

ADMISSION SHEET


Registration Details :

Admission No : IP5-00176132 Admit Date : 09-Jul-2026 Admit Time : 07:15 AM UHID : BAH-00632535

Patient Details :

Patient Name	: Baby Of BANDHAKAVI AKHILA	Age	: 0 Y 10 M 14 D
Guardian	: Mr KROVVIDI SHANMUKHA RAJA GANESH	DOB	: 25-08-2025 11:33 PM
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: FLAT NO 201 SAI BINDHU NIVAS, BY SIDE OF PRIME GARDEN FUNCTION HALL KALYAN NAGAR VENTURE 3, Moti Nagar Hyderabad Telangana INDIA 500018	Phone No	: 8978441830/ 7013867332
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 401 Ward Name : 4F-OT COMPLEX
 Room No : PRE OP 401 Admission Type : First Visit

Contact Details :

Name : Mr KROVVIDI SHANMUKHA RAJA Relationship : Father
 Contact Address : FLAT NO 201 SAI BINDHU NIVAS, BY SIDE OF PRIME GARDEN FUNCTION HALL
 KALYAN NAGAR VENTURE 3, Moti Nagar
 Hyderabad Telangana INDIA 500018 Phone No : 8978441830 / 7013867332


 Signature

Doctor Details :

Doctor Name : Dr. RAVI CHANDER RAO Specialisation : PLASTIC SURGERY
 Referral Doctor : Self Phone No :
 Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name: Wendy 7P + 8 989 20/11

UHD No. : _____ BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025

Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
09/7	7:40am	On	OT	Kg
9/7	8pm	OT	309	<u>Reena</u>

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	EW placement ptc op basis	①	4126	Charan

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00832535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO





Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.2 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 140/min B.P. 80/56/1 SP02 97%

Resp. rate and type of breathing : 26/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAF (+) / clear

Any addles sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : (N)

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Ache, alert

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Cleft palate
Come for Palatoplasty.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Complications

Desired goals of the treatment : _____

Hemodynamic stability

Planned Labs:

CBC

Planned Management

ivmg

- DNS @ 3204/hr.

- Neb E revolution.

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Ramesh Kumar

Date & Time: 9/7/26

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 9/2/26

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 16 D (F)
Dr. RAVI CHANDER RAO



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	1			
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	1			
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	2			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Total No. of Pages	44			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time	Progress Notes	Doctor's Order
9/2/26 12:40pm	<u>C/S/b Resident</u> Cleft Palate s/p. palatoplasty.	
	C/O: Excessive bleeding from surgical site post surgery.	→ IVF as advised → Give Log. Tramadol/Paracetamol → Drips as per chart w/ff bleeding
	- RBS = 133	
	O/E Bleeding from oral cavity. vitals. HR = 152/min SpO ₂ = 96% BP. RR = 32/min.	
	Suction - done - NO active bleeding.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/S B Dr. Annapurna.	
7:30pm	Platoplatey this Am.	. SPO ₂ monitoring - continues.
	. Noisy breathy since . Intermittent and bleed.	. Budecort 0.5mg TID . . R/v 12Am - SOS Dena.
0/2 - Stridor	present No wheeze.	2mg - 20. if noisy breathy, Stridor (+).
		L A-1.
09/07/2026	C/S/B Resident	
10.40PM		Plan
- On Room Air	- Hemodynamically stable	- INT. DEXAMETHASONE @ 12 AM
- Sleeping comfortably	- No active bleed	- Medications as per chart
- SOS	RS - stridor (+) No wheeze.	- w/s bleeding / RD / irritability
		- Inform SOS

[Signature]
CD. Nandan



107 | 26

Date & Time	Progress Notes	Doctor's Order
1/26	S/B or Ranchhand Tolerating normal oral liquids. Oral flaps healing no active bleeding	Plastic Surgery as M
Fr	1/3/6 or Amp.	P) continue ↓ Noted by Yungst. @606155



nakani Aphila

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 9:30am	C/S/B Resident	
	A: 8/p palatoplasty POD-2	
	- accepting orally	Adv.
	- no fever/bleeds/ noisy breathing	1) R/v (D)
	O/E: alert child vitals stable no resp distress	2) Establish feeds.
	R/S: BAE ⊕ / clear	3) Stop IVF
	CVS: NAD.	Noted by Jumi
		Akhile
11/7/26 10am	A Sample	1) rel Abx.
		. conti heparin
		. R/v D/c 12/7/26
		f
		57.
		Noted by Jumi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/24	POD - 2 pt G-C stable Y/E: wound healthy. accepting Oral feeds.	Adv. Continue Same Treatment.
11/8/24 9:00pm	4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000/1001/1002/1003/1004/1005/1006/1007/1008/1009/1010/1011/1012/1013/1014/1015/1016/1017/1018/1019/1020/1021/1022/1023/1024/1025/1026/1027/1028/1029/1030/1031/1032/1033/1034/1035/1036/1037/1038/1039/1040/1041/1042/1043/1044/1045/1046/1047/1048/1049/1050/1051/1052/1053/1054/1055/1056/1057/1058/1059/1060/1061/1062/1063/1064/1065/1066/1067/1068/1069/1070/1071/1072/1073/1074/1075/1076/1077/1078/1079/1080/1081/1082/1083/1084/1085/1086/1087/1088/1089/1090/1091/1092/1093/1094/1095/1096/1097/1098/1099/1100/1101/1102/1103/1104/1105/1106/1107/1108/1109/1110/1111/1112/1113/1114/1115/1116/1117/1118/1119/1120/1121/1122/1123/1124/1125/1126/1127/1128/1129/1130/1131/1132/1133/1134/1135/1136/1137/1138/1139/1140/1141/1142/1143/1144/1145/1146/1147/1148/1149/1150/1151/1152/1153/1154/1155/1156/1157/1158/1159/1160/1161/1162/1163/1164/1165/1166/1167/1168/1169/1170/1171/1172/1173/1174/1175/1176/1177/1178/1179/1180/1181/1182/1183/1184/1185/1186/1187/1188/1189/1190/1191/1192/1193/1194/1195/1196/1197/1198/1199/1200/1201/1202/1203/1204/1205/1206/1207/1208/1209/1210/1211/1212/1213/1214/1215/1216/1217/1218/1219/1220/1221/1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Date & Time	Progress Notes	Doctor's Order
12/7/20 9:00AM	<u>cls/b Resident</u> Cliff palate S/P Palatoplasty. POD-3. - Accepting oral feeds. - vitals - stable HE - NAD.	<u>Plan:</u> Augmentin - 3 days - oral Crocin dys - 1.2ml TID. Econorm sachets - 1 3 days. Sudent 0.5g TID - 2 days d. AT.

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



CROSS CONSULTATION FORM

Doctor Name : Dr. Faisal Nahdi Date : 10/7/2026 Time : 9am

Diagnosis :

Hospital : RCH - B

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 :

K/c/o cleft palate . 10m/Fch
s/p palatoplasty POD-1

concerns: stridor (resolved)
bleeding (resolved)
poor oral acceptance
pain

received 2
doses Dexam.

Adv:

O/E : alert, comfortable .
vitals stable
chest clear .
no stridor/adventitious
sounds.
Throat - clear .

— Encourage
orally today.

Consultant :

Name : Dr. Faisal Nahdi Signature : [Signature] Date & Time : 10/7/26

BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO



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

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 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	9/7/26				
Time					
Hb	12.2				
PCV	33.5				
RBC	4.35				
WBC	12,56				
N/L					
Platelets	294				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



REGULAR PRESCRIPTIONS

Weight. 8kg Ward.

