

B6

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 7 D (M) int: _____ Dept : _____
Dr. ANUPAMA Y

Date of Admission: _____ Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2	DR. Sundarani	2/2	9680262	
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

ABC, RBS

Laura

26066389

$\text{PO}_4, \text{Mg}^{+2}$

2

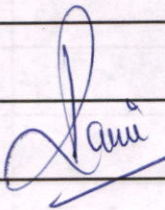
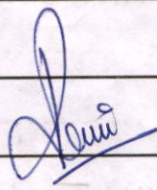
037013

CBP, RPa, RBS

Lami

26067108

 f_a

MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/7/26	Inv. Monitor			9678952	
	Inf. pump			9678952	
	Inf. pump			9678952	
	Ventilator		2pm	9678952	
	Alpha. Bed			9683140	
	Syr. pump			9678952	
	Syr. pump			9678952	
	Syr. pump			9679299	
4/7/26	Inv. Monitor			9678952	
	Inf. pump			9678952	
	Niv			9686487	
	Oxygen			9686487	
	Alpha. Bed			9683140	
	Syr. pump			9678952	
	Syr. pump			9678952	
	Syr. pump			9679299	
	Syr. pump			9686487	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

B6

ACTIVITY RECORD FOR BILLING

Name : _____

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

BAH-00660127 IP5-00175703
Waster MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 5 D (M)
Dr. ANUPAMA Y

Date of Admission: _____ Time _____ e : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bhengari	1/7	9682749	
2	Dr. Satyaprasad	1/7	9682912	
3	Dr. Brundarani	02/07	9684607	
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
1/2	CBP, RBS	26065031	
17/26	ECG →	32735	
	Cx r →	32599	
	ABG, CBP , PCT →	26065904	
	CBP, S/E →	26065946	
21/7/26	CBP, Electrolytes, PT/APTT	26066054	
	RBS	26066063	
21/7/26	RP2 , Ammonia		
	CBP		
02/08	RP2, Bicarbonate	26066210	
	CBP	26066304	

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/2/26	10L2 Monitor				
	Inf 2 Pump				
	Inf 2 Pump			9678952	
	84x 2 Pump				
	84x 2 Pump			9678952	
	84x 2 Pump				
	84x 2 Pump				
	Ventilator			9678952	
	Alpha Bed				
2/7/26	Inv. Monitor			9678952	
	Inf. pump			9678952	
	Inf. pump			9678952	
	Ventilator			9678952	
	Alpha. Bed			9683140	
	Syr. pump			9678952	
	Syr. pump			9678952	
	Syr. pump			9679299	

PROCEDURE

[illegible]**ANY OTHER INFORMATION**

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

B2 B6



ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____
 Date of Admission : _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

BAH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 3 D (M)
 Dr. ANUPAMA Y



tant: _____ Dept : _____

if Discharge : _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/05/21	3:58pm	cc	PICU	S

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bendi Bandy	29/6/21	968013/6	Loun
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
28/6/26	Rp1, Blood c/s, pcr	26064942	Lamin
	Dengue NS1 + IgM		
	Ferritin, LDH, pLAPTT		
	X-ray chest	032151	Lamin
	CT Head plain	032155	
29/6	CBP, SCL, RB	26064996	Sh
29/6	GRBS	26065281	Lamin
29/6	CBP	26065214	
29/6	PT/INR, GRBS	26065258	
29/6	USG Abdomen	32202	Bun
30/6	CBP PT/INR, RB	26065327	Sh
30/6	ABG, CRT, CRP →	26065551	Lamin
	CXR →	32533	
	EEG →	32535	

28/6/26

Rp1, Blood cts, pcr
Dengue NS1 + IgM
Ferritin, LDH, pLAPPT

26064942

Liam

X-ray chest
CT Head plain

032151
032155

Lucas

29/6

CBP, SLE, RB

260 64 996



29/6

CRB3

26065281

Amine

29/6

LBP

26065214

29/6

PT/1NR, GRBZ

26065258

29/1

USG Abdomen

32202

[Signature]

30	6
----	---

CBP PPI NR RB

26065327



20/8

Aby, CRT, CRP $\rightarrow$

26065551



CR8

32 Sm

(E) 2g

32575

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/6/26	Inv. Monitor			9678952	
	Inf. pump, Inf. pump			9678952	
	Ventilator			9678952	
	Syr. pump	4:20pm		9678952	
	Syr. pump			9678952	
29/6	Inv. Monitor			9678952	
	Inf. Pump			9678952	
	Inf. Pump			9678952	
	Syr. Pump			9678952	
	Syr. Pump			9678952	
	Syr. Pump			9678952	
	Syr. Pump			9678952	
	Ventilator			9678952	
30/6	Inv. Monitor			9678952	
	Inf. Pump			9678952	
	Inf. Pump			9678952	
	Syr. Pump			9678952	
	Syr. Pump, Syr. Pump			9678952	
	Syr. Pump, Syr. Pump			9678952	
	Ventilator			9678952	
	Alabed			9680601	

PROCEDURE				
Date	Procedure	Quantity	Order No.	Signature
28/6/26	IO placement	(1)	96788317	
	ET Intubation	(1)	9678954	
	Conscious Sedation	(1)	9648954	
28/6/26	Arterial line	(1)	9678954	
	Catheterisation	(1)	9678954	
	PICC line	(1)	9678954	
	H-D line Placement	(1)	9679201	
29/6	Plasmapheresis	(1)	9679386	
29/6	Blood Transfusion	(1)	9680141	
29/6	W W Transfusion	(1)	9681145	
29/6	CRRT 24 HRS	(1)	9680405	
30/6	Blood transfusion	(1)	9681323	
	plasma pheresis	(1)	9681322	
ANY OTHER INFORMATION				
Date : Time : Prepared By :				
Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor	

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

Dr. ANUPAMA Y



[6 mole / kg]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes					Doctor's Order			
07/2026 5pm	PEEP	PIP	Pplat	DP	Cstat	EtCO ₂	HR	SpO ₂	BP
	6	25	21		21	28	142	96	122/80.
	8	25	22		23	33	142	97	120/80
	10	25	21		24	33	140	97	122/80
	12	29	25	13	22	28	140	97	121/78
	14	28	26	12	24				
	16	31	28	12	24				
	14	28	25	11	28				
	12	25	22	10	29				
	10	24	21	11	29	25	138	98	117/77
	8	23	19	11	27				
	Optimum PEEP = 10.								

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 3 D (M)
 Dr. ANUPAMA Y



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/20 @ 5 PM	<u>Acute febrile encephalopathy</u> <u>Suspected cytomegalovirus</u> <u>Dr. S. B. Farhan</u>	
	① Encephalopathy ② Ongoing fever spikes	Adv ① continue Ventilation FiO₂ - 60% PEEP - 10 Rate - 20.
	On Mechanical ventilation FiO₂ 60% PEEP 23 PEEP - 10 Rate - 20.	② & Keep per line
	① Hemodynamically stable HR: 150/min SpO₂ 96% BP 136/84 mmHg CVP 10 mmHg	③ or Brain after stabilization
	chest Blunt Equil. NRS. RA distended. Hepatomegaly	④ Send PT-INR, APTT, BP, Blood ch. PCT.
	CM Bl. pupa. Sm R2 AND - 0.56/0.56. GC - 8/15 on admin Pocus Zic. Collected. RF 55T mid LV dysfunction	⑤ Send Dengue NS, Ig & IgM & f. m. 10H.
		⑥ Keep medical Summary ready
		⑦ Start Dr. Merspanum, Dr. Imepigole, Dr. Vitamin K, Dr. Thiamine 3/NS, 10% DMS. @ 60% MF
		⑧ Bladder Resonance monitoring

DR. SHAIKH FARHAN A RASHID
 Registration No. 66229

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date & Time	Progress Notes	Doctor's Order
28/06/26 @ 7:15pm	Counselling room. 2	Dr. Farhan
	child is having severe bleeding due to severely low platelet count. we are giving platelet to stop bleeding. liver and kidney are also showing failure symptoms. we are planning to start dialysis to control the toxin release. we are continuing antibiotics. and continuing CPPT and ventilation. Option of financial help is explained. Option of crowdfunding is explained. Even after above management, risk of deterioration and death is explained. child is having multi-organ dysfunction syndrome. we don't exactly know brain dysfunction how evident. need of MRI at later date is explained.	
	<u>Dr. B. Muneer</u> Paediatrics	

(M)



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



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026	elderly Dr. saly aprasad	
8:00pm	PLEX	P2 DRY Plasma Filter
	<u>Prescription</u>	B.F - 120ml → Increase to 150ml
	SCOT, SCPT	FFP - 1.5 Litres
	Urea, creatinine	5% Albumin - 500 ml
	HB, TLC, P. Counts	NS - 500 ml
		2.5L
		2.5L Remove over 4hrs.
	inj. Calium	
	inj. Aml, tey dulout	Before PLEX.
	5% Albumin priming	
	12 Fr Catheter placement.	
		1 catheter.
28/6/26		
8pm	<u>procedure notes.</u>	
	Under Aseptic precautions	20cm prior line placed
	90 RBSL arm. procedure	Uneventful.
	Vital.	
	HR - 90	Plan.
	BP - 120/80 (90) mmHg.	1. RBSL arm x-ray.
	SpO ₂ - 98%.	
		Noted by (Signature) DO not been
		28.06
		8:05 PM

3AH-00660127 IP5-00175703
Waster MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 3 D (M)
Dr. ANUPAMA Y




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/16/10 @ 10:00pm	Dr. Kalyanaram MIRO 0.9 liter OB - 100 m/min OD - 400ml/hr Hepatin free - Saline flushes 500s mahu 1/2 band on BR	
	IV Fluid - 1200 Inhalation - 768 Medication - 140 Bl products - 500 <u>2608</u> 108ml/hr	



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/06/2026 Day of Admission : 2 Today's Date & Time : 29/06/26.
 PRISM - III Score in first 24hrs. of Admission : 13 Today's SOFA Score : 10

OVERVIEW	Diagnosis : sepsis/mods. del TAMOF seps associated encephalopathy S/P DNR	Current Issues : ① DIC ② Non-digestive AUE ③ MODS ④ Anemia [Thrombocytopenia] ⑤ Hypertension
	24h + 2 + 1 + 1	
RESPIRATORY SYSTEM	VITAL SIGNS Today's Wt. (kg) : 5.5 Temp : 38.5 Blood sugar issues : 13mmol/L	
	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) Bilateral Equal. NVBS. RR: 20/min	
	CXR : Ble crackles	
	SPO ₂ : 99% T 50/h O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : 2 Nitric Oxide : ☐ Yes ☒ No - If Yes, details : _____	
	on AELPC for 5hr PIP: 23 PEEP: 10 Rate: 20	
	Ventilatory Settings : Leak around ETT : 0% Delivered Vt : 300ml (Comely)	
	ABG : 7.15 > 7.40 < 7.45 EtCO ₂ : 40 P/F ratio : 292 O.I. : 4.7	
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebs : _____ ICD ? ☐ Yes ☒ No, if Yes, details : _____	
Plan of care : - TO continue Ventilation - TO optimize PEEP Titration		
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1S2P HR 110/min	
	Quality of Pulses : Normal cap refill Time : 2 seconds Liver Edge : 3cm cm below Rt costal margin	
	Blood Pressures : NIBP : _____ IBP : 140/70mmHg CVP : _____	
	Infusion of : ☐ Dopamine _____ mcg / kg / min ☐ Dobutamine _____ mcg / kg / min	
	☐ Epinephrine _____ mcg / kg / min ☐ Nor Epinephrine _____ mcg / kg / min	
	☐ Milrinone _____ mcg / kg / min Adrenaline 0.05mcg	
	Any Other Infusions : _____	
	Last 2D Echo Findings : 2ic congested. R bot	
	Size of the heart and lung fields in latest CXR : _____	
	Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : ①	
Central line in situ : ☒ Yes ☐ No Place of central line & its condition : ② Am Pig line + (R) Arline		
Day of arterial line : ③ Day of Central line : ④		
Plan of Care : TO Guide on 2nd cycle of PRR		
CNS	Neuro Exam : E/V M, B/L pupile ONR 0.5/0.5 3/4 @ 20ml/hr	
	Pupils : 3mm B/L R Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Morphine @ 0.05mg/kg Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : CT Brain: ① Shells	
	Plan of Care : to continue Neuroprotection measure	
Ramsay Sedation Score : _____		

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>+8</u> / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>20% NS @ 50</u> ml/hr <u>3.5mg/kg/min</u> times maintenance) TPN : ☐ Yes ☒ No - If yes, details : <u>3% NS @ 20ml/hr</u> <u>20</u> % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>143</u> K <u>4.0</u> Cl <u>112</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : <u>SCOT 632</u> <u>SGOT 362</u> <u>ALT 224</u> <u>TBR 5.3/4.6</u> Abd Exam : <u>distended</u> Any organomegaly ? ☐ Yes ☐ No - If yes, describe : <u>liver monitoring, 6th ribs</u> Plan (G.I. & Liver) : <u>Abdominal girth monitoring</u>	
	☒ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Di meropenem</u> <u>Di Doxycycline</u>	
	Sr. Creat : <u>4.3</u> Bld. Urea : <u>83</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : <u>Lasix stopped</u> Catheterized ☒ Yes ☐ No - If yes, then day of Catheter : <u>4/0</u> <u>1-1.2ml/hrs</u> Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care : <u>UF: 150ml/hr on creat</u> <u>NSPO - 0.9</u>	
	Relevant Labs (CBP etc) : <u>6.4 x 520</u> <u>21000</u> Any Coagulopathy : <u>6.4 x 520</u> <u>21000</u> Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : ☒ Yes ☐ No ☐ NA CRBSI Bundle Used ? : ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☒ NA If yes, then details : Pending Lab Results : ☐ Yes ☐ No If yes, then details : <u>Blood cl</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :	
FINAL COMMENTS <u>→ continue ventilation & creat</u> <u>→ continue Neuroprotection can</u> <u>- Decide on 2nd cycle of ptx</u>		

Doctor's Name (Handover given) : Shankar
 Signature : [Signature]
 Date & Time : 28/06/20

Doctor's Name (Handover taken) : Dr. Pradyumn
 Signature : [Signature]
 Date & Time : 28/6/26, 2pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/20 10:20 AM	CS/B by Anupama Mams	
	Di - Acute febrile encephalopathy ± sepsis ± MODS ± DIC	Plan
	TAMOP sepsis associated encephalopathy S/P PLEX	1) Reduce FiO ₂ to 30% from 40%
	current issues:	2) Titrate the PEEP again
	• DIC	3) Change Morphine to fentanyl, Demerol & clonidine
	• Nonoliguric AKI	4) start labetalol infusion for hypertension - <u>hold</u>
	• MODS	5) ONSD q. 6 hrs.
	• Hypertension	6) one more peripheral cannula to put.
	• Anemia and Thrombocytopenia	7) Reduce the fluid input to 1800ml/day.
on the ventilator <u>control</u>	Balance currently intubated @ 6.5mm ET ± PEEP 2-40% PEEP - 10 RR - 20/min P above PEEP - 13	8) Repeat VEXAS score q. 6 hrs. 9) Target ultrafiltrate based on VEXAS score
	<u>vitals</u> - HR - 108/min SpO ₂ - 99% on 40% FiO ₂ BP - 160/78 (98) ETCO ₂ - 46	10) Ultrafiltrate AD for next 6 hours.
	PICC line in situ (R) Arm HD line in situ	11) Na ⁺ > 150 → stop 2% NaCl 140-150 → 0.5 ml/kg/hr < 140 → 1 ml/kg/hr
	CART ongoing	12) Counsel family & consider for Autoimmune Workup & for IVI
		13) Target GFRs → 80-120 (q. 6 hrs)
		14) Trace Blood-C.
		15) Add. Micafungin



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	16)	ABC @ 3pm, then deciduous ILEX.
	17)	DO. CBP q6hly — 2pm, 10pm, 6am HAPT 12hly — 5am, 5pm.
	18)	find out about peripheral smear.
	19)	Change. Tiamine to optineuron.
	20)	USG-Abdomen to be done today.
	21)	Methylprednisolone 500mg. @ 2pm
	22)	Add. succralfate.
	23)	Target → MAP > 65mmHg.
	24)	Trace dengue serology
	25)	Add 900 Azithromycin
		MS Bumex 29/6/26 e 10:30 am
		DR. ANUPAMA Y Registration No.: 50852
	IVF - 1200 ml. →	840 ml (35 ml/hr)
	Intusion - 216 ml	
	Drugs - 170 ml	
	S%NS - 600 ml.	
	2186 ml.	1826 ml (76 ml/hr).
		↓
	Blood products -	1000 ml
		2826 ml. (120 ml/hr).



Bed-6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	counseling, room	no.2
11:26 am		Dr. Anupama
	Patient's attendants have been counseled about the condition of the child i.e, → child has multi-organ failure, he is on ventilator, requiring blood dialysis. His condition is critical. → He has history of fever, joint pains since last 2-3 months, which could be due to autoimmune disease / rheumatic fever. → He will require IVIg and repeat one more of session of plasmapheresis today evening or tomorrow morning. → We need to investigate if he has underlying autoimmune disease. → provisional diagnosis, ongoing treatment, expected duration of ventilation, blood dialysis, plasmapheresis, duration of hospital stay and financial aspects of management of such sick children with multi-organ failure has been clearly explained to parents. → Parents have been counseled about the risk of death if internal bleeding has been occurs. Risk of inter deterioration of clinical condition has been explained.	
	<i>[Signature]</i>	<i>[Signature]</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>Plan</u>
		1) IVIg - 10 gm over 6 hrs.
		2) Autoimmune workup (ANA panel to HRA)
		3) Reserve 2 O SDP 2 O PRBC
		4) CBP / Q8H - 6am, 2pm, 10pm PT/INR / Q12H - 5am, 5pm ABG @ 3pm
		MR Bayer Lab @ 12:30



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Date & Time	Progress Notes					Doctor's Order			
29/6/26	<u>PEEP titration</u>								
11am									
PEEP	PIP	Pplat	Cstat	DP	HR	SpO ₂	etCO ₂	BP	
6	24	22	25	18	116	97%	42	166/82	
8	25	24	23	16	113	98%	37	163/81	
(10)	23	24	26	14	114	98%	38	164/81	
12	30	26	21	14	116	98%	41	166/81	
14	32	28	16.8	14	116	96%	39	166/82	
12	28	26	22	14	115	98%	40	164/82	
(10)	25	24	27	14	113	96%	40	161/80	
8	26	24	24	16	114	98%	42	161/80	
6	24	21	21	15	116	98%	40	161/80	
Optimal PEEP - 10									



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026 4:00pm	CRIB for Anupama	Plan
		1) PLEX @ 6am tomorrow morning
	Issues:	2) CBP / QSTH — 6am, 2pm, 10pm INR / QSTH — 4am, 12pm, 8pm
	Persistent thrombocytopenia	3) 10 gm IVIg.
	Increase in O.I	4) VEXUL @ 6pm. Review ultrafiltrate
	- NO New mucosal bleeds from morning	5) Return blood at end of CRRT — 10pm
	Negative by - 700ml.	6) ↑ UF between 8pm — 10pm.
	No Hypotensive episodes.	7) At 10 pm, based on POCUL & VEXUL, to decide on Lasix infusion (VEX) CRRT / PLEX
	on M.V	8) Transfuse if INR > 3 → FFP Plts < 25000 + bleeding → SDP
	P.C mode	9) CBP, S. electrolytes, phosphate @ 10pm.
	FiO ₂ - 38%. PEEP - 10	10) Add Cyp. potchlor, 10ml Kcl in IV fluids.
	PIP - 22 MAP 15	
	ETCO ₂ - 32 Rate - 25.	
	Vital	
	PR - 93bpm SpO ₂ - 100%, RR - 20bpm BP - 117/54(72)	



Date & Time	Progress Notes	Doctor's Order
		CBP electrolyte Pbg $\rightarrow 1000 \text{ ppm}$
	<u>Fluid calculation</u> ✓ 1LFF + 3ml/ml $\rightarrow 1200 \text{ ml}$ ✓ Inj penicillin $\rightarrow 150 \text{ ml}$ ✓ Medsorb $\rightarrow 250 \text{ ml}$ Blood products $\rightarrow 500 \text{ ml}$ + PUFG 2100	$\textcircled{2} 875 \text{ ml/hour}$

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 28/6/26 Day of Admission: 3 Today's Date & Time: 30/6/26
 PRISM - III Score in first 24hrs. of Admission: 13 Today's SOFA Score: 10

