

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM



Baby Of RESHMA (0 Y 1 M 23 D/ F)



NNV/00212

BA26073231032

rainbow
children's
hospital
not to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

8178

SURGERY DETAILS

Date : 21/07/26

Patient Name: B/o. Reshma Date of Birth: 28-05-2026 Age: 1m 23D

Gender: Female Ward: P. OT-II UHID No: BAH-00661520

Date of Surgery: 21/07/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Laparotomy + per opnativ Cholangiogram

Time in : 10:11 am

624
cash

Time Out : 12:15 pm

PHB-1

	NAME	AMOUNT
1. Surgeon	Dr. Harish Jayaram	SF- 71,650 36590
2. Anaesthetist	Dr. Sebnag	AF- 24495 10,972
3. Assistant Surgeon		OT- 29,272
4. OT Technician	Shrinisha	OTC- 7500
5. Circulating Nurse	Swapna	CSD- 1098
6. Assistant Nurse	Suman	

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☒ C-ARM 9714609 ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9714608

Order by: Lyoko

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM

KASA
CONSUMABLES OF OT

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating staff: Technician: Date: Time: 10 AM

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Qty	Used	Issued	Qty	Used	Issued	Qty	Used
ET tube 2.5, 3.0, 3.5	1+1	01	Major Pack	Drape	1	1	Inj Vit.K	
LMA 1.1, 1.2	1+1	—	Sutures 9915, 5203	2+2	1	Cord Clamp		
ECG leads : A / P / N	1	01	Vitality 30, 40, 50, 60	2+2	1+1	Suction Catheter		
HME filter : A / P / N	1	01	Prolin 30, 40, 50	2+2	—	Feeding Tube		
Syringes : 10 cc	15	05	Sutur Pak 212, 211	2+2	—	Vacuum Suction Set		
05 cc	15	05	Gloves 6.6.5 7.7.5	2+2	02	Surgical Gloves		
02 cc	15	05	6.6.5 7.7.5	2+2	1+2+1	Gauze Pack		
01 cc	5	05	Horizon clipped	2+2	01	Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	01	Surgical blade 15	1	1	Surgical Blade # 20		
IV set + Blood set	1+1	1	NG tube Feedy tube pos	3	1	Koochies (S)		
RL + 251. Dextrose	1+1	1+1	Cautery pencil	1	1	NS Bloom	2	2
NS : 10ml / 100ml / 500ml / 1000ml	5+2+1+1	1+1	Koochies P.xl	1	1	Transfix	1	1
02 mask (P)	1	1	Ointments			Jelly	1	1
Airway mask	1+1	1	Suction Catheter			Toc, Ace, Ace	2+2	1+1
Fentanyl	1	01	Cap, Mask	3/5	1+1	Urogratin	1	1
Morphine			Gauze Pack	3+3	2+2	ventlon 22	1	—
Ketamine			Mop Pack	1	2	ventlon 20	2	—
Propofol	2	01	Steristrip			Ivcomet 22 (24)	1+1	01
Rocuronium	1	01	Underpad	1	1	Dexa	1	—
Glycopyrolate	1	01	Draw sheet	1	1	Tramexa	1	—
Myopyrolate + vocastigmine	1	01	Abgel multi tube	1	1	minispir	1	00
Ondansetron	1+1	01	Foleys catheter 6.8	1+1	1	Dexlamine 50	1	1
Pencan 250g Spinal Needle 22	1+1	01	Urobag imeter	1+1	1	clonidine	1	—
Bupivacaine 0.25%	1	01	Chest Drainage Catheter			50cc + pmaline	2+2	1+1
Bupivacaine 0.25% (Heavy)			Romodrain bag			stopcode	2	02
Antibiotics			Bandage			proto Groom	1	1
Suppositories			Tegaderm			Nasul Airway (12/14)	1+1	1
Anamol : 80mg / 250mg / 170 mg	1+1	—	Ioban	1	—	Sobt Peltone	2	02
Supridol : 100mg			Double J Stent			Epidural 20h	1	—
Justin : 12.5 mg / 25mg / 100mg			Vacuum Suction set	2	1	Tegaderm 8 32+1624+1	—	—
Tab. Misoprost : 200mg			Plastic Bed Sheet	1	—	gab, splint (1)	1+1	1+1
			Betadine Solution	1	1			
Vacuum set	1	01	Microshield	1	1			
Gauze	3	03	Cotton Balls	1	1			
Gloves and	4	02	Latex Gloves	105	105			
Tup.com	1	1	Ramdone Scrub					
3-terg 100/100cm	1+1	1	Saral					

Surgeon: Anaesthesiologist: 9714762 Nurse: OT Technician:
Order No.: Ordered by:
Doc. No.: RCH / FRM / GENERAL / 125

33



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

BAH-00661520
Baby Of RESHMA
28-06-2026
Dr. HARISH JAYARAM
0 Y 1 M 22 D (F)
IP5-00176664

tant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26.	6:20pm	ER	144 B	SL
21/7/26	9 AM	144 B	OT	Anupam
22/7/26	1:40 pm	PICU	12/C	RED

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr Sandeep Reddy	21/7/26	9714605	Subrata
2	DR. Sandeep Reddy	22/7/26	9716414	Sanu
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/2	Inr monitor				
	Inr pump				
22/2	Int: Monitor				
	Int pump				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/07	iv placement	1	12916	Tony
21/7	PAC	1	2825	[Signature]
21/7	Blood transfusion	(1)	971522	[Signature]
22/7	neb C O2	(2)	971096	[Signature]

ANY OTHER INFORMATION

VBW - 1

Date : 23/7/26

Time : 9:45AM

Prepared By : Rama

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Rama	discharge		

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176664

Admit Date : 20-Jul-2026

Admit Time : 04:34 PM **UHID** : BAH-00661520

Patient Details :
Patient Name : Baby Of RESHMA

Age : 0 Y 1 M 24 D

Guardian : Mr K MAHABOOB BASHA

DOB : 28-05-2026 01:00 AM

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO 20/487, ALIBAIG COLONY,
 MODAMPALLI STREET Proddatur Cuddapah
 Andhra Pradesh INDIA 516360

Phone No : 9494075551/ 6302928617

E-mail : MAHABOBN99@GMAIL.COM

Admission Details :
Bed Type : PICU

Bed No : PICU 211

Ward Name : 2F-PICU I

Room No : PICU 211

Admission Type : First Visit

Contact Details :
Name : Mr K MAHABOOB BASHA

Relationship : Father

Contact Address : H NO 20/487, ALIBAIG COLONY,
 MODAMPALLI STREET Proddatur Cuddapah
 Andhra Pradesh INDIA 516360

Phone No : 9494075551

Signature

Doctor Details :
Doctor Name : Dr. HARISH JAYARAM

Specialisation : PEDIATRIC SURGERY

Referral Doctor : DR N BHARATHI

Phone No :

Co-Consultant : Dr. Prashant Bachina/ Dr. SANDEEP REDDY

Payment Details :
Deposit Amount : 199999.00

Payment Mode : Cash

Payor Name : SELFPAY

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176664

Admit Date : 20-Jul-2026

Admit Time : 04:34 PM **UHID** : BAH-00661520

Patient Details :

Patient Name	: Baby Of RESHMA	Age	: 0 Y 1 M 22 D
Guardian	: Mr K MAHABOOB BASHA	DOB	: 28-05-2026 01:00 AM
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO 20/487, ALIBAIG COLONY, MODAMPALLI STREET Proddatur Cuddapah Andhra Pradesh INDIA 516360	Phone No	: 9494075551/ 6302928617
		E-mail	: MAHABOBN99@GMAIL.COM

Admission Details :
Bed Type : GENERAL WARD

Bed No : GW 144 B

Ward Name : 1F-GENERAL WARD II

Room No : GW 144 B

Admission Type : First Visit

Contact Details :

Name	: Mr K MAHABOOB BASHA	Relationship	: Father
Contact Address	: H NO 20/487, ALIBAIG COLONY, MODAMPALLI STREET Proddatur Cuddapah Andhra Pradesh INDIA 516360	Phone No	: 9494075551


Doctor Details :

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

Payment Details :
Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELF PAY

**CONSENT FOR ADMISSION
IN PEDIATRIC INTENSIVE CARE**

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Baby of RESHMA Age: 1m23D Gender: Male ☐ Female ☒

UHID.No : BAH-00661520 Date: 22/07/2026

I S/o, D/o, W/o, hereby
declare that our patient Master/Baby who is related to me as
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :
Neonatal cholestasis

The doctors have clearly explained to me that my patient Master / Baby of Reshma during his /
her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied
that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care
Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed
upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections,
bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby :
..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved
from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all
necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Reshma

Name: M. Reshma

Relationship with Patient: Mother

Date & Time: 21/7/2026 @ 3pm

Witness :

Signature: Reshma

Name: M. Reshma

Date & Time: 21/7/2026 @ 3pm

Doctor (who is taking the consent) :

Signature: AUO

Name: Dr. Kauthu Ambali

Date & Time: 22/07/2026 @ 3pm

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.హెచ్.ఐ.డి
.....

నేను s/o. d/o. w/o.