DRUG : <u>INJ. AUGMENTIN</u>				Date Time	<u>9/7</u>	<u>10/7</u>														
Dose	Route	Frequency	Start Date																	
<u>240mg</u>	<u>I.V</u>	<u>BD</u>	<u>9/7/26</u>	<u>9am</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Akhile</u> <u>change for oral</u> <u>Akhile</u> <u>11/7</u>																
Additional Instructions:				<u>9pm 10/7</u> <u>10pm 10/7</u> <u>11/7</u>																
Daily Doctor's Endorsement by a Sign				<u>A</u> <u>A</u>																
DRUG : <u>INJ. PARACETAMOL</u>				Date Time	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>													
Dose	Route	Frequency	Start Date																	
<u>100mg</u>	<u>I.V</u>	<u>TD</u>	<u>9/7</u>	<u>6am</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Akhile</u> <u>change to oral</u> <u>Akhile</u> <u>11/7/26</u>																
Additional Instructions:				<u>2pm 8/7</u> <u>8pm 8/7</u> <u>10pm 8/7</u> <u>10pm 10/7</u> <u>10pm 11/7</u> <u>10pm 11/7</u>																
Daily Doctor's Endorsement by a Sign				<u>A</u> <u>A</u>																
DRUG : <u>INDESICORT</u>				Date Time	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>													
Dose	Route	Frequency	Start Date																	
<u>0.5mg</u>	<u>nebs</u>	<u>8x4</u>	<u>9/7</u>	<u>8am</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
Name & Signature of the Doctor Starting the Drugs:				<u>A. A. T.</u>																
Additional Instructions:				<u>4pm 10/7</u> <u>10am 11/7</u> <u>10am 12/7</u>																
Daily Doctor's Endorsement by a Sign				<u>A</u> <u>A</u>																
DRUG : <u>CROICIN DROPS</u>				Date Time	<u>11/7</u>	<u>12/7</u>														
Dose	Route	Frequency	Start Date																	
<u>102ml</u>	<u>PO</u>	<u>q6h</u>	<u>11/7</u>	<u>12pm</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Akhile</u>																
Additional Instructions:				<u>12pm 11/7</u> <u>6pm 11/7</u> <u>6pm 12/7</u>																
Daily Doctor's Endorsement by a Sign																				

VERIFIED

3AH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 15-08-2025 0 Y 10 M 16 D (F)
 Dr. RAVI CHANDER RAO



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 Your Right to a Safe Delivery

Sheet No: **DUO** **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : <u>SYP AUGMENTIN</u>				Date Time	11/7
Dose	Route	Frequency	Start Dt.		
<u>4ml</u>	<u>PO</u>	<u>BID</u>	<u>11/7</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>Akhile</u>	
Additional Instructions:				<u>9pm</u> <u>10mg</u> <u>10mg</u>	
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Tab LANZOL</u>				Date Time	12/7
Dose	Route	Frequency	Start Dt.		
<u>1/2 Tab</u>	<u>PO</u>	<u>OD</u>	<u>11/7</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>Akhile</u>	
Additional Instructions:				<u>1 tab = 15mg</u>	
Daily Doctor's Endorsement by a Sign					
DRUG :				Date Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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



Weight. 81kg Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7/26	8:40AM	Neb. DOLIN	0.63	IV	bb	
9/7/26	8:40AM	Neb.	0.63mg	IV	Rc	Poon vijay Renu
9/7	9am	AUGMENTIN	240mg	IV	bb	vijay
09/7	10 ⁰⁰ AM	PARACETAMOL	120mg	IV	rc	Akshat vijay
9/7	1pm	Tab. TRAMADOL	8mg	I.V	akshat	Swapna
9/7		Syr. PEDICUOROL	4mg	P.O	akshat	Harsh
9/7/26	5:20pm	LEVOLIN	0.6mg	NEB	R	Swapna Likh
9/7/26	6:10pm	BUDECORT	0.5mg	NEB	R	Swapna Likh
9/7/26	5:35pm	Tab. DEXAMETHASONE	2mg	I.V	akshat	Swapna Likh

9/7/26 12 AM INJ. DEXAMETHASONE 2mg IV real (Page: 3/4 monitor 12:00 AM)

Signature

VERIFIED BY : Name



Weight. 8.2 kg Ward.

[illegible]

Signature

BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
11/2/21	00.00	Neb T Neb Budocort (4)	Yunus	Abasub.
	01.00	Neb T Budocort 8am	Jalini	
	02.00	Neb T Budocort 4pm	Jalini	
	03.00			
12/7/26	04.00	Neb e Budocort 12Am	Suehn	9699031
	05.00	Neb e Budocort 8Am	Suehn	
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO



1/FRM / CLINICAL / 124

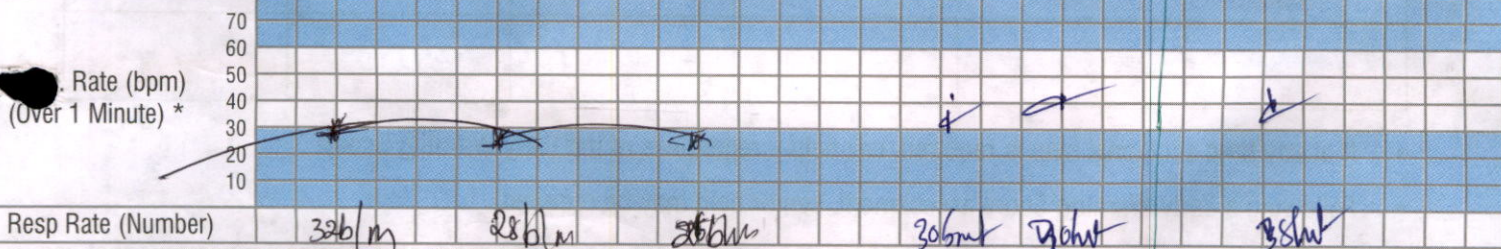
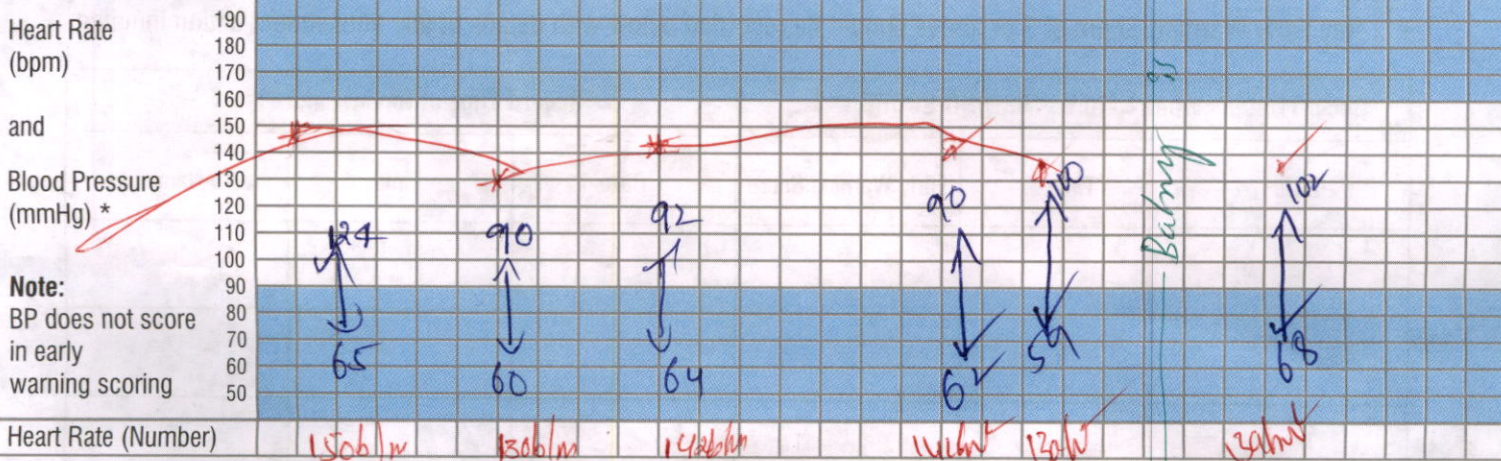
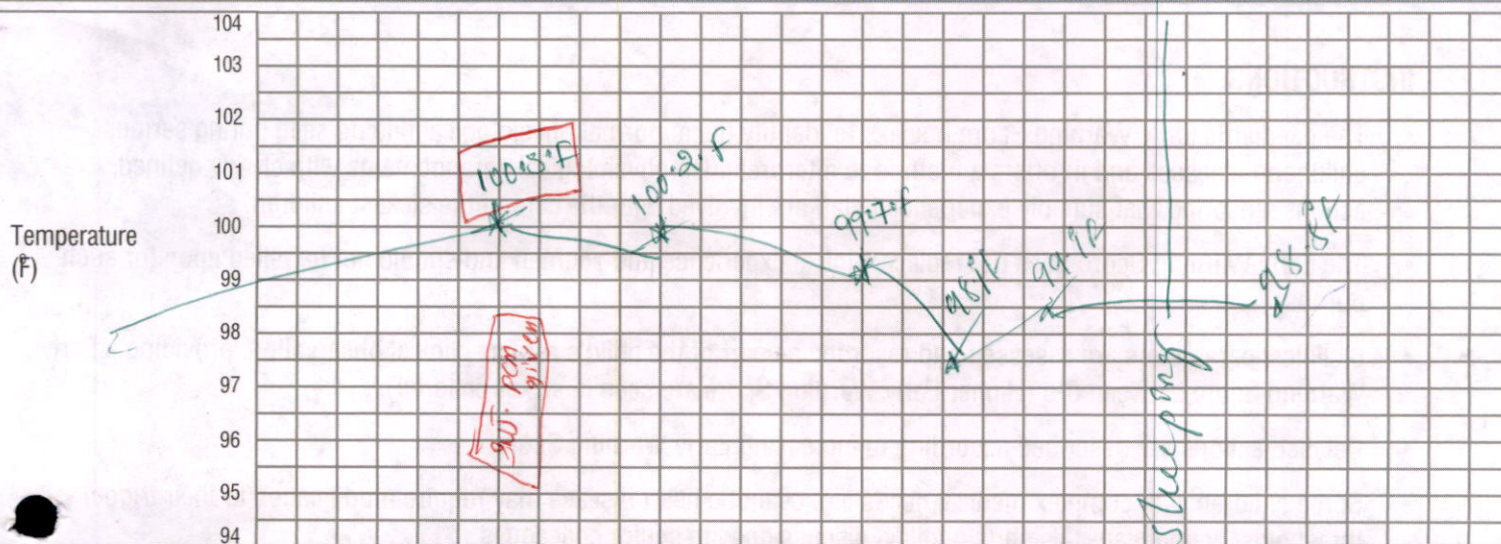
INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 5pm 5:30pm 7:30pm 9pm 11pm 3am 6am
 Doctor/Nurse/Family Concern?



Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

GCS *

TOTAL SCORE
 Number of shaded boxes
 Pain Score
 Observer's Initials

ACTIONS
 NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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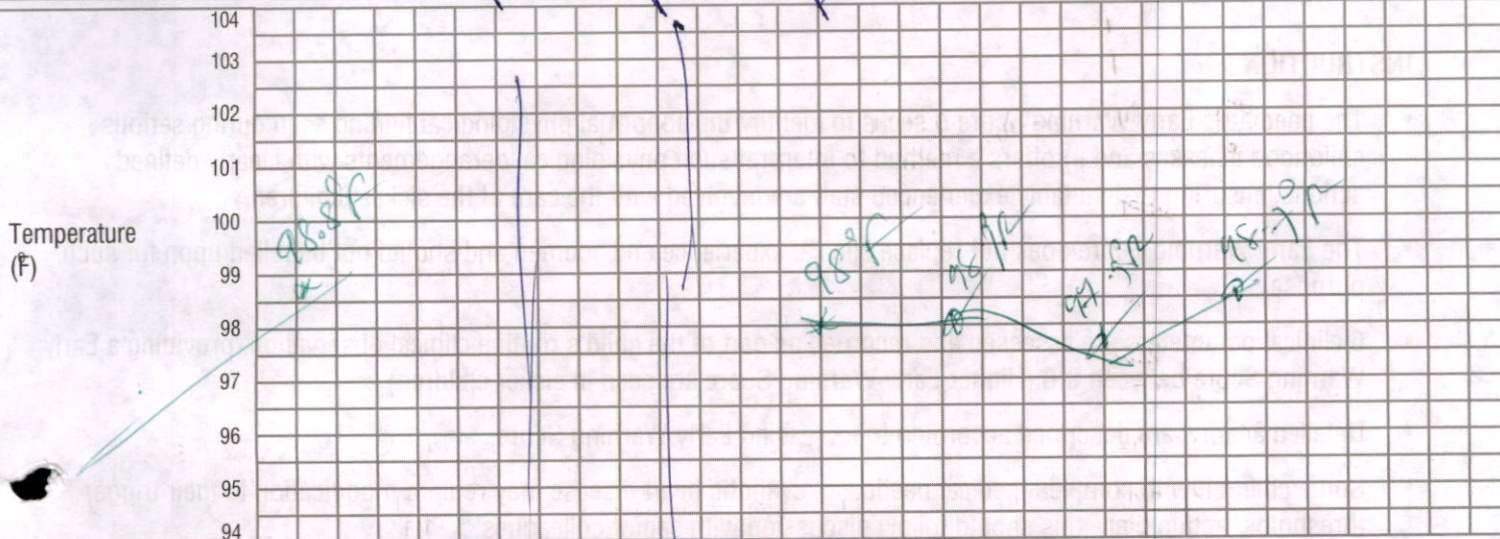
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B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 10 am 2 pm 5 pm 8 pm 10 pm 2 am 6 am
 Doctor/Nurse/Family Concern?



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

Note:
 BP does not score
 in early
 warning scoring

Heart Rate (Number)

Blood Pressure (Number)

Baby is sleeping

Parents are relaxed

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
10 am	124 bpm	120 mmHg
2 pm	124 bpm	120 mmHg
5 pm	124 bpm	120 mmHg
8 pm	120 bpm	120 mmHg
10 pm	110 bpm	120 mmHg
2 am	110 bpm	120 mmHg
6 am	110 bpm	120 mmHg

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

Resp Rate (Number)

Time	Resp. Rate (bpm)
10 am	26 bpm
2 pm	24 bpm
5 pm	30 bpm
8 pm	30 bpm
10 pm	30 bpm
2 am	30 bpm
6 am	30 bpm

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

Time	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS
10 am	None	0.99	99%	Normal	15
2 pm	None	0.99	99%	Normal	15
5 pm	None	1.05	100%	Normal	15
8 pm	None	1.05	100%	Normal	15
10 pm	None	1.05	100%	Normal	15
2 am	None	1.05	100%	Normal	15
6 am	None	1.05	100%	Normal	15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
10 am	0	0	0	[Signature]
2 pm	0	0	0	[Signature]
5 pm	0	0	0	[Signature]
8 pm	0	0	0	[Signature]
10 pm	0	0	0	[Signature]
2 am	0	0	0	[Signature]
6 am	0	0	0	[Signature]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

IPH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
5-08-2025 0 Y 10 M 16 D (F)

Dr. RAVI CHANDER RAO



Loc. No. : RCHBH / FRM / CLINICAL / 124

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/08/26	Time: 10 am	5 pm	9 pm	12 am	3 am	6 am
Doctor/Nurse/Family Concern?						
Temperature (°F)						
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						
Heart Rate (Number)	120bpm	132bpm	138bpm	140bpm	138bpm	132bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	36bpm	38bpm	38bpm	40bpm	38bpm	38bpm
Resp Mod/ Severe Distress None / Mild						
Receiving O ₂ (l/min) O ₂ Saturations (%)	100%	99%	99%	99%	98%	99%
Conscious Level Normal / Altered						
GCS *						
TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	DR	DR	DR	DR	DR	DR

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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- Score 5 & 6 : Shift in charge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

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00632535 IP5-00176132
OF BANDHAKAVI AKHILA
1-2025 0 Y 10 M 16 D (F)
AVI CHANDER RAO



BH / FRM / CLINICAL / 124

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/5/26	Time: 10AM
Doctor/Nurse/Family Concern?	
Temperature (F)	104 103 102 101 100 99 98 97 96 95 94
Heart Rate (bpm)	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
and Blood Pressure (mmHg) *	
Note: BP does not score in early warning scoring	
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10
Resp Rate (Number)	
Resp Distress	Mod/ Severe None / Mild
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	
Conscious Level	Normal Altered
GCS *	
TOTAL SCORE	
Number of shaded boxes	
Pain Score	
Observer's Initials	
ACTIONS	Score 1 : Continue normal observation by staff nurse Score 2 : Shift in charge nurse to be informed and continue hourly observations Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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Patient Sticker

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

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time:													
Doctor/Nurse/Family Concern?													
Temperature (°F)	104												
	103												
	102												
	101												
	100												
	99												
	98												
	97												
	96												
	95												
	94												
Heart Rate (bpm)	190												
	180												
	170												
	160												
	150												
	140												
	130												
	120												
	110												
	100												
	90												
and Blood Pressure (mmHg) *	80												
	70												
	60												
	50												
	40												
Note: BP does not score in early warning scoring													
Heart Rate (Number)													
Resp. Rate (bpm) (Over 1 Minute) *	70												
	60												
	50												
	40												
	30												
	20												
	10												
	0												
Resp Rate (Number)													
Resp Distress	Mod/ Severe None / Mild												
Receiving O ₂ (l/min) O ₂ Saturations (%)													
Conscious Level	Normal Altered												
GCS *													
TOTAL SCORE Number of shaded boxes													
Pain Score													
Observer's Initials													
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FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	DAS	1 NPO	35ml							70	Deep	
	12:00 pm			35ml							0	Wen	
	01:00 pm										0	Wen	
Total Intake : 70ml						Total Output : 70 ml							
	02:00 pm			35ml							0	Wen	
	03:00 pm			35ml							0	Wen	
	04:00 pm	DNS	1 NPO	35ml							0	Wen	
	05:00 pm			35ml							0	Wen	
	06:00 pm			35ml							0	Wen	
	07:00 pm			35ml							0	Wen	
Total Intake : 210						Total Output : 0 ml							
	08:00 pm		1 NPO	35ml							0	Yamp	
	09:00 pm		1 NPO	35ml							0	Yamp	
	10:00 pm	DNS		35ml							0	Yamp	
	11:00 pm										0	Yamp	
	12:00 am										0	Yamp	
	01:00 am			35ml							0	Yamp	
Total Intake : 140						Total Output : 0 ml							
	02:00 am			35ml							0	Yamp	
	03:00 am			35ml							0	Yamp	
	04:00 am	DNS		35ml							0	Yamp	
	05:00 am			35ml							0	Yamp	
	06:00 am			35ml							0	Yamp	
	07:00 am										0	Yamp	
Total Intake : 145ml						Total Output : 0 ml							
Total 24 hrs. Intake		595ml + little extra											
Total 24 hrs. Output		0 ml											



