Socio Economic History:

About Father :
About Mother : (N) upper middle class
Any additional Information :

Developmental History :

(N) development

Immunization History :

Vaccination till date

(P.T.O.)

BAH-00615831 IP5-00175908
Master PATHAN ALIYA BEGUM
16-02-2026 1 Y 4 M 17 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12.42kg (Centile _____)

On Examination :

Temperature : 98 F Pulse Rate : 122/min B.P. 82/52(64) SPO2 100% on RA

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

Rash

Lymphadenopathy — Nil

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft NT

Ausculation :

Spine : External Genitelia : narrow meatus

Relevant data from outside (CT, USG etc.,) adequate SPL

B/L testes descended

s/o distal penile hypospadias

BAH-00615831 IP5-00175908
Master PATHAN ALIYA BEGUM
16-02-2026 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Hypospadias

|

Single Stage Hypospadias repair

(P.T.O.)

BAH-00615831 IP5-00175908
Master PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP on cannulation

Planned Management

NPO to continue
Sx @ 9am
IV fluids.

Signature of the Doctor: Ramya
Name of the Doctor: Dr. Ramya
Date & Time: 3/7/26 ; 8am

DR. HARISH RAM
Registration No. 60254

Signature of the Consultant:
Name of the Consultant: Dr. Harish
Date & Time: 3/7/26 @ 5PM

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16-02-2025 1 Y 4 M 17 D (M)
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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 SINGLE STAGE HYPOSPADIAS

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)
Restoration of urethral meatus to normal anatomical position.	—

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
b. Need for staged procedure.

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: .....
Name: P. Aliya Begum.
Relationship with patient: .....
Date & Time: 3/7/26, 9:03AM

Witness:

Signature: G. Kanaka
Name: G. Kanaka DMRIT
Date & Time: 3/7/26, 9:03AM

Doctor (who is taking consent):

Signature: Maliha Name: Dr-Maliha Date 3/7/26 Time: 9:03 AM

Patient Sticker

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శస్త్రచికిత్స / ప్రొసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనో్ చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రొసీజర్(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 / ప్రొసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రొసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రొసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రొసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రొసీజర్ 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:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : Dr. Ravi Chandran
Scrub Nurse : Rama Devi

Patient Name : Aliya Begum Age : 1Y Gender : M
UHID No. BAH-00615831 Surgery Name : Hypospadias
Date : 02/07/26 In-time : 01:50 pm Out-time : 12:54 pm

BAH-00615831 IP5-00175908
Baby Of PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 09:30AM

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☐ No ☑ NA
- Blood Units Reserved ☐ Yes ☐ No ☑ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Ravi
Name : Ravi

Before Skin Incision ➤➤

TIME OUT Time: 10:20am

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Nothing 3hrs 10 to 15ml ☐ Yes ☑ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Swapna
Name : Swapna

Before Patient Leaves Operating Room

SIGN OUT Time: 12:49PM

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☑ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature : .....
Name : DR MAINAK DEB

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Baby Of PATHAN ALIYA BEGUM
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Dr. MAINAK DEB

Patie

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 03/07/26

To Be Filled In By Assigned Nurse :

Department : P.OT - II Duration of Procedure : 3hrs

Name of Surgeon : ..... Date of Admission : 03/07/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☑ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic : Inj. Augmentin 370mg @ 8:55 am	Sign
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : — Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	Sign
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Sign
4.	Name of doctor or staff administering the antibiotic : Dr. mainak / Shrishty Date & Time of antibiotic administration : 03/07/26 @ 8:55 am Date & Time procedure started : 03/07/26 @ 10:20 am	Sign

- 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

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OPERATION THEATER NOTES

Patient's Name : B/o. Pathan Aliya Begum Age : 1Y4M17D Gender : ☑ Male ☐ Female

UHID No.: BAH - 0061 5831 Weight : 12.31kg Height : .....

Surgeon : Dr. Mainak Deb		Asst. Surgeon : Dr. Mukta
Anesthetist : Dr. Pari chandra	OT Nurse: Rama Devi	OT Technician: Chirag

Pre-Operative Diagnosis: Distal Penile Hypospadias.

Surgical Procedure :
Single Stage Hypospadias Repair (Mathieu Flip Flap).

Indications for Surgery :
Distal Penile Hypospadias

Date : 03/07/26	Start Time : 10:20 am	End Time : 12:29 pm

Pre Operative Preparations:

Post Operative Diagnosis: Distal Penile Hypospadias

Peri-Operative Complications:

Operation Notes:

Findings :-

1) Coronal meatus.