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ బో చిల్డ్రన్స్ పిల్లల అనుపత్తి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్
తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిపెరల్ ఇన్ఫర్జన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్జన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు)లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

DOCU.No.: RCHBH/FRM/CLINICAL/013

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



ADMISSION CRITERIA – PICU

Admission / Transfer from:

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

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

- ☐ All patients requiring mechanical ventilation;
 - ☒ Patients with impending respiratory failure;
 - ☒ Upper airway obstruction;
 - ☐ Lower airway obstruction;
 - ☐ Alveolar disease; and
 - ☐ Unstable airway;
 - ☐ All Paediatric patients after successful resuscitation;
 - ☐ **Comatose Patients;**
 - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
 - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
 - ☐ **All types of shock/hemodynamic instability:**
 - ☐ Septic shock;
 - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
 - ☐ Cardiac arrhythmias after consulting with the treating consultant
 - ☐ Hypertensive Emergencies;
 - ☐ Severe acid base disorders;
 - ☐ Severe electrolyte abnormalities;
 - ☐ Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
 - ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
 - ☐ **Post-Operative Patients;**
 - ☐ Requiring ventilation;
 - ☐ Unstable patients; and
 - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
 - ☐ Patients requiring nitric oxide therapy;
 - ☐ Malignant hyperpyrexia;
 - ☐ Acute hepatic failure
 - ☐ Severe dehydration with mental status change;
 - ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- "UNSTABLE" PATIENT IS DEFINED AS**
- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
 - ☐ Capillary refill time > 4 seconds.
 - ☐ Children Blood pressure (Syst.) < [70 + (2 × age "Years")].
- Respiratory failure or high risk of failure or airway obstruction:**
- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - ☐ O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - ☐ Distress and risk of exhaustion
 - ☐ **Change of level of consciousness: GCS < 13.**
 - ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: Name of the Doctor: Date & Time: 21/07/26

BAH-00661520
Baby Of RESHMA
28-05-2026
Dr. HARISH JAYARAM
IP5-00176664
0 Y 1 M 23 D
(F)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE CRITERIA – PICU

Discharge to:

☐ HDU / Step down ICU

☒ Ward

☐ Outside Facility

☐ Others:

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

- ☒ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: Kartik

Name of the Doctor : Kartik

Date & Time: 22/07/2026 @ 1.14pm



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00661520
Baby Of RESHMA
28-06-2026
Dr. HARISH JAYARAM
IP5-00178664
0 Y 1 M 22 D (F)



BAH-00661520

IP5-00176664

Baby Of RESHMA

28-06-2026

0 Y 1 M 22 D

(F)

Dr. HARISH JAYARAM

**Pediatric Multiorgan History & Physical Examination**Name : Baby of Reshma.

Age/Sex

1 M 20 Day
FCHInformation given by: Mother.

Relationship

Chief Presenting Complaints & Duration (Chronologically)

- c/o yellowish discoloration of skin since day 3 of life
- c/o passing pale stools since birth

History of present illness :

- c/o passing pale colour stools since birth.

- c/o yellowish discoloration of skin since day 3 of life.

- no h/o fever

- no h/o vomiting.

- no h/o refusal to feed.



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

pos G₂ / Fullterm / LSCS / FCM / CIAD / delivered on 28/8/26.
BT WT = 2.6 kg
- H/O NICU admission for 10 days in
view of respiratory distress, sepsis, neonatal jaundice.

Birth & Socio Economic History:

About Father : _____
About Mother : _____ upper middle class.
Any additional Information : _____

Developmental History :

- Normal

Immunization History :

- BCG, opv, Hep-B - given.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 3.2 kg (Centile _____)

On Examination :

Temperature : 97.8° F Pulse Rate : 159/min B.P. + SPO2 99% on R

Resp. rate and type of breathing : 40/min

pallor (+), Icterus (+)

Rash +

Lymphadenopathy +

Oedema : +

Allergies (if any): +

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAC + clear

Any addles sounds : =

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1, S2 heard, no murmur

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : Bowel sounds present

Spine : Normal External Genitalia : Normal

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

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2028 0 Y 1 M 22 D (F)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

Normal

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Biliary Atresia came for Kasai procedure.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection control

Desired goals of the treatment: Haemodynamic stability

Planned Labs:

CBP
Serum Electrolytes
PT / INR
APTT
LFT
Blood grouping
Specimen done
20/07

Planned Management

Laparotomy, POC +/- Kasai
Post-Enteral
pfe

Signature of the Doctor: S. Ajay

Name of the Doctor: S. Ajay

Date & Time: 20/7/26 : 5:10pm

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Harish Jayaram

Date & Time: 21/7/26 12pm

DR. HARISH JAYARAM
Registration No: 66254

BAH-00661520
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 21/07 Time: 1:40pm

Patient Assessment Form:

Informant: ☐ Father ☐ Mother ☒ Other

Presenting Complaints / Chief Complaints : 1m 28 days old with H/o of yellowish discolouration of eyes, skin since day 3 of life & passing pale stools.

↓
Investigated outside & suspected to have biliary atresia / neonatal hepatitis & admitted for cholangiogram & liver biopsy.

Past History (Including previous treatment and investigations) :

Mecconium Aspiration Syndrome admitted from 28/05 - 09/06/2026

① 2 Neonatal cholestases admitted (28/06 - 01/07/2026)

② Again admitted for neonatal jaundice @ Rainbow (13/07 - 14/07/2026)

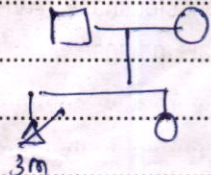
Birth and Developmental History : Term, AUA, CIAB with APGAR 8/10, BW - 2.3 Kg.

Respiratory distress, MAS admitted from 28/05/2026 to 09/06/2026

Immunization History : Up to date till 6 weeks.

H / O Allergy : NO

Family History : No significant family history



INITIAL ASSESSMENT

RBS : 142 Temperature : 98 Weight (kg) : 3.2

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT :

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate :

SPO₂ : 100% 2 24min O₂ by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support : Yes No - Day # of Vent : Respiratory Efforts :

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : 7.27 pH, PCO₂ 43 EtCO₂ : P/F ratio : O.I. :

Any Nebs : PO₂ 52 ICD? Yes No, if Yes, details :

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 170bpm Cardiac Rhytho : Regular

(Heart sounds, murmur etc.) : S2+

Quality of Pulses : Good cap refill Time : 3 sec Liver Edge : cm below Rt costal margi

Blood Pressures : NIBP : IBP : CVP :

Infusion of any Inotropes? : Yes No - If yes, then details :

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

Arterial line in Situ : Yes No Place of art, line & its condition :

Central line in Situ : Yes No Place of central line & its condition :

Infection and Antibiotics :

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Done outside? Yes No - If yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics : ☺

Abdominal Exam : P/A - soft

Mild hepatomegaly

ENT Exam : ☺

Central Nervous System :

Level of Consciousness : AVPU / GCS score : Alert

Neurological Findings : ☺

Relevant data from outside (Neuro imaging any ongoing medications etc) :

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
(Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is ☒ Positive ☐ Negative
- | | | | |
|--|--|---|--|
| ☐ Diabetes Mellitus | ☐ Needs Therapeutic Diet. | ☐ Diarrhoea > 4days | ☐ Food Allergy |
| ☐ Overweight | ☐ Psychological Eating Disorder | ☐ Major Surgery | ☒ Patient in ICU |
| ☐ Under Weight | ☐ Difficulty swallowing / Chewing | ☐ Hyperemesis gravidarum | ☐ Tube Feeding |
| ☐ Poor Appetite > 3days | ☐ Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is ☐ Positive ☒ Negative
- ☐ Non-compliance to offered treatment Over weight ☐ Suspected Drug Abuse
- ☐ Emotional / Behavioural Problem (Tearful, uncooperative)

- c. Functional Screening Criteria: Screening is ☐ Positive ☒ Negative
- ☐ Patient cannot position himself in bed ☐ Change in Muscle Power
- ☐ Restricted ROM ☐ Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is ☐ Positive ☒ Negative
- ☐ Living alone ☐ Suspected abuse or neglect
- ☐ Cultural or religious background that would need to know for the plan of care ☐ Unable to assess due to lack of family

- e. Need for Interpretar Screening is ☐ Yes ☒ No If Yes then plan

6. Patient needs additional specialized assessments: ☐ Yes ☒ No

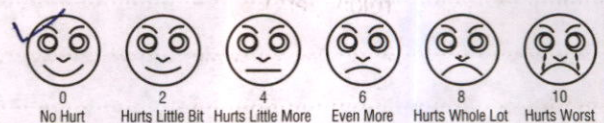
If yes, Please fill Individualized Initial Assessments Form for Special Populations

Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable"



Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: ☐ localized ☐ diffuse ☐ sharp ☐ aching ☐ referred ☐ vague ☐ burning / soreness

Frequency: ☐ constant ☐ intermittent ☐ occasional

Pain Management done ☐ Yes ☐ No

Nutritional Evaluation:

Current Medications:

Provisional Diagnosis : Neonatal cholestasis (? Neonatal Hepatitis)

Prism III score at 24 hrs of admission : Worse SOFA Score :

☐ Referred Patient - ☐ Self Referral - ☒ Rainbow Patient

Transferring Unit : ☐ Ward ☐ OT - Transported? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant :

Admitting Consultant : Dr. Hanish Jayaram

Indication for PICU referral : Tachypnea, Tracheal m

PLAN OF CARE

Preventive aspects of the treatment :

Desired goals of the treatment :

PLANNED INVESTIGATIONS

CBP

Serum electrolytes

ABG

~~N.B.
Prevalence~~

PLANNED MANAGEMENT

CRAB monitoring

Vital monitoring

Uj. Pantaz.