OVERVIEW	Diagnosis: Sepsis / MODS / Tumor / DIC / Sepsis associated encephalopathy / SLP PLEX - L / SLPD.		Current Issues: HTN, Asthma, Oliguric, Encephalopathy, Splt., Aut. - 1 febrile	
VITAL SIGNS	Today's Wt. (kg): 5.3		Temp.:	Blood sugar issues:
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): B/L clear.			
	CXR:			
	SPO ₂ : 99% O ₂ by NC / FM / NRB mask / Oxyhood, at L / min			
	Ventilatory Support: ☒ Yes ☐ No - Day # of Vent: Nitric Oxide: ☐ Yes ☐ No - If Yes, details:			
	PC PIP: 40cm, PIP: 22, PEEP: 10, R: 25			
	Ventilatory Settings: Leak around ETT: Delivered Vt:			
	ABG: 7.45, 67.4, 28.2, EtCO ₂ : 41, P/F ratio: 224, O.I.: 6.6			
	Chest Physiotherapy Plan: Suctioning Needs:			
	Any Nebs: ICD? ☐ Yes ☒ No, If Yes, details:			
	Plan of care:			
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): Sinus BR: 68/min			
	Quality of Pulses: Good cap refill Time: 2 sec Liver Edge: cm below Rt costal margin			
	Blood Pressures: NIBP: IBP: 150/90 CVP:			
	Infusion of: ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min			
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min			
	☐ Milrinone mcg / kg / min			
	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: LFA occluded			
CNS	Central line in situ: ☒ Yes ☐ No Place of central line & its condition: PICC 10cm			
	Day of arterial line: D3 Day of Central line: D3			
	Plan of Care:			
	Neuro Exam: G V M I. Levofloxacin			
	Pupils: 2+ 2+ Sedation Used? ☒ Yes ☐ No Any paralysis? ☐ Yes ☒ No			
Types of Sedation: Fentanyl 3mcg/6h, Clonidine Types of Paralysis:				
Relevant CT Scan, MRI EEG, Neurosonogram etc.: ONSD - 0.48				
Plan of Care: 0.48				
Ramsay Sedation Score:				

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>-1189</u> / (+/-) Input : ml/k/d UO : <u>0.4</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>20% DNS</u> @ <u>15</u> ml / hr (..... times maintenance) TPN : ☐ Yes ☒ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft, nr</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) : <u>Plw + 360ml</u> <u>Drys + 250ml</u> <u>Infusion + 216ml</u> <u>Corcebin + 500ml</u> <u>826ml</u> <u>Corcebin + 500ml</u> <u>1326ml (60%)</u>	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☒ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Merganem (D3)</u> <u>Doxycycline (D3)</u> <u>Micronin (D2)</u> <u>Azith (D2)</u>	
	Sr. Creat : <u>4.3</u> Bld. Urea : <u>93</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics ☒ Yes ☐ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
NEPHROLOGY ISSUES	VAP Bundle Used ? : ☒ Yes ☐ No ☐ NA CRBSI Bundle Used ? : ☐ Yes ☒ No ☐ NA CA - UTI Bundle Used ? : ☐ Yes ☒ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☒ No ☐ NA If yes, then details :	
	Pending Lab Results : ☐ Yes ☒ No If yes, then details : Pending Consultations : ☐ Yes ☒ No If yes, then details :	
HEMATOLOGY	Plan of Care :	
CARE PROTOCOLS	Plan of Care :	
FINAL COMMENTS	- Plan to start oral 7 2000/px - Continue antibiotics - 20 gram 2x24 hr - completed @ 6 AM	

Doctor's Name (Handover taken) : Wang
Signature : [Signature]
Date & Time : 30/6/26 8am

BAH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 5 D (M)
 Dr. ANUPAMA Y



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/26 9:40 AM	S/B Dr Anupama	
	Δ: Sepsis / MODS / TANDM-DIC / Sepsis associated Encephelopathy.	
	→ ↓ PAH	
	→ HTN	
	→ AKI (non oliguric)	
	→ Encephelopathy.	
	→ Fever 1 spike (↑).	<u>ADVICE.</u>
	→ Bil Pupil 2mm RL (↑)	✓ 2nd cycle of PLEX today.
	→ ONFO better yesterday	→ Titrate PEEP after PLEX.
	U/O: 0.4ml/kg/hour.	✓ FOCUS now & after PLEX.
	TFI = 2125ml (700ml bloodprod.)	→ CXR after PLEX.
		→ If BP high even after PEEP start NTG infusion (Keep on board)
		→ MRI brain tomorrow: 2:00pm
		✓ PIF manual count
		→ Start RPT after PLEX.
		✓ PRBC after 2 hours of starting PLEX.
		→ Do not return blood,
		→ Prime RPT with Albumin.
		→ Remove 3.5lit/day in RPT over 16 hours

180ml/hour flow.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	—	CRG 8 hourly
		✓ ARG 9 12 hourly
		@ 10:30pm & 12:00am.
		10:30am & 10:30pm
	→ IV fluid = 300ml (204 D)	
	→ Infusion = 216ml	
	→ Drug = 170ml —	IVI during RPT but
	→ Anticipated = 500ml blood prod.	discuss before starting
	→ INI = 200ml	after seeing POW, Vex US.
	→ correct = 500ml. ✓	Start IN magnesium
	→ Daily K+ =	OD to start
	Intake = 240ml	
	2140 ml —	Start 30ml/3 hourly
	GIR = 23mg/Kilomin 180% MF	Peptamer Jr.
	—	Monitor : VtE
	Botkin - 60mg	— bladder pressure
	— fed : 8mg	24 hourly
	— Drug : 70mg + 20W	
	1.4mg	NS Bleed 3.16/26 C10pm

[illegible]

Date & Time	Progress Notes	Doctor's Order
06/2026 @ 10 AM	Counseling room 2	Dr. Amr Dr. Fuha
	Child underwent 1st cycling PEX and followed by dialysis. We had stopped dialysis at 10pm. all we observed then. There is no improvement in urine we are doing 2nd session of PEX. Post PEX we are planning to give another session of CPRT. To morning we are planning for MRE to afternoon if child is holding. Based on MRE findings. Can prognosticate compared to day before yesterday, we are continuing antibiotic to control the infection. we are awaiting autoimmune reports which will get by evening. Risk of deterioration is explained <u>R. B. Muneer</u> Taken by	Father By Abubakar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/16 2:00pm	S/R Dr Anupama. Y A: Sepsis MODS TAMDR DIC Sepsis Induced Encephalopathy.	
	→ PICC line: → Clonidine → NTG NAC → IV fluid	ADU
	→ HTN → Pupil 7mm bnt R ⊕ → EEG: IEDS ⊕ → Oral mucosal bleed → Poor response to pain.	Start NTG along w Clonidine (Target till 130/80 mm Hg) ONTD @ 5:00pm Vexus Pow's drug.
		Stop N-acetylcysteine. (NAC).
		One more IV cannula
		Next CBC start with LFT after transfusion.
		① Autoimmune panel
		③ INIG after 800ml negative.
		④ Ultrafiltrate 200ml (how c 1.5 lit negative.

ms
 20/06/16
 C. J. 10/16

BAH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 5 D (M)
 Dr. ANUPAMA Y



PROGRESS NOTES AND DOCTOR'S ORDER

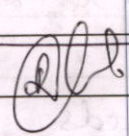
Date & Time	Progress Notes	Doctor's Order
		9/ Start Strivall once RRT starts (0.5ml/kg/hr)
		10/ Bladder Pressure monitoring 2 hourly
		11/ IN Urethra catheter start.
		12/ IN Urethra catheter Methyl Prednisolone to be decided today every after Immune profile.
		13/ Stop LASIX infusion after starting CRRT.
		14/ Send Serum IgM.
		15/ Gastric, urine, blood toxicology samples to Amritma (collect).
		16/ Steroids 1mg/kg BD.
		17/ Placenta score = 2. fo-4: low risk of ADAMTS fo-5: Intermediate fo-6-7: High risk



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 5pm	cls/B PICU team	Plan
	Ass - Sepsis MODS TAMOF	1) chest x-ray 2) Titrate NTG & clonidine, target BP - 130/80 mm Hg
	Issue:- 1) ↑ in ventilation requirements 2) Hypertension on NTG @ 4 µg/kg/min clonidine @ 2 µg/kg/4h 3) fever spikes	3) MRI brain tomorrow afternoon 4) strict neuroprotective measures 5) r/v EEG
	on PRVC:- 50% FiO ₂ , pressures - 23/10, rate-25/min SpO ₂ - 94% etCO ₂ - 28 BP - 132/72 HR - 81/min	6) target - 1500 ml fluid balance 7) SOS - send blood cl & add poly-B if further fever spikes
	POCUS:- IVC - >2cm LVEF - 58% VEXUS - Grade 3 congestion DNVD rt. - 0.53 lt. - 0.54	8) r/v heparin for CPE 9) send blood, urine, gastric aspirate samples to Amrita, Kochi - collect sample
	IVF - 480 ml. 3% NS - 480 ml. Infusion - 240 ml. feed - 240 ml IVlg, PRBC - 350 ml.	10) trace scrub IgM, IFT 11) Pulg to start once - 800 ml balance achieved 12) PEEP titration 13) CBP @ 1am, 4am 14) ABG @ 10:30 PM 15) UVP / Q4H 16) GRBS / Q8H 17) Stop fentanyl @ 8am tabet from 6am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes					Doctor's Order			
						18) Send 5 - viral panel, the MiniBAL cl.			
						19) Serum potassium @ 10 pm			
						Noted by  - Dr. Pratyus			
						30-06 @ 5:30 PM			
30/6/26	PEEP titration								
10 pm									
PEEP	PIP	Pplat	DP	Cst	HR	BP	SpO ₂	ETCO ₂	
6	23	19	13	23	53	139/67	94%	27	
8	24	21	13	24	53	138/67	93%	30	
10	26	23	13	24	53	139/70	93%	31	
12	28	26	14	25	52	139/67	94%	26	
14	30	28	14	23	55	138/65	94%	29	
12	28	26	14	25	55	136/71	93%	27	
10	26	23	13	24	54	136/71	94%	27	
8	24	21	13	23	51	136/70	95%	28	
	Optimal PEEP					-12			
	</								



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 22/6 Day of Admission : 4 Today's Date & Time : 1/7/2014
 PRISM - III Score in first 24hrs. of Admission : 13 Today's SOFA Score : 11

OVERVIEW	Diagnosis : <u>Sepsis / monoframof</u>	Current Issues : <u>1. AKI - oliguric</u> <u>2. Bradycardia / HxN</u> <u>3. Encephalopathy</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAE (+)</u>	
	CXR : <u>Effusion (R) > L</u>	
	SPO ₂ : <u>100%</u>	O ₂ by NC / FM / NRB mask / Oxyhood, at L / min
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : <u>4</u>	Nitric Oxide : ☐ Yes ☐ No - If Yes, details :
	<u>APV mode : PIP 40cm / RR 30 / PEEP 12 / 20/20</u>	
	Ventilatory Settings : Leak around ETT : Delivered Vt : <u>6.0</u>	
ABG : <u>7.4 / 23.7</u>	EtCO ₂ : P/F ratio : <u>247</u>	O.I. : <u>6.0</u>
Chest Physiotherapy Plan : Suctioning Needs :		
Any Nebbs : ICD ? ☐ Yes ☒ No, if Yes, details :		
Plan of care :		

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR 50/min</u>	
	Quality of Pulses : <u>Good</u>	cap refill Time : Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : <u>136/70</u>	CVP :
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions : <u>1. ATG - 5mg bolus</u>	
	Last 2D Echo Findings : <u>Normal</u>	<u>Amblyopia - 50% BP</u>
Size of the heart and lung fields in latest CXR :		
Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : <u>Medial Day</u>		
Central line in situ : ☒ Yes ☐ No Place of central line & its condition :		
Day of arterial line : Day of Central line :		
Plan of Care :		

CNS	Neuro Exam : <u>Monocularly stopped</u> <u>cloudy - long bottom</u>	
	Pupils : <u>2+</u> <u>2+</u>	Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I/O/Balance: <u>173 ml</u> / (+/-) Input: ml/k/d UO: <u>0.2</u> ml/kg/hr Stools:	
	NG output: PO intake:	
	Feed Formula: <u>2010mls + 10ml/kg</u> Feed Schedule:	
	IV Fluids - Type of IVF: @ ml/hr (..... times maintenance)	
INFECTION	TPN : ☐ Yes ☐ No - If yes, details:	
	 % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)	
	 Cal/kg/d Nitrogen Trace elements & MVI	
	Labs : Na K Cl Ca Mg P HCO ₃ Sr. Amylase: Sr. Lipase:	
	Latest LFT:	
	Abd Exam:	
	Any organomegaly? ☐ Yes ☐ No - If yes, describe:	
	Plan (G.I. & Liver):	
		
		
NEPHROLOGY ISSUES	☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #):	
	Cultures Sent? ☐ Yes ☐ No - If yes, details:	
	Describe c/s Reports:	
	Other Labs (Latex, Serology, etc):	
	Ongoing Antibiotics:	
HEMATOLOGY	Sr. Creat: Bld. Urea: Other Relevant Labs:	
	P.D. ☒ Yes ☐ No - If yes, details:	
	Diuretics : ☐ Yes ☐ No - If yes, details:	
	Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter:	
	Relevant Radiology (USC, MCUG radioisotope scan etc):	
CARE PROTOCOLS	VAP Bundle Used?: ☒ Yes ☐ No ☐ NA	
	CRBSI Bundle Used?: ☒ Yes ☐ No ☐ NA	
	CA - UTI Bundle Used?: ☒ Yes ☐ No ☐ NA	
	Patient Managed as per Relevant Protocols: ☐ Yes ☐ No ☐ NA	
	If yes, then details:	
FINAL COMMENTS	Pending Lab Results: ☐ Yes ☒ No	
	If yes, then details:	
	Pending Consultations: ☐ Yes ☐ No	
	If yes, then details:	
		

Doctor's Name (Handover given): Dr. [Signature]

Signature: [Signature]

Date & Time: 17/06/2016 @ 800 AM

Doctor's Name (Handover taken): Dr. [Signature]

Signature: [Signature]

Date & Time: 17/06, 8AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/24 9:46 am	cls/B Dr. Anupama	Plan
	Dis - Sepsis/ MODS/ TAMOF	1) ABG now → 10:30 AM.
		2) PLEX now
	Immune 1) HTN.	3) cancel MRI appointment
	2) ↑ in ventilation requirement. (worsening).	4) find out manual platelet count
	3) Oliguria (AKI).	5) MRI brain tomorrow.
	4) Encephalopathy - Better	6) PEEP titration.
	on duty worsening	7) Trace 5 (from panel, scrub, m)
	Rhnd vs double dyspnea	Tracheal secretions for culture.
	vs VAP.	8) ilomet midrinone etc
	PRBC	9) opical cardiology consultation
	on PRBC mofle	10) start midrinone if
	TV - 360 ml	Diastolic dysfunction
	FIO ₂ - 65%.	11) ABG 10:30 AM
	PEEP - 12	PCR
	PRP - 27	12) Continue feeds
	- on NTG, Ambloclipiro, roxan	100ml 3rd hourly.
	W clonidine.	13) Diuretic pycenon
		14) Repeat chest X-ray
		15) IUI during CRRT
		16) larm mofle
		17) from panel Return Blood
		at end
		→ 200ml extra in play
		label by DR



PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Anupama

Date & Time	Progress Notes	Doctor's Order
11/7/26 11:10 AM	<u>Counselling notes.</u> patient passing 5 to 10 ml/hr. today we are doing 3rd session of plasmapheresis. dialysis is required further. Movements as present. platelets yesterday not given. today PCT test has sent based on antibiotics will be upgraded. feeding started. today cardiology opinion will be taken. Blood dialysis requirement going beyond 5 to 7 days, recovery will take 3 months to 6 months. If passing urine with low quantity, then dialysis duration will change. Tenckhoff catheter will be kept for peritoneal dialysis will done in operation theatre. After 48 hours PD dialysis will be started. today MRI brain slot is cancelled, tomorrow MRI slot taken. based on platelet recovery, clinical condition plasmapheresis will be decided. At 10 AM ABG will be done. perine test negative. Toxicology sample will be sent for Amphetamine. Acute kidney injury recovery duration is 3 to 4 weeks. If we stop dialysis, fluid overload is occurring. Blood pressures are under control. we have to monitor platelet count, clinical condition to decide on further plasmapheresis sessions. complete sedation is not stopped. pain movement & sensation present. During sedation child will in be sleep, patient may respond or may not respond to commands.	

06-2014
ANUPAMA Y



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Your Right to a Safe Delivery

[illegible]



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/20	9/13 Dr. Anupama	
08:00 AM	Sept (MODS) TAMOP-DC / Hypertension Adv Oliguric Acute Kidney Dying.	① Negative by 500ml and assess diabetic dysfunction, Vessels and PBP + fibrin
	Resus:	
	① Hypertension with Bradycardia	② 2-liters of crystalloid + improved
	② worsening of ventilation	
	③ Hypokalemia	③ Start CRF after Plasmapheresis
	On mechanical ventilation FiO ₂ : 50% PEEP-12 K: 3.0mmol/L - 20.	④ Target Negative balance by start with UF of 180ml/hr - Rupt
	On NTC @ 3mg/kg/min and antihypertensive med. Plasma - 5/7	⑤ CBP. after POC 8pm
	Chest B/L ACP Spinal NMB	⑥ Send. TMA profile (ADAMTS-13, Anti Factor H antibody)
	NA dx ASD CNS: Ble Punks Spinal cord	⑦ True adenoma, Send 8pm
		⑧ Send Adenohypophyseal & heavy metal poisoning panel



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		⑨ CBP T/m @ 6 AM.
		⑩ check CBP, Potassium at 8 PM
		⑪ Manage with O ₂ / SpO ₂ 88-92% ABG
		<i>[Signature]</i>
		N. By <i>[Signature]</i> 11/7/26 @ 4 PM
11/7/26 8 PM	<u>SPB Rx team</u> At Sepis/morbid tamoxifen Hypertension - oliguria A&P Team ① On CRRT - A&P ② Hypokalemia UO - 20ml UO 5-10ml/h	① Send CBP, ABG, Hgb ② have infusion to stop <i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes							Doctor's Order
21/06/14 10pm	POUR TITRATION							Vt-bm/ly (3000ml)
1000	Pd	Ppmt	Ap	Cps	HR	SpO2	BP	EtO2
6	20	16	10	29	60	100%	120/60	34
8	22	18	10	30	62	100%	120/60	34
10	24	20	10	28	64	100%	120/60	34
12	26	23	11	27	64	100%	120/60	35
14	28	26	12	23	64	100%	120/60	35
12	28	23	11	28	66	100%	120/60	35
10	24	20	10	30	67	100%	120/60	34
8	22	18	10	31	66	100%	120/60	35
Optimal pour 8								

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/26	<u>NUTRITION REVIEW</u>	
8:10am		STOOL PASSED = 1 Bristol-5
	PBW: 50 kg (75th Centile) ✓	
	REE: 1526 Kcal/d ✓	Hb: 8-1 Plt: 49000
	RDA: 2250 Kcal/d ✓	K: 3 Ph: 2.1
		Alb: 2.8
	NG Feeds	
	Peptamen junior	✓
	C: 35 ml dilution	
	100 ml Q 3rd haly	Recall vol = 700 ml/d
	42 scoops For REE	20 scoops For Recall
	Vol = 1470 ml/d For REE	
	185 ml Q 3rd haly For REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 1533 ; 30.6 Kcal/kg/d	Cal: 730 ; 14.6 Kcal/kg/d
	Pot: 42 ; 0.84 g/kg/d	Pot: 20 ; 0.4 g/kg/d
	Carbs: 214.2 ; 4.2 g/kg/d	Carbs: 102 ; 2 g/kg/d
	Fat: 54.6 ; 1 g/kg/d	Fat: 26 ; 0.52 g/kg/d
		Present Feed: 100ml/3rd haly
	BRAND HOLD FROM 1g/1ml. CAN IN CANARO CALOM WITH BRAND BRAND 2/3/26 9:30W	Diabetic Mounica



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 25/6/20 Day of Admission : (5) Today's Date & Time : 21/7/20
PRISM - III Score in first 24hrs. of Admission : (13) Today's SOFA Score : (10)

OVERVIEW	Diagnosis : <u>Symptomatic / rano / organic Ate</u>	Current Issues : (1) <u>Ate asphyxia</u> (2) <u>thrombocytopenia</u>
----------	---	---

VITAL SIGNS	Today's Wt. (kg) : -	Temp. : -	Blood sugar issues : -
-------------	----------------------	-----------	------------------------