2) B/L testes descended

3) SPL ~ 6cm.

Procedure

1) ~~Circumferential incision~~ 5-0 prolene suture placed in the glans as hitching stitch. 7 Fr 1 FT inserted as urinary catheter.
2) U shaped perineatal based flap immediately proximal to the meatus.
3) Circumferential incision ~~approximately~~ proximal to coronal sulcus, joining the limbs of the U-shaped flap ventrally

Amount of Blood Loss: ~ 5ml	Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications: —

4) Penis degloved completely to penoscrotal junction.
5) Incise around U shaped flap, raised with a good layer of dartos tissue, maintaining a broad vascular pedicle.
6) Both sides of urethral plate incised, glans wings raised and mobilized sufficiently.
7) Perineatal flap rotated distally. Flaps sutured to both sides of urethral plate using 7-0 PDS in a continous subepithelial fashion
8) Mobilized glans wings approximated in midline using 7-0 PDS interrupted sutures. Glans plasty done.
9) Skin approximated. Dressing done.

Name of the Surgeon: Dr. Mainak Deb

Signature of the Surgeon: ...

Date & Time: 31/7/26 11:45 AM

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POST-SURGICAL CARE PLAN FORM

Procedure Done: SINGLE STAGE HYPOSPADIAS REPAIR (MATHIEU)

Post-Surgical Diagnosis: DISTAL PENILE HYPOSPADIAS

Post-Operative Monitoring Parameters /Frequency:

TPR every 15 minutes for first 1 hour

Wound Care:

Dressing

Drain /Special Lines/Catheters:

1) 7 Fr IFT as urinary catheter – opened into outer diaper – Monitor urine output by diaper weight 4th hourly

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

Full feeds once fully awake

When to Start Mobilization:

As early as possible

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: 3/7/26 Time: 11:49 AM

Note: Plan of care will be readjusted if necessary.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 5:20pm	c/s/B Dr. Harish	
	POD-0 ~~Stage~~ Single stage Hypospadias repair.	
	Child active	
	~~vit~~ Accepting feeds	Adv
		(1) Full feeds as tolerated
	O/E - Pt c/c/c	
	Afebrile	
	Vitals- stable	
	P/A - soft	
	Dressing intact	
	Dr. HARISH JAYARAM Registration No: 66254	Dr. Nikeeta 3/7/26 5:20pm
	c/s/B. Dr Nikeeta	
4/7/26 9:10 AM	POD-1	
	Child active	
	Accepting feeds, No fever spikes	Adv
		(1) Full feeds as tolerated
	O/E - ~~Child~~	
	Afebrile	
	Vitals- stable	
	~~P/A~~ soft	
	Dressing intact	
	U/o - ~~N~~ adequate	
	Dr. HARISH JAYARAM Registration No: 66254 4/7/26 9.10AM	Dr Nikeeta 4/7/26 9:10am

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Baby Of PATHAN ALIYA BEGUM
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 6:00pm	C/S/B Dr Malika / Dr Nikshita	
	POD-2	
	Child active, accepting feeds	
	No episode of fever spike.	Adv
		(1) Full feeds as tolerated
	O/E - Afebrile	
	Vitals-stable	
	P/A - soft	
	c/o adequate	
	Dressing-intact	
		Dr Nikshita 4/7/26 6:00pm
4/7 6:20pm	Dr. NABEEL ALAM QADRI Reg. No: 75241	
	C/S/B Dr. Lavanya	
5/7/26 9:30 AM	POD-(3)	Adv
	No fever spikes	1) Full feeds
	P/A - soft	2) Plan discharge today
		Malika 5/7/26 9:30am

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Master PATHAN ALIYA BEGUM
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Dr. MAINAK DEB

Patient

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RESULT SHEET

Date	3/2/26					
Time	9:30AM.					
Hb	9.4					
PCV	33.2					
RBC	5.28					
WBC	8.29					
N/L						
Platelets	355					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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.,) : .....

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Master PATHAN ALIYA BEGUM
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ 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~~ OT .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Ramya .....

Date & Time : ..... 3/2/26 ; 8am .....

Nurse Name & Signature: ....

Date & Time : ..... 3/2/26 at 8am .....

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DRUG CHART

Date of Admission: 3/7/26 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															
[redacted]ctor'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 .....

[illegible] [illegible]
Master PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

REGULAR PRESCRIPTIONS

Weight. 12.8 kg Ward. ....

