

BAH-00603914 IP5-00174365
 Baby Of DEEPTHI SOMA
 05-10-2024 1 Y 7 M 22 D (M)
 Dr. HARISH JAYARAM



SURGERY DETAILS

Date : 27/05/26

Patient Name: Baby of Deepthi Soma Date of Birth: 05-10-2024 Age: 1y7M

Gender: Male Ward: Ped OT UHID No: BAH-00603914

Date of Surgery: 27/05/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : Single stage hypospadias repair

Time in : 9.05 AM cash - Pd Time Out : 11.25 AM

PV-71

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Mainak Deb</u>	<u>SF 102140</u>
2. Anaesthetist	<u>Dr. Apshwarya</u>	<u>AF 30642</u>
3. Assistant Surgeon		<u>OT - 81712</u>
4. OT Technician	<u>Shresha</u>	<u>ESSD- 3064</u>
5. Circulating Nurse	<u>Alam</u>	
6. Assistant Nurse	<u>Babi</u>	

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

Signature of the Surgeon [Signature]

Signature of Circulating Nurse Alam 27/05/26 @ 9:46 AM

Order No: 8629758

Order by: Suman



Hypospadias Repair
CONSUMABLES OF OT

Circulating staff : Technician : Date : *27/10/24* Time : *9am*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>3/3-5/24-0</i>	<i>1+1</i>	<i>01</i>	Major Pack <i>Drape</i>	<i>1</i>	<i>1</i>	Inj Vit.K vic(6-0)	<i>1</i>	<i>1</i>
LMA <i>1P/2</i>	<i>1+1</i>	<i>-</i>	Sutures			Cord Clamp		
ECG leads : A/P/N	<i>05</i>	<i>03</i>	PDS <i>5-0, 7-0</i>	<i>2+2</i>	<i>2</i>	Suction Catheter		
HME filter : A/P/N	<i>01</i>	<i>01</i>	<i>Bromine 5-0</i>	<i>2</i>	<i>1</i>	Feeding Tube		
Syringes : 10 cc	<i>10</i>	<i>04</i>	<i>9915</i>	<i>2</i>	<i>-</i>	Vaccum Suction Set		
05 cc	<i>10</i>	<i>04</i>	Gloves <i>bib, 5, FITS</i>	<i>2+2+2+2</i>	<i>-</i>	Surgical Gloves		
02 cc	<i>10</i>	<i>04</i>	<i>PR, 6</i>	<i>6+5+3+3+2+2+2+2</i>	<i>-</i>	Gauze Pack		
01 cc	<i>05</i>	<i>-</i>				Syringe 1ml / 2ml		
Cautery plate : A/P/N	<i>01</i>	<i>01</i>	Surgical blade <i>15</i>	<i>1</i>	<i>1</i>	Surgical Blade # 20		
IV set	<i>01</i>	<i>01</i>	NG tube <i>7</i>	<i>1</i>	<i>1</i>	Koochies (S)		
RL	<i>01</i>	<i>01</i>	Cautery pencil			<i>100 500ml</i>	<i>2</i>	<i>1</i>
NS : 10ml (100ml/ 500ml / 1000ml)	<i>01</i>	<i>01</i>	Koochies <i>XL</i>	<i>2</i>	<i>2</i>	<i>100 500</i>	<i>2+2</i>	<i>1</i>
<i>mini spike</i>	<i>01</i>	<i>01</i>	Ointments			<i>26g needle</i>	<i>1</i>	<i>1</i>
<i>Or mask</i>	<i>01</i>	<i>-</i>	Suction Catheter			<i>Jelly</i>	<i>1</i>	<i>1</i>
Fentanyl	<i>01</i>	<i>01</i>	Cap, Mask	<i>8/8</i>	<i>8/8</i>	<i>Central 10x10</i>	<i>1</i>	<i>1</i>
Morphine			Gauze Pack <i>(2+2)</i>	<i>3+1</i>	<i>1</i>	<i>Marker</i>	<i>1</i>	<i>1</i>
Ketamine			Mop Pack	<i>1</i>	<i>1P</i>			
Propofol	<i>03</i>	<i>02</i>	Steristrip					
Rocuronium	<i>01</i>	<i>01</i>	Underpad	<i>1</i>	<i>1</i>			
Glycopyrolate	<i>01</i>	<i>01</i>	Draw sheet	<i>1</i>	<i>1</i>			
Myopyrolate <i>f/100</i>	<i>02</i>	<i>02</i>	Abgel					
Ondansetron	<i>01</i>	<i>01</i>	Foleys catheter					
Pencan 25g/ Spinal Needle 22	<i>01</i>	<i>01</i>	Urobag					
Bupivacaine 0.25%	<i>01</i>	<i>01</i>	Chest Drainage Catheter			<i>Gauze + gloves all</i>	<i>4+4</i>	<i>3+1</i>
Bupivacaine 0.25%(Heavy)			Romodrain bag			<i>Dixa + Tranexa</i>	<i>1+1</i>	<i>-</i>
Antibiotics <i>Iv pum</i>	<i>01</i>	<i>-</i>	Bandage			<i>Dexmed</i>	<i>01</i>	<i>-</i>
			Tegaderm <i>2 Pad</i>	<i>1</i>	<i>-</i>	<i>50cc + pmo line</i>	<i>1+1</i>	<i>-</i>
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	<i>1</i>	<i>1</i>			
Justin : 12.5 mg / 25mg / 100mg	<i>1+1</i>	<i>01</i>	Plastic Bed Sheet	<i>1</i>	<i>-</i>			
Tab. Misoprost : 200mg			Betadine Solution	<i>1</i>	<i>1</i>			
<i>Vaccum set</i>	<i>01</i>	<i>01</i>	Microshield	<i>1</i>	<i>1</i>			
<i>Oral airway 1,2</i>	<i>1+1</i>	<i>-</i>	Cotton Balls	<i>1</i>	<i>1</i>			
<i>Nasal airway 16,18</i>	<i>1+1</i>	<i>-</i>	Latex Gloves	<i>1op</i>	<i>1op</i>			
<i>Iv cannula 20,24</i>	<i>1+1</i>	<i>-</i>	Ramdione Scrub					
<i>3way 10cm + 100cm</i>	<i>1+1</i>	<i>01</i>	Saral					