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>B/L ACO Equal - MVA. RLC 20/min</u>		
	CXR : <u>anterior view</u>		
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>20</u> L / min		
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : <u>DR</u> Nitric Oxide : ☐ Yes ☒ No - If Yes, details : <u>POOR-8</u>		
	Ventilatory Settings : Leak around ETT : <u>7520</u> Delivered Vt : <u>300ml</u>		
	ABG : <u>7.35 20 2.7 38</u> EtCO ₂ : <u>38</u> P/F ratio : <u>11.2</u> O.I. : <u>M.2</u>		
	Chest Physiotherapy Plan : <u>to vocal</u> Suctioning Needs : <u>as needed</u>		
	Any Nebs : <u>to vocal</u> ICD ? ☐ Yes ☒ No, if Yes, details : <u>as needed</u>		

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>SMOHR 140/min</u>		
	Quality of Pulses : <u>good</u> cap refill Time : <u>only</u> Liver Edge : <u>2cm</u> cm below Rt costal margin		
	Blood Pressures : NIBP : <u>120/70</u> IBP : <u>120/70</u> CVP : <u>-</u>		
	Infusion of : ☐ Dopamine <u>-</u> mcg / kg / min - ☐ Dobutamine <u>-</u> mcg / kg / min		
	☐ Epinephrine <u>-</u> mcg / kg / min - ☐ Nor Epinephrine <u>-</u> mcg / kg / min		
	☐ Milrinone <u>-</u> mcg / kg / min		
	Any Other Infusions : <u>And 3 DD. mtr-1</u>		
	Last 2D Echo Findings : <u>2cc fluid</u> <u>And 2 hypod</u>		

CNS	Neuro Exam : <u>Eye 4/5 My</u>		
	Pupils : <u>3mm Blue</u> Sedation Used ☒ Yes ☐ No Any paralysis ? ☐ Yes ☒ No		
	Types of Sedation : <u>Fentanyl @ 2mcg/hr</u> Types of Paralysis : <u>-</u>		
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : <u>-</u>		
	Plan of Care : <u>to add on fentanyl</u>		

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☐ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance: <u>-1300</u> / (+/-) Input: ml/k/d UO: ml/kg/hr Stools:	
	NG output: PO intake:	
	Feed Formula: <u>Infant 20 100ml</u> Feed Schedule:	
	IV Fluids - Type of IVF: <u>0.9% NaCl 20</u> ml / hr (..... times maintenance)	
	TPN: ☐ Yes ☒ No - If yes, details:	
	 % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)	
	 Cal/kg/d Nitrogen Trace elements & MVI	
	Labs: Na <u>141</u> K <u>3.2</u> Cl <u>109</u> Ca Mg P HCO3 Sr. Amylase: Sr. Lipase:	
	Latest LFT: Abd Exam: Any organomegaly? ☐ Yes ☒ No - If yes, describe: Plan (G.I. & Liver):	
INFECTION	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #)	
	Cultures Sent? ☒ Yes ☐ No - If yes, details:	
	Describe c/s Reports:	
	Other Labs (Latex, Serology, etc): Ongoing Antibiotics:	
NEPHROLOGY ISSUES	Sr. Creat: Bld. Urea: Other Relevant Labs:	
	P.D. ☐ Yes ☒ No - If yes, details:	
	Diuretics: ☐ Yes ☒ No - If yes, details:	
	Catheterized: ☐ Yes ☒ No - If yes, then day of Catheter:	
	Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:	
HEMATOLOGY	Relevant Labs (CBP etc):	
	Any Coagulopathy:	
	Relevant Transfusion History:	
	Plan of Care:	
CARE PROTOCOLS	VAP Bundle Used? ☒ Yes ☐ No ☐ NA CRBSI Bundle Used? ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used? ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols: ☐ Yes ☐ No ☒ NA If yes, then details:	Pending Lab Results: ☐ Yes ☒ No If yes, then details: Pending Consultations: ☐ Yes ☒ No If yes, then details:
	FINAL COMMENTS - continue ventilation - mps today - continue feed - CRBSI Break	

Doctor's Name (Handover given): Hand
 Signature: [Signature]
 Date & Time: 2/1/20

Doctor's Name (Handover taken): [Signature]
 Signature: [Signature]
 Date & Time: 2/1/20



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/16 10a	C/S/B Dr. Anupama Δ : Sepsis / MODS / TAMOF-DIC. Oliguric AKI	Plan:
	Issue: Oliguric AKI Thrombocytopenia.	Cont low dose clonidine infusion.
	Child on SIMV-PRVC. FiO ₂ : 50%. PEEP: 8. Rats: 20 TV: 30ml.	- Trace manual pleth. & peripheral smear - Monitor SF & OSI. - If worsening start get CXR.
	SPO ₂ : 93%. PR: 85/min. RR: 24/min BP: 120/60 (77).	- Don't return blood. - CRRT break till 1pm.
	Chest: B/L air entry ⊕ CVS: S ₁ S ₂ ⊕ MV PIA: Grade II.	- Restart lasix infusion - Stop 3% NS during CRRT break.
	CNS: Eg VM4. Pupil: 3mm ⊕ 3mm ⊕	- IVig at night. - Stop Aethromizer. - Trace toxicology. - CMRI Brain tm.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		① SIMV Ret: 15/min.
		② Position change 2 4 hrs.
		③ Spm Pantanal 1mg/kg Stop 1hr morning. Rau sur: -2 to -3.
	Feeds: 1120ml (40ml/2.3hr) Drops: 170ml. Infusion: 120ml. IVig: 100ml. 3% NS: 300ml <u>1810ml</u>	① Feed 140ml 2.3hr. TFR: 1800ml/Day. ② Target 1200-1300ml (avg) ③ R _{P2} , S. bilirubin at 2pm. ④ CBP.
	Feeds: 360ml (15ml/hr) <u>2170ml</u> c90ml/hr.	⑤ Change dextrost ⑥ CBP 6pm, 6am. ⑦ Extubation 11m.
	• Sedation. • Fluids. • IVig.	DR. ANUPAMA Y Registration No: 50853 N. By Mary 2/7/26 @ 10:30AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26. 10:38.	<u>Counselling room</u> <u>Dr. Anupama</u> Child's condition is explained: - We are giving dialysis breath today. - We will observe urine output & status of the child during dialysis breath. - Child will require dialysis by evening. - We will decide on plasmapheresis based on labs whether to do today or tomorrow. - We will wait for MRI as child is responding to verbal commands. - We are increasing NG feeds today. - We will plan extubation tomorrow or 2 days later. - Till now we don't know the etiology for the condition. - We have ruled out infection & autoimmunity. - To rule out bone marrow suppression, child needs to be off steroids, but child needs is requiring - Bi is receiving steroid already, so BM aspiration is not being done. - If platelet doesn't recover in next 3-4 days, we will plan bone marrow examination. - We are yet to receive toxicology & TTP-HUS report.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	C/S/B Dr. Anupama	<u>Plan</u>
3:30pm	Reph / MODS / TAMOF on ventilation:- SIMV (PAPVC) FiO_2 - 50%, PEEP - 8, TV - 350 ml (6 ml/kg), press PAP - 21 hemodynamically stable urine output :- 0.5 - 0.8 ml/kg/hr. on lasix infusion. No fever spikes	1) 150 ml / 83H feeds 2) IVF 5 ml / hr 3) fentanyl + dexmedetomidine 4) wait for 3-4 hrs for and monitor urine output 5) Tab. metolazone stat dose. 6) Restrict input. 7) Tab. Nodosis to add 8) ✓ CBL - 6pm S. electrolytes - 10pm 9) decide about SLEDD in 4-6 hrs.
		N. By Harees 2/7/26 @ 4pm Dr. Anupama



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/24 6:50 pm	cls/B Dr. Anupama	Plan
	Ass- sepsis/mods / TAMOF	1) return blood at the end of CPRT
	Issues:- 1) APT	2) IVIg 10 gm. once child is negative by 500 ml.
	2) Thrombocytopenia	3) Target
	Anemia	4) Send S. albumin
	on mechanical ventilation:-	5) Inform if fever.
	simv (PRVC) + PS:-	6) Start UF 100 ml/hr.
	PiO ₂ - 50%, pressures - 19/8,	7) Negchic - 100 ml by 2 am.
	simv rate - 15/min.	8) Stop Pantyl at 7:30 am + assess saturation.
	hemodynamically stable	9) CBP, ABG, Hm.
	urine output:-	10) S. electrolytes at 10 pm today
	0.5 - 1 ml/kg/hr	11) Inform if fever, T vent requirement
	on diuretic infusion	12) Blood culture
		Mini-BAL.
		Ceftazidime - Azithromycin - Aztreonam
		Poly B.
		13) Collect PCT sample
		14) send blood UEs, add poly-B

DR. ANUPAMA Y
Registration No: 53353



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 8am	<u>NUTRITION REVIEW</u>	
	PBW: 50kg (75th Centile)	STOOL PASSED = 3 / Bristol 5
	REE: 1526 kcal/d	Hb: 7 ↓ WBC: 9960
	RPA: 2250 kcal/d	Plt: 69000 Alb: 3
	✓	✓
	NO Feeds	
	Peptamen junior	
	C1:35ml dilution	
	150 ml @ 3rd hly	Recall Vol = 1120 ml/d
	✓	
	42 scoops for REE	32 scoops for Recall
	Vol = 1470 ml/d for REE	
	185 ml @ 3rd hly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal : 1533 ; 30.6 kcal/kg/d	Cal : 1168 ; 23.3 kcal/kg/d
	Prot : 42 ; 0.84 g/kg/d	Prot : 32 ; 0.64 g/kg/d
	Carbs : 214.2 ; 4.2 g/kg/d	Carbs : 163.2 ; 3.2 g/kg/d
	Fat : 54.6 ; 1 g/kg/d	Fat : 41.6 ; 0.83 g/kg/d
	✓	
		<u>Present Feed: 150 ml 3rd hly</u>
	<i>ANUPAMA</i> 3/7/26 9:30	<i>Dietitian</i> <i>Monica</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/20 9:50am	S/B Dr Anupama	
	Δ: Sepsis MODC - TAMDF-DIC & Oligemic AKI. slp 3 cycles of PLEX, 5 cycles of CRRT	
	1) Hypertension. → clonidine Intus + Hydralas. + Magneson +	
	2) Respiration → Tapeu. Amlo dipine	
	3) to CRAP/PS	
	On Mechanical Ventilation	
	CRAP/PS mode	PLAN
	PEEP = 7cmH ₂ O	1) Plan for Extubation today.
	PiO ₂ : 85+	2) Stop Et. Nal.
	PSBbox PEEP = 7cmH ₂ O	3) ⊕ Blood Cg & MINIBAL - P. T. O
		4) Stop clonidine & Start
		NTG infusion to keep
		BP ↓ control.
	T - 94°F	5) At 12:00pm to decide
	P - 100/min	on Naloxone
	R - 20/min	6) send S.P.O ₄ , Mg ²⁺ now.
	BP - 149/90mmHg	7) CRAP/PS trial for 2hrs
	SPO ₂ - 98% on not P.O ₂	& assess for ready of Extubation
		→ w/o breath
		→ P.O ₂ (lung + heart)
		P.T.O

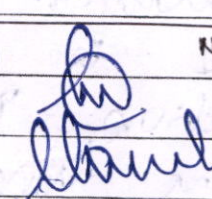


Date & Time	Progress Notes	Doctor's Order
	9) G/R after two hours of CPAP/PS @ 12:15 pm. 10) NIN post Extubation. 11) Wait for PLEX today 12) Reduce P_a above PEEP to 7 (14)	NOTED BY Rahul 3/2/2024 9:00 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2016 @ 10.30AM	Counselling room-2	Dr Anupama
	We had weaned ventilation and anxiety on CPAP and we will do CxR after CPAP of 2 hours. We are seeing there is improvement in urine output. If needed we may need to do further cycles of paracatheresis. If child is comfortable of minimal ventilator support, we will extubate and put on mask ventilator. Scrub and viral panel are negative. Toxicology profile and liver panel we had send and awaited. From here, there is major risk is getting infection. Risk of infection is high as the child is staying long on proc. There is risk of extubation in 20% children. Once cultures are negative, we will plan to de-escalate / rationalize antibiotics.	
	L.B. Shukla	Dr. Shukla

Date & Time	Progress Notes	Doctor's Order
03/07/20 12:30pm	S/B R - Anupama A Spris / MODS / TANOFF / ALB - VDAO-3 - Rupturing.	ALB ① Stat chole nalskon now 400mg 2 stat
	Prescri: ① MODS -	② correct magnesium & Phosphorus now 0 2ve
	Ran Salubacter at 2:30pm	③ Reduce Phellum Support to 3umho.
		④  noted by @al 12:45 pm



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/06/26 Day of Admission : (6) Today's Date & Time : 3/7/26
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : (8)

OVERVIEW	Diagnosis : <u>Sepsis / MODS / TAMOR /</u> <u>oliguric AKI</u> <u>s/p 3 cycle plasma pheresis</u> <u>s/p 5 cycle CRRT</u>	Current Issues : <u>Thrombocytopenia</u> <u>Hypertension</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>B/LAE ⊕ (R) > (L)</u>	
	CXR : <u>95% on FiO2 50%</u>	
	SPO ₂ : <u>95% on FiO2 50%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : <u>(D6)</u> Nitric Oxide : ☐ Yes ☒ No - If Yes, details : <u>SIMV (PRVC) + PS PEEP-8 Rate-15 TV-300ml</u>	
	Ventilatory Settings : Leak around ETT : <u>-</u> Delivered Vt : <u>300ml (6ml/kg)</u>	
	ABG : <u>pH-7.440 pO₂-101 pCO₂-27.9</u> EtCO ₂ : <u>39</u> P/F ratio : <u>203</u> O.I. : <u>4.9</u>	
	Chest Physiotherapy Plan : <u>Yes</u> Suctioning Needs : <u>-</u>	
	Any Nebs : <u>-</u> ICD ? ☐ Yes ☒ No, if Yes, details : <u>-</u>	
	Plan of care : <u>plan to extubate</u>	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>S1S2 ⊕ NO MURMUR</u>	
	Quality of Pulses : <u>Good</u> cap refill Time : <u><3 seconds</u> Liver Edge : <u>-</u> cm below Rt costal margin	
	Blood Pressures : NIBP : <u>-</u> IBP : <u>150/86 mmHg</u> CVP : <u>-</u>	
	Infusion of : ☐ Dopamine <u>-</u> mcg / kg / min - ☐ Dobutamine <u>-</u> mcg / kg / min	
	☐ Epinephrine <u>-</u> mcg / kg / min - ☐ Nor Epinephrine <u>-</u> mcg / kg / min	
	☐ Milrinone <u>0.6</u> mcg / kg / min	
	Any Other Infusions : <u>-</u> <u>on Antihypertensive</u> <u>- Amlodipine</u> <u>- hydralazine</u> <u>- prazosin</u> <u>- clonidine</u>	
	Last 2D Echo Findings : <u>-</u>	
	Size of the heart and lung fields in latest CXR : <u>-</u>	
	Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : <u>(D6)</u> <u>At PICC line</u>	
CNS	Central line in situ : ☒ Yes ☐ No Place of central line & its condition : <u>(D6)</u> <u>Day of Central line : (D6)</u>	
	Day of arterial line : <u>(D6)</u> Day of Central line : <u>(D6)</u>	
	Plan of Care : <u>to titrate antihypertensive based on BP.</u>	
CNS	Neuro Exam : <u>E4V4M4 → H4</u>	
	Pupils : <u>2mm equal Reacting to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : <u>-</u> <u>Clonidine</u> Types of Paralysis : <u>-</u>	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : <u>-</u>	
	Plan of Care : <u>-</u> Ramsay Sedation Score : <u>-</u>	

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance : -1401 / (+/-) Input : ml/k/d UO : 291.8 ml/kg/hr Stools : paired (3 times)	
	NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : 20% D15 @ 30 ml/hr (20% maintenance times maintenance)	
	TPN : ☐ Yes ☒ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MV	
INFECTION	Labs : Na 142 K 3.9 Cl 108 Ca (02/02/26) Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abdominal Exam : soft, non distended, not palpable Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) : INPUT fluids - 920ml infection - 876 (includes 31-25) Drugs - 200 1796 8.5% maintenance	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☐ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : INT MEROPENEM D6 INT DOXYCYCLINE D6 INT AZITHROMYCIN INT MICAFUNGIN P5 INT POLYMYXIN B D2	
	Sr. Creat : 0.8 Bld. Urea : 15 (02/02/26) Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☒ Yes ☐ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care : mix - 0.3 mg/kg/hr D6 of catheterization	
	Relevant Labs (CBP etc) : Any Coagulopathy : - NO - Relevant Transfusion History : Plan of Care : 9960 53/29 69000	
HEMATOLOGY	VAP Bundle Used ? : ☒ Yes ☐ No ☐ NA CRBSI Bundle Used ? : ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details : Pending Lab Results : ☒ Yes ☐ No If yes, then details : Pending Consultations : ☐ Yes ☒ No If yes, then details :	
	Plan to extubate Trace Nini BAL Report, Blood G.	

Date & Time	Progress Notes	Doctor's Order
3/7/20	Extubation note	
2:50pm	After successful SBT, child extubated to NIV with oronasal mask support. NIV-PC:- FiO_2 - 60%, PEEP-6, rate-10, PC above PEEP-13 ↓ SpO_2 - 95%, RR - 17/min BP - 133/72 (HR) HR - 103/min.	<u>Plan</u> 1) ABG @ 3:30 pm 2) CXR @ 7pm 3) w/f + debracketation + respiratory distress NOTED BY <u>Dr. Prady</u> 03-07 @ 3:00pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	cls/B PICU team	Plan
5:30pm	Asic sepsis / MODS / TAMOF	1) continue NIV - CPAP
		Break for 15 minutes
	on NIV-PC: FiO_2 - 60%	with NRM / Q3H
	Pressure - 19/6, rate - 10/min	2) PRBC transfusion
	hypertension (+)	3) w/ hypertension
	BP - 137/95 mm Hg	+ r/v enteral clonidine
	on NTG @ 5µg/min	4) CXR @ 7pm
	amlodipine, prazosin,	5) plan to start
	hydralazine	cyclical feeds after
	urine output :-	7pm
	~ 1.5-2ml/kg/hr on	6) position change / Q2H
	lasix @ 0.3 mg/kg/hr.	7) chest physiotherapy / Q6H
	CNS - EtU_2 M6	8) monitor urine output
	pupils - B/L 3mm,	Inform if U.O. < 50 ml/hr
	reacting to light	(or) > 200 ml/hr.
		9) Trace blood U's
		miniBAL U's.
		NOTED BY
		03/07 @ 5:45pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 8pm	delB Dr. Anupama	Plan
	Assess Sepsis / MODS / TAMP OF	1) check NIBP
	on NIV-PC:- FiO_2 - 60%,	2) Tab. clonidine 100 mcg / TID.
	pressure - 19/6, rate - 10/min	3) Tab. amiodipine 10mg/TID
	Hypertension (A)	4) CXR now
	on NTG 5 μ g/min	5) Cyclical feeds to start
	HR - 94/min	6) $\downarrow$ laex to 0.2 mg/kg/hr
	SpO_2 - 99-100%	7) ABG / SOS
	BP - 140/80 mmHg	8) If clinical deterioration, cef. avi + aztreonam + poly-B
	CNS - E4V2M6	9) CBP, RP-2 tomorrow morning
	pupils - B/L 3mm, reacting to light	10) Tab. MITO-87/BD & folic acid & Vitamin-D & MVT supplementation.
		11) DMS - IV fluid.
		12) Cyclical feed c/peptamen & +40 ml/hr x 3 hrs on 1 hr off.
		Noted by Shady 3/7 8pm

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 8 D (M)
Dr. ANUPAMA Y

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Children's
Hospital
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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/06/26 Day of Admission : 7 Today's Date & Time : 4/7/26

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 6

OVERVIEW	Diagnosis : sepsis / MODS / TAMPOR / digestive ARI 50 cycles of plasmapheresis S/D 5 cycles of CRRT	Current Issues : Hypertension Thrombocytopenia (improving)
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L AE (+) Both lungs clear L/AE	
	CXR : 927 on P02-60% by NIV	
	SPO ₂ : O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Yes Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☐ No, if Yes, details :	
	Plan of care : To optimize the NIV upon Requirement	
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S2 (+) NO MURMUR
Quality of Pulses : good cap refill Time : < 3 sec Liver Edge : cm below Rt costal margin		
Blood Pressures : NIBP : IBP : 119/60 mmHg CVP :		
Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min		
☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min		
☐ Milrinone 0.6 mcg / kg / min		
Any Other Infusions : 9ml Lactix - 0.15 mg/kg/hr - Cefazolin		
Last 2D Echo Findings : - Praxarin		
Size of the heart and lung fields in latest CXR : - Amlodipine		
Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : D7 - Nitroglycerin infusion		
Central line in situ : ☒ Yes ☐ No Place of central line & its condition : At Arm		
Day of arterial line : D7 Day of Central line : D7		
Plan of Care : To Titrate antihypertensive based on BP Reading		
CNS	Neuro Exam : E4 V M6	
	Pupils : 2mm equally React to light Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☐ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