VERIFIED

DRUG : INJ AUGMENTIN				Date/Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Date				
370mg	IV	Q8h	3/7/26	6AM	OT	pulok / Suchi	pravi Sravatie
Name & Signature of the Doctor Starting the Drugs: Maliha 11:47AM Dr-Maliha				2pm	4pm Sucheta Appu	D/up Ankita	
Additional Instructions: —				10PM	PW / Sw	pravi Sravatie	
Daily Doctor's Endorsement by a Sign							

VERIFIED

DRUG : INJ AMIKACIN				Date/Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Date				
180mg	IV	Q24h	3/7/26				
Name & Signature of the Doctor Starting the Drugs: 11:47AM Maliha Dr-Maliha				10AM	OT	D/up Ankita	PW
Additional Instructions: —							
Daily Doctor's Endorsement by a Sign							

VERIFIED

DRUG : INJ PARACETAMOL				Date/Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Date				
200mg	IV	Q8h	3/7/26	6AM	X	pulok / Suchi	pravi Sravatie
Name & Signature of the Doctor Starting the Drugs: 11:47AM Maliha Dr-Maliha				2PM	12pm OT	D/up Ankita	
Additional Instructions: —				10PM	PW Sw	pravi Sravatie	
Daily Doctor's Endorsement by a Sign							

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

Dr. MAINAK DEB (M)

Weight. 12.3kg Ward. .....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7/26	8:55AM	INJ AUGMENTIN	370mg	IV	Malika	Swapna Siddha
3/7/26	8:55AM	INJ AMIKACIN	180mg	IV	Malika	Swapna Siddha
03/7/26	10 AM	DICLOFENAC	12.5mg	PR	RC	Swapna Siddha
03/7/26	12 PM	PARACETAMOL	180mg	IV	RC	Siddha Swapna

16-02-2026 1 Y 4 M 17 D (M)

Dr. MAINAK DEB

BAH-0061583 IP5-0017590S Master PATHAN ALIYA BEGUM

I.V. FLUIDS CHART

Weight. 12.3kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/7/26		DNS (During NPO)	IV	45			3/7		
3/7/26	10:00 AM	RINGER LACTATE	IV	120ml/hr			3/7		

Signature .....

VERIFIED BY : Name .....

BAH-00615831 IP5-00175908
Master PATHAN ALIYA BEGUM
16-02-2026 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Your Right to a Safe Delivery

Patient's / Learner ..... Hindi ..... Patient / Learner Literacy: ~~Read~~ ☐ ~~Write~~ ☐ ~~Speak~~ Willingness to Learn: ~~Yes~~ ☐ No Healthcare Literacy: ~~Yes~~ ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
03/2/26	8:27AM	8	procedure	M	4	0	1	1	—	Renuka
3/2/26	2pm	9	Soft diet	M	1	0	1	1	—	Mou

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00615831 IP5-00175908
Master PATHAN ALIYA BEGUM (M)
16-02-2025 1 Y 4 M 17 D
Dr. MAINAK DEB

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnos

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
3/7/26 8:48am	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Hypospadias	Surgical resolution of symptoms.	Single stage repair	NRS	☐ Nursing ☐ Others:
03/07/26 8:48am	☐ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Hypospadias repair single stage	H- stability	Iv fluid	Renuka	☐ Medical ☐ Others:
3/7/26 2pm	☐ Medical ☐ Nursing ☑ Others: Platelets	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Hypospadias repair single stage	Soft diet	RDA E:- 1200kcals/d P:- 2g/d	Mamta	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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Baby Of PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 8:17 Pm Mode of Arrival: wheel Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NKDA Body Weight: 12.3 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nothing significant

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☐ Yes ☑ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 12.3 Length: — Head Circumference (< 2 years): —

Temp.: 98.6 HR: 84 RR: 25 BP: 84/42

Pain Score: 0 Specify Site: — (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With .....

Siblings in household ☐ Yes ☑ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☐ Yes ☑ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother .....