Uj. Esomeprazole

IV Fluids

Final Diagnosis:

Doctor's Signature : All

Name : Dr. Karthi Ambati

Date : 21/07/2026

Time : 1:50pm

Consultant's Signature : Dr. Karthi Venkata Sandeep Reddy

Name : Reg. No: JSMG/FMR/18713

Date : 22/07/2026

Time : 10:36 Am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/26 21.19pm	<u>S/B Dr Sundeeep</u> A Neonatal Cholestasis under evaluation - gp per-operative cholangiogram w liver biopsy	① Send CBP, Electrolytes VBS.
	① Post-operative care of liver biopsy	② Stat: Li: Paracetamol - Li: PIPITAZ, - Li: Ibuprofen - PRF DNB @ 1000 MF
	On low flow oxygen @ 14min	③ Check CRBS - 142 ng/dl
	Hemodynamically stable chest. No AOD NRBS. No Sx BSO on AF Plet open	④ Plan to start Oes feeds after. Surgeon review.
	CR < 20wmls Respirator - warm pale well fltt	⑤ Crib warmer on
	HR: 158bpm SpO2 97% c O2 ONP. RR: 34/min	⑥ No charting.
		<u>hu</u> Houder

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 4:30pm	c/s/B Dr. Shreeja POD - 0 Peroperative cholangiogram alebnik Vi tab	Advise Allow orals (can allow milk) - can shift to ward - Plan for discharge tomorrow - Continue IV fluids untill taking orals adequately - shift to ward
	HR BP - 150/min BP - PA - salt	Shreeja 21/7/26 4:30pm Dr. Shreeja
	DR. HARISH JAYARAM Registration No. 66254	

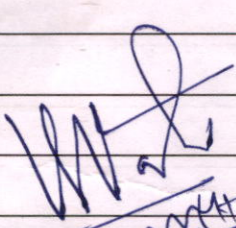


(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>C/S/B Dr. Sandeep</u>
<u>21/5/26</u> 5 PM	Δ: Neonatal cholelithiasis Plan for preoperative cholangiogram.	① Allow feeds only
	Child on 1L/min oxygen SpO ₂ : 99% PR: 152/min HR: 45/min BP: -	② Give levofloxacin back to back 3 times
		③ Give Calcium gluconate.
	Chest: B/L clear CVS: S1S2@ PA: S/A, NF.	④ PRBC transfusion.
		⑤ Repeat S. electrolytes at 8pm
	CRBS = 129mg/dl.	⑥ If normal electrolytes, shift to Ward.
		⑦ Wean oxygen.
		noted Anshu
		July.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order										
22/07/26 6:00am	<u>SHIFTING NOTE.</u> Δ: Neonatal cholestasis ↓ Evaluation. <u>slp Liver Biopsy & intra OP cholangiogram.</u> → 15ml/kg LRRC transf give → Hyperkalemia corrected <table><tr><td>T</td><td>98.4°F</td></tr><tr><td>P</td><td>124/min</td></tr><tr><td>R</td><td>40/min</td></tr><tr><td>RR</td><td>SP/romm/4p</td></tr><tr><td>SpO₂</td><td>98+ LRA</td></tr></table>	T	98.4°F	P	124/min	R	40/min	RR	SP/romm/4p	SpO ₂	98+ LRA	<u>PLAN</u> → w/f fever spike → ⊕ Liver Biopsy → ct Piptaz → To Inform PIW team if child has ↑ worg/degatation.
T	98.4°F											
P	124/min											
R	40/min											
RR	SP/romm/4p											
SpO ₂	98+ LRA											
	 <u>Dr. Harish Jayaram</u> <u>22/07/26</u>											



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



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time	Progress Notes	Doctor's Order
24/7/26 8:40 AM	C/S/B A. Harish. POD - ① No fever spikes Vitals HR - 142 bpm RR - 43 /min BP - 96 / 48 mm Hg P/A - Jop	Adv 1) Feeds as per PICW protocol.
 24/7/26 8:40 AM DR. HARISH JAYARAM Registration No: 66254		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026	c/s/B Dr Sandeep Plan Ans - Neonatal cholelithiasis + evaluation s/p aircropsy & intraoperative cholangiogram. - current status - All on Room Ais HR-146/min spo₂ - 98% on Room Ais lanced stool 2 times (light yellow) feed started. <u>Active</u>	① Can be shifted to ward ② Allow orally Full feeds ③ RBP tomorrow morning ④ Tissue biopsy ⑤ To do further evaluation for Neonatal cholelithiasis
		AA Drin 28/5/2026 28/5/2026 28/5/2026



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

PROGRESS NOTES AND DOCTOR'S ORDER

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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time	Progress Notes	Doctor's Order
23/7/26 8:30 AM	C/S/B Dr. Harish Dr. Harish POD - (2) No fever spikes Vitals stable P/A - soft Dr. Harish Jayaram 23/7/26 9:10 AM DR. HARISH JAYARAM Registration No: 66254	<u>Adv</u> 1) Plan discharge today Malika 23/7/26 8:30

[illegible]

BAH-00681520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 24 D (F)
Dr. HARISH JAYARAM




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


BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

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

BAH-00661520 IP5-00176664
 Baby Of RESHMA
 28-05-2026 0 Y 1 M 22 D (F)
 Dr. HARISH JAYARAM




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

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

RESULT SHEET

Date	20/8/26	21/08/26	22/08/26		
Time	6pm		4:00am		
Hb	8.6	(7.2)			
PCV	28.5	28.7			
RBC	3.17	2.61			
WBC	12530	7030			
N/L	19/68	56/28			
Platelets	5.91L	461K			
CRP					
ESR					
PCT					
RBS					
Na	136	135	137		
K	(5.9)	(5.2)	3.5		
Cl	105	109	103.		
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	672				
SGPT	109				
SGOT	235				
T.Bill/Conj	8.8/6.8				
T.Protein	5.9				
S.Albumin	3.9				
S.Globulin	2				
A/G Ratio	1.9.				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	14/1.0				
APTT	44.				
CSF Protein / Sugar					
Cells					
N/L					

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 22 D (F)
Dr. HARISH JAYARAM



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	SYR. URSODEOXYCHOLIC ACID	0.4 ml	PO	TID	19/7/26	☒ C ☐ DC
2	VITAMIN D3 DROPS	1 ml	PO	OD	19/7/26	☒ C ☐ DC
3	MULTIVITAMIN DROPS	0.5 ml	PO	OD	19/7/26	☒ C ☐ DC
4	SYR. CALCI MAX	2.5 ml	PO	BD	19/7/26	☒ C ☐ DC
5	SYR. PHENOBARBITONE	1 ml	PO	BD	19/7/26	☒ C ☐ DC
6						☐ 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 : S. Ajay

Date & Time : 20/7/26, 4:50 pm

Nurse Name & Signature : Subrata

Date & Time : 20/7/26 @ 5:30 pm

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 24 D (F)
Dr. HARISH JAYARAM



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ☐ Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: ICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP. UDILIV	0.4ml	PO	TID		☒ C ☐ DC
2	VITAMIN D3 DROPS	1ml	PO	OD		☒ C ☐ DC
3	BEVON DROPS	0.5ml	PO	OD		☒ C ☐ DC
4	INJ. PIPERACILLIN TAZOBACTAM	320mg	IV	TID		☒ C ☐ DC
5	INJ. ESOMEPRAZOLE	4mg	IV	OD		☒ C ☐ DC
6	INJ - PARACETAMOL	45mg	IV	TID		☒ 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. Karthi

Date & Time : 22/07/2026 4pm

Nurse Name & Signature: Raj

Date & Time : 22/7/26 1.20 pm

Sheet No:

REGULAR PRESCRIPTIONS

Weight 3.2kg

Ward puw

DRUG : Di. PIPERACILLIN TAZOBACTAM				Date Time	21/7	22/7	23/7													
Dose	Route	Frequency	Start Dt.																	
320mg	IV	TID	21/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Di. SCAMOPRAXUS				Date Time	21/7	22/7	23/7													
Dose	Route	Frequency	Start Dt.																	
4mg	IV	QD	21/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Di. PARACETAMOL				Date Time	21/7	22/7	23/7													
Dose	Route	Frequency	Start Dt.																	
45mg	IV	TID	21/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature

BAH-00661520 IP5-00176664
 Baby Of RESHMA
 28-05-2026 0 Y 1 M 23 D (F)
 Dr. HARISH JAYARAM



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
 VERIFIED BY : Name

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-06-2026 0 Y 1 M 22 D (F)
Dr. HARISH JAYARAM



DRUG CHART

Date of Admission: 20/7/26 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	
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:				



REGULAR PRESCRIPTIONS

Weight 3.2kg Ward PW

DRUG : <u>Syp. UDILIV</u>				Date Time	<u>20/7/24</u>
Dose <u>0.4ml</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>20/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Remy</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>VITAMIN - D3 drops</u>				Date Time	<u>20/7/24</u>
Dose <u>2ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>20/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Remy</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>BEVDN drops</u>				Date Time	<u>20/7/24</u>
Dose <u>0.5ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>20/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Remy</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Syp. C</u>				Date Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Weight. 3.2kg Ward.

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
21/7/26	9:20	Inj PIPERICILLIN + TAZOBALAM	320mg	iv	[Signature]	Preem Swarna
21/07	5:00pm	NERILEVOLIN	0.2mg x 3 times swin	NED	[Signature]	Rahul
21/07	5:00pm	IV Calcium 3ml + 3ml 5% D	only 45mm	IV	[Signature]	[Signature]
21/07	5:30pm	Inj INSULIN	0.4 units in 40ml 10.1. D	IV over 1 hour	Jayash	Rahul
21/07/26	7:50pm	PRBC	50ml only 4 hours	IV	[Signature]	pranav Seshu
21/7/26	10pm	INT LASIX	2mg.	iv	[Signature]	[Signature]
21/07/26	9:30pm	INJ INSULIN	0.4 unit + 18ml 10% D	IV only 1 hour	[Signature]	[Signature]
21/07/26	9:30pm	NERILEVOLIN	3 times NED	NED	[Signature]	[Signature]
21/07/26	9:30pm	K-brnd	3 grams.	Oral	[Signature]	[Signature]



Weight. 3.2kg Ward.