Doctor's Name (Handover taken) : Dr. Nathan
Signature : [Signature]
Date & Time : 4/3/26 8 AM.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
outpatient 10.10am	S/B Dr Anupama. Y	
	Δ: Sepsis & Septic MOXI TAMOF-DIC & Oliguria ALY.	PLAN.
	<u>Issues:</u>	
	1) HTN - on NTG Intus ⁴ e 4mg/kg/day	1) Tape NTG & target of 95th centile blood pressure.
	GFR = 15/15	2) Space Anti-HTN Meds.
	Fluc - 430mg	3) Immunomodulators chart to complete
	= 1.1 mg/kg/day	4) (T) BAL & Blood Cl → No grow
	T - 98 uF	5) Start cycling with CPAP. & Face mask
	P - 87 mm	6) POWS for cardiac function.
	R - 18 mm	7) ↑ feeds to 60ml/3 hourly & on hold off.
	BP - 129/60 mmHg	8) PICC line removal today after afternoon dose of Antibiotic
	PO ₂ - 95 on 45% FiO ₂	9) Stop Doxy Cyclin. Stop Mirafu IV to oral tomorrow.
	95th centile - 120/78	10) POWS → decide on lasix 11) S. Electrolytes BD today. 6:00AM - 6:00PM

DR. ANUPAMA Y
 Registration No: 50823



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 11am	ds/B Dr. Anupama	<u>Plan</u>
	child has difficulty breathing, uncomfortable, breathless on O_2 @ 5 L/min	1) continue NIV with oronasal mask with PEEP-8
	↓ started on NIV with oronasal mask	2) cycle for 10 mins with face mask O_2 , once every 4 hrs,
	NIV/PSI- FiO_2 - 45%, PEEP-8, PC above PEEP-7	
		M.B. 4/7/26 11am Dr. Anupama
4/7/2022 1:51 PM	<u>Fluid balance:</u>	<u>S/P ratio</u> 215
	Feeds → 1170 ml	
	- Injuns → 120 ml	
	- Medication → 250 ml	
	<u>1540ml</u>	@ 65ml/hour
	@ 73.1 Maintenance	



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Dr. Anurama

(father)
Abubakar



LESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 3:45pm	CS/B Dr. Anupama Plan	
	Sepsis / MODS / TAMOF slp (3) cycles of Plx AKI	(1) Paper midline O ₂ and every 8 hourly
	Currently on NIV-Ps Fio ₂ - 45%	(2) Continue Labx infection
	PEEP - 8 cm of H ₂ O Ps - 5 cm of H ₂ O	(3) Immunomodulatory chart
	Hypotension (+) on NTG - 1.5 mcg/kg/min	(4) 6:00pm electrolyte
	on 4 Anti-HTN Drugs.	(5) T/m (BP, RR)
	Tolerating cyclical feeds Well	(6) Steroids oral 30mg BD
	No fever spikes.	(7) Reduce Pot Chlor Band on evening Potassium
	Balance → -380ml.	(8) Neurology Review
	HR - 120/min	
	SpO ₂ - 100%	
	BP - 122/74 mmHg	
	RR - 30/min	

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/06/16 Day of Admission : 8 Today's Date & Time : 05/07/16 @ 7:00 am
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 4

OVERVIEW	Diagnosis : Sepsis & MODIC TAMPIC & Oliguric AKI & HTN & DIC 3 cycles of PUEX & similar CRRT		Current Issues : → HTN → Thrombopenia → Upward gaze #	
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :			
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : AETBS (+) occasional crepts (+) Intraaxillary.			
	CXR : - WNL (cardiomegaly (+))			
	SPO ₂ : 98% on NRM & CPAP cycling (Thaw CPAP & show NRM)			
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details : NIV - FIO ₂ - 45% PEEP - 8 P _s - 5			
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Yes Suctioning Needs : Any Nebbs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care : → continue CPAP & NRM cycling → If tolerating gradually taper FIO ₂			
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : No murmur			
	Quality of Pulses : well felt cap refill Time : 2 sec Liver Edge : cm below Rt costal margin			
	Blood Pressures : NIBP : IBP : 126/74 mmHg CVP : Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min			
	Any Other Infusions : → NTH infusion 0.3mg/24 Milrinone infusion 0.25mg/12h			
	Last 2D Echo Findings : Normal Size of the heart and lung fields in latest CXR : ↑ ed Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : (+) int Central line in situ : ☐ Yes ☒ No Place of central line & its condition : PICC line removed yesterday Day of arterial line : 8 Day of Central line : Plan of Care : → stop NTH infus. Ant HTN since round the clock keep BP @ 120/76 mmHg (target), taper & stop milrinone			
CNS	Neuro Exam : GCS = 15/15 b/l upper gaze # & Nystagmus + int			
	Pupils : b/l 3mm RL (+) Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No			
	Types of Sedation : Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : → May plan MRI → if tolerable → neuro reference Ramsay Sedation Score :			

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ¹²¹⁰ ☐ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : 1222 / (+/-) ¹²²² Input : ^{2850ml} ml/k/d UO : ²⁻⁰ ml/kg/hr Stools : ^{pa.m.d} NG output : PO intake : Feed Formula : ^{leptamer Jr} Feed Schedule ^{60ml/hour e have pp cry 3hours} IV Fluids - Type of IVF : @ ml / hr (times maintenance) TPN : ☐ Yes ☒ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na ¹³⁷ K ^{4.6} Cl ⁹⁷ Ca Mg P HCO3 ¹⁸ Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☒ No - If yes, details : ^{1 teile} Describe c/s Reports : Other Labs (Latex, Serology, etc) : ^{DB, DT, Neupopen, Milgafagin, Poly B-Du} Ongoing Antibiotics : ^{TO shift to oral antifungal today}	
	Sr. Creat : ^{2.8} ↑ Bld. Urea : ⁸⁰ ↑ Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☒ Yes ☐ No - If yes, details : ^{Lasix infusion 0.07mg/kg/hr} Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : ^{5/2/26} Any Coagulopathy : ^{7.8 > 11,260 < 1,28,000} Relevant Transfusion History : Plan of Care :	
	VAP Bundle Used ? : ☐ Yes ☐ No ☐ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details : Pending Lab Results : ☐ Yes ☐ No If yes, then details : Pending Consultations : ☐ Yes ☐ No If yes, then details :	
	FINAL COMMENTS 1) shift to oral Antifungal. 2) Neurology reference, plan MRI 3) stop NIB intub, tape Mitomine infusion. 4) KEM sample to trace	

Doctor's Name (Handover given) : W. K.

Signature : Dr. V. V. V.

Date & Time : 5/2/26 10:30am

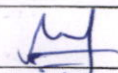
Doctor's Name (Handover taken) : Dr. Pradyum

Signature : 5/2/26, 8:30am

Date & Time : 5/2/26, 8:30am

Dr. Awpema.

Dr. Arunash.

Date & Time	Progress Notes	Doctor's Order	Dr. Arunas
5/7/26 11:20 AM	<u>Counselling notes.</u> patient is being tried for TINE today, today cardiac medication will be tapered & stopped. If any worsening symptoms plan MRI brain is there. Due to increased blood pressure cardiac dysfunction present. Rheumatic fever penicillin prophylaxis will be given in ward. patient is on NIV ventilation support. patient attenders explained about condition in their own language.		 Dr. Rathan

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00660127

IP5-00175703

Master MOHAMMED YOUNUS

25-06-2014 12 Y 0 M 8 D (M)

Dr. ANUPAMA Y



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/15	CLTB Dr. Anupama 7	Plan
1 AM	Sepsis / MODS / Tumor / S/P 3 cycles & plan.	1) HENC
	currently on NIV	2) Lasix TID
	FiO ₂ - 41%.	3) Next 24 hrs stop mifepristone
	PEEP = 8 cm H ₂ O	4) slow oral stool after HMC
	PC - 5 cm H ₂ O	5) meconium - GT 70 days
		6) plan ^{stop} amphotericin after white report
		7) Remove FID line.
		8) CXR after shift to HMC
	Vitals?	9) Tab ondansetron BD
	HR - 126/min	10) Hare esomeprazole leupril } oral.
	RR - 15/min	11) HENC - 30L
	NIBP - 127/77 (90)	50% FiO ₂
	SpO ₂ - 100% on NIV	
	- no fever spikes	Noted by Substacker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2014 @ 3pm	<u>SLB Purkam / Dr. Anirash</u> Adm Spontaneous rupture Oliguric Ac. - improved - Dr. J. Sp 30% of PUA	Adm ① scan Kfrc as scheduled
	Pexam ① Oxygen requirement ② KNO ₃ - stage 2. - AVE ③ Right eye subconjunctival hemorrhage	① Get X-Ray now ② continue - Mersipenem, poly-B - Mithrasyn
	On Kfrc - flow - 30 L/min Rx. 100% On enteral nutrition	④ have a NADH to continue ⑤ watch for RD
	Blood cl: Gram negative growth Ex cl: negative	⑥ SPO charting ⑦ watch for Anaplasma
	Chest - BlauD Gnl NRB pH 7.38 pO ₂ 106 mmHg pCO ₂ 1.0 mmHg pH 7.38	⑧ 100% O ₂ S/L 1/26 @ 8pm



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Date & Time	Progress Notes	Doctor's Order
10/20/2020 05:10 AM	<u>SLB Pw team</u> Chd namea ⊕ Abdomen soft comprable exam	<u>Adx</u> ① Give Zofor 4mg 2x stat ② Raman ③ Urine HAc to 25/10 <u>Chand</u>
06/20/2020 7 AM	<u>SLB Pw team</u> Chd abdominal pain Burning sensation On exam note, child abdomen soft NO focal dist 2 Q's	<u>Adx</u> ① Sp. head pt DML PW-G stat and namea ② Urine HAc to 15/10 <u>Chand</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 8am	<u>NUTRITION REVIEW</u>	
	PBW: 50 kg (50th centile)	STOOL PASSED = 6/Bristol-6
	REE: 1526 kcal/d	Hb: 7.8 Plt: 1.28
	RDA: 2250 kcal/d	U: 80 C: 2.8 Alb: 3
	NG Cyclical Feeds Peptamen junior C1: 35 ml dilution 65 ml/hr (3hr on, 1hr off)	Recall vol = 1105 ml/d
	42 scoops for REE Vol = 1470 ml/d for REE 81 ml/hr (cyclical) for REE	31 scoops for Recall
	<u>MACROS (REE)</u> Cal: 1533 ; 30.6 kcal/kg/d Prot: 42 ; 0.84 g/kg/d Carbs: 214.2 ; 4.2 g/kg/d Fat: 54.6 ; 1 g/kg/d	<u>MACROS (RECALL)</u> Cal: 1131.5 ; 22.6 kcal/kg/d Prot: 31 ; 0.62 g/kg/d Carbs: 158.1 ; 3.16 g/kg/d Fat: 40.3 ; 0.80 g/kg/d
		<u>Present Feed: 65 ml/hr</u>
		Diabetic Moultice



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/06/2016 Day of Admission : 9 Today's Date & Time : 06/07/2016 @ 7am
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 4 → 2

OVERVIEW	Diagnosis : Severe meningitis / Septic Aseptic / HFR / 3 Ceph x 4	Current Issues : ① Hypertension - better to observe / ② ongoing loose stools / Cerebral Edema
	VITAL SIGNS Today's Wt. (kg) : Temp. : Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BRADY Spont. resp. RR 2/min	
	CXR : ① 99% clear lungs	
	SPO ₂ : 99% by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide ☐ Yes ☒ No - If Yes, details : On HFR Flow : 15 L/min FiO ₂ 90%	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☒ Yes ☐ No, if Yes, details :	
	Plan of care : - To wear HFR and shift to low flow - Chest physiotherapy - Spirometry	
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S & H @ HR 120/min
Quality of Pulses : good cap refill Time : < 2 sec Liver Edge : 3 cm cm below Rt costal margin		
Blood Pressures : NBP : 125/72/83 IBP : CVP :		
Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min		
☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min		
☐ Milrinone mcg / kg / min		
Any Other Infusions :		
Last 2D Echo Findings : JIC. collapsing CF. b57 E/A : 1.23.		
Size of the heart and lung fields in latest CXR :		
Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : Remained		
CNS	Central line in situ : ☒ Yes ☐ No Place of central line & its condition :	
	Day of arterial line : Day of Central line :	
	Plan of Care : - no plans do so far	
	Neuro Exam : Euvolemic normal coherence	
	Pupils : 3mm Blue Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
Types of Sedation : Types of Paralysis :		
Relevant CT Scan, MRI EEG, Neurosonogram etc. :		
Plan of Care : - no plans remove foley's Ramsay Sedation Score :		

Cumulative - 9113ml

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☐ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>-1428ml</u> Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>U/D-2.2ml/kg/d</u> Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) : <u>On Enzyme feed - 1570ml</u> <u>Plan to proceed to the 2nd 2 months</u> <u>Day 1: 100ml</u>	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☐ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Do Meropenem (D9)</u> <u>Do Mitomycin (D8)</u> <u>Do Poly-B (D5)</u>	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. ☐ Yes ☐ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care : <u>Plan to change to 20</u>	
	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care : <u>Plan to change to 20</u>	
	VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☒ NA If yes, then details : Pending Lab Results : ☐ Yes ☐ No If yes, then details : Pending Consultations : ☐ Yes ☐ No If yes, then details :	
FINAL COMMENTS	- plan to remove Foley - plan to proceed feed to 2nd 2 months - continue pain management - chest physio Trace Blood c/s	

Doctor's Name (Handover given) : Chand
 Signature :
 Date & Time : 06/10/2020

Doctor's Name (Handover taken) : Sury
 Signature :
 Date & Time : 07/10/20

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 10 D (M)
Dr. ANUPAMA Y



ION FORM

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Doctor Name: Dalini Venaragi Date: 06-07-26 Time: 1:40pm

Diagnosis: Septic 2 nodes; HRN

Hospital: Reh-Bangara Hill

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

chest physiotherapy

Signature:

Findings and Recommendations :

S/B physiotherapist

Septic 2 nodes, oxygen sat.
HRN

→ on 4L of O₂

→ child is staying downwards

→ chest Pt given

→ Breathing / chest expansion ex's done.

Consultant :

Name: Dalini Venaragi Signature: Dalini Date & Time: 06-07-26 1:40pm

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Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 10 D (M)
Dr. ANUPAMA Y



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CONSULTATION FORM

Doctor Name : Dr. Sushma Reddy Date : 6/7/26 Time : 1 PM

Diagnosis : Sepsis

Hospital : ACH Banjara Hills

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

Right Conjunctiva haemorrhage

Phoria (B/L)

Signature: [Signature]

Findings and Recommendations :

Thank for referral

Vx RFL

O/C

Both eye SCN

Phoria (mod) +w

(Slo: Externus ophthalmology)

No lid lag.

Normal Extraocular movements

Will monitor.

MA 2-3 days.

Obs:- Both eye

choresms & lids

SCN

firm - normal

lids - normal

findings - normal

Consultant :

Name : Sushma Reddy Signature : [Signature] Date & Time : 6/7/26 1 PM

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Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 10 D (M)
Dr. ANUPAMA Y



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CROSS CONSULTATION FORM

Doctor Name: Dr. Abhishek R. J. Date: 5/7/26 Time: 5/7/26
Diagnosis: MODS 10AM

Hospital: RCH

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature:

Findings and Recommendations :

Dr. Abhishek
D. V. J.

History noted.

OK - H/OF → oriented, following commands
Speech → Dysphasic
Fluency, Repetition - NA.

CV → ECG full BL - no pile equals reactive.
Using frontalis → to left eyebrow
Horiz BL → probably due to UP's
weakness. Cereb
motor - symmetrical an rigidity
movements. with reflexes

Consultant :

Name: Dr. Abhishek R. Jain Signature: Dr. Abhishek R. Jain Date & Time: 5/7/26

24

- Sol welding - MRI scan
- continue same management

3

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Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 6 D (M)
Dr. ANUPAMA Y



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CROSS CONSULTATION FORM

Doctor Name: Dr Satya prasad Date: 17/7/2020 Time: 6pm

Diagnosis:

Hospital: RCH

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature:

Findings and Recommendations :

Plasmapheresis
Sepers/AKI/
TAMOP
P2 Dry filter
Blood flow - 120 ml. - 150 ml
PPP - 1.5 litres
S+Albumin - 500 ml.
NS - 500 ml
2.5 litres over 4 hours
Sig- Calcium Gluconate, Acid and
Hydrocortisone before plx

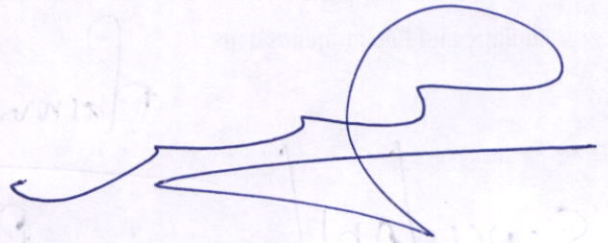
Consultant :

Name: Dr Satya prasad Signature: [Signature] Date & Time: 17/7/2020
@6pm

DR. VVR SATYA PRASAD
Registration No: 43599

for Hypertension

- continue on Anti-Hypertensives
- Do not give NTG > 3 days.
- prazosin → can increase to TID dose
- Amlodipine → 5mg BD
- Hydralazine → can increase to 25mg TID.





CROSS CONSULTATION FORM

Doctor Name : Dr. Jonaki Date : 1/7/26 Time : 11 AM

Diagnosis : Sepsis / MODS / TAPAF

Hospital : RCH

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

Hypertension
Bradycardia

[Signature]
Signature:

Findings and Recommendations :

Sepsis / MODS

Hypertensive - on multiple Anti Hypertensive drugs

HR - 43/min , Sinus bradycardia

ECHO

• PFO, L → R

• Grade III LV diastolic dysfunction
MV E/A = 3.11

• Fair LV systolic function
Wt = 53%

• Good RV function

• IVC congested

BP - 144/80/100

SpO₂ - 93%

On Vasopressors

Plasmapheresis

On Lasix @

0.3 mg/kg/hr

RV TAPSE = 12mm

Consultant :

Name : DR. Jonaki Signature : _____ Date & Time : 01/07/26

11.00 AM

Adv

Can start Milrinone @ 0.3mcg/kg/min.

Cont reser

~~Donor~~
(Dr Jensen)



CROSS CONSULTATION FORM

Doctor Name: Dr. Panya B. Date: 29/6/26 Time: 4:30 PM

Diagnosis: Leptin / MODS / TAMOF

Hospital: RCH, Banjara Hills.

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

Encephalopathy.

Signature: Dr. Pradyumn

Findings and Recommendations :

Issues

Neurological

- Encephalopathy
- Paedogenic? likely

acute symptomatic seizure

of

HRF → redated: spst. breaths.

- RR pupils - restricted & reactive
- Cough reflex (+)

Systemic

- MODS &
- hypoferritinemia
- AKI, Hepatopathy
- coagulopathy
- thrombocytopenia
- Anemia.