Nurse's Name: ..... Date: 3/2/16 Time: 8:32A Signature

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Baby Of PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 18 D (M)
Dr. MAINAK DEB

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/02/25 Time: 6am

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94 — 98.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 102 (64) 52

Note: BP does not score in early warning scoring

Heart Rate (Number): 104 bpm

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

Resp Rate (Number): 26 bpm

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		100%
Conscious Level	Normal	
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		1
Pain Score		0
Observer's Initials		O

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby Of PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
Dr. MAINAK DEB

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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/07/25 Time: 10pm 05/07/25 2am

Doctor / Nurse / Family Concern? 9pm 6pm

Temperature (F)

104 103 102 101 100 99 98 97 96

*96.5F *97.3F *97.8F

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

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Refused

99/(69)/55

93/(68)/55

Note: BP does not score in early warning scoring

Heart Rate (Number)	101b/m		105bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	26b/m	28bpm	28bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials	o	o.	o

ACTIONS NB: Scores 3 should be recorded overleaf	
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16-02-2025 1 Y 4 M 17 D (M)
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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/17 Time:

Doctor / Nurse / Family Concern?

	2pm	6pm	10pm	2am	6am	10am
Temperature (F)	98.0°F	97.2°F	97.1°F	98.4°F	96.2°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	147 (71) 60	89 (62) 51	102 (71) 57	100 (78) 69	92 (66) 52	100 (74) 60
Heart Rate (Number)	115bpm	111bpm	113bpm	106bpm	118bpm	124bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26bpm	27bpm	28bpm	26bpm	24bpm	26bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	100%	100%	100%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Master PATHAN ALIYA BEGUM
16-02-2025 1 Y 4 M 17 D (M)
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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
3/7	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm		Boost	—		—	—	—	—	—	0	Sign
	03:00 pm						✓					
	04:00 pm									Not mess	0	
3/7	05:00 pm	NBM									0	Sign
	06:00 pm	1 pm			NA			NA			0	
	07:00 pm										0	Sign
Total Intake :						**Total Output :**						
	08:00 pm										6	
	09:00 pm									420ml	0	Sign
3/7	10:00 pm	NBM	Boost				✓				0	
	11:00 pm	IVF									0	
	12:00 am		milk						180ml	180ml	0	Sign
	01:00 am										0	
Total Intake :						**Total Output :**						
	02:00 am										0	
	03:00 am										0	Sign
4/7	04:00 am	NBM	milk								0	
	05:00 am	IVF					NIL				0	Sign
	06:00 am		milk								0	
	07:00 am										0	Sign
Total Intake :						**Total Output :** 607						

Total 24 hrs. Intake		Total 24 hrs. Output	

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16-02-2025 1 Y 4 M 17 D (M)
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FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : 2

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G						0	
4/2/26	08:00 am									445ml	0	
	09:00 am										0	
	10:00 am	no IVF	Milk								0	
	11:00 am										0	
	12:00 pm									145ml	0	
	01:00 pm						✓					
Total Intake :						**Total Output :**						
4/2/26	02:00 pm										0	
	03:00 pm									211ml	0	
	04:00 pm		Milk								0	
	05:00 pm	no					NP				0	
	06:00 pm	IVF	Milk								0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
05/07/26	08:00 pm		milk.								0	
	09:00 pm	no IVF								158ml	0	Srav
	10:00 pm										0	
	11:00 pm		milk								0	Srav
	12:00 am										0	
	01:00 am									170ml	0	Srav
Total Intake :						**Total Output :**						
06/07/26	02:00 am										0	
	03:00 am	no IVF									0	Srav
	04:00 am		milk								0	
	05:00 am										0	Srav
	06:00 am										0	
	07:00 am										0	Srav
Total Intake :						**Total Output :** 1,129ml						

Total 24 hrs. Intake		Total 24 hrs. Output	

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121D

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/7/26 Time: 2pm

Weight: 12.4 kgs Centile: 75th

Height: 80.50cms Centile: 75th

Inference: Overweight child

RDA: — Calories: 1200kcal/d Protein: 20g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, chilled and outside foods