[illegible]

Signature _____

VERIFIED BY : Name

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

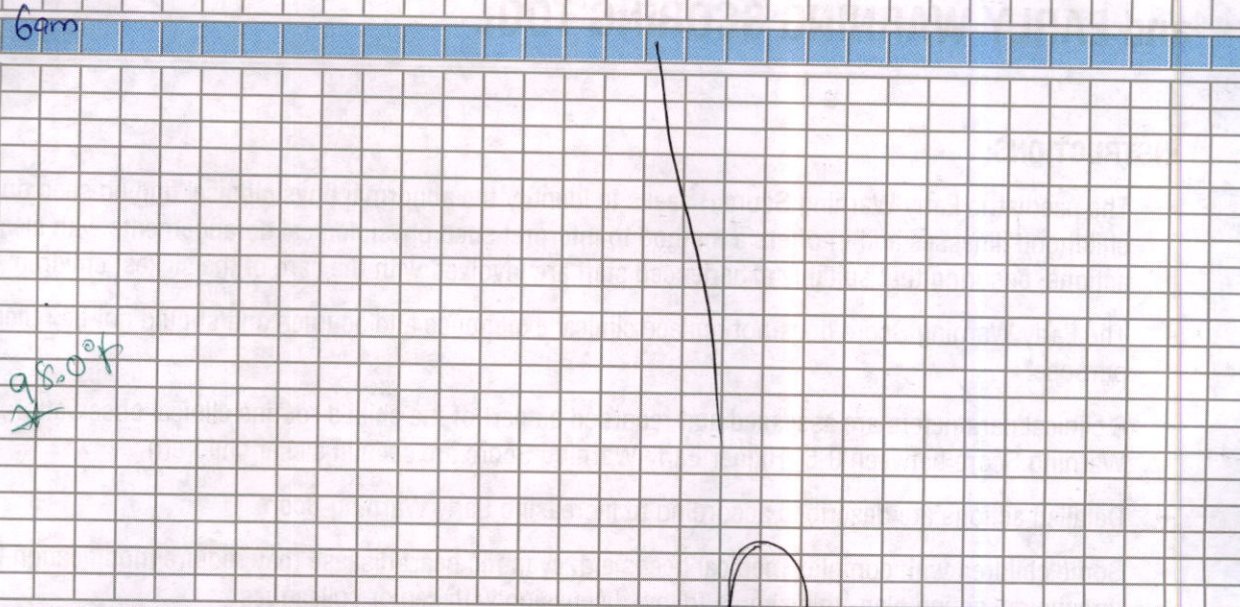
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/7 Time:

Doctor/Nurse/Family Concern? 6am

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94



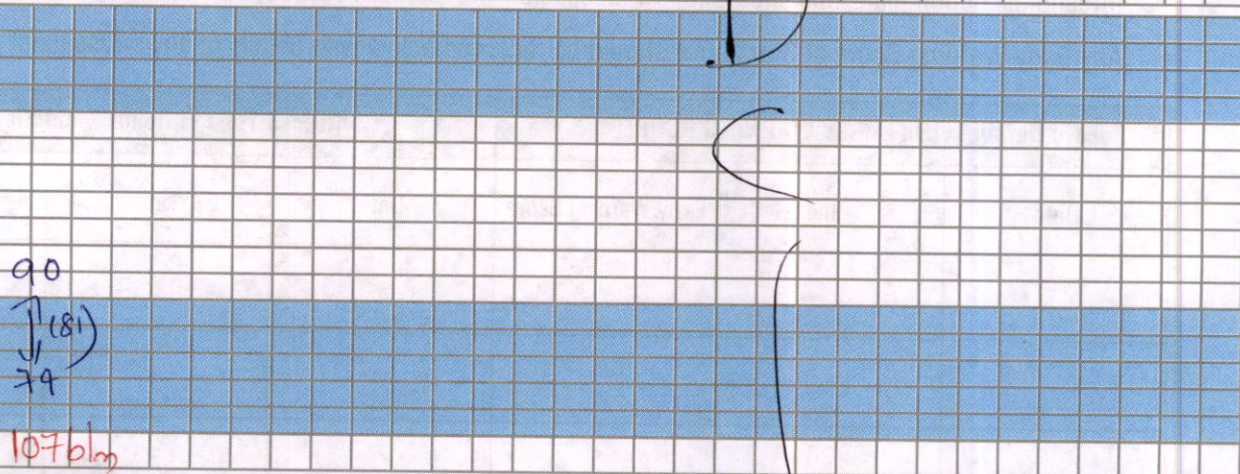
Heart Rate
(bpm)

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

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

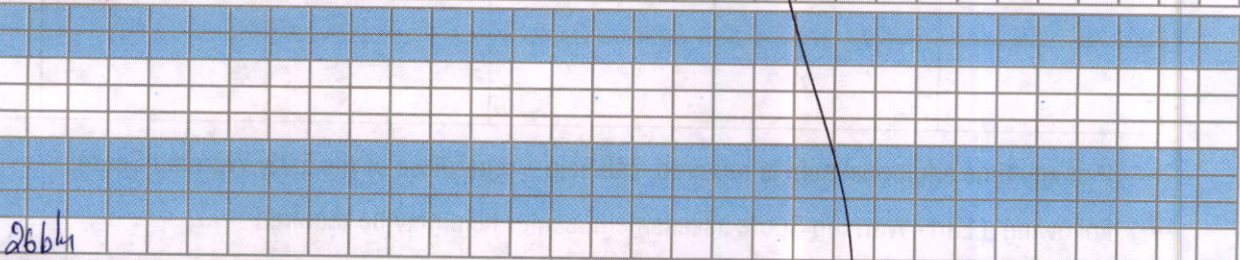


Heart Rate (Number)

107 bpm

Resp. Rate (bpm)
Over 1 Minute *

70
60
50
40
30
20
10



Resp Rate (Number)

26 bpm

Resp Mod/ Severe
Distress None / Mild

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

98%

Conscious Normal
Level Altered

GCS *

15/15

TOTAL SCORE

Number of shaded boxes

1

Pain Score

2

Observer's Initials

2

ACTIONS

NB: Scores 3 should be
recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00661520
Baby Of RESHMA
28-05-2026
Dr. HARISH JAYARAM
0 Y 1 M 24 D
IP5-00176664
(F)

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

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7 Time:

Doctor/Nurse/Family Concern?

5pm 10pm 23/7 2am

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

XCH 41.7

98.0°F
X

Heart Rate
(bpm)

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

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

C
r
y
i
n
g

96

152
70

Heart Rate (Number)

115bpm

130bpm

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

70
60
50
40
30
20
10

30

Resp Rate (Number)

30bpm

26bpm

Resp Mod/ Severe
Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

100%

99%

Conscious Level
Normal Altered

GCS *

15/15

15/15

TOTAL SCORE

Number of shaded boxes

1

1

Pain Score

0

0

Observer's Initials

0

ACTIONS

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/7/26 Time:

Doctor/Nurse/Family Concern?

Temperature
 (F)

104
103
102
101
100
99
98
97
96
95
94

Heart Rate
 (bpm)

and

Blood Pressure
 (mmHg) *

Note:
 BP does not score
 in early
 warning scoring

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

Heart Rate (Number)

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

70
60
50
40
30
20
10

Resp Rate (Number)

Resp Mod/ Severe
 Distress None / Mild

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

Conscious Normal
 Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
 recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake												
Total 24 hrs. Output												

FLUID CHART

Sheet No. : 21

21/7/26

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					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
21/7	02:00 pm											
	03:00 pm	old milk								Emotion	0	Swel
	04:00 pm	old milk									0	Swel
	05:00 pm	old milk								4ml	0	Swel
	06:00 pm									Emotion	0	Swel
	07:00 pm											
Total Intake :					Total Output : 4ml							
22/7	08:00 pm									Emotion	0	
	09:00 pm	DBM									0	
	10:00 pm	DBM									0	
	11:00 pm	DBM									0	
	12:00 am	DBM								Emotion	0	
	01:00 am											
Total Intake :					Total Output :							
23/7	02:00 am											
	03:00 am	DBM								20ml	0	Ank
	04:00 am										0	Ank
	05:00 am									15ml	0	Ank
	06:00 am											
	07:00 am											
Total Intake :					Total Output : 189ml							
Total 24 hrs. Intake					Total 24 hrs. Output							

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 21/07/26

Assessment: Assess the baby general condition

Goals

- ☒ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....
☒ Maintain Fluid Balance
☐ Meet Elimination Needs
☐ Improve Activity Tolerance
☒ Ensure Safety
☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
1:30	Assess the general Condition of the baby	2 PM	Assessed the general Condition of the baby	All plan are implemented.
2 PM	Monitored vitals and record.	2:15 PM	Monitored vitals and recorded.	
3 PM	Maintained I/O chart.	3:20 PM	Maintained I/O chart.	
4 PM	Kasani procedure done.	5 PM	Kasani procedure done today.	
6 PM	Administer medication as per doctor order.	7 PM	Administered medication as per doctor's order	

Re-Assessment: Re-assessment done

Special Notes: observation the baby after procedure

Nurse Signature: Tamal Nurse Name: Tamal Date & Time: 21/07/26 @ 8 PM

BAH-00661520 IP5-00176664

Baby Of RESHMA

28-05-2025 0 Y 1 M 22 D (F)

Dr. HARISH JAYARAM



NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 20/7/25

Assessment: Baby having mild infection related to disease condition.

Goals

- ☒ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications
☒ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....
☒ Maintain Fluid Balance
☐ Meet Elimination Needs
☒ Improve Activity Tolerance
☐ Ensure Safety
☒ Maintain Good Nutritional Status
☒ Early Ambulation Reduce Anxiety
☐ Maintain Skin Integrity
☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	⇒ Assess the pt general condition.	8:05pm	⇒ Assessed the pt general condition.	By done. all the procedures the baby condition is Improving.
9pm	⇒ provide the comfortable position.	9:05pm	⇒ provided the comfortable position.	
10pm	⇒ Check the vitals.	10:05pm	⇒ Checked the vital signs.	
11pm	⇒ provide side rail.	11:05pm	⇒ provided the side rail.	
12AM	⇒ maintain the I.V fluids.	12AM	⇒ Maintained I.V fluids.	
4AM	⇒ provide psychological support	4AM	⇒ provided psychological support.	
6AM	⇒ Administer the Medication as per doctor's order	6AM.	⇒ Administered the medication as per doctor's order.	

Re-Assessment: Re-assessment is done by checking vitals.

Special Notes: NPO from 6AM. Kasal surgery is there tomorrow

Nurse Signature:

Nurse Name: Divya

Date & Time: 21/7/25 @ 6AM

BAH-00661520
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM

IP5-00176664

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 21/7/26

Assessment: assessed the baby condition.

Goals

- ☒ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☒ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☒ Improve Activity Tolerance
- ☐ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☒ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the baby condition	9pm	Assessed the baby condition	All plans are implemented
10pm	Plan for PRBC transfusion	11pm	PRBC transfusion done	
12AM	maintained I/O chart.	1AM	maintained I/O chart	
2AM	antibiotics given	3AM	antibiotics given	
4AM	given comfort position	5AM	given comfort position	
6AM	orally allowed	7AM	orally allowed.	