Surgeon : Anaesthesiologist : *9 629291* Nurse : *Alam* OT Technician :
 Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174365 Admit Date : 27-May-2026 Admit Time : 07:19 AM UHID : BAH-00603914

Patient Details :

Patient Name : Baby Of DEEPTHI SOMA Age : 1 Y 7 M 22 D
Guardian : Mr SOMA VISHWARAM GOUD DOB : 05-10-2024 01:00 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO --117/RT , VIJAYNAGAR COLONY, ST ANNS GIRLS HIGH SCHOOL Ac Guards Hyderabad Telangana INDIA 500057 Phone No : 9550592287/ 9701238501
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 404 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 404 Admission Type : First Visit

Contact Details :

Name : Mr SOMA VISHWARAM GOUD Relationship : Father
Contact Address : H NO --117/RT , VIJAYNAGAR COLONY, ST ANNS GIRLS HIGH SCHOOL Ac Guards Hyderabad Telangana INDIA 500057 Phone No : 9550592287 / 9701238501


Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : B/O Deepthi Soma

UHID No. : _____ Consultant: _____ Dept : _____

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

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

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/05/26	7:15 AM	ER	OT	Annel
27/5/26	12:40 PM	OT	308	Suman

Cross Consultation Visit

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



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Children's
Hospital**
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**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

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Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : B/O Deepthi Age/Sex 1 1/2 / M
Information given by: mother Relationship grand

Chief Presenting Complaints & Duration (Chronologically)

1/40 coronal hypospadiasis

History of present illness :

now admitted for single stage repair
child detected to have hypospadiasis
no UTI till now

now admitted for single stage repair
adequate NPO

no cough / fever / vomiting



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

① perinatal transition

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

appropriate for age.

Immunization History :

immunised for age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) 12.9kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 118 B.P. 86/45 SPO2 97%

Resp.rate and type of breathing : 24/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B.A.F. (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : (N)

Any murmur : none

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

Per Abdomen :

Inspection _____

Palpation : soft / NT.

Ausculation : _____

Spine : _____ External Genitalia : hypospadiasis (+)

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

hypospadiasis for single stage
hypospadiasis repair



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: bleeding / trauma to urethra

Desired goals of the treatment : surgical management

Planned Labs:

CBP
Vit D3 (at par)

Planned Management

- 1-) Cont NPO
- 2-) Shift to OT
- 3-) IVP DNS.

Signature of the Doctor: Akhila
Name of the Doctor: Dr. Akhila
Date & Time: 27/5/26