Consultant :

Name: Dr. Panya B. Signature: [Signature] Date & Time: 29/6/26
4:30 PM

? Uremic / hepatic encephalopathy

? Acute symptomatic sz

Adh

① EEG now

② MRI Brain when stable

~~Dr. [Signature]~~
[Signature]



STAT / ONCE ONLY DRUGS

Name:

Weight: 50 kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE			
					Doctor	Nurse-1	Nurse-2	
28/6	10pm	SDP	1 UNIT	IV	[Signature]	[Signature]	Seshu	10:18pm
28/6	11pm	Dilantin	40mg	IV stat	[Signature]	[Signature]	Seshu	11:10pm
29/6	3AM	Inf-Sod. Bicarbonate	20ml + 20ml 5% D	Fr over 2hr	KSPK	[Signature]	Seshu	3:15 AM
29/06/14	10:00 AM	SDP	1 unit	IV. 10ml 1 hour	Wht	Budha	Jamini	10:10 AM
29/06/14	2:00 PM	METHYL PREDNISOLONE	500mg + 100mg NS 20ml	ORAL 2 hours	Wht	Budha	Shen	2:10 PM
29/6/26	11 AM	Inf KETAMINE	20mg	IV	Jayash	Budha	Shen	11 AM
29/6/26	11 AM	Inf ROCURONIUM	20mg	IV	Jayash	Budha	Shen	11 AM
29/6/26	12 PM	IVIG	10gm	IV over 6 hrs	Prathy	Budha	Shen	2 PM
29/6/26	12:30 PM	PRBC	1 unit	IV over 4 hrs	Prathy	Budha	Shen	12:30 PM
30/6/26	12:30 AM	IVIG	108gram	IV over 6 hours	[Signature]	[Signature]	Seshu	12:45 AM
30/6	12:30 AM	Xanax	20mg	IV	[Signature]	[Signature]	Seshu	12:35 AM
30/6	100 AM	Potassium phosphate	8ml + 80ml NS	IV over 15	[Signature]	[Signature]	Seshu	1:45 AM
30/6	12 AM	Ambloclipine	2.5mg	IV ONLY	[Signature]	[Signature]	Seshu	3:10 AM
30/6	200 AM	Ambloclipine	2.5mg	IV ONLY	[Signature]	[Signature]	Seshu	6:30 AM
30/6	600 AM	Furosemide	40mg	IV	[Signature]	[Signature]	Seshu	9 AM
30/6	PA	INT AVIL	45mg	iv	[Signature]	Budha	Budha	9 AM
30/6	PA	INT HYDROCORTISONE	100mg	iv	[Signature]	Budha	Budha	9 AM
30/6	PA	INT CALCIUM GLUCONATE	20 + 20ml NS	iv over 1 hr	[Signature]	Budha	Budha	9 AM
30/6	9:20 AM	INT PARACETAMOL	750mg	IV	[Signature]	Budha	Budha	9:20 AM
30/06/14	12:00 PM	PRBC transf	200ml	IV	Wht	Budha	Seshu	12:10 PM



STAT / ONCE ONLY DRUGS

Name: MOHAMMED YOUNUS

Weight: 50 kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
20/6/26	2:30pm	INS cagluconate 20ml + 20ml NS	1/1 over 1 hr		Tazki	Parvathy	A → 3pm
30/6/26	4:30pm	Tab. PRAZOSIN	5mg	PO	Parvathy	Parvathy	u. 3pm
30/6/26							
1/7	1 AM	INJ. MAGNESIUM SULPHATE	2ml + 20ml NS	IV over 1 hour	Bhalan	Shilpa	Li. 1:10 AM
1/7	1 AM	INJ. KETAMINE	20mg	IV	Bhalan	Shilpa	Li. 1:05 AM
1/7	1 AM	INJ. ROCCORONIUM	20mg	IV	Bhalan	Shilpa	Li. 1:05 AM
1/7/26	2am	IVlg	10gm	IV over 6 hrs	Parvathy	Shilpa	Li. 2:05 AM
1/7	4:30AM	2y. KETAMINE	20mg	IV	Parvathy	Shilpa	Li. 4:30AM
1/7	5 AM	2y. KETAMINE	20mg	IV	Parvathy	Shilpa	Li. 5AM AM
1/7	8:30 AM	Naloxone	400mg	IV	NOT GIVEN	NOT GIVEN	NOT GIVEN
1/7	10:10 AM	LASIX	50mg	IV	Shilpa	Palash	@ 10:10 AM
1/7	11 AM	Inj AVIL	45mg	IV	Jayash	Shilpa	Palash @ 11:05
1/7	11 AM	Inj HYDROCORTISONE	100mg	IV	Jayash	Shilpa	Palash @ 11:50 AM
1/7	11 AM	Inj CALCIUM GLUCONATE	20ml + 20ml 5% NS	IV over 1 hour	Jayash	Shilpa	Palash @ 11:05
1/7	11 PM	Inj POTPHOS	5ml + 50ml NS	IV over 12 hr	Jayash	Shilpa	Subal 12 AM
1/7	11 PM	Pril	10gm	IV over 6 hours	Shilpa	Shilpa	Akash @ 11:10 PM
1/7	11 PM	2y. KETAMINE	30mg	IV over 1 hour	Shilpa	Shilpa	Akash @ 11:10 PM
2/2	3 AM	2y. KETAMINE	30mg	IV over 1 hour	Shilpa	Shilpa	Akash @ 3:10 PM
2/2	9 AM	Inj KETAMINE	30mg	IV	Jayash	Shilpa	Seshu @ 9:10 AM
2/2	10:59 AM	2y. Furosemide	30mg	IV	Shilpa	Shilpa	Palash @ 11 AM

IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension any cardiac arrhythmia, patency of IV line, status of skin at IV site and color and perfusion of the fingers and toes while administering these drugs)

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Waster MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 6 D (M)
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Patient Name : Age : Gender : ☐ Male ☐ Female

Weight : Sheet No. :

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Waster MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 6 D (M)
Dr. ANUPAMA Y



Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
01/07/26	22:00	NTG.	150mg in 50ml D5	0.5-5ml/hr (0.5-5mcg/kg/min)	[Signature]	[Signature]	1/7/26	[Signature]	[Signature]
02/07	6am	MILRINONE	1ml=1mg	0.7ml/hr = 0.25mcg/kg/min	[Signature]	[Signature]	05/07/26	[Signature]	[Signature]
03/07/26	10:20AM	NTG	150mg in some 5% Dextrose	0.5-5ml/hr (0.5-5mcg/kg/min)	[Signature]	[Signature]	5/7/2026	[Signature]	[Signature]
05/07/26	7:00 AM	MILRINONE	(2ml=4mg) 10ml	0.7ml/hour = 0.25mg/kg/min	[Signature]	[Signature]	6/7/26	[Signature]	[Signature]

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml.hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 - 3mg/kg/hr)

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.

Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

Patient Name : Age : Gender : ☐ Male ☐ Female

Weight : UHID No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
2/7/26	11 a	INT CLONIDINE	16.8ml + 7.2ml NS	0.5-2ml/hr. 0.5-2mcg/kg/hr	<i>[Signature]</i>	<i>[Signature]</i> Palash	2/8	<i>[Signature]</i>	<i>[Signature]</i>
2/7/26	3:30 pm	2x DEXMEDETOMIDINE	2ml + 24ml NS	1.25-5ml/hr (0.2-0.7 mcg/kg/hr)	<i>[Signature]</i>	<i>[Signature]</i> Palash	3/4/26	<i>[Signature]</i>	<i>[Signature]</i>

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ; 0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

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Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

IV INFUSION MEDICATION CHART (INOTROPES & VASODILATORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please ensure any cardiac arrhythmia, patency of IV line, status of skin at IV site and color and p

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Waster MOHAMMED YOUNUS
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Dr. ANUPAMA Y

hypertension / hypotension
administering these drugs)

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Patient Name : Mohammed Younus



Gender : ☒ Male ☐ Female

Weight : 50 kg UHID No. : BAH-00660127 Sheet No. : 1

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
28/6/26	6:00 pm	Adrenaline	15mg Adrenaline + 50ml 5% Dextrose	1-5 ml/hr 0.1-0.5 mg/kg/min	Wt.	Shah Nitu	29/6/26	Shah Palash	Shah Palash
28/6/26	10:30 am	2% LABETALOL	2.5 -						
		(undiluted 1ml = 5mg)							
28/6/26	10:30 am	2% CLONIDINE	16.8 ml + 7.2 ml NS	0.5 - 2 ml/hr (0.5 - 2 mcg/kg/hr)	Pratya	Shah Nitu	29/6/26	Shah Palash	Shah Palash
28/6/26	10:20 am	1% FENTANYL							
28/6/26	10:00 am	1% NTG	15ml						
30/6/26	2:20 pm	NITROGLYCERINE	150mg in 50ml 5% Dextrose	0.5 - 5 ml/hr (0.5 - 5 mcg/kg/min)	Pratya	Shah Palash	1/7/26	Jayash	Shah Palash
1/7/26	12 pm	Milrinone	1ml = 1mg	0.7 ml/hr = 0.25 mcg/kg/hr	Pratya	Shah Palash	1/7/26	Jayash	Shah Palash

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml/hr - 0.1-0.5mcg/kg/min

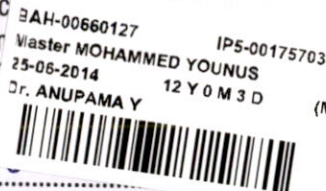
Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 - 3mg/kg/hr)

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medication)
Please watch for bradycardia, hypotension and respiratory depression

Patient Name : Mohammed Younus

Weight : 50kg UHID No. : RAH-00



Gender : ☒ Male ☐ Female

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
28/06/26	5:30 pm	Morphine	50mg Morphine 50ml NS	1-2ml/hour 20-60 mcg/kg/hr	[Signature]	[Signature]	28/6	[Signature]	[Signature]
29/06/26		FENTANYL	4ml + 16ml NS Fentanyl	5-4ml					
29/6/26	11 am	2v. FENTANYL	16ml FENTANYL + 4ml NS	1.25 - 5 ml/hr (1-4 mcg/kg/hr)	[Signature]	[Signature]	01/7/26	[Signature]	[Signature]
29/6	3 pm	Fentanyl	32ml + 8ml NS	1.25 - 5 ml/hr (1-4 mcg/kg/hr)	[Signature]	[Signature]	02/7/26	[Signature]	[Signature]
2/6	6 am	FENTANYL	32ml + 8ml NS	1.25 - 5 ml/hr (1-4 mcg/kg/hr)	[Signature]	[Signature]	03/7	[Signature]	[Signature]

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ; 0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Docu.No: RCHB /FRM / CLINICAL / 154

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)

0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment: SEPSIS / MODS

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 general condition of the child	8:30pm	* Assessed the general condition of the child	* All the plans are implemented successfully.
9pm	* Maintain intake and output chart.	9:30pm	* Maintained intake and output chart.	
10pm	* Plan to taper HFNC	10:30pm	* Tapered HFNC to 25 Lit	
12AM	* Continue Cyclical feeds.	1AM	* Cyclical feed 65 ml/ hour.	
6AM	* Administer medications as per the drug chart.	6:30AM	* Administered medications as per the drug chart.	
7AM	* Monitor vital signs	7:30AM	* Monitored vital signs.	

Re-Assessment: DONE

Special Notes: watch for hypertension

Nurse Signature: [Signature]

Nurse Name: MOSES

Date & Time: 6/7/26 @ 8AM

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 06/7/26 @ 8am

Assessment: Vomiting & Abdominal pain

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
8:00 AM	Assess the child for general condition	8:30am	Assessed the baby Condition	All plan are Implemented
9:00 AM	Maintain to vitals and input output chart	10am	Monitored vital & recorded	
10am	Plan to Remove Foley.	12pm	Foley's Catheter removed.	
12pm	⇒ No Feeding	4pm	Peptamin for 1:30 65 ml/h	
6pm	⇒ Plan to stop the HFNC	7pm	HFNC stopped at 11am and connect start for max O2	
	⇒ Treatment		Administered all drugs as per drug chart	

Re-Assessment: Done

Special Notes: wif hypertensive.

Nurse Signature: *[Signature]*

Nurse Name: Harim

Date & Time: 06/7/26 6:30pm

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: SEPSIS / MODS

- 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 general condition of the child	8:30pm	*Assessed the general condition of the child	*All the plans are implemented successfully.
9pm	*Maintains intake and output chart	9:30pm	*Maintained intake and output chart.	
10pm	*Position change 4th hourly.	10:30pm	*Positions changed 4th hourly.	
12AM	*NIV / NRM cycle	12:30pm	*NIV 3 hours, NRM 1 hour cycle	
4AM	*Administer medication as per the drug chart.	4:30AM	*Administered medications as per the drug chart.	
6AM	*Monitors vital signs	7AM	*Monitored vital signs	

Re-Assessment: DONE

Special Notes: watch for hypertension

Nurse Signature: [Signature]

Nurse Name: MOSES

Date & Time: 5/7/26 @ 8AM

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 5/7/20

Assessment: Pt is feeling little uncomfortable.

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 the child condition.	8:10am	Assessed for general condition	All plans were implemented and there were no complications or trouble in implementing.
8am	→ monitor vital signs.	8:10am	Monitored and recorded vitals	
9am	→ maintain I/O chart.	9:00am	Maintaining I/O chart.	
10am	→ provide comfortable position	10am	Provided comfortable position	
11pm	→ plan to remove HD line.	12pm	Removed HD line @ 12:00pm	
12pm	→ Plan to change to HFNC from NIV.	1pm	Changed to HFNC from NIV @ 1:00pm	
2pm	→ To encourage oral intake (sips of water) slowly if tolerated.	3pm	Given sips of water and tolerated only bits.	
4pm	→ To administer medication as per drug chart.	6pm	Administered medications as per drug chart.	

Re-Assessment: Pt is feeling comfortable after removing HD line & switched to HFNC.

Special Notes: w/f Respiratory Distress.

Nurse Signature: Syed Ali Nurse Name: Syed Ali Date & Time: 5/7/20 @ 6pm.



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 4/7/26 @ 8am

Assessment: H/o Septic Shock, MODS, - 2 eye CRRT Post Extubation, Hypertensive, 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
8am	⇒ Assess the baby Condition	8:30pm	⇒ Assessed the baby Condition	⇒ All plan are Implemented
10am	⇒ Monitor vitals signs		⇒ Monitored vitals & recorded	
	⇒ NG Feeding	11am	⇒ 65 ml/h Cyelline feeding started	
12pm	⇒ Labs plan	1pm	⇒ Electrolyte send at 6pm	
	⇒ Plan to Remove Pice Line		⇒ Pice Line removed after giving Evening antibiotic	
3pm	⇒ Plan to taper NTG.	4pm	⇒ If BP is stable Every hourly	
	⇒ Position Changing.		⇒ Tapper 0.5 ml.	
6pm	⇒ Treatment	7pm	⇒ Administered all drugs	

Re-Assessment: Patient is stable, BP is maintained, Urine output is better than previous.

Special Notes: WIP Hypertensive

Nurse Signature:

Nurse Name: Anupama

Date & Time: 5/2/26 @ 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 31/12/20 8 PM

Assessment: Hypertension

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
8 PM	Assess the baby condition	9 PM	Assessed the baby condition	Now Baby Condition Better
10 PM	Monitor the vital	11 PM	monitor the vital	
12 AM	Plan to PRBC	1 AM	PRBC PRBC 1 unit given over 4 hours	
2 AM	Plan to Re-start Feed	3 AM	40ml cyclical feed start	
4 PM	Plan to IV-Fluid check	5 PM	3 hours on 1 hour off Plan 20% DNS to DNS	
6 PM	Administer the medication as DR. order	7 AM	Change Administered the medication as per D.R	

Re-Assessment:

Special Notes:

T1m, CBR, AP-2 (Cyclical Feed 40ml/hr Start)
3 hours on 1 hour off

Nurse Signature:

Shanty

Nurse Name:

Shanty

Date & Time:

4/1/20 8 AM

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 Dr. ANUPAMA Y



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: 11/7/26

Assessment: hypertension = bradycardia @ 8:pm

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 child genal condition	8:pm	=> A. Assessed the child genal condition	All plans implementation done
10:pm	=> NH feeds	10:pm	=> NH feeds 100ml 3rd hour given	
12:Am	=> UVP with heavy chills	12:Am	=> UVP with heavy chills	
2:Am	=> Continue CRRT	2:Am	=> Continue CRRT	
4:Am	=> TO do CBP	4:Am	=> CBP send	
7:Am	=> INJ: phosphorus correction	7:Am	=> INJ: phosphorus correction Over. 8 hours given	

Re-Assessment: Re - Assessment done

Special Notes:

Nurse Signature:

Nurse Name: Anupama Y

Date & Time: 21/7/26 @ 8:am

3AH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 6 D (M)
 Dr. ANUPAMA Y



NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 2/7/26

Assessment: MODS / SEPSIS

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 the general condition of the child	8:30am	* Assessed the general condition of the child	
9am	* maintain intake and output chart.	9:30am	* Maintained intake and output chart.	
10am	* Plan to stop CRRT	10:30am	* CRRT stopped	
11am	* Position changing plan	12 pm	* Position changed	
2pm	* Plan to send labs	3 pm	* Lab investigations sent	
4pm	* Plan to start dextomid	5 pm	* Dextomid started	
6pm	* Monitor vital signs	7 pm	* Monitored vital signs	

Re-Assessment: DONE

Special Notes: watch for hypertension desaturation

Nurse Signature: Mary

Nurse Name: MOSES

Date & Time: 2/7/26 @ 8pm



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 30/6/26

Assessment: Hy Perfusion

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
9 AM	need to maintain airway and oxygenation.	9 AM	maintained airway and continue ventilator support	By doc all procedure patient condition is improving
11 AM	need to maintain fluid balance.	11 AM	maintained fluid balance.	
1 PM	need to improve activity tolerance	1 PM	improved activity tolerance using PWT technique.	
3 PM	prevent infection	3 PM	provided side rails.	
6 PM	ensure safety.	6 PM	explained to parents about patient condition.	
	need to give family education			

Re-Assessment: Re Assessment done

Special Notes: mr

Nurse Signature:

Nurse Name: Bussroder

Date & Time: 30/6/26 6 PM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 29-06-26

Assessment: Assess the Pt. for Hypertension.

- | | | | | | | |
|-------|---|--|---|---|---|---|
| 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 | | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8PM	- Assess the Pt. general condition.	9PM	- Assessed the Pt. general condition.	- All implementation followed by Doctor's order.
10 PM	- Monitor the vitals.	11 PM	- Monitored the vitals & recorded.	
12 AM	- CRRT need to stop.	1 AM	- CRRT stopped.	
2 AM	- CBP. S/E Plan to send.	3 AM	- S/E, CBP send.	
4 AM	- Plan to send morning sample	5 AM	- Morning sample send.	
6 AM	- Medication need to give	7 AM	- Medication given as per doctor's order.	

Re-Assessment: Pt having Hypertension, clonidine increased & need to settle the BP.

Special Notes: w/f Hypertension

Nurse Signature: [Signature]

Nurse Name: Rashul

Date & Time: 30-06-26 @ 7AM

BAH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 3 D (M)
 Dr. ANUPAMA Y

NURSING CARE RECORD



Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 28/06/2016 8 pm

Assessment: MODS Post Intubation 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
8pm	⇒ Assess the baby General Condition	8:30pm	⇒ Assessed the baby Condition	
	⇒ Monitor vitals		⇒ Monitored vitals	
10pm	⇒ Plan for Pice Line	11pm	⇒ 20 cm pice line Plan By Dr. Mathu.	
12am	⇒ Plan to do CRT CRRT	1am	⇒ 1st Cxcl plex Done at 12am	⇒ All plan are Implemented.
	⇒ ANTT management		⇒ strictly followed ANTT management	
3am	⇒ Labs Plan	4am	⇒ All Labs send as advised.	
6am	⇒ Treatment	4am	⇒ Administad all drugs as per drug Chart	

Re-Assessment: plex done, CRRT done, TOTAL 2.5lit plex

Special Notes: w/f Bleeding

Nurse Signature: *Rahul*

Nurse Name: Rahul

Date & Time: 29/06/2016 8am

BAH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 3 D (M)
 Dr. ANUPAMA Y



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 25/6/24

Assessment: Hypertension

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
9am	Assess the child's general health condition.	9am	Assessed the child general condition	By done all procedure patient condition is improving.
10am	Administer antihypertensive as per doctors orders.	11am	monitored the vital signs	
1pm			monitored No vomiting	
3pm	Do labs as doctor orders.	1pm	Administered medication as per dr order	
6pm	Observe for warm blanket and maintain normothermia of the child.	3pm	SP P transfusion GRRBS	
		6pm	Trans fusion given, need to give family education	

Re-Assessment: Re-assess ment

Special Notes: CBP, PT/INR Rth hourly, GRRBS

Nurse Signature: *[Signature]*

Nurse Name: *[Signature]*

Date & Time: 25/6/24 11:00 AM

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 8 D (M)
Dr. ANUPAMA Y



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 3/07/26

Assessment: Assess for hyper-tension.

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
8:00 Am	Assess the baby general Condition	9:00 Am	Assessed the baby general Condition	All plan are implemented.
10:00 Am	Check the vitals & monitor recorded	11:00 Am	Checked the vitals & monitor recorded.	
12:00 pm	Today Chest x-ray	1:00 pm	Today done Chest x-ray	
2:00 pm	Send po+ & mg+	3:00 pm	Sended po+ & mg+	
4:00 pm	Correction give po+ & mg so4	5:00 pm	Correction given po+ & mg so4	
6:00 pm	Administer medication as per doctors orders.	7:00 pm	Administered medication as per doctors orders.	