Re-Assessment: done

Special Notes: watch for pain

Nurse Signature: [Signature]

Nurse Name: pravalika

Date & Time: 22/7/26 8AM

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 29/5/26

Assessment: to the baby general condition -

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Relieve Pain & Discomfort
- ☒ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☒ Maintain Good Nutritional Status
- ☒ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess to the baby general condition.	9am	→ Assessed to the baby's general condition.	→ All are fine in place
10am	→ monitor vital on 20 chart.	11am	→ monitor vital on 20 chart	Under doctor order
12pm	→ Administering medication given on 20 chart.	1pm	→ Administering medication given on 20 chart.	and report any recast
2pm	→ w/t respiratory distress.	3pm	→ plan to shifted to ward.	
4pm	→ w/t Fever spike.	5pm	→ orally allowed.	
6pm	→ orally allowed.	7pm	→ w/t distress	
8pm	→ trace lobe		→ w/t fever spike.	
	→ CBP t/m morning.			

Re-Assessment: Done.

Special Notes: w/t respiratory distress w/t fever spike.

Nurse Signature: [Signature] Nurse Name: Raj Date & Time: 22/5/26 4pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 22/2/26

Assessment: Baby having

Goals

- ☐ Maintain Airway and Oxygenation ☐ Relieve Pain & Discomfort ☐ Maintain Fluid Balance ☒ Improve Activity Tolerance ☐ Maintain Good Nutritional Status ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene ☒ Prevent Infection ☐ Meet Elimination Needs ☐ Ensure Safety ☐ Early Ambulation Reduce Anxiety ☒ Patient & Family Education
- ☐ Identify Potential Complications ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the patient general condition	8pm	→ Assessed the patient general condition	The baby conditions improved
10pm	→ monitor vital signs	10pm	→ monitored vital signs	
	→ maintain Ilochant		→ maintained Ilochant	
12am	→ provide comfortable position	12am	→ provided comfortable position	
8am	→ Administer medication given as per doctor order	8am	→ Administered medication given as per doctor order	

Re-Assessment:

Monitor vital signs

Special Notes:

CBP TIM morning

Nurse Signature: 

Nurse Name: Anshita

Date & Time: 23/2/26 @ 8pm

BAH-00661520
Baby Of RESHMA
28-05-2026 0 Y 1 M 24 D (F)
Dr. HARISH JAYARAM

IP5-00176664

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

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

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- ☐ Maintain Airway and Oxygenation ☐ Relieve Pain & Discomfort ☐ Maintain Fluid Balance ☐ Improve Activity Tolerance ☐ Maintain Good Nutritional Status ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene ☐ Prevent Infection ☐ Meet Elimination Needs ☐ Ensure Safety ☐ Early Ambulation Reduce Anxiety ☐ Patient & Family Education
- ☐ Identify Potential Complications ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Harish Jayaram Department: IPB Date of Admission: 20/7/26

SITUATION		Diagnosis: <u>Biliary Atresia</u>					Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:		
BACKGROUND	Area	ER 6/20 PM	1st floor 8PM-8AM	1st floor 8AM-9AM	1st floor 9AM-8PM	1st floor 8PM-8AM			
	Shift Time								
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>			
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>97.8°F</u>	<u>98.2°F</u>	<u>97.6°F</u>	<u>96.1°F</u>	<u>97.5°F</u>		
		Res:	<u>40b/m</u>	<u>28b</u>	<u>30b</u>	<u>20</u>	<u>30b</u>		
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>		
		Pulse:	<u>156b/m</u>	<u>126b</u>	<u>129b</u>	<u>85</u>	<u>125b</u>		
		BP:		<u>90/62</u>	<u>87/59</u>	<u>86/42</u>	<u>90/74</u>		
	Fall Risk Score:	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>			
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0/10</u>	<u>0/10</u>				
Recommendations	Safety Needs:	<u>yes</u>	<u>side rails</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>			
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>			
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>			
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>			
Handed Over By Name :		<u>Sushmita</u>	<u>Divya</u>	<u>Anup</u>	<u>Sooraj</u>	<u>Ankitha</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>20/7/26</u>	<u>21/7/26</u>	<u>21/7</u>	<u>22/7</u>	<u>23/7</u>			
Time:		<u>6/20pm</u>	<u>8AM</u>	<u>9AM</u>	<u>8PM</u>	<u>8AM</u>			
Taken Over By Name :		<u>Divya</u>	<u>Anup</u>	<u>Taanu</u>	<u>Ankitha</u>	<u>Rame</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>20/7/26</u>	<u>21/7/26</u>	<u>21/7</u>	<u>22/7</u>	<u>23/7</u>			
Time:		<u>8PM</u>	<u>8PM</u>	<u>9AM</u>	<u>8PM</u>	<u>8AM</u>			

BAH-00661520 IP5-00176664
 Baby Of RESHMA
 28-05-2026 0 Y 1 M 22 D (F)
 Dr. HARISH JAYARAM



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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

BAH-00661520 IP5-00176664

Baby Of RESHMA

28-05-2026 0 Y 1 M 22 D (F)

Dr. HARISH JAYARAM



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

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

THE HUMPTY DUMPTY SCALE

20/7/26 21/7 22/7 23/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4	1	1	1	1	
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4	4	4	4	4	
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
TOTAL			14	14	14	14	

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes	yes	yes	
Call device within reach	yes	yes	yes	yes	
Wheels Locked	yes	yes	yes	yes	
Room free of clutter	yes	yes	yes	yes	
Adequate Lighting	yes	yes	yes	yes	
Wheel Chair Support	NO	NO	NO	NO	
Other Intervention(s) Specify	NO	NO	NO	NO	
Nurse's Name :		Sesmita	Ding	Prerna	Arshita
Signature :		Arshita	Prerna	Sesmita	Ding
Date :		20/7/26	21/7	22/7	23/7
Time :		4:41 PM	6 AM	6 AM	6:00

BAH-00661520 IP5-00176664
 Baby Of RESHMA
 28-06-2028 0 Y 1 M 22 D (F)
 Dr. HARISH JAYARAM



BRADEN 'Q' SCALE

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

BirthRight®
 BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	20/7/26	21/7	22/7	23/7
					Time :	4:44 PM	6 AM	6 AM	6 PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:tremitry position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE				
					Evaluator's Name				

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	4:44 PM	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	NS
20/7/26	10pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Divya
21/7/26	6AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Divya
21/7/26	8 AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Divya
21/7/26	2 PM	1/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Given PCM	Tamal
21/7/26	6 PM	1/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Position change	Tameer
21/7/26	10 PM	1/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	PCM	Q
22/7/26	12 PM	1/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	PCM	Q
22/7/26	6 AM	1/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	position change	Q
22/7/26	10 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	PA

Re-assessment Frequency:

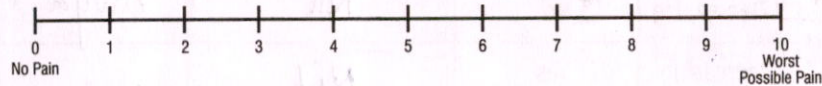
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

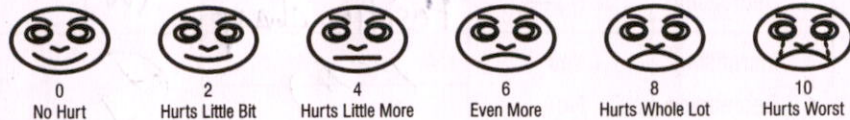
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7	2pm	0/10	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	na	3
22/7	10pm	1/10	surgical site pain	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	ly + paracetamol	Anki the
22/7	11pm	0/10	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	na	Anki the
23/7	6am	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	na	Anki the
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

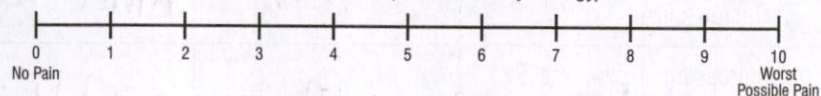
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

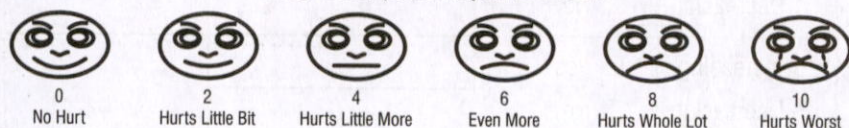
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 22 D (F)
Dr. HARISH JAYARAM



CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/5 DAY-1			21/5 DAY-2			22/5 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	ER		-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-	-	
Signature of the Nurse							Diya Ann Tani						

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

Signature of Shift In Charge :

Signature : Name : Kiryandur

Signature of Ward In Charge :

Signature : Name : Neeraja



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Hindi/English Patient / Learner Literacy: ☐ Read ☒ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 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		
20/7/26	4:44 PM	7	Infection control measures	M	4	0	1	1	-	<i>[Signature]</i>
22/7/26	8 AM	9	DBM Feeds	M	1	0	1	1	-	<i>[Signature]</i>

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	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations		10. Financial Difficulties		13. Cultural/Religion Practice			
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home		11. Beliefs and Values		14. Others (Specify)			
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences		12. Impaired Vision/ or Hearing					
Teaching Tools Used:									
A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed					
Mechanism/s to overcome barrier/s:									
1. None	3. Reassurance & Support	5. Respect values & beliefs		7. Other, Specify					
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding:									
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review							



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
20/7/26 @ 6:14 PM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Biliary Atresia	Hemodynamic Stability	Laprotomy, POC + Kasai procedure	[Signature]	☐ Nursing ☐ Others:
20/7/26 @ 6:14 PM	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Biliary Atresia	H. Stable	Laprotomy	[Signature]	☒ Medical ☐ Others:
22/7/26 8am	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Neonatal cholestasis	DBM Feeds	Dexolac (1:30ml) dilution Demand Feeds	[Signature]	☐ 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:

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 20/7/26 @ 4:34 PM

Source of Admission: ☐ OPD ☐ Ward ☒ Other: OT

Reason for Admission: Came for Kasani Procedure.