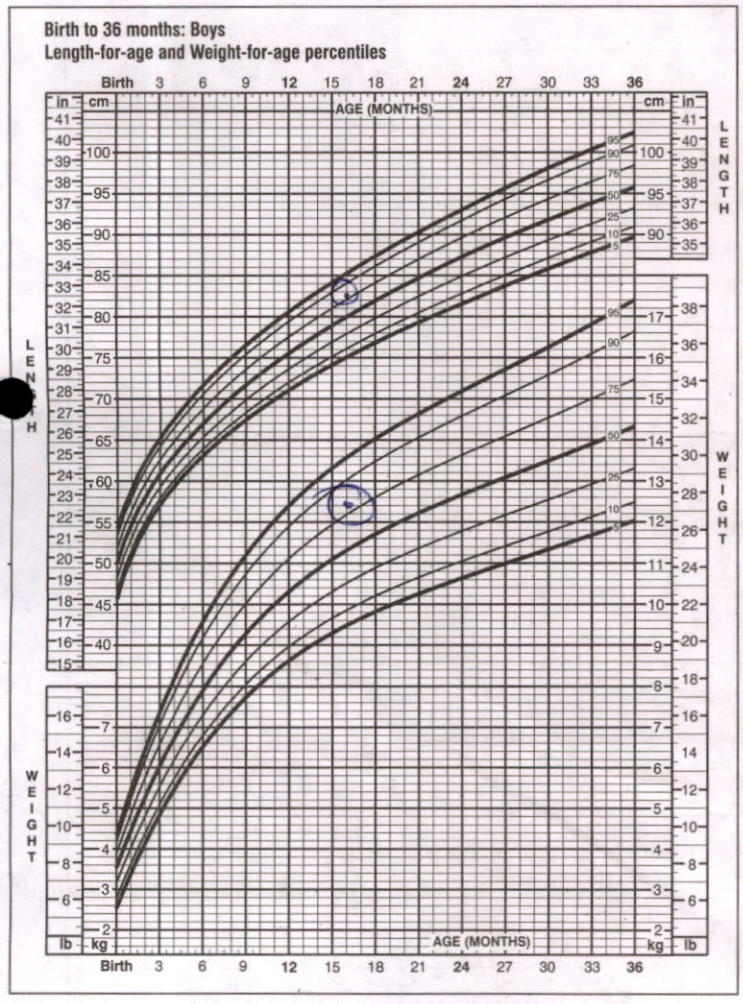
Food Allergies: NO Veg/Non-veg Non-veg

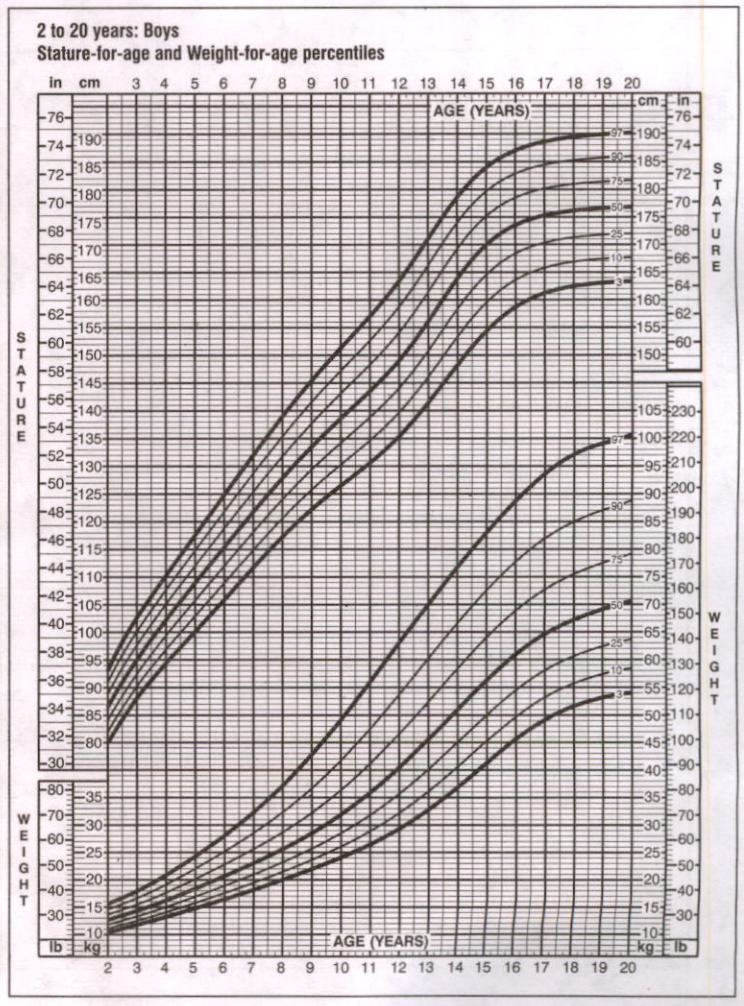
Diagnosis: Hypospadias → Single stage hypospadias repair

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Noor

GROWTH CHART (BOYS)





Dietician's Name Mounica Dietician's Signature Mounica

Daily Notes:

4/7/26 9AM — Child is stable Oral Intake is Optimal
Continue ☐ Soft Diet. — Maudeen

5/7/26 8am — Child is stable. Intake is fair
continue ☐ soft diet — Details