10/9/26

FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (2)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			35ml							0	Swape
	09:00 am	DNS	milk	35ml						✓	0	Swape
	10:00 am			35ml							new cannula changed	Swape
	11:00 am		milk	-							0	Swape
	12:00 pm			35ml						✓	0	Swape
	01:00 pm		milk	35ml							0	Swape
Total Intake : 175						Total Output : U-2 M-0						
	02:00 pm			-							0	Swape
	03:00 pm		milk	35ml						✓	0	Swape
	04:00 pm	DNS		25ml							0	Swape
	05:00 pm			25ml							0	Swape
	06:00 pm		milk	25ml						✓	0	Swape
	07:00 pm			-							0	Swape
Total Intake : 110ml						Total Output : U-2 M-0						
	08:00 pm			25ml							0	Yam
	09:00 pm		milk	25ml							0	Yam
	10:00 pm	DNS		20ml						✓	0	Yam
	11:00 pm		milk	25ml							0	Yam
	12:00 am			-						✓	0	Yam
	01:00 am			-							0	Yam
Total Intake : 100ml						Total Output : U-2 M-0						
	02:00 am			25ml							0	Yam
	03:00 am		milk	25ml						✓	0	Yam
	04:00 am	DNS		-							0	Yam
	05:00 am		milk								0	Yam
	06:00 am									✓	0	Yam
	07:00 am		milk								0	Yam
Total Intake : 50ml						Total Output : U-2 M-0						
Total 24 hrs. Intake			435mls milk			Total 24 hrs. Output			28 ml			

FLUID CHART

Sheet No. : (3)

11/12/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	Tulli	
	09:00 am	NO					1				0	Tulli	
	10:00 am	NO	milk				NP				0	Tulli	
	11:00 am	NO									0	Tulli	
	12:00 pm	fluids	milk				1				0	Tulli	
	01:00 pm	7									0	Tulli	
Total Intake :						Total Output :						U - 2	M - 0
	02:00 pm	6									0	Tulli	
	03:00 pm	NO	milk				1				0	Tulli	
	04:00 pm	NO					NP				0	Tulli	
	05:00 pm	fluids	milk								0	Tulli	
	06:00 pm	7					1				0	Tulli	
	07:00 pm										0	Tulli	
Total Intake :						Total Output :						U - 2	M - 0
	08:00 pm	1									0	Sueh	
	09:00 pm	NO	milk				1				0	Sueh	
	10:00 pm	NO									0	Sueh	
	11:00 pm	fluids	milk				NP				0	Sueh	
	12:00 am	1					1				0	Sueh	
	01:00 am		milk								0	Sueh	
Total Intake :						Total Output :						U - 2	M - 0
	02:00 am	1					1				0	Sueh	
	03:00 am	NO	milk								0	Sueh	
	04:00 am	NO									0	Sueh	
	05:00 am	fluids	milk				NP				0	Sueh	
	06:00 am	1					1				0	Sueh	
	07:00 am		milk								0	Sueh	
Total Intake :						Total Output :						U - 2	M - 0
Total 24 hrs. Intake						Total 24 hrs. Output			U - 8 M - 0				



FLUID CHART

Sheet No. : ③ 12/7/26

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										0	5ml
	09:00 am	AW								✓	0	5ml
	10:00 am										0	5ml
	11:00 am										0	5ml
	12:00 pm	AW									0	5ml
	01:00 pm										0	5ml
Total Intake :						Total Output : U - M -						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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

FLUID CHART

Sheet No. :

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

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



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 9/7/26

Assessment:

Goals

- Acute pain & Discomfort*
- | | | | | | |
|---|---|---|---|--|--|
| ☐ 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
10:10	Assess the pt General Condition.	10:15	Assessed the pt General Condition.	pt is Conscious & oriented
10:50	Relieve pain & Discomfort	10:55	Relieved pain & Discomfort	pt vital stable
11:00	monitor vital signs	11:05	monitored vital signs	no bleeding
11:10	monitor for bleeding	11:15	monitored for bleeding	maintained
11:20	maintain I/O chart	11:25	maintained I/O chart	no Vomiting
11:30	maintain NPO status	11:35	NPO broken, water given	supported
11:50	provide psychological support	11:45	provided psychological support	shifted
12:00	pt shift to the ward	12:00	pt shifted to the ward	

Re-Assessment:

Special Notes:

Nurse Signature: *[Signature]*

Nurse Name: *[Signature]*

Date & Time: 9/7/26

BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO



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: 9/7/26

Assessment: Baby is having pain & discomfort

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's General Condition	8:50am	Assessed the Baby's General Condition	New Baby is stable
10pm	Administer medication as per chart	10:50am	Administered medication as per chart	
12am	Maintain fluid Balance	12:50am	Maintained fluid Balance	
3am	Monitor vital signs	3:50am	monitored vital signs	
7am	Ensure safety	7:50am	ensure safety	

Re-Assessment:

Re-assessment done every 3rd hourly

Special Notes:

Continue Med.

Nurse Signature: [Signature]

Nurse Name: Yamuna @ 606255

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

BAH-00632535 IPS-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO

NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 10/7/26

Assessment: Patient is stable & comfortable

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 pt condition	8:10am	Assessed the pt condition	Now the pt is stable
10am	plan for monitor vitals	10:30am	monitored vitals	
12pm	plan for maintain ilo chart	1:30pm	maintained ilo chart & Recorded	
2pm	plan for Administer medications as per drug chart	2:30pm	Administered medications as per drug chart	
6pm	plan for continue iv fluids	5:30pm	Continuing iv fluids.	
8pm	plan for Ensure safety	6:50pm	Ensured safety.	

Re-Assessment: Re-assessment done

Special Notes: MR

Nurse Signature: Swapna

Nurse Name: Swapna

Date & Time: 10/7/26 @ 8pm

BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO



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: 10/9/26

Assessment: Patient is having pain & discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient General condition	8:45pm	Assessed the patient General condition	Assess patient is Stable
10pm	Administer medication as per chart	10:15pm	Administered medication as per chart	
12am	Monitor fluid Balance	12:30pm	Monitored fluid balance	
3am	Monitor vital signs	3:45pm	Monitored vital signs	
7am	Assess patient	7:45am	Assessed patient	

Re-Assessment: Re-Assessment done every 3rd hourly

Special Notes: No

Nurse Signature: [Signature]

Nurse Name: Yanyan @606255

Date & Time: 11/9/26 @ 8am

BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO



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: Patient is having discomfort

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 patient condition	8am	* Assessed the patient condition	Patient is stable.
10am	* monitor vitals.	11am	* monitored vitals.	
12pm	* maintain personal hygiene	1pm	* maintained personal hygiene	
2pm	* ensure safety	3pm	* provided side rails.	
4pm	* Administered medication as per doctor order	5pm	* Administered medication given as per doctor order.	
6pm		7pm		

Re-Assessment: Re-assessment done every 6th hr.