Admission Diagnosis: Biliary Atresia

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name:

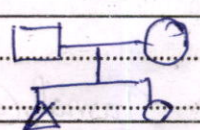
Primary Language: ☒ Telugu ☐ English ☒ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☒ No

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Source of Information: ☒ Family ☐ Patient ☐ Others, Specify

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	Neonatal Cholestasis	No Past Surgical History	Rainbow Hospital (13/07/26 - 14/07/26)
	No Past Medical History		
	Family History: 		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No If yes please list, Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems: Are the child's immunization up to date? ☒ Yes ☐ No		
CURRENT MEDICATIONS	Taking Medications? ☒ Yes ☐ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☒ Yes ☐ No		
Observations: Weight: 3.2 Length: Head Circumference (< 2 years): Temp.: 98.3 HR: 156 RR: 45 BP: 80/61 Pain Score: 0/10 Specify Site: NA (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 14 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission :

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special diet ☒ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With

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

Orientation has been given regarding the following aspects:

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

Orientation given to: ☒ Family ☐ Others specify

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Name: Tamal @ 21 Nurse Signature: Tamal

Date & Time: @ 21/07/26 @ 1:30

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

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

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis: Neonatal Cholestasis

Nurse Name: Tamal Nurse Signature: Tamal

Date & Time: 21/07/26 @ 2:30 PM



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 20/7/26		Diagnosis : Neonatal cholestasis		Surgery / Procedures : Kasari procedure	
		Allergies : NA		Post OP Day :			
SITUATION & BACKGROUND	Date :	21/07/26	22/7	22/7			
	Area	PICU	PICU	PICU			
	Shift Time	DAY	Night	Day			
	Diet :	Orally	Orally	Orally			
Ventilation (RA, NP, NIV, VENTI)		NP	NP	RA			
INVASIVE LI	1.	Cannula	Cannula	Cannula			
	2.	②	③	③			
	3.						
	4.						
ASSESSMENT	Infusions / Transfusions		DNS	ONS	NA		
	PU Prophylaxis		NA	PO	NA		
	DVT Prophylaxis		NA	PO	NA		
	Vitals	BP	85/60	81/54	98/60		
		PR	158	139	140		
		RR	43	40	39		
		SpO ₂	100%	100%	100%		
		Temp	98.6°	98.5°	99.1°		
	Pain Score		0/10	0/10	0/10		
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert	Alert		
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact	Intact		
	Restraints If any	Physical	NA	PO	NA		
		Chemical	NA	PO	NA		
	Fall Risk (Vulnerable (Y/N) if yes score)		yes	yes	yes		
	(Ambulation, walking, moving with assistance, bed ridden)		Moving	Moving	Moving		
ADL (Dependent / Non-Dependent)		Dependent	Dependent	Dependent			
Critical Lab Test / Values (if any)		NA	NA	NA			

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

RECOMMENDATIONS	Investigations Procedures	Date : 21/07/26	21/07/26	21/07	22/7			
		Area						
		Shift Time	Pre DAY	Pre DAY	Pre DAY			
		Ordered / Planned	Flowed	Flowed	Flowed			
			doctor's order	doctor's order	doctor's order			
		Due	No due	No due	No due			
		Reports Pending	No Report's Pending	No Report's Pending	No Report's Pending			
Referrals (If any)	No Referrals	No Referrals	No Referrals					
Remarks (Special Interventions like, Drainage Tube flushing etc.)	No Remarks	No Remarks	No Remarks					
Handed Over By Name :	Tamal	Tamal	Tamal					
Signature :	(Signature)	(Signature)	(Signature)					
Date :	21/07/26	22/7	22/7					
Time :	8 PM	8 PM	8 PM					
Taken Over By Name :	pranavibh	Raj	Raj					
Signature :	(Signature)	(Signature)	(Signature)					
Date :	21/7/26	22/7	22/7					
Time :	8 PM	8 AM	8 PM					



BED SIDE CHECK LIST FOR NURSES

Date:	22/7								
Doctor's Orders	Reviewed								
Carried out or not	Carried								
Bed Side	clean								
Structured Handover done	done								
IV Site	yes								
Central Lines	NA								
Arterial Lines	NA								
Feeding Catheter	NA								
Urinary Catheter	NA								
Skin Care	given								
Eye Care	given								
Mouth Care	given								
Sterillum Bottle, Stethoscope	bed side								
Suction Bottle (Should be clean & empty)	empty								
Intubation Tray	NA								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	loaded								
Ventilator Tubing, (Any Water, Blood)	NA								
Humidification	yes								
Check all Infusion (Labelling, Correct Preparation)	labeling								
Chest Physio & Neb	NA								
Handed Over By Name :	prana								

Checked & Handover given by

Name of the Nurse : praveen

Signature : [Signature]

Date & Time : 22/7/26 6AM

Doc. No. : RCHBH/FRM/GENERAL /088

Checked & Handover taken by

Name of the Nurse : Raj

Signature : [Signature]

Date & Time : 22/7/26 8AM

BAH-00661520
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM

IP5-00176664



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. Laparotomy + POC + KASAI PORTOENTEROCTOMY

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)
<u>① To establish biliary drainage</u> <u>② To explore anatomy of the hepato biliary system</u>	<u>- Nil -</u>

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, Bile leak, anastomotic leak, need for follow-up.

1. I authorize Dr. Mainak Deb / Harish Jayaram 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: M. Reshma

Name: M. Reshma

Relationship with patient: Mother

Date & Time: 21/7/26 9:20 AM

Witness:

Signature: [Signature]

Name: K. Mahaboub Reshma

Date & Time: 21/7/26 9:20 AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr Nikhita

Date 21/7/26 Time: 9:20 AM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చిల్డ్రన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రాసీజర్ (లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు భాళి 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 రోగాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీసియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను. అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

- a.
- b.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
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:

సంతకం:
పేరు:
రోగితో సంబంధం:
తేదీ & సమయం:

సాక్షి:
సంతకం:
పేరు:
తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist : Dr. Seena
Scrub Nurse : Suman

Patient Name : B/o. Reshma Age 1m 23d Gender : F
UHID No. : BAH-06661520 Surgery Name : Laprotomy + Dec +
Date : 21/07/20 In-time : 10:11am Out-time : 11:58am

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM


Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>10:07am</u>
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 : <u>[Signature]</u>		
Name : <u>Reshma</u>		

TIME OUT		Time: <u>10:58am</u>
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, <u>2 hrs</u> Anticipated Blood Loss? <u>2ml</u> ☐ 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 : <u>[Signature]</u>		
Name : <u>Swarna</u>		

SIGN OUT		Time: <u>11:45P</u>
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 : <u>[Signature]</u>		
Name : <u>Dr. Nikhita</u>		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

Patient Name : Age : Gender :
UHID No. : Surgery Name :
Date : In-time : Out-time :

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤ ➤

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

Before Skin Incision ➤ ➤

TIME OUT	Time:.....
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? ☐ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No	
Signature :	
Name :	

Before Patient Leaves Operating Room

SIGN OUT	Time:.....
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 :	

BAH-00661520 IP5-00176664
 Baby Of RESHMA
 28-05-2026 0 Y 1 M 23 D (F)
 Dr. HARISH JAYARAM

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 21/07/26

Department : P.O.T. II Duration of Procedure : 2 hrs

Name of Surgeon : Date of Admission : 21/07/26

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 : Aug' piperacillin - Aug' Tazobactam 30mg	<i>[Signature]</i>
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	<i>[Signature]</i>
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr. Harish / Teeng Date & Time of antibiotic administration : 21/07/26 @ 9:30am Date & Time procedure started : 21/07/26 @ 10:58am	<i>[Signature]</i>

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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM



OPERATION THEATER NOTES

Patient's Name : B/o. Reshma Age : 1m 23d Gender : ☐ Male ☒ Female
UHID No. : BAH-00661520 Weight : 5.32 kg Height :

Surgeon :		Asst. Surgeon :	
Anesthetist : <u>Dr. Seena</u>	OT Nurse : <u>Suman/Swapna</u>	OT Technician : <u>Swisha</u>	
Pre-Operative Diagnosis: <u>NEONATAL CHOLESTASIS</u>			
Surgical Procedure : <u>Laparotomy + per operative Cholangiogram.</u>			

Indications for Surgery : <u>NEONATAL CHOLESTASIS</u>		
--	--	--

Date : <u>21/07/26</u>	Start Time : <u>10:58am</u>	End Time : <u>11:45pm</u>
------------------------	-----------------------------	---------------------------

Pre Operative Preparations:
<u>- 5% betadine</u>

Post Operative Diagnosis:
<u>Neonatal cholestasis</u>

Peri-Operative Complications:
<u>- Nil -</u>

Operation Notes:
<u>Findings :-</u>
<u>visualized small</u>
<u>- small gall bladder filled with yellow like bile</u>
<u>- Normal bile noted within the gall bladder</u>
<u>- Liver appeared normal</u>
<u>- Contrast seen freely entering intrahepatic ducts & duodenum</u>

Procedure

- Right hypochondrium incision made.
- Above findings noted
- purse string suture taken on the gall bladder & 5-0 vicryl, stab incision made over the GB & feeding tube no str passed through it. ~~purse~~
- purse string tightened to secure the catheter.
- On aspiration normal bile noted.
- UROGRAFFIN In 1:1 dilution was injected under C-arm guidance.
- The contrast was seen ~~as~~ refluxing proximally into liver &

Amount of Blood Loss: 5ml

Blood Transfused (in ML) - Nil

Name and Number of Surgical Specimen sent for examination:

- ① One wedge biopsy of liver
- ② Two core biopsies of liver

Peri-Operative Complications: - Nil -

freely flowing distally into duodenum

- Two cores of liver biopsy & one wedge biopsy was taken.
- Hemostasis achieved
- Abdomen closed in layers & vicryl 3-0 & rapid vinyl 5-0

Name of the Surgeon: Dr. Harish Jayaram

Signature of the Surgeon: 

Date & Time: 21/7/26

11:45 PM

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparotomy + Per operative Cholangiogram

Post-Surgical Diagnosis: Neonatal Cholestasis

Post-Operative Monitoring Parameters /Frequency:

TPR - monitor every 15 min. for 1st hr.