Re-Assessment: Reassessment done, exubation. Done. continue RTV. w/t distress

Special Notes: w/t hyper tension

Nurse Signature:

Nurse Name: Rami

Date & Time: 3/07/26 @ 8:00 pm

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 7 D (M)
Dr. ANUPAMA Y



NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight
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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/2/26

Assessment: Mode

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 child condition	8pm	- Assessed the child condition	- continue
10pm	- monitor vitals and ilo chat	10pm	- monitoring vitals and ilo chat	- Same treatment
11pm	- position changing	11pm	- changing position	- continue CRT and ventilation
12AM	- Send blood els and min lab	1AM	- Send min lab and blood els	
3am	- alvea via transduction 10pm	4am	- alvea via transduction in night	
6am	- Administer medication as per dr. orders	6AM	- Administer medication as per dr. orders	

Re-Assessment:

Special Notes:

w/f hyperextension

Nurse Signature:

Ad

Nurse Name:

Anush

Date & Time:

3/2/26 6AM

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 30-06-26

Assessment: Assess the pt. for bradycardia & hypertension

- 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
8 pm	- Assess the pt. general condition	9 pm	- Assessed the pt. general condition.	- All implementation followed by Doctor's order.
10 pm	- Monitor the vitals	11 pm	- Monitored the vitals & recorded.	
12 am	- S. Potassium need to send	1 am	- S. Potassium send.	
2 am	- NG Feeds	3 am	- NG Feeds started 30ml 3rd Hourly.	
4 am	- MGSO ₄ need to give	5 am	- 8ml Dose mgso ₄ given.	
6 am	- Medication need to give.	7 am	Medication given as per Doctor's order.	

Re-Assessment: need to settle the hypertension. NG feeds started. Anti-hypertensive given.

Special Notes: w/f hypertension & bradycardia

Nurse Signature: RLH Nurse Name: Rahul Date & Time: 1/7/26 @ 8 am

3AH-00660127
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 6 D (M)
 Dr. ANUPAMA Y



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 17/26

Assessment: SEPSIS / MODS

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
8 AM	* Assess the general condition of the child	8:30 AM	* Assessed the general condition of the child	* All the plans are implemented successfully.
9 AM	* Plan to do MRI	9:30 AM	* MRI Plan Cancelled	
10 AM	* Plan to start plex	10:30 AM	* Plex started	
12 pm	* Plan to start Milrinone	1 pm	* MILIRINONE INFUSION started	
3 pm	* Plan to start Cxrt	4 pm	* Cxrt started	
5 pm	* Plan to send lab investigations	6 pm	* Lab investigations sent	
7 pm	* Monitor vital signs	8 pm	* Monitored vital signs	

Re-Assessment: DONE

Special Notes: watch for Bradycardia and hypertension

Nurse Signature: Mary

Nurse Name: MOSES

Date & Time: 17/26 @ 8 pm



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 28/6/2026		Diagnosis : MODS / SEPSIS		Surgery / Procedures : -		
		Allergies : No known allergies		Post OP Day : -				
SITUATION & BACKGROUND	Date :	4/7/26	5/7/26	5/7/26	06/7/26	6/7/26	7/7/26	
	Area	PIU	PIU	PIU	PIU	PIU	PIU	
	Shift Time	NIGHT	DAY	NIGHT	DAY	DAY	PM	
	Diet :	NG feeds	ORAL FEED	NG feeds	NG Feed	NG feeds	NG feed (bottle)	
Ventilation (RA, NP, NIV, VENTI)		NIV/NRM	HFNC	HFNC	NP	NP	NP	
INVASIVE LINES	1.	Cannula (3)	CANNULA	Cannula (2)	Cannula (1)	Cannula (1)	Cannula (1)	
	2.	Arterial Line (1)						
	3.	HD line (1)						
	4.							
ASSESSMENT	Infusions / Transfusions		LASIX	MILIRINONE	MILIRINONE		DNS	INS
			MILIRINONE					
			NTG					
			ABPFUSH					
	PU Prophylaxis		Airbed	AIRBED	Airbed	Air Bed	Airbed	Airbed
	DVT Prophylaxis		Position change	POSITION CHANGE	Position change	Position change	position change	Position changed
	Vitals	BP	130/80	120/69	125/82	130/80	112/80	120/60
		PR	121	125	107	120	115	109b
		RR	21	23	21	23b/ml	20	26b
		SpO ₂	100%	99%	100%	98%	99%	98%
		Temp	98.5°F	98.3°F	98.5°F	98.1°F	98.7°F	98.6°F
	Pain Score		0	0	0	0	0	0
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	ALERT	Alert	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsores / Any other condition)		INTACT	INTACT	INTACT	Intact	INTACT	Intact
	Restraints If any		NA	NA	NA	NA	NA	NA
	Fall Risk (Vulnerable (Y/N) if yes score)		Yes	YES	Yes	Yes	Yes	Yes
	(Ambulation, walking, moving with assistance, bed ridden)		Moving	MOVING	Moving	Moving	Moving	Moving
ADL (Dependent / Non-Dependent)		Dependent	DEPENDENT	Dependent	Dependent	Dependent	Dependent	
Critical Lab Test / Values (if any)		Nil	Nil	Nil	Nil	Nil	Nil	

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

RECOMMENDATIONS	Investigations Procedures	Date :	4/7/26	5/7/26	5/7/26	6/7/26	6/7/26	7/7/26
		Area Shift Time	PICU NIGHT	PICU DAY	PICU NIGHT	PICU Day	PICU NIGHT	PICU Day
Ordered / Planned		followed the doctor's order.	FOLLOWED THE DOCTOR'S ORDER	followed the doctor's order.	Follow the doctor's order.	followed the doctor's order.	Follows doctor's order.	
Due		no due	NO DUE.	no due	NO DUE	no due	no due	
Reports Pending		no reports pending	NO REPORT PENDING	no reports pending	NO Report pending	no reports pending	no reports pending	
Referrals (If any)		no referrals	NO REFERRALS	no referrals	NO Referral	no referrals	no referrals	
Remarks (Special Interventions like, Drainage Tube flushing etc.)		no remarks	NO REMARKS	no remarks	NO Remark	no remarks	no remarks	
Handed Over By Name :		MOSES	subhadra	MOSES	Haun	MOSES	Budhadra	
Signature :		Haun	Haun	Haun	Haun	Haun	Haun	
Date :		5/7/26	5/7/26	6/7/26	6/7	7/7/26	7/7	
Time :		8AM	8pm	8AM	8pm	8AM	8AM	
Taken Over By Name :		Subhadra	MOSES	Haun	MOSES	Budhadra		
Signature :		Subhadra	Haun	Haun	Haun	Budhadra		
Date :		5/7/26	5/7/26	6/7/26	6/7/26	7/7/26		
Time :		8AM	8pm	8AM	8pm	8AM		

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 28/06/26		Diagnosis : MODS		Surgery / Procedures :	
		Allergies : NO Drug Allergies		Post OP Day :			
Date :	28/06/26	29/06/26	29-06	30/06/26	30-06	1/7/26	
	Area	PIU	PIU	PIU	PIU	PIU	
Shift Time	PIU	PIU	PIU	PIU	PIU	PIU	
	Diet :	NPO	NPO	NPO	Tropic feed	Tropic feed	
Ventilation (RA, NP, NIV, VENTI)	venti	venti	venti	venti	venti	venti	
	1.	Cannula	Cannula	Cannula	Cannula	Cannula	
2.	Pice line	Pice line	Pice line	Pice line	Pice line	Pice line	
	3.	Art line	Art line	Art line	Art line	Art line	
4.	HD line	HD line	HD line	HD line	HD line	HD line	
	Infusions / Transfusions	3% NS	20% DMS	20% DMS	20% DMS	20% DMS	20% DMS
DNS		3% NS	3% NS	3% NS	3% NS	3% NS	
Morphine		NAC	NAC	NAC	NAC	NAC	
Lasix		Clonidine	Clonidine	Clonidine	Clonidine	Clonidine	
NAC		Clonidine	Clonidine	Clonidine	Clonidine	Clonidine	
PU Prophylaxis	Air Bed	Air Bed	Air Bed	Air Bed	Air Bed	Air Bed	
	DVT Prophylaxis	Positioning	NA	NA	NA	NA	
Vitals	BP	120/80	121/79	130/62	139/72	130/76	
	PR	110b/m	103b/m	66	66b/m	62	
	RR	20b/m	25b/m	25	25b/m	25	
	SpO ₂	98%	97%	98%	96%	95%	
	Temp	99.1F	98.6F	98.7F	98.6F	98.7F	
Pain Score	04	02	0	0	0	0	
LOC (Alert, Conscious, Confusion, Unconscious)	unconscious	unconscious	unconscious	unconscious	unconscious	unconscious	
Skin Integrity (Intact / Bed sore / Any other condition)	Intact	Intact	Intact	Intact	Intact	Intact	
Restraints If any	Physical	NA	NA	NA	NA	NA	
	Chemical	Morphine	Fentanyl	Fentanyl	Fentanyl	Fentanyl	
Fall Risk (Vulnerable (Y/N) if yes score)	Yes	Yes	Yes	Yes	Yes	Yes	
(Ambulation, walking, moving with assistance, bed ridden)	Bed ridden	Bed ridden	Bed ridden	Bed ridden	Bed ridden	Bed ridden	
ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent	
Critical Lab Test / Values (if any)	Nil	Nil	Nil	Nil	Nil	Nil	

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

RECOMMENDATIONS	Investigations Procedures	Date :	28/06/26	29/6/26	29-06	30/6	30/6	1/7/26
		Area	PICU	PICU	PICU	PICU	PICU	PICU
		Shift Time	NIGHT	Day	NIGHT	Day	NIGHT	Day
		Ordered / Planned	Plan for CRRT & Plasmapheresis	Followed doctor order	Followed doctor's order	Followed doctor's order	Followed doctor's order	Followed the doctor's orders
		Due	NO DUE	NO due	NO DUE	NO due	NO DUE	NO due
		Reports Pending	Blood c/s	Blood c/s	NO Reports Pending	NO Reports Pending	NO MHA BAL c/s 5 viral panel	Mini Bal 5 viral panel
		Referrals (If any)	NO Referrals	NO Referrals	NO Referrals	NO Referrals	NO Referrals	NO Referrals
		Remarks (Special Interventions like, Drainage Tube flushing etc.)	NO Remarks	NO Remarks	NO REMARKS	NO Remarks	NO Remarks	no remarks
		Handed Over By Name :	Rahul	Budhadev	Rahul	Budhadev	Rahul	MOSES
		Signature :	Rahul	B	Rahul	A	Rahul	Moses
Date :	29/06/26	29/6/26	30-06	30/6/26	01/07	1/7/26		
Time :	8am	8pm	8AM	CAF -	8AM	8pm		
Taken Over By Name :	Budhadev	Rahul	Budhadev	Rahul	MOSES	Rahul		
Signature :	Budhadev	Rahul	B	Rahul	Moses	Rahul		
Date :	29/6/26	29-06	30/6	30/6	1/7/26	1/7		
Time :	8am	8pm	8pm	8pm	@ 8AM	8pm		



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 28/6/26		Diagnosis : SEPSIS / MODS		Surgery / Procedures :	
		Allergies : NO known allergies		Post OP Day :			
INVASIVE LINES	Date :	1/7/26	2/7/26	3/7/26	3/7/26	4/7/26	
	Area	PICU Night	PICU Day	PICU Night	PICU Day	PICU Night	
	Shift Time	PICU Night	PICU Day	PICU Night	PICU Day	PICU Night	
	Diet :	NG Feeds	NG Feeds	NG Feeds	NG Feeds	NG Feeds	
Ventilation (RA, NP, NIV, VENTI)		venti	venti	venti	venti	venti	
INVASIVE LINES	1.	Cannula	Cannula	Cannula	Cannula	Cannula	
	2.	PICC Line	PICC Line	PICC Line	PICC Line	PICC Line	
	3.	Arterial Line	Arterial Line	Arterial Line	Arterial Line	Arterial Line	
	4.	HD Line	HD Line	HD Line	HD Line	HD Line	
ASSESSMENT	Infusions / Transfusions	20% DNS	20% DNS	20% DNS	20% DNS	20% DNS	
		ABP flush	ABP flush	ABP flush	ABP flush	ABP flush	
		Fentanyl	Fentanyl	Fentanyl	Fentanyl	Fentanyl	
		Milrinone	Milrinone	Milrinone	Milrinone	Milrinone	
		37% NS	DEXDOMID	DEXDOMID	DEXDOMID	DEXDOMID	
	PU Prophylaxis	NA	NA	NA	NA	NA	
	DVT Prophylaxis	Air bed	Air bed	Air bed	Air bed	Air bed	
	Vitals	BP	120/66	110/56	110/57	117/79	129/63
		PR	61	89	101	96	99
		RR	20	20	15	20	19
SpO ₂		100%	95%	95%	96%	97%	
Temp		98.6°F	98.7°F	98.6°F	98.8°F	98.4°F	
Pain Score	1	0	0	1	1		
LOC (Alert, Conscious, Confusion, Unconscious)	unconscious	unconscious	unconscious	Alert	Alert		
Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	Intact	Intact		
Restraints If any	NA	NA	NA	NA	NA		
Fall Risk (Vulnerable (Y/N) if yes score)	Yes	Yes	Yes	Yes	Yes		
(Ambulation, walking, moving with assistance, bed ridden)	bed ridden	Bed ridden	bed ridden	Bed ridden	Bed ridden		
ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent		
Critical Lab Test / Values (if any)	NA	Nil	Nil	Nil	Nil		

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

RECOMMENDATIONS	Investigations Procedures	Date :	1/07/26	2/7/26	2/7/26	3/7/26	3/7/26	4/7/26
		Area Shift Time	PICU Night	PICU Day	PICU Night	PICU Day	PICU Night	PICU Day
	Ordered / Planned	Follow d.o. orders	Followed the doctor's orders.	Follow d.o. orders	Followed by doctors orders.	Followed by d.o. orders	Follow doctor's order.	
Due		No Due	No Due	No Due	No Due	No Due	No Due.	
Reports Pending		No Pending	No reports pending	Blood & c/s min/bal	Blood Culture & min/bal	Blood c/s & min/bal	Blood c/s	
Referrals (If any)		No Referrals	No Referrals	No Referrals	No Referrals	No Referrals	No Referrals	
Remarks (Special Interventions like, Drainage Tube flushing etc.)		No Remark	No Remark	No Remark	No Remark	No Remark	No Remark	
Handed Over By Name :		Anush	MOSES	Anush	Rahul	Shruti	Haim	
Signature :		Adh	Haim	Adh	Rahul	Shruti	Haim	
Date :		2/07/26	2/7/26	3/7	3/7/26	4/7/26	4/7/26	
Time :		8 AM	8 PM	8 AM	8:00 PM	8 AM	8 PM	
Taken Over By Name :		MOSES	Anush	Adh	Shruti	Haim	MOSES	
Signature :		Haim	Adh	Adh	Shruti	Haim	Haim	
Date :		2/7/2026	2/7	2/7	3/7/26	4/7	4/7/26	
Time :		8 AM	8 PM	8 AM	8 PM	8 PM	8 PM	



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7/26	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	} NA	Am
3/7/26	7pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	} NA	Am
3/7/26	10pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Shankar
4/7/26	4am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Shankar
4/7	2pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Har
4/7	6pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Har
5/7/26	12Am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Mansu
5/7/26	6Am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Mansu
5/7/26	12pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Subhadheep
5/7/26	6pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Subhadheep

Re-assessment Frequency:

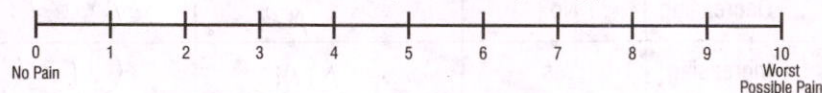
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

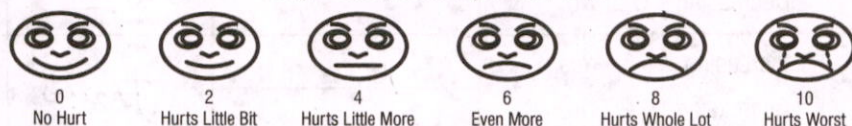
Numerical Pain Scale (Obstetric and Gynecology)



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



0
No Hurt

2
Hurts Little Bit

4
Hurts Little More

6
Even More

8
Hurts Whole Lot

10
Hurts Worst



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/06	4pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil Nil	S
28/06	11pm	02/10	Mouth	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	on Sedation	for
29/6	6am	01/10	Mouth	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	on Sedation	Reu
29/6	10am	01/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	on Sedation	Reu
29/6	2pm	01/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	on Sedation	Reu
29/6	6pm	01/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	on Sedation	Reu
29/6	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ON SEDATION	Reu
30/6	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ON SEDATION	Reu
30/6	5AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ON SEDATION	Reu
30/6	2pm	0	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	on Sedation	Reu

Re-assessment Frequency:

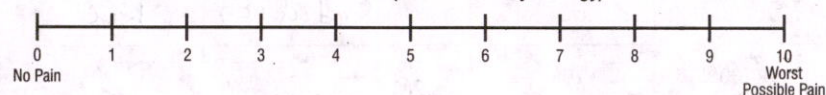
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

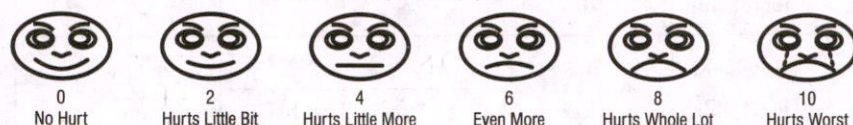
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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)



Wong - Baker (Pediatrics) Above 7 Years



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
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3AH-00660127
Waster MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 6 D (M)
Dr. ANUPAMA Y



BRADEN 'Q' SCALE

					Date :	2/07	3/7	4/7	5/7
					Time :	6 AM	6 AM	6 AM	6 AM
Mobility	1. Completely limited: 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 extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	2	2	3	3	
"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.	1	1	1	1	
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.	2	2	3	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.	3	3	4	3	
FRICION-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."	3	3	3	2	
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.	2	2	4	3	
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.	3	3	3	3	
TOTAL SCORE					16	16	21	19	
Evaluator's Name					Asd	Asd	Asd	MOSES	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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



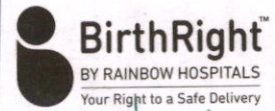
BRADEN 'Q' SCALE

					Date :	28/06	28/06	30/6	01/7
					Time :	2 PM	6 AM	6 AM	6 AM
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 extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	1	1	1	
"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.	1	1	1	1	
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.	2	2	2	2	
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.	3	3	3	3	
FRICION-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."	3	2	2	2	
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.	3	1	1	1	
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.	3	2	2	2	
TOTAL SCORE					18	12	12	12	
Evaluator's Name					8	QW	QW	QW	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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)
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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

BAH-00660127 IP5-00175703
 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 3 D (M)
 Dr. ANUPAMA Y



THE HUMPTY DUMPTY SCALE

28/06 29/06 30/06 01/7 2/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4	4	4			
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3				
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1			1	1	1
Cognitive Impairments	Not Aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	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	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	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3			3	3	3
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			15	15	15	15	15

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	✓	✓	✓	✓	✓
Call device within reach	Yes	✓	✓	✓	✓	✓
Wheels Locked	Yes	✓	✓	✓	✓	✓
Room free of clutter	Yes	✓	✓	✓	✓	✓
Adequate Lighting	Yes	✓	✓	✓	✓	✓
Wheel Chair Support	Yes	✓	✓	✓	✓	✓
Other Intervention(s) Specify	Yes	✓	✓	✓	✓	✓
Nurse's Name :		Subir	Ravi	Rahul	Rahul	Subir
Signature :		S	Ravi	Rahul	Rahul	Subir
Date :		28/06	29/6	30/6	01/7	2/7
Time :		4pm	6am	8AM	6AM	6am



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			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			-	-	-	-	-	-		
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 personnel ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :

3AH-00660127 IP5-00175703
 Vaster MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 6 D (M)
 Dr. ANUPAMA Y



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	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	0	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	-	-	-	-	-	-	-	-	1	7 PM Cannula removed
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				Heys	Heys	Heys	Heys	Heys	Heys	Heys	Heys	Heys	

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

Signature of Shift In Charge :

Signature : [Signature] Name : [Signature]

Signature of Ward In Charge :

Signature : [Signature] Name : [Signature]