Special Notes: continue nebulization

Nurse Signature: *[Signature]*

Nurse Name: Jyoti (605525)

Date & Time: 11/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/7/24

Assessment: Patient is having discomfort

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 Condition and vitals check	8:30 pm	* Assessed the baby Condition and vitals checked	* now baby Condition is Stable
10pm	* monitor the Dto chart	10:30 pm	* monitored the Dto chart	
12am	* check the Fever spikes	12:30 am	* checked the Fever spikes	
3am	* Stop the IV fluids	3:30 am	* Stopped IV fluids	
6am	* Administer medicine as per chart	6:30 am	* Administered medicine as per chart	
7am	* ensure Safety	7:30 am	* Ensured Safety	

Re-Assessment: Assess the baby Condition now it is Stable

Special Notes: Nil

Nurse Signature: Sushu Nurse Name: Sushu - 607635 Date & Time: 11/7/24 @ 8pm

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



NURSING CARE RECORD

Rainbow
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Hospital
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Your Right to a Safe Delivery

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 12/7/26

Assessment: Patient having Discomfort

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
- ☒ Prevent Infection
- ☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☒ Ensure Safety

- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☒ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	→ Assess the Pt condition.	8 AM	→ Assessed the Pt condition.	Pt is stable
11 AM	→ vital chart maint → Ensure safety → stoped IV fluid	11 AM	→ vital chart maintained → ensured safety → continue nebulization → no IV fluid	

Re-Assessment: assessed the Baby condition

Special Notes: Discomfort 8th hour

Nurse Signature: [Signature]

Nurse Name: amana

Date & Time: 12/7/26

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

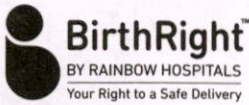
Nurse Signature:

Nurse Name:

Date & Time:

Patient Sticker

NURSING CARE RECORD



Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. R.C. Department: OT Date of Admission: 09/07/26

SITUATION	Diagnosis: <u>clit palate</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:			
	Area	Shift Time	7:40 AM - 1:40 PM	1:40 PM - 5:30 PM	5:30 PM - 8 PM	8 PM - 11 PM
BACKGROUND	Medical Condition (Any special condition to be noted):		NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:					
	Temp:	99.6	98.6	97.6	98.9	97.8
	Res:	30b/m	25b/m	26b/m	28b/m	26b/m
	SpO ₂ :	100+	100+	99.1	100+	99+
	Pulse:	125b/m	116b/m	110b/m	112b/m	102b/m
	BP:	90/60	84/42	90/60	100/71	93/72
Fall Risk Score:	12	12	12	12	12	
Pain Score:	0/10	0/10	0/10	0/10	0/10	
Recommendations	Safety Needs:	☒	yes	yes	side rails	side rails
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:	NA	NA	NA	NA	NA
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA
Handed Over By Name :		Geetha	Geetha	Umesh	Yamini	Swapna
Signature :		KE	Geetha	Umesh	Yamini	Swapna
Date:		09/7	9/7	9/7/26	10/7	10/7/26
Time:		7:40	1:40	8 PM	5 PM	8 PM
Taken Over By Name :		Kalyan	Yamini	Swapna	Yamini	Umesh
Signature :		Kalyan	Yamini	Swapna	Yamini	Umesh
Date:		9/7	9/7	9/7	10/7	11/7/26
Time:		8:50 AM	12:30 PM	8 PM	8 AM	8 AM

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Ravichander rao Department: 2nd floor Date of Admission: 9/7/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
	<u>cleft palate</u>						
BACKGROUND	Area	Shift Time	<u>2nd floor</u> <u>8AM-8PM</u>	<u>3rd floor</u> <u>8AM-8PM</u>	<u>3rd floor</u> <u>8AM-8PM</u>		
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.8°F</u>	<u>97.6°F</u>	<u>98°F</u>		
		Res:	<u>24bpm</u>	<u>28bpm</u>	<u>26bpm</u>		
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>		
		Pulse:	<u>110bpm</u>	<u>114bpm</u>	<u>112bpm</u>		
		BP:	<u>120/80</u>	<u>110/70</u>	<u>110/70</u>		
		Fall Risk Score:	<u>12</u>	<u>12</u>	<u>12</u>		
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>				
Recommendations	Safety Needs:	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>			
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>			
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Jane</u>	<u>Sush</u>	<u>Sumant</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>11/7</u>	<u>12/7/26</u>	<u>12/7/26</u>			
Time:		<u>8PM</u>	<u>8PM</u>	<u>8PM</u>			
Taken Over By Name :		<u>Sush</u>	<u>Sumant</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>11/7</u>	<u>12/7/26</u>				
Time:		<u>8PM</u>	<u>8AM</u>				



THE HUMPTY DUMPTY SCALE

9/7 10/7 11/7 12/7 13/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	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					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			12	12	12	12	12

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate Lighting		✓	✓	✓	✓	✓
Wheel Chair Support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name :		neel	gaur	gaur	gaur	gaur
Signature :		neel	gaur	gaur	gaur	gaur
Date :		09/7	10/7	11/7	12/7	13/7
Time :		7pm	8pm	8pm	8pm	8pm

BRADEN 'Q' SCALE

					Date :	09/7	10/7	11/7	12/7
					Time :	7am	8am	9am	8pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:treimity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		9	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	1	1
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	
TOTAL SCORE						28	28	28	
Evaluator's Name						cento	2am	2m	

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

ASSESSMENT TOOLS

BAH-00632535
Baby Of BANDHAKAVI AKHILA
25-08-2025
Dr. RAVI CHANDER RAO
0 Y 10 M 14 D
(P)

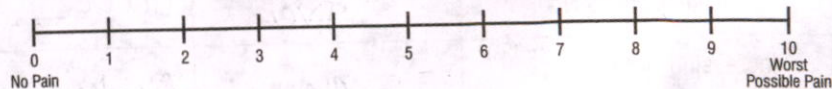
Date	Time	Site	SCORING	Modifying Factors	Patient / Family Educated	Intervention	Sign
			☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Curt.
			☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Darg
			☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Int: pem given	Uceen
			☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Uceen
9/7	8pm	o/h	NA	☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	NA	Uceen
9/7	10pm	o/h	Surgey site	☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	Int: pem given	Yamun
10/7	12am	o/h	nt	☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	nt	Yamun
10/7	6am	o/h	Surgey site	☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	Int: pem given	Yamun
10/7	8am	o/h	no pain	☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	NA	Yamun
10/7	12pm	o/h	NA	☐ Sharp ☐ Aching	☐ Dull ☐ Burning ☐ Increasing ☐ Decreasing	NA	Swapna

Re-assessment Frequency:

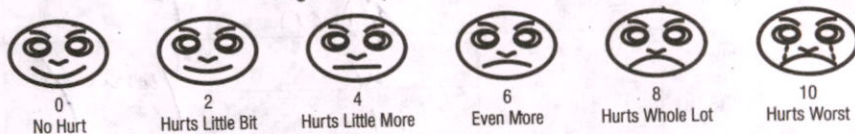
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



CATEGORY	0		
Face	No Particular expression or smile	Occasional Grimace or Frown	withdraw, Disoriented
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs out
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

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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	10pm	02/10	under scal side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj 10pm m	Yump
10/7	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	W NA	Yump
11/7	6am	2/10	buried side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj 10pm 8m	Yump
11/7	8am	0/10	side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	W NA	Yump
11/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Yump
11/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Yump
11/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Such
11/7/26	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Such
11/7/26	3am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Such
12/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Such

Re-assessment Frequency:

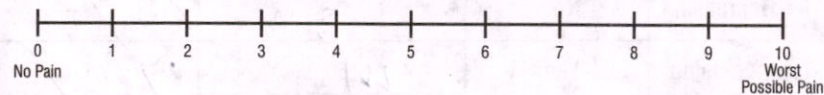
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 - Prior to pain pain-relieving intervention.
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PAIN ASSESSMENT TOOLS

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

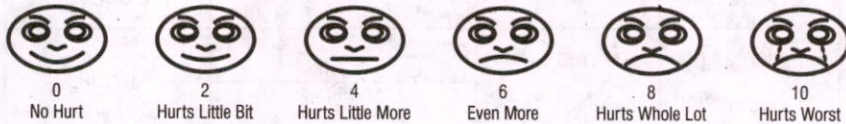
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Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / 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
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Wong - Baker (Pediatrics) Above 7 Years



BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 16 D (F)
 Dr. RAVI CHANDER RAO

PAIN ASSESSMENT FORM

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

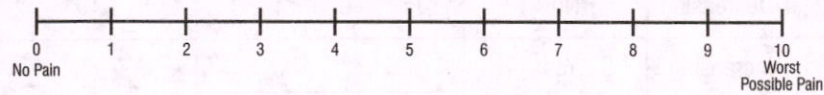
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			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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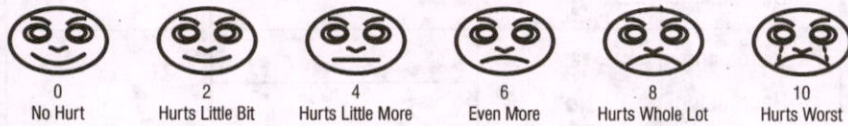
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PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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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	0	0	0	Cannula is changed
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	0	-	-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	-	-	-	-	-	-	-	-	
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	0	-	-	-	-	-	-	-	-	
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	0	-	-	-	-	-	-	-	-	
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	0	-	-	-	-	-	-	-	-	
Signature of the Nurse				Praveen	Yash	Sl	Praveen	Yash	Sl	Praveen	Yash	Sl	

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 : [Signature] Name : Praveen

Signature of Ward In Charge :