Wound Care:

Dressing

Drain /Special Lines/Catheters:

~~NG aspirate 2nd hly + continuous drainage~~

Special Patient Positioning and Requirements:

- Nil -

Nutritional Instructions:

ORS - sips allowed

- Full feeds as tolerated once child is fully awake
- NBM till further orders.

When to Start Mobilization:

- Nil -

Special Referrals:

- Nil -

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

- Nil -

Treating Surgeon
(Signature & Stamp)

Dr. Harish

Date: 21/5/26 Time: 11:45 PM

Note: Plan of care will be readjusted if necessary.

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 21/7/26 Time: 8:50 PM

Blood Group of the Patient: O positive Blood Group on the Blood Bag: O positive

Blood Bank Issue No: BAH-26-0727 Date of Collection: 18/7/26 Date of Expiry: 29/8/26

Date & Time of Starting Transfusion: 21/7/26 Planned duration of Transfusion: 21/7/26

Check for Correct Unit: ☒ Correct Patient: ☐

Blood products cross checked by: Nurse 1: pravalika Nurse 2: sadil

Before starting transfusion vitals: Temp: 98.6°F HR: 130 RR: 22 BP: 99/57 SpO2: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
21/7	15 Min	130	98.6°F	99/67	100%	-	-	-	-
21/7	15 Min	140	98.5°F	98/58	100%	-	-	-	-
21/7	30 Min	130	99.2°F	99/61	100%	-	-	-	-
21/7	30 Min	140	99.5°F	92/59	100%	-	-	-	-
21/7	30 Min	135	98.9°F	85/50	100%	-	-	-	-
21/7	1 Hr	136	99.2°F	91/58	100%	-	-	-	-
21/7	1 Hr	138	99.0°F	95/62	100%	-	-	-	-

Comments: nil

Name of the Incharge-Nurse: Sreenu Name of the Nurse: pravalika

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 21/7/26 8:50 PM Date & Time: 21/7/26 8:50 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 50 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.



Rh Positive

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

Unit No.: BAH26-01727
Blood Group: O Rh Positive
Collection Date: 18/Jul/2026
Expiry Date: 29/Aug/2026

Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Group & Rh Test. 4) Use Sterile Transfusion
With Filter. 5) Do Not Use
There is Any Visible
Appropriate Comp
Antibodies in P

Blood Group on Label & Recipient's
out Prescription. 7) Do
ore Between 2° C to 6°
d Blood Without Aty

Matching Report

Issue	
Patient : B/O R...	Issue Dt : 21/Jul/2026
Patient's Blood Group	Colln. Dt : 18/Jul/2026
Hosp/Dr : Rainbow Chil...	Exp. Dt : 29/Aug/2026
UHID No.: BAH-00661520	Issued By : Nachiket
Product : LR-PRBC Pedia-1	
Blood Group : O Rh Positive	
Unit No.: BAH26-01727	
X Matching Report: Compatible	
X-matched by: Nachiket	

Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G



CONSENT FOR BLOOD TRANSFUSION

Name: B/o Reshma Age: 1 mo. Gender: Male ☐ Female ☒
UHID.No : IP5-00176664 Date: 21/7/26

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

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: Reshma

Name: M. Reshma

Date & Time 21/7/26 8:50pm.

Doctor (Who is talking the consent)

Signature: [Signature]

Name: [Signature]

Date & Time 21/07/26 7:00pm.

Witness

Signature: [Signature]

Name: [Signature]

Date & Time 21/07/26 8:50pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ప్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్పెస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలితవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెప్ ప్రొజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00661520 IP5-0017664
Baby Of RESHMA
28-06-2026 0 Y 1 M 22 D (F)
Dr. HARISH JAYARAM



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: B/o Reshma Age: 1m 22d Sex: F UHID No: BAH-00661520

Date: 20/7/26 Time: 9:15pm Proposed Operation: Peroperative cholangiogram
± Kasai

Diagnosis: Biliary atresia

B.P / CRT: 53 sec H.R: 159 Weight: 3.2kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 8.6	Glucose:	Protein: 5.9	HIV:	X-Ray:
PCV:	Urea:	Alb: 3.9	HBS Ag:	ECG:
WBC: 12530	Creat:	Total Bil: 8.8	HCV:	2D Echo: ch. (B) no asc. PFO L → R shunt
Plate: 591	Na:	Dir. Bil: 6.8	Blood group: O+ve	Stress/Angio:
PT: 14	K:	LDH:	T3:	Other:
PTT: 44	Ca++:	Alk phos: 672	T4:	
INR: 1.0	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT: 235/1109		

Allergies: NU -

Medical History: CVS: RT (LCS) CIAB (2.6kgs) NICU admission for 10 days →

RESP: Diabetes: T1D RDI + sepsis + NNJ

CNS: Nu significant

Renal:

Hepatic / GE: Icterus ⊕ Physical Activity:

Others:

Past Anaesthetic History: NU -

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening:

Lungs: BAE ⊕ ch

Heart: S1m ⊕

CNS: alert

Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site:

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

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

CURRENT MEDICATIONS	DOSAGE
/	/

Pre-Operative Instructions:

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

- BGT

- To receive 20ml/kg PRBC

Signature: @mmg Name: DR. ARHILA K

5'	72	37	49
25h	77	42	59
50m	82	47	59
95'	94	60	71

Patient Sticker

ANAESTHESIA CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status: adequate

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 156

B.P / CRT: 85/44

SpO₂: 100

R.R: 35

Last Feed: >4hr

Pre-OP Diagnosis: Biliary Atresia

Operation: Prophylactic cholangiogram

Date: 21/7/26

Surgeon: Dr. Honish Jayaram

Anaesthesiologist: Dr. Shulpa

Technician: Dr. Shobha

TIME: 10:00 AM

N₂O / AIR / O₂ / LPM

HALO / SO₂ / SEVO

Drugs:

FENTANYL 5mcg

PROPOFOL 10mg

ROCURONIUM 2mg

FiO₂ / SaO₂

ETCO₂

ECG

Temperature

Urine Output

Fluids: RL with 1% DEXTROSE

B.P

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GRBS

Others

☒ Equipment Checked and Functional

☒ BP

☒ Cuff Site: @ leg

☐ Art Site:

☒ EKG Lead

☒ Temp Site: oral

☒ FiO₂ Monitor

☒ Agent Monitor

☒ Pulse Oximeter

☒ Capnograph

☒ Ventilator

☒ Nerve Stimulator

Position: Supine

☐ Pressure Points Checked

Eye Care:

☐ Oint

☒ Tape

☐ Padding

☐ Awake

Temp:

☒ HME

☐ Cling Film

☒ Hugger's

☐ Other

Times:

Anaes Start: 10:15

OP Start: 1

OP End: 12:15pm

Leave OR: 12:15pm

Anaesthesia:

☒ GA

☐ Monitored Anaesthesia Care

☒ Regional

Line (Size & Location)

☐ CVP:

☐ ART:

☒ IV: 24g (5) hand

☒ IV: 24g (5) leg

☐ IV:

Induction

☒ IV

☐ Pre O₂

☐ Others

☐ Mask

☐ Airway

ETT # 3 at 9cm

☒ Oral

☐ Tracheostomy

☐ Drug: ROCURONIUM 2mg

☐ Awake

☒ Video Laryngoscopy

☐ Fiberoptic

Blade #

Attempts: 1

Difficulty Why?

☐ Bilat = BS

☐ Semi-Closed Circle

☒ Closed Circle

☐ Other

Regional:

Extremity

☐ Spinal

☐ Epidural

☐ Caudal

Others: lateral

Position: lateral

Site: Sacral Anest

Needle Size: 25g

Depth:

Parasthesia ☐ Yes ☐ No

Catheter at skin

Drug Name & Conc: 2.5ml 0.25% Bupivacaine

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

☒ PACU

☐ ICU

Relaxant Reversed ☒ Yes ☐ No

☐ NA

Name of the Doctor: Dr. Shulpa

Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: *[Signature]*

Time Received: *12:20 PM*

Time Discharged: *1 PM*

RESPIRATION < RESP PULSE • BLOOD PRESSURE >	100 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <i>225</i> ☐ O₂ Mask ☒ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting: ☐ Yes ☒ No Drug: _____ NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☐ Yes ☒ No Chest Tube: ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids: _____ Oral Feeds: _____
	SPO₂: <i>98</i> <i>98</i>		

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	RESPIRATION					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic level	= 2	CIRCULATION					
BP ± 20-50 of Pre Anaesthetic level	= 1						
BP ± 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	CONSCIOUSNESS					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL							

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<i>21/7</i>	<i>12:20 PM</i>	<i>~10</i>	<i>[Signature]</i>	<i>[Signature]</i>

Pain Tool Used: ☐ N PASS ☒ PLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name: _____

Anaesthesiologist Signature: _____

Date & Time: _____

PACU Nurse Name: _____

PACU Nurse Signature: _____

Date & Time: *21/7/26 1 PM*

Reassessment Frequency:

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

Transferred to Unit by (PACU): *PICU*

Date & Time: *21/7/26 @ 1 PM*

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

[illegible]

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Laparotomy + POC + Kasai

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Harish Jayaram

Please read this before you consent for Anaesthesia

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

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

- ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others Laryngospasm bronchospasm bleeding

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: M. Reshma
Name: Reshma
Relationship with patient: Mother
Date & Time: 20/7/26 9:30pm

Witness:

Signature: [Signature]
Name: Anupama
Date & Time: 20/7/26 @ 9:30pm

Doctor (who is taking consent):

Signature: [Signature] Name: DR. AKHIL-K Date: 20/7/26 Time: 9:30pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు. రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మల్ బ్లడ్ మందులను నిరంతరం ఆ భాగానికి అందించడం.

స్పెసిఫిక్ హై రిస్క్:

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

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 22 D (F)
Dr. HARISH JAYARAM



DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 25/7/20

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

Discharge Status:

☐ Self Care

☒ Family Home Care

☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☒ Medication ☐ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

} Explain to Mother.