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	04/7 DAY-1			5/7/16 DAY-2			06/7/16 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	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	2	-	-	-	-	-	-	-	-	Cannula Removed
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 : Name : Sreeraj

Signature of Ward In Charge :

Signature : Name : Diji

3AH-00660127 IP5-00175703
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 25-06-2014 12 Y 0 M 6 D (M)
 Dr. ANUPAMA Y



VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 28/6/26

No of Days on Ventilation:

Date of Tracheostomy:

Parameters	Date	Shift Time	2/7/26 Day	2/7/26 Night	3/7/26 Day	4/7/26 Night	4/7/26 Day	5/7/26 Night	5/7/26 Day
Ready for Extubation today? (Discuss during the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No
Is Sedation holiday discussed? (Discuss during the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Suction container visibly Soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Inline Suction Used?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is AMBU bag soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Oral and Nasal Care every 4 Hrs			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)			☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Is ET / Oral Suction needed (2nd hrly)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Sterile Suctioning Done			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
DVT Prophylaxis			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Name of the Nurse			MOSES	Amulya	RS	Shruti	Amulya	MOSES	Subhadra
Signature of the Nurse			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 28/06/26 No of Days on Ventilation: 2 Date of Tracheostomy: 1/6/26

Parameters	Date	Shift Time	28/06 Night	29/6 Day	29/6 Night	30/6 Day	30/6 Night	1/6/26 Day	1/6/26 Night
Ready for Extubation today? (Discuss during the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Sedation holiday discussed? (Discuss during the clinical round)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Suction container visibly Soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Inline Suction Used?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is AMBU bag soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Oral and Nasal Care every 4 Hrs			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)			☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Is ET / Oral Suction needed (2nd hrly)			☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Sterile Suctioning Done			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
DVT Prophylaxis			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Name of the Nurse			Ravi	Bismadev	Rahul	Bismadev	Rahul	MOSES	Ashu
Signature of the Nurse									

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 Dr. ANUPAMA Y



CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☒ PICC Line ☐ UAC ☐ UVC ☐ Other HD LINE Date of Initial Line Insertion: 28/06/26 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	28/06	29/06	29/06	30/06	30/06	1/7/26	1/7/26
			Morning	Day	Night	Day	Night	Day	Night
Can we remove Central Line today (Discuss in the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor))			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is dressing clean and dry? (If no inform the doctor)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Central line changed on			NA	NA	-	-	-	-	-
Name of the Nurse			Ram	Ram	Lahul	Ram	Lahul	MOSES	Ant
Signature of the Nurse			Ram	Ram	Lahul	Ram	Lahul	MOSES	Ant

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Dr. ANUPAMA Y



CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☒ Other HD LINE Date of Initial Line Insertion: 28/6/26 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time						
Can we remove Central Line today (Discuss in the clinical round)		<u>28/6/26</u> <u>NIGHT</u>	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on								
Name of the Nurse		<u>MOSES</u>						
Signature of the Nurse		<u>Moses</u>						

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 Master MOHAMMED YOUNUS
 25-06-2014 12 Y 0 M 4 D (M)
 Dr. ANUPAMA Y



CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☒ PICC Line ☐ UAC ☐ UVC ☐ Other Date of Initial Line Insertion: 28/6/2014 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	28/6 Day	29-06 Night	30/6 Day	30-06 Night	1/7/2014 Day	1/7/2014 Night	2/7/2014 Day
Can we remove Central Line today (Discuss in the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is dressing clean and dry? (If no inform the doctor)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Central line changed on			-	-	-	-	-	-	-
Name of the Nurse			Burhan	Rahul	Burhan	Rahul	MOSES	Anand	MOSES
Signature of the Nurse									

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☒ PICC Line ☐ UAC ☐ UVC ☐ Other

Date of Initial Line Insertion: 28/6/2014

Duration of Central Line: 7 days

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	2/7 Night	3/7 Day	3/7 Night	4/7 Day		
Can we remove Central Line today (Discuss in the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on								
Name of the Nurse			Anusha	Rahul	Shanty	Hamsa		
Signature of the Nurse			AA	RH	S	H		



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 28/6/26

Date of Removal: 6/7/26

Parameters	Date	Shift Time						
			5/7/26 NIGHT					
Need for the Catheter	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	MOSES							
Signature of the Nurse	Hans							



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 28/06/26

Date of Removal:

Parameters	Date	Shift Time	28/06 NIGHT	29/06 Day	29/06 Night	30/06 Day	30-06 Night	1/7/26 Day	1/7 Night
Need for the Catheter			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the line removed as Policy?			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Name of the Nurse			Ravi	Budhadev	Rahul	Budhadev	Rahul	MOSES	Ashy
Signature of the Nurse									

3AH-00660127
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 6 D (M)



URINARY CATHETER BUNDLE CHECK LIST

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BY RAINBOW HOSPITALS
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Date of Insertion: 28/6/2014

Date of Removal:

Parameters	Date	Shift Time	2/7 Day	2/7 Night	3/7/26 Day	3/7 Night	4/7/26 Day	4/7/26 NIGHT	5/7/26 Day
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the line removed as Policy?			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Name of the Nurse			MOSES	AS	Shanty	Shanty	MOSES	subhaddeep	
Signature of the Nurse			MOSES	AS	Shanty	Shanty	MOSES	subhaddeep	



BED SIDE CHECK LIST FOR NURSES

Date:	29/06	30/06	01/07	02/07	3/7	4/7	5/7/26	6/7/26	7/7/26
Doctor's Orders	Followed	Followed	Followed	Followed	Followed	Followed	Followed	Followed	Followed
Carried out or not	Carried	Carried out	Carried out	Carried	Carried	Carried	Carried	Carried	Carried
Bed Side	Clean	Clean	Clean	Clean	Clean	Clean	Clean	Clean	Clean
Structured Handover done	Done	Done	Done	Done	Done	Done	Done	Done	Done
IV Site	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Central Lines PICC LINE	NA	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Arterial Lines	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Feeding Catheter	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Urinary Catheter	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Skin Care	Given	Given	Given	Given	Given	Given	Given	Given	Given
Eye Care	Given	Given	Given	Given	Given	Given	Given	Given	Given
Mouth Care	Given	Given	Given	Given	Given	Given	Given	Given	Given
Sterillum Bottle, Stethoscope	Bed side	Bed side	Bed side	Bed side	Bed side	Bed side	Bed side	Bed side	Bed side
Suction Bottle (Should be clean & empty)	Empty	Clean	Clean	Clean	Clean	Clean	Clean	Clean	Clean
Intubation Tray	Ready	Ready	Ready	Ready	Ready	Ready	Ready	Ready	Ready
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Loaded	Loaded	Loaded	Loaded	Loaded	Loaded	Loaded	Loaded	Loaded
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA	NA	NA	NA	No	No	No
Humidification	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Check all Infusion (Labelling, Correct Preparation)	Checked	Labelled	Labelled	Checked	Checked	Labelled	Labelled	Labelled	Labelled
Chest Physio & Neb	NA	NA	NA	NA	NA	NA	No	No	No
Handed Over By Name :	Ravi	Abhishek	Abhishek	Abhishek	Abhishek	Abhishek	MOSES	Harish	Harish

Checked & Handover given by

Name of the Nurse :

Signature :

Date & Time : 29/06/2014 6:00

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

Checked & Handover taken by

Name of the Nurse :

Signature :

Date & Time : 29/6/2014 2:50

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00660127 IP5-0017570:
Master MOHAMMED YOUSUF
25-06-2014 12 Y 0 M 7 D
Dr. ANUPAMA Y



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Name: Age: Sex: UHID.No:

Date: 2/7/26. Time: Proposed Operation: NRE Brain

Diagnosis: SEPES / MODS / Tumor.

B.P / CRT: 132/72 H.R: 101 Weight: ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 7.0. Glucose: Protein: HIV: X-Ray:
PCV: Urea: 15 Alb: HBS Ag: ECG:
WBC: 7150 Creat: 0.8 Total Bill: 1.6 HCV: 2D Echo:
Plate: 53000. Na: 144 Dir. Bill: 120. Blood group: Stress/Angio:
PT: K: 3.8 LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl-: 112 SGOT/SGPT:

Allergies: NADA

Medical History: CVS: Ischemic. Birth 170 ml Significant

RESP: ARI Diabetes: E

CNS: Thrombocytopenia

Renal: Anemia

Hepatic / GE: on CRT & IVIG. Physical Activity: on MV

Others:

Past Anaesthetic History: E

Physical Exam: on MV

Airway: MP-1 2 3 4 Mouth Opening: Mento-hyoid Distance: Neck: Teeth:

Lungs: on MV. (SIMV (PRVC) T PS: P102 - 50%.

Heart: S2 @. Hemodynamically stable.

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: (+) Spine Exam for regional:

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

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

CURRENT MEDICATIONS	DOSAGE
LARIX Infusion	
T. PRAZOSIN	T. CLONIDINE
T. MODALG	
3-1-NS	

Dr. DEXMED + Fentanyl - Infusion

Pre-Operative Instructions:

- DVT Prophylaxis: Water / ORS 2 Hours / nro.
- NIL ORAL: Others 6 Hours
- Informed Consent: ☐ Standard ☒ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: 1. Consent pending.

Signature: [Signature] Name: Dr. Anneen.

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

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 SPO ₂	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 :	
		☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway	☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway
		Vomiting : ☐ Yes ☐ No	
		NG Tube : ☐ Yes ☐ No	
		Drain : ☐ Yes ☐ No	
		Urinary Catheter : ☐ Yes ☐ No	
		Chest Tube : ☐ Yes ☐ No	
		Nil Oral ☐ Yes ☐ No	
		IV Fluids :	
		Oral Feeds :	
		Drug :	

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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):

Date & Time:

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details:

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 5 D (M)
Dr. ANUPAMA Y



Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test MRI Brain plain (cos)
contrast under anesthesia in your diagnostic center on credit basis. Request
you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For
any further queries, please contact the billing manager.

Order ID: 50009684567

Thanking you,
Department of Inpatient Billing

Coordinator:

Signature: B. Swathi
Name: B. Swathi
Date & Time: 30/6/26 @ 6:10pm

Billing Executive:

Signature: Arul
Name: Arul Mondal
Date & Time: 02-07-2026 / 07:58pm
Mobile (Billing Manager): 9247505898

Billing Department
Rainbow Children's Medicals Ltd
Banjara Hills, Hyd

Manager on Duty (MOD):

Signature:
Name:
Date & Time:
Mobile: 9676838787

Docu. No: RCH/ FRM/ GENERAL/ 663



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REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details:

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 5 D (M)
Dr. ANUPAMA Y



Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test MRI Brain plain (10s)
Contrast Under Anesthesia in your diagnostic center on credit basis. Request
you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For
any further queries, please contact the billing manager.

Order ID: 5009084567

Thanking you,
Department of Inpatient Billing

Coordinator:

Signature: B. Sumanth

Name: B. Sumanth

Date & Time: 30/6/2026 @ 6:10pm

Billing Executive:

Signature: Abdul

Name: Abdul

Date & Time: 02-07-2026 @ 17:58pm

Mobile (Billing Manager): 9247505898

Manager on Duty (MOD):

Signature:

Name:

Date & Time:

Mobile: 9676838787

Docu. No: RCH/ FRM/ GENERAL/ 663

Billing Department
Rainbow Children's Medicare Ltd
Banjara Hills, Hyderabad

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 3 D (M)
Dr. ANUPAMA Y



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CONSENT FOR SPECIAL PROCEDURES

Patient Name : MOHAMMED YOUNUS Gender: ☒ Male ☐ Female

UHID No : BAH-00660127 Department : PICU Date : 28/6/26

I S/D/W/O

Here by give consent for procedure of : Intubation

For my patient, Named : MOHAMMED YOUNUS

The doctors have clearly explained to me that the procedure has following possible complications:

pneumothorax, infection.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

nil.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. MATHEEN

Patient Attendant :

Signature : [Signature]

Name : A

Relationship with Patient: Father

Date & Time : 28/06/26 4:30pm

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 28/6/26 4:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr Matheen

Date & Time : 28/6/26 4:30pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

.....

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 4 D (M)
Dr. ANUPAMA Y



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CONSENT FORM FOR RESTRAINT

Patient Name : UHID No :

Gender: ☒ Male ☐ Female Age : 12 YRS Date of Restraint : Time of Restraint :

Type of Restraint:

Physical :

Chemical :

Duration of Restraint :

Any likely complications: ☒ Hypotension ☐ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☒ No if 'Yes' Specify:

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature :

Name :

Relationship with Patient: father

Date & Time : 30-06-26 @ 6AM

Witness :

Signature :

Name :

Address :

Contact No:

Date & Time: 30-06-26 @ 6AM

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time : 30/6/2025 @ 6AM

నియంత్రణ కోసం సమ్మతి ఫారమ్

దోగి పేరు యు.హెచ్.ఐ.డి

వయస్సు లింగం పు స్త్రీ నియంత్రణ సమయం నియంత్రణ రకం:

నియంత్రణ రకాలు:

భౌతిక

రసాయన

నియంత్రణ యొక్క వ్యవధి

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR SPECIAL PROCEDURES

Patient Name : MOHAMMED YOUNUS. Gender: ☒ Male ☐ Female

UHID No : BAH-00660127 Department : PICU Date : 28/06/26

I S/D/W/O

Here by give consent for procedure of : PICC line

For my patient, Named : MOHAMMED YOUNUS

The doctors have clearly explained to me that the procedure has following possible complications:

Infection, Bleeding, Thrombosis

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

- Nil -

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: DR. NATHEEN

Patient Attendant :

Signature : [Signature]

Name : Mohamed Omer

Relationship with Patient: Brother

Date & Time : 28/6/26
5:30pm

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 28/6/26
5:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Nysw

Date & Time : 28/6/26
5:30pm

ప్రత్యేక విధానాలకు సమ్మతి



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రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.పాచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O
ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 3 D (M)
Dr. ANUPAMA Y



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CONSENT FOR SPECIAL PROCEDURES

Patient Name : MOHAMMED YOUNUS Gender: ☒ Male ☐ Female

UHID No : BAH-00660127 Department : PICU Date : 28/6/26

I S/D/W/O

Here by give consent for procedure of : FOLEY'S CATHETERISATION

For my patient, Named : MOHAMMED YOUNUS

The doctors have clearly explained to me that the procedure has following possible complications:

infection

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

- Nil -

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Subrata

Patient Attendant :

Signature : [Signature]

Name : Mohammed Omer

Relationship with Patient: Brother

Date & Time : 28/6/26

@5:30 pm

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 28/6/26

@5:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Tyth

Date & Time : 28/6/26

5:30pm

ప్రత్యేక విధానాలకు సమ్మతి



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యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు:

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR SPECIAL PROCEDURES



Patient Name : Gender: ☒ Male ☐ Female

UHID No : Department : PICU Date : 28/6/26

I S / D / W / O

Here by give consent for procedure of : Arterial Line

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding, Infection, thrombosis

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Notheen

Patient Attendant :

Signature : Abubakar

Name :

Relationship with Patient: Father

Date & Time : 28/6/26 @ 4:30 pm

Witness :

Signature : Lain

Name : Lain

Date & Time : 28/6/26 @ 4:30 pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Notheen

Date & Time : 28/6/26 4:30 pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR SPECIAL PROCEDURES



Patient Name : Mohammed Younus. Gender: ☒ Male ☐ Female
UHID No : RAH-00660127 Department : PICU Date : 28/6/26

I S/D/W/O

Here by give consent for procedure of : AD line insert

For my patient, Named : Mohammed Younus

The doctors have clearly explained to me that the procedure has following possible complications:

Pain
sepsis

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: DR. K. JATHYA

Patient Attendant :

Signature : [Signature]

Name : Mohammed Younus

Relationship with Patient:

Date & Time : 28/6/26 @ 9pm

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 28-06-26 @ 9pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : K. JATHYA

Date & Time : 28/6/26 @ 9pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 3 D (M)
Dr. ANUPAMA Y



CONSENT FORM FOR RESTRAINT


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Patient Name : MOHAMMED YOUNUS UHID No : BAH-00660127
Gender: ☒ Male ☐ Female Age : 12 y Date of Restraint : 28/06/26 Time of Restraint : 5:10 pm

Type of Restraint:

Physical :

Chemical : MORPHINE, FENTANYL, DEXTOMID

Duration of Restraint :

Any likely complications: ☒ Hypotension ☒ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☒ No if 'Yes' Specify:

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : [Signature]

Name :

Relationship with Patient: Father

Date & Time : 28/06/26 @ 5 PM

Witness :

Signature : [Signature]

Name : [Signature]

Address : RCH

Contact No:

Date & Time: 28/06/26 @ 5 PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Tyoti

Date & Time : 28/06/26 5:00 pm



నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు యు.హెచ్.ఐ.డి.

వయస్సు లింగం పు స్త్రీ నియంత్రణ సమయం నియంత్రణ రకం:

నియంత్రణ రకాలు:

భౌతిక

రసాయన

నియంత్రణ యొక్క వ్యవధి

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 4 D (M)
Dr. ANUPAMA Y



PATIENT ASSESSMENT ON RESTRAINT

Doctor Ordered : ☒ Yes ☐ No

Consent Obtained : ☒ Yes ☐ No

Nursing Incharge Notified :

Type of Restraint : ☐ Physical ☒ Chemical

Drug Name: Dose:

PATIENT RISK FACTORS: (to be filled by Doctor)

Indicate any that could possibly make the patient a higher risk during seclusion / restraints notify the physician:

Heart Problems :

Others :

Respiratory Problems :

Others :

Other Medical Problems :

'Others :

Psychological Risk Factors :

Comments :

Patient Behaviour :

Reasons explained to patient \ Attender :

Comments :

Less Restrictive Measure :

Reason for Discontinuation :

Doctor Signature:

Doctor Name:

Date & Time: 20/6/2014

Restraint Monitoring (to be filled by Nurse)

Parameters	Date Time	Date Time	Date Time	Date Time	Date Time	Date Time
	30-06 6AM	01-07 6AM	1/7/26 8PM	2/6 6AM	2/6/26 6pm	
Pulse	66	51	55	65	111	
Respiration	25	25	20	20	20	
Circulation	GOOD	GOOD	Good	Good	good	
Patient Response						
Calm						
Sleeping	✓	✓	✓	✓	✓	
Unaware						
Restless						
Skin						
Redness	NA	NA	NA	NA	NA	
Swelling at Restrained Area	NA	NA	NA	NA	NA	
Need for Continuous Restraint						
Yes	✓	✓	✓	✓	✓	
No						
Restraint Released Time	Refer to	Refer to	Continue	Continue	Continue	
Restraint Re-applied Time	ICU	ICU	Continue	Continue	Continue	
Restraint Discontinued Time	CHART	CHART	Continue	Continue	Continue	

Signature of the Nurse: [Signature]

Name of the Nurse: Rahul

Date & Time: 30-06-26 @ 6AM

CONSENT FOR BLOOD TRANSFUSION



Name: MOHAMMED YOUNUS Age: Gender: Male ☒ Female ☐
UHID.No: UPAMA Y Date: 03-07-26

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):

Doctor (Who is talking the consent)

Signature: Bushra Signature: All

Name: Name: Dr. KARTHIK AMBATHI

Date & Time 03-07-26 @ 6:30pm Date & Time 03/07/2026 6:15pm

Witness

Signature: [Signature]

Name: [Name]

Date & Time 03-07-26 @ 7:30pm

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 ఫ్లేటిలెట్స్ | ☐ 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. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జ సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ 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 తెలెత్తవచ్చు 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, ఫ్రెష్ ఫ్రాజెన్ 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

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 03-07-26 Time: 6:30 PM

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: BAH26-01482 Date of Collection: 22-JUN-26 Date of Expiry: 3-AUG-26

Date & Time of Starting Transfusion: 03-07 @ 6:30 PM Planned duration of Transfusion: 4 HRS

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Rahul Nurse 2: Hakim

Before starting transfusion vitals: Temp: 99.1°f HR 109 RR: 20 BP: 140/80 SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
03-07	7 AM 15 Min	103	98.7°f	140/82	100%	-	-	-	-
03-07	7:15 AM 15 Min	109	99.2°f	144/81	100%	-	-	-	-
03-07	7:30 AM 30 Min	107	99.1°f	143/80	100%	-	-	-	-
	8 AM 30 Min	95	99.2°f	140/80	98%	-	-	-	-
	9 PM 30 Min	98	98.8°f	131/71	100%	-	-	-	-
	10 PM 1 Hr	101	98.4°f	121/80	100%	-	-	-	-
	11 PM 1 Hr	106	98.8°f	124/78	100%	-	-	-	-

Comments:

No Reaction Reaction During PABC Transfusion

Name of the Incharge-Nurse:

Name of the Nurse: Shetty

Signature of the Incharge-Nurse:

Signature of the Nurse: Shetty

Date & Time:

Date & Time: 3/7/26 11 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

LEUCO REDUCED BLOOD CELLS LP

Qty. 270 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A.
Solution.