Signature : Ratna Kum Name : Ratna Kum

BAH-00632535 IPS-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 16 D (F)
 Dr. RAVI CHANDER RAO



CHECKLIST FOR THROMBOPHLEBITIS

12/7/24

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									
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	—									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	—									
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	—									
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	—									
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—									
Signature of the Nurse				SAI									

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 : 10 Name : Mounika

Signature of Ward In Charge :

Signature : AD Name : Anitha

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
09/7	7am	2	Treatment & care plan	M	1	1	1	0	-	Khet
10/7/26	9am	9	child is on lipid diet	M/f	1	0	1	1	-	Same

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)									
Learning Barriers:									
1. No Learning Barriers		4. Language Barrier		7. Impaired Thought Process/Cognitive limitations		10. Financial Difficulties		13. Cultural/Religion Practice	
2. Physical Impairment		5. Educational Level		8. Responsibilities at Home		11. Beliefs and Values		14. Others (Specify)	
3. Emotional Barriers		6. Desire / Motivate to Learn		9. Cultural Differences		12. Impaired Vision/ or Hearing			
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed									
Mechanism/s to overcome barrier/s:									
1. None		3. Reassurance & Support		5. Respect values & beliefs		7. Other, Specify			
2. Obtain translator		4. Teach Family / Others		6. Respect Cultural / Religion Preference					
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review									

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
09/7/26 7AM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Cleft Palate	HI stability	Procedure	Rd	☐ Nursing ☒ Others:
09/7/26 7PM	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Cleft Palate	HI stability	Procedure	Reel	☐ Medical ☒ Others:
10/7/26 9AM	☐ Medical ☐ Nursing ☒ Others: <u>High</u>	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	palatoplasty	Child on liquid diet	liquid diet till further orders	gagne	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☒ Patient Attendant

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

1. Palatoplasty
- 2.

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Better speech.	

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

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

- a. fistula bleeding,
- b.

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

Patient / Patient Attendant:

Signature: K.S. Raja Ganesh

Name: K.S. Raja Ganesh

Relationship with patient: Father

Date & Time: 9/7/25 8:58 AM

Witness:

Signature: B. Akhila

Name: B. Akhila

Date & Time: 9/7/25 8:58 AM

Doctor (who is taking consent):

Signature: Dr. Ravi Chander Rao

Name: Dr. Ravi Chander Rao

Date: 9/7/25

Time: 8:50 AM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.	
b.	

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Ravi Chander Rao
Asst. Surgeon :
Anaesthetist : Dr. Ravi
Scrub Nurse : Jyoti

Patient Name : Baby of Bandhakavi Akhila Age : 10m Gender : F
UHID No. : 0196152 Surgery Name : Palatoplasty
Date : 01/06/2025 In-time : 9:15 AM Out-time : 10:30 AM

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>08:53 AM</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☐ No ☒ NA	
Blood Units Reserved	☐ Yes ☐ No ☒ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☐ Yes ☒ No ☐ NA	
Signature : <u>Ravi</u>		
Name : <u>Ravi</u>		

TIME OUT		Time: <u>9:24 AM</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, <u>Bleeding</u> Anticipated Blood Loss? <u>20ml</u> ☐ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>Ravi</u>		
Name : <u>Ravi</u>		

SIGN OUT		Time: <u>10:30 AM</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☒ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No		
Signature : <u>Ravi</u>		
Name : <u>Dr. Ravi Chander Rao</u>		

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



Patient's

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

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 9/9/26

Department : P.O. Duration of Procedure : 1.30 min

Name of Surgeon : Dr. Ravi chander Rao Date of Admission : 9/9/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : <u>Amoxicillin clavulanic acid</u>	<u>[Signature]</u>
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	<u>[Signature]</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<u>[Signature]</u>
4.	Name of doctor or staff administering the antibiotic : <u>Teena alkh</u> Date & Time of antibiotic administration : <u>Teena alkh @ 9:00</u> Date & Time procedure started : <u>9/9/26 @ 9:30 AM</u>	<u>[Signature]</u>

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

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

BAH-00632535 IP5-00176132
 Baby Of BANDHAKAVI AKHILA
 25-08-2025 0 Y 10 M 14 D (F)
 Dr. RAVI CHANDER RAO



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OPERATION THEATER NOTES

Patient's Name : Baby of Bandhakavi Akhila Age : 10M Gender : ☐ Male ☒ Female

UHID No.: 0126132 Weight : Height :

Surgeon : Dr Ravi chander Rao Asst. Surgeon : Dr Ravi ch .

Anesthetist : Dr Ravi chandre OT Nurse : Jyothi, Archi OT Technician : vijay

Pre-Operative Diagnosis:

Surgical Procedure :

Palatoplasty

Indications for Surgery :

group II cleft palate

Date : 9/2/26

Start Time : 9:30AM

End Time : 10³⁰ AM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

infiltration
 LRA Adrenaline's hydrodissection done
 nasal layer flaps elevated & sutured
 soft palate nasal 2' plasty done
 (R) side nasal layer myomucosal flap.
 (L) side myomucosal intra velar myoplasty
 done. Oral layer sutured after giving
 release incisions. Hemostasis achieved
 surgical packed.

BAH-00632535
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



Patient


**Rainbow
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POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

watch for bleeding

in /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

When to Start Mobilization:

Special Referrals:

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: *9/7/26* Time: *10⁴⁰ am*

Note: Plan of care will be readjusted if necessary.



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Baleg Jushara Krishna Age: 10M Sex: F UHID.No: BAH 00632535
Date: 21/7/26 Time: 3.12 Proposed Operation: Palatoplasty
Diagnosis: Cleft palate ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5
B.P / CRT: 120/80 H.R: 124/min Weight: 8.5kg

Hgb: _____
PCV: _____
WBC: _____
Plate: _____
PT: _____
PTT: _____
INR: _____

Laboratory Data:
Glucose: _____ Protein: _____
Urea: _____ Alb: _____
Creat: _____ Total Bil: _____
Na: _____ Dir. Bil: _____
K: _____ LDH: _____
Ca++: _____ Alk phos: _____
Mg++: _____ Amylase: _____
Cl-: _____ SGOT/SGPT: _____

HIV: _____
HBS Ag: _____
HCV: _____
Blood group: _____
T3: _____
T4: _____
TSH: _____

X-Ray: 28/8/2021
ECG: PFOE L7R
2D Echo: Small PDA
Stress/Angio: L7R
Other: sumil-

Allergies: NKOA
term
Birth wt 3.09kg

Medical History: CVS: _____
RESP: mild, cold, no runny nose
CNS: ✓

Renal: _____
Hepatic / GE: _____
Others: _____

Past Anaesthetic History: _____

Physical Exam:

Airway: MP 1 2 3 4

Lungs: AEBE

Heart: S1S2
normal

CNS: normal
Pregnant: ☐ Yes ☐ No ☒ NA

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

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

CURRENT MEDICATIONS	DOSAGE
→ Molsivion	2 times
→ Ferofenacetol	→ BD

Mentohyoid Distance: _____

Neck: _____

Teeth: upper

Venous Access Site: RUL
LUL Spine Exam for: ✓

Discharge Instructions:
1DYT prophylaxis: _____
NIL ORAL Water / ORS 2 Hours
Others 6 Hours
Informed Consent: ☐ Standard ☒ Other
Post Operative Management: ☐ D ☒ E

Signature: Atile Name: Dr. Atile

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition:

Physical Status:

☐ Yes ☒ No

☒ Patient Identified

Fasting Status:

CONTINUED

☒ Consent Present

☒ Chart Reviewed

Last Feed:

Date 09/10/2025

Technician: V. JAY

Pre-OP Diagnosis:

Cleft Palate

SpO₂:

98%

R.R:

20

Anaesthesiologist:

Cleft Palate Repair

Surgeon:

R. CHANDER

Drugs:

ROCURONIUM 12
FENTANYL 20
PARACETAMOL

FiO₂ / SaO₂
ETCO₂
ECG
Temperature
Urine Output

0.50 / 99 99 99 99 99 99 99
36 36 36 36 36 36 36
36 36 36 36 36 36 36
36 36 36 36 36 36 36