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: personal hygiene

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

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Divya

Date and Time: 20/7/20 @ 6pm

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2028 0 Y 1 M 22 D (F)
Dr. HARISH JAYARAM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 6pm Mode of Arrival: with family Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction nil

Body Weight: 3.2 Kg

Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>nil</u>	<u>nil</u>

Family History: nil

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

If yes please list

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

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

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

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

Temp.: 98.5°F HR: 125b/min RR: 29b/min BP: 80/59

Pain Score: 0 Specify Site: 010 (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☒ No Score: 12 (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: Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

Character of Pain Location Frequency Duration

FUNCTIONAL SCREENING:☒ No Abnormalities Detected

- ☐ Mobility Problem
☐ Developmental Delay

- ☐ Walking Problem
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☒ No Abnormalities Detected

- ☐ Underweight
☐ Feeding Problem

- ☐ Overweight
☐ Special diet

- ☐ Special Feeding Method
☐ No Abnormality Detected

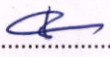
Inform consultant for positive criteria

Psychological Screening:☒ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☒ No

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

Cultural & Spiritual Needs: ☒ Yes ☐ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives With with familySiblings in household ☐ Yes ☒ No (if yes How Many?)All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach: ☒ Yes ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump: ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ No

Information given to Divya

Nurse Signature: 

Nurse Name: Divya

Date: 20/7/20 @ 6pm

Time: 6pm

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00661520 IP5-00176664 Baby Of RESHMA 28-05-2026 0 Y 1 M 24 D (F) Dr. HARISH JAYARAM 		Date & Time of Admission 20/7/26 1:40pm	Date & Time of Transfer Order 22/7/26 1:40pm
		Transfer Ordered by Dr. Harish J.	Reason for Transfer Stable
From Unit PICU	To Unit NICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 25	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what? Keychain	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	✓ BM	1	
2.	Optiflex	2	
3.			
4.			
5.			
Sniffing Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Harish J.	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

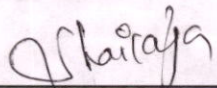
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00861520 IP5-00176664 Baby Of RESHMA 28-05-2028 0 Y 1 M 22 D (F) Dr. HARISH JAYARAM 		Date & Time of Admission 20/7/26 @ 4:34 PM	Date & Time of Transfer Order 20/7/26 @ 6:20 PM
		Transfer Ordered by Dr. Ranya	Reason for Transfer Admission
From Unit ER	To Unit 144.B	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?		Patient shifted with ID band: Yes ☒ No ☐ If No:
Number of Imaging Films nil			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Seemita		Name of Person Ordered Transfer Dr. Ranya	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 20/7/26 @ 6:30 PM			

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

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

BAH-00661520 IP5-00176664
Baby Of RESHMA
28-05-2026 0 Y 1 M 23 D (F)
Dr. HARISH JAYARAM



POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☒ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 21/7/26 Time:

Name of the Surgery: Per. op Cholangiogram

Drugs used for sedation during surgical procedure: GA with Eutanyl / Rocuronium

IV Fluids type / amount used using surgical procedure: RL 10 ml / Kg / hr

Input ml Output ml Blood Loss ml

Blood Transfusion if any Nil

Any intra operative event: Nil

Post-op Desaturation, Tracheal Plug → Improved with Jaws support.

On arrival to PICU / NICU / MICU / WARD:

Temp: HR: RR: BP: CRT:

Peripheries: SpO₂:

Drains:

ET Tube: ☐ Cuffed ☐ Uncuffed

Size of ETT: Length of Fixation of ETT:

Surgeon's Notes: ☐ Yes ☐ No

Time of Arrival to Unit:

Handover given by:

Handover taken by:

Anesthesiologist's Name

Doctor's Name

Signature:

Signature:

Date & Time:

Date & Time:

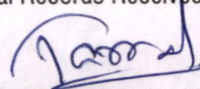
PATIENT TRANSFER FORM

BAH-00661520 Baby Of RESHMA 28-05-2026 Dr. HARISH JAYARAM IP5-00176664 0 Y 1 M 23 D (F) 		Date & Time of Admission 20/7/2026 4:34 pm	Date & Time of Transfer Order 21/7/2026 1:30 pm
Consultant Name Dr. Harish		Transfer Ordered by Dr. Harish	Reason for Transfer Post-op
From Unit OT	To Unit ICU PICU	Information to Attendant Yes ☐ No ☒	
Number of Sheets in Clinical File 27	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒		Patient shifted with ID band: Yes ☐ No ☒
Number of Imaging Films	If Yes, what?		If No:

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring 	Name of Person Ordered Transfer Dr
Patient & Clinical Records Received by :  21/7	
Date & Time of Patient Received : 21/7 1:30 pm	

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

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

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00661520 IP5-00176664 Baby Of RESHMA 28-05-2026 0 Y 1 M 23 D (F) Dr. HARISH JAYARAM 		Date & Time of Admission 20/7/26	Date & Time of Transfer Order 21/7/26 @ 9AM
		Transfer Ordered by Dr. Harish Jayaram	Reason for Transfer r 'Kasal'
From Unit IUBS	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 28	Number of Imaging Films OP FILE	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
4 op File handed over to Swapna (OT) ID Band and date and time Received with Cannula No			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Anupama		Name of Person Ordered Transfer Dr. Harish Jayaram	
Patient & Clinical Records Received by : Reena			
Date & Time of Patient Received : 21/7/26 @ 9:30am			

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

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



KASA CONSUMABLES OF OT

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating staff : Technician : Date : Time : 10 AM

Anaesthetics Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Used	Qty	Issued	Used	Qty	Issued	Used	Qty
ET tube 2.5, 3.0, 3.5	14	01	Major Pack	1	1	Inj Vit.K		
LMA 1.1, 1.4	4	1	Sutures 9915, 5003	2+2	1	Cord Clamp		
ECG leads : A / P / N	1	01	Vitex 30, 40, 50, 60	2+2	1+1	Suction Catheter		
HME filter : A / P / N	1	01	Pelin 30, 40, 50	2+2	1	Feeding Tube		
Syringes : 10 cc	15	05	Synapak 212, 211	2+2	1	Vaccum Suction Set		
05 cc	15	05	Gloves 6.6.5 7.7.5	2+2	02	Surgical Gloves		
02 cc	15	05	6.6.5 7.7.5	2+2	1+2+1	Gauze Pack		
01 cc	5	05	Horizon clip	2+2	01	Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	01	Surgical blade 15	1	1	Surgical Blade # 20		
IV set + Blood set	1+1	1	NG tube Feedy Tube	3	1	Koochies (S)		
RL + 25% Dextrose	1+1	1+1	Cautery pencil	1	1	NS 500ml	2	2
NS : 10ml / 100ml / 500ml / 1000ml	5+2+1+1	1+1	Koochies P.xl	1	1	Tranto fix	1	1
02 mask (P)	1	1	Ointments			Jelly	1	1
Alfentanil	1+1	1	Suction Catheter			Toc 2cc	2+2	1+1
Fentanyl	1	01	Cap, Mask	3/5	1+1	Urogralin	1	1
Morphine			Gauze Pack	3+3	2+2	venthm 22	1	1
Ketamine			Mop Pack	1	2	venthm 20	2	1
Propofol	2	01	Steristrip			Ivcomet 22 (24)	1+1	01
Rocuronium	1	01	Underpad	1	1	Dexa	1	1
Glycopyrolate	1	01	Draw sheet	1	1	Tramadol	1	1
Myopyrolate + vocastigme	1	01	Abgel multi tube	1	1	minisple	1	00
Ondansetron 4mg	1+1	01	Foleys catheter 6/8	1+1	1	Dexlomidex 50	1	1
Pencan 25g / Spinal Needle 22	1+1	01	Urobag meter	1+1	1	clonidine	1	1
Bupivacaine 0.25%	1	01	Chest Drainage Catheter			50cc + pmaline	2+2	1+1
Bupivacaine 0.25% (Heavy)			Romodrain bag			stopcode	2	02
Antibiotics			Bandage			proto Groom	1	1
			Tegaderm			Nascul Aring (12) / 14	1+1	1
Suppositories			Ioban	1	1	Soft poltyme	2	02
Anamol : 80mg / 250mg / 170 mg	1+1	1	Double J Stent			Epidural 2cc	1	1
Supridol : 100mg			Vaccum Suction set	2	1	Tegaderm 8 (2+16) (4+1)		
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	1	gel / splint (1) (1+1) (1+1)		
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum set	1	01	Microshield	1	1			
Gauze	3	03	Cotton Balls	1	1			
Gloves all	4	02	Latex Gloves	105	60			
iv p.cm	1	1	Ramdone Scrub					
3-argy 100ccm	1+1	1	Saral					

Surgeon : Anaesthesiologist : 9714762 Nurse : OT Technician :
Ordered by :

Order No. :
Date No. : RCH / FRM / GENERAL / 125

10001

10245

101

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

2003.10

ESTIMATION SLIP

Date : 16 July 20 UHID / IP No. : BAH-00661500 SI No. 81178
Name of Patient : Baby of Rashmi Age: 1m Gender: Female
Father's / Husband's Name : Mr. Mehboob Basha Corporate / Occupation : Rt Employee
Address : — Phone : 9494075551 Email: —
Procedure / Plan : Laparoscopy, DGS +/- Kasai Pilonterostomy

MODE OF PAYMENT : ☒ SELF ☐ TPA : — ☐ GIPSA : — OTHERS : —

TARIFF INFORMATION :

ROOM CATEGORY		GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Per Day)	Room Rent & Nursing Charges	10650/-									
	Doctor's Fee	per day									
	L. Tax										
PARTICULARS				(GIPSA) AMOUNT (₹) (AIPSA) + (OT)							
Surgeon's / Anesthetists's Fee / O.T. Charges				6ml → 48815 28660 57320							
O.T. Consumables → 4500				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				Approx → 2.49,000/- Final bill clearance.							

REMARKS:

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- 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.
- 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.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- 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.
- 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.
- During Non-working hours of O.T (8:00 PM to 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.
- 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.
- 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.

DECLARATION

I M. Basha 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

Signature of the Client

Signature Relationship

Signature of the Financial Counselor