A

Rh Positive

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

Unit No.: BAH26-01482
Blood Group: A Rh Positive
Collection Date: 22/Jun/2026
Expiry Date: 03/Aug/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if
There is Any Visible Evidence of Clotting.
Approp
Antibor

Issue Label / Cross Matching Report

Patient : Mast. Mohammed Younus -
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA
UHID No.: BAH-00660127 Wd-Bed No.:
Product : LR-PRBC
Blood Group : A Rh Positive
Unit No.: BAH26-01482
X Matching Report: Compatible
X-matched by: K. Alok

Issue Dt : 03/Jul/2026
Colln. Dt : 22/Jun/2026
Exp. Dt : 03/Aug/2026
Issued By : K. Alok

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

BAH-00660127 IP5-00175703
Name: Master MOHAMMED YOUNUS Age: Gender: Male ☐ Female ☐
25-06-2014 12 Y 0 M 8 D (M)
Dr. ANUPAMA Y
UHID.No : ..  Date: 27/26

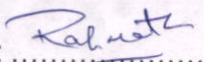
Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others 11/19

I hereby give my consent for whole blood transfusion or 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.

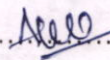
The doctor have explained to me about the alternative for this procedure that

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: 
Name: Mohamed. Rahmath Ali
Date & Time 27/26 10pm

Doctor (Who is talking the consent)

Signature: 
Name: DR. KARTHIK AMBATI
Date & Time 27/26 10pm

Witness

Signature: 
Name: Anash
Date & Time 27/26 10pm

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 ఫ్లేటిలెట్స్ | ☐ 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. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత 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 తెలెత్తవచ్చు 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, ఫ్రెష్ ఫ్రాజెన్ 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



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/06/26 Time: 12:00pm
 Blood Group of the Patient: A+ Blood Group on the Blood Bag: A+
 Blood Bank Issue No: BAH-26-01379 Date of Collection: 20/06/26 Date of Expiry: 22/07/26
 Date & Time of Starting Transfusion: 30/06/26 12:00pm Planned duration of Transfusion: 4 hours
 Check for Correct Unit: ☒ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: Buddhadev Nurse 2: Farash
 Before starting transfusion vitals: Temp: 98.6°F HR: 65b/m RR: 25b/m BP: 1 SpO₂ 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
30/6	15 Min	62b/m	98.6°F	149/80	97%	-	-	-	-
	15 Min	65b/m	98.6°F	150/82	98%	-	-	-	-
	30 Min	63b/m	98.6°F	154/83	97%	-	-	-	-
	30 Min	63b/m	98.6°F	153/84	96%	-	-	-	-
	30 Min	65b/m	98.6°F	152/85	98%	-	-	-	-
	1 Hr	64b/m	98.6°F	150/84	97%	-	-	-	-
	1 Hr	65b/m	98.6°F	152/81	98%	-	-	-	-

Comments: NO Reaction during transfusion

Name of the Incharge-Nurse: Bhruba
 Signature of the Incharge-Nurse: Bhruba
 Date & Time: 30-06-26 @ 5PM

Name of the Nurse: Buddha
 Signature of the Nurse: Buddhadev
 Date & Time: 30-06-26 @ 5PM

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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 265 ml, Prepared from Whole human blood collected in 63 ml. of C.P.D.A.
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.: BAH26-01379
Blood Group: A Rh Positive
Collection Date: 10/Jun/2026
Expiry Date: 22/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's

Group With There Appre Antib

Issue Label / Cross Matching Report

Patient : Mast. Mohammed Younus -
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA
UHID No.: BAH-00660127 Wd-Bed No.:
Product : LR-PRBC

Blood Group : A Rh Positive
Unit No.: BAH26-01379
X Matching Report: Compatible
X-matched by: K.SAIKUMAR
Issue Dt : 30/Jun/2026
Colln. Dt : 10/Jun/2026
Exp. Dt : 22/Jul/2026
Issued By :

Bag BG
Unit BG
X-M R

R
D.N

**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

BAH26-01379



CONSENT FOR BLOOD TRANSFUSION

Name: Mohammed Tawny Age: 12y Gender: ☒ Male ☐ Female ☐
UHID.No: BAH - 00660127 Date: 30/06/26

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 d 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: Bushra Sultan

Name:

Date & Time 30/6/26 @ 12pm

Doctor (Who is talking the consent)

Signature: Wahid

Name: Dr Wahid

Date & Time 30/06/26

Witness

Signature: Bushra

Name: Bushra Bushader

Date & Time 30/6/26 @ 12pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ 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. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్పెస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ 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 తెలెత్తవచ్చు 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 ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ప్రోజెన్ 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

CONSENT FOR BLOOD TRANSFUSION

Name: MOHAMMED YOUNUS Age: 12y Gender: Male ☒ Female ☐
UHID.No: BAH00660122 Date: 29/06/26

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 IVIG

..... 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 nil

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: Budra Sultan

Name:

Date & Time 29/6/26 10 PM

Doctor (Who is talking the consent)

Signature: Dr. Syota

Name:

Date & Time 29/6/26 10 PM

Witness

Signature: Budra

Name: Budra

Date & Time 29/6/26 10 AM

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 ఫ్లేటిలెట్స్ | ☐ 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. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ 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, ఫ్రెష్ ఫ్రోజెన్ 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



PRBC

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/06/2026 Time: 12:30 PM
 Blood Group of the Patient: A⁺ Blood Group on the Blood Bag: A⁺
 Blood Bank Issue No: BAH 26-01273 Date of Collection: 27/06/2026 Date of Expiry: 27/7/26
 Date & Time of Starting Transfusion: 29/6/2026 @ 12:30 PM Planned duration of Transfusion: 4 hours
 Check for Correct Unit: ☒ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: T Buddhar Nurse 2: Dhambha
 Before starting transfusion vitals: Temp: 98.6° HR 106 bpm RR: 25 BP: 154/82 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>29/6</u>	15 Min	<u>102</u>	<u>98.6°</u>	<u>150/74</u>	<u>98%</u>	-	-	-	-
	15 Min	<u>105 bpm</u>	<u>98.6°</u>	<u>142/72</u>	<u>98%</u>	-	-	-	-
	30 Min	<u>99 bpm</u>	<u>98.6°</u>	<u>135/70</u>	<u>99%</u>	-	-	-	-
	30 Min	<u>98 bpm</u>	<u>98.6°</u>	<u>125/60</u>	<u>99%</u>	-	-	-	-
	30 Min	<u>97 bpm</u>	<u>98.6°</u>	<u>114/55</u>	<u>98%</u>	-	-	-	-
	1 Hr	<u>90 bpm</u>	<u>98.6°</u>	<u>120/59</u>	<u>98%</u>	-	-	-	-
	1 Hr	<u>87 bpm</u>	<u>98.6°</u>	<u>121/62</u>	<u>98%</u>	-	-	-	-

Comments: no complications during transfusion

Name of the Incharge-Nurse: Rani
 Signature of the Incharge-Nurse: Rani
 Date & Time: 29-06-26 @ 5 PM

Name of the Nurse: Rani
 Signature of the Nurse: Rani
 Date & Time: 29/6/26 @ 5 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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 250 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. 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.: BAH26-01273
Blood Group: A Rh Positive
Collection Date: 27/May/2026
Expiry Date: 08/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Prod.	Patient : Mast. Mohammed Younus -	
Bag	Patient's Blood Group : A Rh Positive	
Unit	Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA	
X-M	UHID No. : BAH-00660127	Wd-Bed No. :
	Product : LR-PRBC	
	Blood Group : A Rh Positive	Issue Dt : 29/Jun/2026
	Unit No. : BAH26-01273	Colln. Dt : 27/May/2026
	XMatching Report: Compatible	Exp. Dt : 08/Jul/2026
	X-matched by: Nachiket	Issued By :
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		



gdp

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/06/2026 Time: 10 AM
Blood Group of the Patient: A+ve Blood Group on the Blood Bag: O+ve
Blood Bank Issue No: BPH26-P0154 Date of Collection: 29/06/2026 Date of Expiry: 04/27/2026
Date & Time of Starting Transfusion: 29/06/26 @ 10 AM Planned duration of Transfusion: 1 hour
Check for Correct Unit: ☒ Correct Patient: ☒
Blood products cross checked by: Nurse 1: Buddhader Nurse 2: Dhumbha
Before starting transfusion vitals: Temp: 98.2° F HR 98 bpm RR: 20 b/m BP: 150/80 SpO₂ 100 %

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>29/6/21</u>	<u>15 Min</u>	<u>105</u>	<u>98.2° F</u>	<u>157/82</u>	<u>100 %</u>	-	-	-	-
	<u>15 Min</u>	<u>107</u>	<u>98.2° F</u>	<u>153/85</u>	<u>100 %</u>	-	-	-	-
	<u>30 Min</u>	<u>105</u>	<u>98.1° F</u>	<u>158/86</u>	<u>100 %</u>	-	-	-	-
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: no complication during transfusion

Name of the Incharge-Nurse: Dhumbha Name of the Nurse: Buddhader
Signature of the Incharge-Nurse: Dhumbha Signature of the Nurse: Buddhader
Date & Time: 29/6/26 11 AM Date & Time: 29/6/26 11 AM

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

PLATELETAPHERESIS

Qty. 250 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml $\pm$ 20 ml.)

O

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

Donor Type: Replacement

Unit No.: **BAH26-P0154**
Blood Group: **O Rh Positive**
Collection Date: 29/Jun/2026
Expiry Date: 04/Jul/2026

1. Do Not Dispense Without Prescription. 2. Check Blood Group On Label & Recipient's Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately

After Issue
There Is A
Clotting O
Gentle Ag
9. Admini

Issue Label / Cross Matching Report

Patient : **Mast. Mohammed Younus -**
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA
UHID No.: BAH-00660127 Wd-Bed No.:
Product : SDP
Blood Group : O Rh Positive Issue Dt : 29/Jun/2026
Unit No.: **BAH26-P0154** Colln. Dt : 29/Jun/2026
X Matching Report: Group non Specific Exp. Dt : 04/Jul/2026
X-matched by: Premalatha Issued By : Premalatha

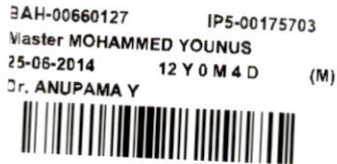
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G



CONSENT FOR BLOOD TRANSFUSION



Name: Age: 12y Gender: Male ☒ Female ☐
UHID.No : Date: 29/6/2026



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 d 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:
Name: Mohammed Omer
Date & Time: 29/06/2026 9:00 am

Doctor (Who is talking the consent)

Signature:
Name: Dr. Anupama Y
Date & Time: 29/06/2026 9:00 am

Witness

Signature:
Name: Dr. Anupama Y
Date & Time: 29/06/2026 9:00 am

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. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ 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 తెలెత్తవచ్చు 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, ప్లెష్ ఫ్రాజెన్ 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

CONSENT FOR BLOOD TRANSFUSION



Name: Age: Gender: Male ☒ Female ☐
UHID.No : .. Date: 28/6/26

BAH-00660127 IP5-00175703
Master MOHAMMED YOUNUS
25-06-2014 12 Y 0 M 3 D (M)
Dr. ANUPAMA Y

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

..... 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 Nil

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 / patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature:
Name: Mohamed Omar
Date & Time 28/6/26 9pm

Doctor (Who is talking the consent)

Signature:
Name: Dr. Nabeen
Date & Time 28/6/26 9pm

Witness

Signature:
Name:
Date & Time 28-06 @ 9pm

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 |
| ☐ క్రయాప్రెసిపిటేట్ | ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫీ ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి బికిత్తులో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడి/రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బిడిన్, హైవటెటిన్ జి సర్వేన్ యాంటీజెన్, హైవటెటిన్ యాంటీబిడిన్, మలేరియా మరియు సిఫ్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణాత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. వీరైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్కాలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్కవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి బికిత్తు చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. బికిత్తు చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్రిష్ ప్రోజెన్ ప్లాస్మా, క్రయాప్రెసిపిటేట్ 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



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/06/20 Time: 8:30 pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: BAA-26-00877 Date of Collection: 12/04/20 Date of Expiry: 12/04/27

Date & Time of Starting Transfusion: 28/06/20 Planned duration of Transfusion: 1 hour

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Ram Nurse 2: Hum

Before starting transfusion vitals: Temp: 98.6°F HR: 118b/min RR: 30b/min BP: 120 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>28/06</u>	<u>15 Min 8:30pm</u>	<u>130b/min</u>	<u>98.4°F</u>	<u>120/80</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>15 Min 8:45pm</u>	<u>125b/min</u>	<u>98.1°F</u>	<u>130/95</u>	<u>99%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: NO Issue during Transfusion

Name of the Incharge-Nurse: Smita Name of the Nurse: Ram

Signature of the Incharge-Nurse: Smita Signature of the Nurse: Ram

Date & Time: 28/06/20, 8pm Date & Time: 28/06/20, 8pm

Rainbow Hospital
D.No.8-2-120/103/1
Banja

FRESH FROZEN PLASMA

Qty. 200 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

A

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

Unit No.: **BAH26-00877**
Blood Group: **A Rh Positive**
Collection Date: **12/Apr/2026**
Expiry Date: **12/Apr/2027**

1)administer Without Warming. 2)shake Gently Before Use.3)do Not
Add Any Medication. 4)check **Blood Group on Label & Recipient's**
Group and Name Before Administration. 5)use Sterile Transfusion Set
With Filter. 6)do Not Dispense Without Prescription. 7)do Not Use if
There is Any Visible Evidence. 8)store Between -30° C or Below.
9)resuspend Thawed Precipitate Carefully & Completely Into Residual
Plasma. 10)before Use Must Be Thawed With Agitation in a Water Bath
Between 3

Issue Label / CrossMatching Report

Patient : **Mast. Mohammed Younus -**
Patient's Blood Group : **A Rh Positive**

Hosp/Dr : **Rainbow Childrens Hospital, DR. ANUPAMA**
UHID No.: **BAH-00660127** Wd-Bed No.:

Product : **FFP**

Blood Group : **A Rh Positive**

Unit No.: **BAH26-0877**

XMatching Report: **AQ Compatible**

X-matched by: **Nachiket**

Issue Dt : **28/Jun/2026**

Colln. Dt : **12/Apr/2026**

Exp. Dt : **12/Apr/2027**

Issued By : **Nachiket**

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic No.45/HD/TS/2018/BBG



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/06/26 Time: 9 pm
 Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve
 Blood Bank Issue No: B0H-25-02943 Date of Collection: 31/01/25 Date of Expiry: 31/12/26
 Date & Time of Starting Transfusion: 28/06/26 Planned duration of Transfusion: 1 hour
 Check for Correct Unit: ☒ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: Ram Nurse 2: Shyl
 Before starting transfusion vitals: Temp: 98.4°F HR: 115b/min RR: 30b/min BP: 140/80 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>28/6/26</u>	<u>15 Min 9 pm</u>	<u>148b/min</u>	<u>98.6°F</u>	<u>141/85</u>	<u>100%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>15 Min 9:30</u>	<u>128b/min</u>	<u>98.4°F</u>	<u>140/80</u>	<u>98%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: NO Issue during Transfusion

Name of the Incharge-Nurse: Ram Name of the Nurse: Ram
 Signature of the Incharge-Nurse: Ram Signature of the Nurse: Ram
 Date & Time: 28/06/26 8 pm Date & Time: 28/06/26 10 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

CRYOPRECIPITATE AHF I.P.

Qty. 21 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./
SAGM Solution.

A

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

Unit No.: BAH25-02943
Blood Group: A Rh Positive
Collection Date: 31/Dec/2025
Expiry Date: 31/Dec/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion
With There Resus Plasm Betw

Issue Label / CrossMatching Report

Patient : Mast. Mohammed Younus -
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA
UHID No.: BAH-00660127 Wd-Bed No.:

Product : CRYO
Blood Group : A Rh Positive Issue Dt : 28/Jun/2026
Unit No.: BAH25-02943 Colln. Dt : 31/Dec/2025
XMatching Report: Group Specific Exp. Dt : 31/Dec/2026
X-matched by: Nachiket Issued 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

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

CRYOPRECIPITATE AHF I.P.

Qty. 20 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./
SAGM Solution.

A

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

Unit No.: BAH26-00353
Blood Group: A Rh Positive
Collection Date: 14/Feb/2026
Expiry Date: 14/Feb/2027

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion
With There Resus Plasm Betw

Issue Label / CrossMatching Report

Patient : Mast. Mohammed Younus -
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA
UHID No.: BAH-00660127 Wd-Bed No.:

Product : CRYO
Blood Group : A Rh Positive Issue Dt : 28/Jun/2026
Unit No.: BAH26-00353 Colln. Dt : 14/Feb/2026
XMatching Report: Group Specific Exp. Dt : 14/Feb/2027
X-matched by: Nachiket Issued 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
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CRYOPRECIPITATE AHF I.P.

Qty. 20 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./
SAGM Solution.

A

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

Unit No.: BAH25-02917
Blood Group: A Rh Positive
Collection Date: 29/Dec/2025
Expiry Date: 29/Dec/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion
With There Resus Plasm Betw

Issue Label / CrossMatching Report

Patient : Mast. Mohammed Younus -
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA
UHID No.: BAH-00660127 Wd-Bed No.:

Product : CRYO
Blood Group : A Rh Positive Issue Dt : 28/Jun/2026
Unit No.: BAH25-02917 Colln. Dt : 29/Dec/2025
XMatching Report: Group Specific Exp. Dt : 29/Dec/2026
X-matched by: Nachiket Issued By : Nachiket

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CRYOPRECIPITATE AHF I.P.

Qty. 18 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./
SAGM Solution.

A

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

Unit No.: BAH25-02916
Blood Group: A Rh Positive
Collection Date: 29/Dec/2025
Expiry Date: 29/Dec/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion
With There Resus Plasm Betw

Issue Label / CrossMatching Report

Patient : Mast. Mohammed Younus -
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. ANUPAMA
UHID No.: BAH-00660127 Wd-Bed No.:

Product : CRYO
Blood Group : A Rh Positive Issue Dt : 28/Jun/2026
Unit No.: BAH25-02916 Colln. Dt : 29/Dec/2025
XMatching Report: Group Specific Exp. Dt : 29/Dec/2026
X-matched by: Nachiket Issued By : Nachiket

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/06/26 Time: 8 pm
 Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve
 Blood Bank Issue No: BAH-26-P0146 Date of Collection: 24/6/26 Date of Expiry: 29/6/26
 Date & Time of Starting Transfusion: 28/06/26 Planned duration of Transfusion: 1 hour
 Check for Correct Unit: ☐ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: Ranul Nurse 2: Shel
 Before starting transfusion vitals: Temp: 98.4°F HR 115 b/min RR: 20 b/min BP: 130/70 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
28/06	45 Min 8 pm	120	98.4°F	120/80	99%	NO	NO	NO	NO
	15 Min 9 pm	125	98.6°F	130/70	98%	NO	NO	NO	NO
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: NO Issue during Transfusion

Name of the Incharge-Nurse: Shel Name of the Nurse: Ranul
 Signature of the Incharge-Nurse: Shel Signature of the Nurse: Ranul
 Date & Time: 28/06/26, 8 pm Date & Time: 28/06/26, 8 pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
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PLATELETAPHERESIS SDP-IV

Qty. 50 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator
(Qty. 250 ml $\pm$ 20 ml.)

A

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

Donor Type: Voluntary

Unit No.: **BAH26-P0146**
Blood Group: **A Rh Positive**
Collection Date: 24/Jun/2026
Expiry Date: 29/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) **check Blood Group on Label & Recipient's**
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if
There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9)
Appropriate Compatible Cross Matched Blood Without Atypical
Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Patient : **Mast. Mohammed Younus -**

Patient's Blood Group : **A Rh Positive**

Hosp/Dr : **Rainbow Childrens Hospital, DR. ANUPAMA**

UHID No.: **BAH-00660127** Wd-Bed No.:

Product : **SDP-IV**

Blood Group : **A Rh Positive**

Issue Dt : **28/Jun/2026**

Unit No.: **BAH26-P0146**

Colln. Dt : **24/Jun/2026**

XMatching Report: **ABO Compatible**

Exp. Dt : **29/Jun/2026**

X-matched by: **Nachiket**

Issued By : **Nachiket**

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