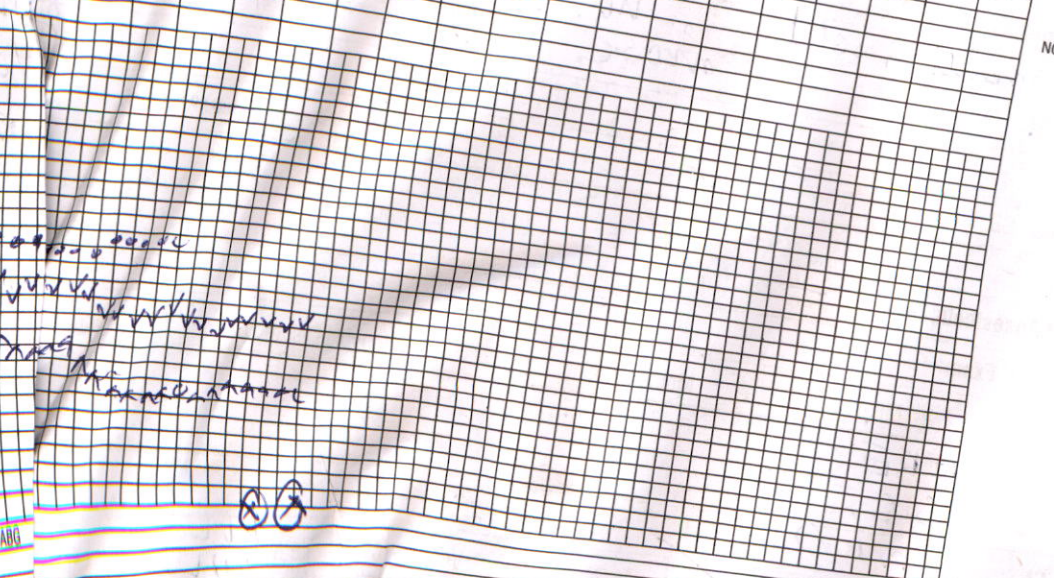
Fluids
Blood

B.P
V Systolic
A Diastolic
X Mean
Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240
220
200
180
160
140
120
100
80
60
40
20
10
0



Antibiotic
Suppository
Blood Loss

NOTES

LAB Values

Equipment Checked and Functional

Fluid Warmer
OH Warmer
Cotton Wool

Induction

☒ Inhal
☐ RSI

SGA

Oral

Nasal

Cuff

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Topical

Regional:

Extremity

Spinal

Others:

Position:

Site:

Needle Size:

Parasthesia

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

Relaxant Reversed

Name of the Doctor:

Signature of the Doctor:

Specify:
☐ Epidural ☐ Caudal

Depth:
Parasthesia ☐ Yes ☐ No

cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

Relaxant Reversed

Name of the Doctor:

Signature of the Doctor:

Signature of the Doctor:

Signature of the Doctor:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



Name: Baleg Jushara Krishna Age: 10M Sex: F UHID.No: BAH 00632535
Date: 21/7/26 Time: 3:12 Proposed Operation: Palatoplasty
Diagnosis: Cleft palate
B.P / CRT: 120/80 H.R: 124/min Weight: 8.5kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: Glucose: Protein: HIV:
PCV: Urea: Alb: HBS Ag:
WBC: Creat: Total Bill: HCV:
Plate: Na: Dir. Bill: Blood group:
PT: K: LDH: T3
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:

X-Ray:
ECG: 28/8/2021
2D Echo: PFOE L>R
Stress/Angio: Small closing
Other: PDA
L>R
small

Allergies: NKOA

Medical History: CVS:

RESP: mild, cold, no runny nose Diabetes: Birth wt 3.09kg
CNS: CLAB
Renal: 2D ECHO (N)
Hepatic / GE: Neurosurgery
Others: normol
Physical Activity: cardiac
circumcised
good Buerbuck
for
up arch

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mento-hyoid Distance: Neck: Teeth: upper arch
Lungs: AEBE
Heart: S1 S2
CNS: NAD

Pregnant: ☐ Yes ☐ No ☒ NA

Venous Access Site: RUL LUL Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
<u>Worsivion</u>	<u>2 times</u>
<u>Ferofenacel</u>	<u>BD</u>

Pre-Operative Instructions:

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

Bottle feed
+ solid

Signature: Aditi Name: Dr Aditi N

- CBC, IV cannulation
- continue nasivion drops
- Nebulisation before sy

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



ANAESTHESIA CHART

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No

Fasting Status: CONFIRMED

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R:

BP / CRT: 2-3 sec

SpO₂:

98%

R.R:

Last Feed:

Pre-OP Diagnosis: Cleft palate

Operation: Cleft palate Repair

Date 09/10

Surgeon: RAVICHANDER

Anaesthesiologist: RC

Technician: VISAY

N₂O AIR / O₂ LPM

HALO / SC / SEVO

Drugs:

KETAMINE 5

PROPOFOL 12

ROCURONIUM 16

FENTANYL 20

PARACETAMOL 120mg

FiO₂ / SaO₂

ETCO₂

ECG

Temperature

Urine Output

Fluids

Blood

B.P

V Systolic

A Diastolic

X Mean

Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

- ☒ Equipment Checked and Functional
- ☒ BP
- ☒ Cuff Site: SKIN
- ☒ Art Site: SKIN
- ☒ EKG Lead
- ☒ Temp Site SKIN
- ☒ FIO₂ Monitor
- ☒ Agent Monitor
- ☒ Pulse Oximeter
- ☒ Capnograph
- ☒ Ventilator
- ☒ Nerve Stimulator

Position: Supine

☒ Pressure Points Checked

Eye Care:

☒ Oint

☒ Tape

Temp:

☒ HME

☐ Fluid Warmer

☐ Cling Film

☐ OH Warmer

☐ Hddger's

☐ Cotton Wool

☐ Other

Times:

Anaes Start: 9:03 AM

OP Start: 9:25 AM

OP End: 10:25 AM

Leave OR: 10:25 AM

Anaesthesia:

☒ GA

☐ Monitored Anaesthesia Care

☐ Regional

Line (Size & Location)

☐ CVP:

☐ ART:

☐ IV: 22G @ UL

Induction

☒ IV

☐ Inhal

☐ Pre O₂

☐ RSI

☐ Others

☐ Mask

☐ SGA

☐ Airway

☐ Oral

☐ Nasal

☐ ETT# 8.5 at 11 cm

☐ Oral

☐ Nasal

☐ Cuff

☐ Tracheostomy

☐ Topical

☐ Drug: ROCURONIUM

☐ Awake

☐ Direct Vision

☐ Video Laryngoscopy

☐ Stylette / Bougie

☐ Fiberoptic

Blade# ONE

Attempts: ONE

Difficulty Why?

☒ Bilat = BS

☐ Semi-Closed Circle

☐ Closed Circle

☐ Other

Regional:

Extremity

☐ Spinal

☐ Epidural

☐ Caudal

Others:

Position:

Site:

Needle Size:

Parasthesia ☐ Yes ☐ No

Catheter at skin cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

☒ PACU ☐ ICU ☐ Other

Relaxant Reversed ☒ Yes ☐ No ☐ NA

Name of the Doctor: RAVI

Signature of the Doctor: RAVI

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Ravi Chander Rao

Time Received: 10:40 am

Time Discharged: 12:40 pm

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	RESPIRATION PULSE BLOOD PRESSURE	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: <u>22G @ UL</u>
			☐ O ₂ Mask ☒ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
Vomiting: ☐ Yes ☐ No			Drug: _____
NG Tube: ☐ Yes ☐ No			
Drain: ☐ Yes ☐ No			
Urinary Catheter: ☐ Yes ☐ No			
Chest Tube: ☐ Yes ☐ No			
Nil Oral: ☒ Yes ☐ No			
IV Fluids: <u>RL 100ml/hr</u>			
Oral Feeds: _____			

POST ANAESTHESIA SCORE (Modified Aldrete Score)		MINUTES			OUT	SCORING INTERPRETATION
		IN	30	60	90	
Able to move 4 extremities voluntary or on command	= 2	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to move 2 extremities voluntary or on command	= 1					
Able to move 0 extremities voluntary or on command	= 0					
Able to deep breathe & cough freely	= 2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2	2	2	2	
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1					
BP $\pm$ 50 of Pre Anaesthetic level	= 0					
Fully awake	= 2	2	2	2	2	
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/7/26	10:40 AM	5/10	Inj. fentanyl 10mcg	Relu

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

Anaesthesiologist Name: Dr. Shaand

Anaesthesiologist Signature: [Signature]

Date & Time: 9/7/26 @ 12:40 pm

PACU Nurse Name: Beera

PACU Nurse Signature: [Signature]

Date & Time: 9/7/26 @ 1:00 pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): Dr. Shaand

Date & Time: 9/7/26 @ 1:10 am

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 :



CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Palatoplasty

Anaesthesiologist: Dr. Aditi Surgeon: Dr. Renu

Please read this before you consent for Anaesthesia

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

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others DESATURATION, BRADYCARDIA, LARYNGOSPASM

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: K. S. Raja Ganesh

Name: K. S. Raja Ganesh

Relationship with patient: Father

Date & Time: 7/7/21 3:27

Witness:

Signature: B. Krishna Mohan Rao

Name: B. Krishna Mohan Rao

Date & Time: 7/7/21 3:27

Doctor (who is taking consent):

Signature: Aditi Name: Dr. Aditi N

Date 7/7/21 Time: 3:27

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

స్పెసిఫిక్ హై లిస్ట్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్:

సంతకం: పేరు: తేదీ & సమయం:

BAH-00632535 IP5-00176132
Baby Of BANDHAKAVI AKHILA
25-08-2025 0 Y 10 M 14 D (F)
Dr. RAVI CHANDER RAO



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: Mode of Arrival: wheel chair Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Body Weight: 8 Kg

NK DR Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>left palate</u>	<u>NA</u>	<u>NA</u>

Family History: Nothing significant

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

es please list,

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

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

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

Observations: Weight: 8kg Length: — Head Circumference (< 2 years): —

Temp.: 98.4 F HR: 88 b/m RR: 28 b/m BP: 90/60 mmHg

Pain Score: 0/10 Specify Site: — (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 1 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 20) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING:☒ No Abnormalities Detected☐ Mobility Problem☐ Walking Problem☐ Developmental Delay☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☒ No Abnormalities Detected☐ Underweight☐ Overweight☐ Special Feeding Method☐ Feeding Problem☐ Special diet☐ No Abnormality Detected

Inform consultant for positive criteria

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

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives With *Parents*Siblings in household ☐ Yes ☐ No (if yes How Many?)All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach : ☒ Yes ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump : ☐ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ NoInformation given to *Mother*Nurse Signature: *[Signature]*Nurse Name: *Teena*Date: *9/7/26*Time: *8am*

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: as per Doctor order

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☒ Yes ☐ No

☐ Bathing ☒ Yes ☐ No

☐ Eating ☒ Yes ☐ No

☐ Walking ☒ Yes ☐ No

☐ Dressing ☒ Yes ☐ No

☐ Toileting ☒ Yes ☐ No

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient

☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient

☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: medication

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

☐ Patient

☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date and Time: 9/7/2025 @ 12pm

Docu. No. : RCHBH / FRM / CLINICAL / 191

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00632535 IP5-00176132 Baby Of BANDHAKAVI AKHILA 25-08-2025 0 Y 10 M 14 D (F) Dr. RAVI CHANDER RAO 		Date & Time of Admission 09/07/26 at 7:15 AM	Date & Time of Transfer Order 09/07/26 at 7:40 AM
		Transfer Ordered by Dr. R.K.	Reason for Transfer Admission
From Unit En	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what? <i>Optic</i>	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Mr. <i>Aravind</i>		Name of Person Ordered Transfer Dr. R.K.	
Patient & Clinical Records Received by : <i>[Signature]</i>			
Date & Time of Patient Received : 9/7/26 @ 7:50 AM			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00632535 IP5-00176132 Baby Of BANDHAKAVI AKHILA 25-08-2025 0 Y 10 M 14 D (F) Dr. RAVI CHANDER RAO 		Date & Time of Admission 9/7/26 @ 7:15 am	Date & Time of Transfer Order 9/7/26
		Transfer Ordered by Dr. Ravi	Reason for Transfer post-op Recovery
From Unit OT	To Unit 309	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what? ... op File ...	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films —			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Ravi	
Patient & Clinical Records Received by : Durgas			
Date & Time of Patient Received : 9/7/26 @ 12:30 pm			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



309

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/7/26 Time: 9 am

Weight: 8.2 kgs Centile: 5th

Height: 50 cm Centile: 5th

Inference: underweight child

RDA: - Calories: 98 kcal/kg/d Protein: 1.6 g/kg/d

Diet Recommendations: Aptamil Gold [1:30 ml dilution]

Re-Assessment: Stage - 3 weaning foods [HEE advised]

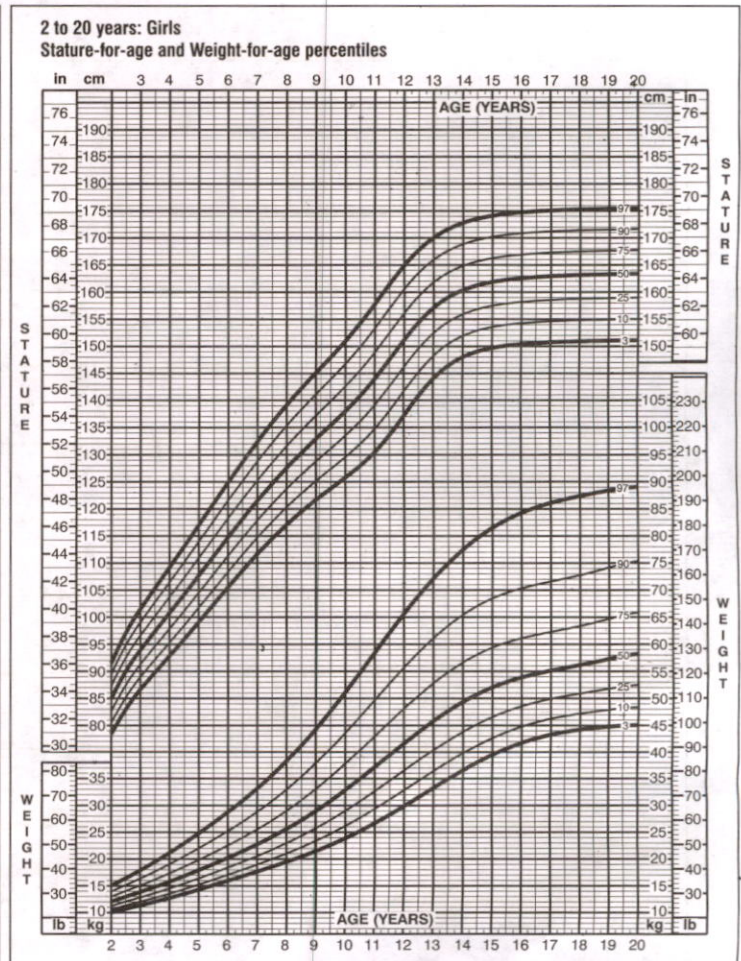
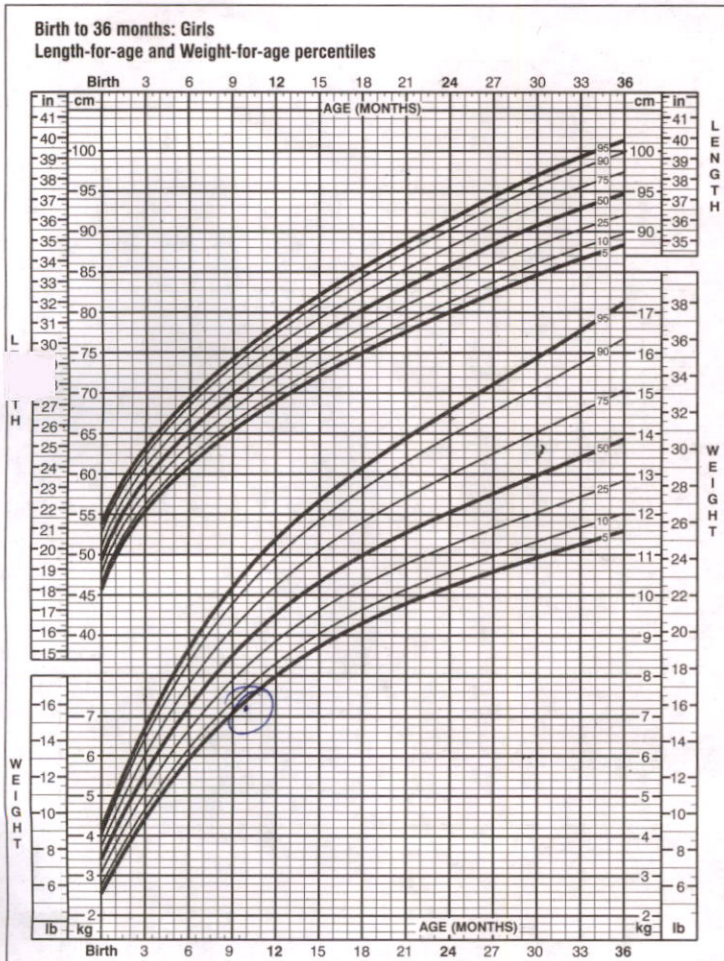
Food Allergies: NO Veg/Non-veg: veg

Diagnosis: s/p palatoplasty

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: [Signature]

Dietician's Signature: [Signature]

Daily Notes:

11/7/26

child is stable, accepting
8am aptamil gold [1:30ml dilution] as
advised on demand feeds gain

12/7/26

child is stable, oral intake is optimal

11:10
AM

continue aptamil gold (1:30ml dilution) stable