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Harish
Date & Time: 28/5/26 8:15 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26 7:20 AM	<p align="center"><u>Day Care Notes</u></p>	
	<p>Δ: Coronal Hypospadias Allow for single stage repair</p>	
	<p>o/e: No cold/cough Resp - BAE ⊕ P/A - soft CVS - S1 S2 heard. Vitals - stable.</p>	<p align="center"><u>Plan</u></p> <ol style="list-style-type: none"> 1) continue NPO 2) IV fluids 3) shift to OT on call. 4) Cannula - CBP <p align="right">Plain.</p>
		<p align="center">Noted by Rall</p> <p align="right">Dr - Jayash</p>
27/5/26	<p align="center">Ceb Dr Harish</p>	
	<p>POD 0 STP TO METROPHLEST</p>	
	<p>o/e vitals stable Dress dry</p>	<p align="center"><u>Adv</u></p> <ul style="list-style-type: none"> - cont IV fluids overingal- - Double drapei case.
		<p align="center">Fin R. Patan 27/5/26</p> <p align="center">Noted by swape / 013892</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8:15 AM	C/S/B Dr Harish	
	<p><u>POD-1</u> single stage Hypospadias repair</p> <p>Afebrile vitals - stable</p> <p>Dressing - no soaks</p>	<p><u>Adv</u></p> <p>① Continue full feeds</p> <p>②</p> <p>Dr. Nikhil 28/5/26</p>
<p>Dr. Harish 28/5/26 8:15 AM</p>	C/S/B Dr Nikhil	
<p>28/5/26 5:25 PM</p> <p>Dr. Harish 28/5/26 5:15 AM</p>	<p><u>POD-1</u> single stage Hypospadias repair</p> <p>Afebrile vitals - stable</p> <p>Dressing - no soaks</p>	<p><u>Adv</u></p> <p>① Continue full feed</p> <p>Dr. Nikhil 28/5/26 3:25 PM</p> <p>Noted by [Signature]</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8:15 AM	C/S/B	Dr. Harish
	POD - (2)	
	C/febnite	<u>Adv</u>
	Vitals stable.	1) Full feeds
	P/A - soft	2) Plan discharge
	L/E - dressing	today
	intact	
	no package	

[Signature]
 Dr. Harish
 29/5/26
 8:15 AM

Malika
 Dr. Malika
 29/5/26
 8:15 AM

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comw

RESULT SHEET

Date	21/5				
Time					
Hb	11.6				
PCV	36.4				
RBC	5.17				
WBC	10.83				
N/L	29.5/61.4				
Platelets	433				
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					

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayashri (JN)

Date & Time: 27/05/26 @ 7:20 AM

Nurse Name & Signature: Lachel

Date & Time: 27/05/26 @ 7:40 AM



DRUG CHART

Date of Admission: 27/05/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: Inj TRAMADOL				Date/Time	27/5															
Dose	Route	Frequency	Start Date																	
10mg	IV	Q8H/SOS	27/5/26																	
Doctor's Signature		Valid Period	Pharm.																	
[Signature]																				
Additional Instructions:																				
SLOW IV																				

DRUG :				Date/Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date/Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. 13.1kg Ward. P.O.T

CLAVULONATE

DRUG : Inj AMOXILLIN					Date	8/15	8/15
					Time	8/15	8/15
Dose	Route	Frequency	Start Date				
400mg	IV	BID	27/5				
Name & Signature of the Doctor Starting the Drugs:					9AM OT (initials)		
Additional Instructions:					9pm strong drug (initials)		
Daily Doctor's Endorsement by a Sign					[Signature]		

DRUG : Inj AMIKACIN					Date	8/15	8/15
					Time	8/15	8/15
Dose	Route	Frequency	Start Date				
200mg	IV	OD	27/5				
Name & Signature of the Doctor Starting the Drugs:					9AM OT (initials)		
Additional Instructions:					@ 15mg/kg / day		
Daily Doctor's Endorsement by a Sign					[Signature]		

DRUG : Inj PANTOPRAZOLE					Date	28/5	28/5
					Time	12/5	12/5
Dose	Route	Frequency	Start Date				
15mg	IV	OP	27/5				
Name & Signature of the Doctor Starting the Drugs:					8AM strong drug (initials)		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[Signature]		

DRUG : Inj PARACETAMOL					Date	8/15	28/5	29/5
					Time	8/15	8/15	8/15
Dose	Route	Frequency	Start Date					
200mg	IV	TID	27/5					
Name & Signature of the Doctor Starting the Drugs:					8AM OT (initials)			
Additional Instructions:					10PM strong drug (initials)			
Daily Doctor's Endorsement by a Sign					[Signature]			



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/05	1 hour prior procedure 8:50am	Inj. AMOXICILLIN CLAVULUNATE	390 mg	IV	Jyashri	Teena Sirisha
27/05/20	8:34AM	Inj. AMIKACIN	200 mg	IV	Maliha	Teena Sirisha
27/05/26	9:10AM	SUPP DICLOFENAC	12.5 mg	PR	Ashraf	Sirisha Alam

Signature
Name

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27/5/26.

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	1 pm	3 pm	6 pm	10 pm	2 Am	6 Am
Doctor / Nurse / Family Concern?							
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99	98.8 F	97.8 F	97.8 F	97.8 F	97.8 F	97.3 F
	98						
	97						
	96						
	95						
94							
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120	126	122	120	105	105	105
	110						
	100						
Heart Rate (Number)	130						
	120						
	110						
	100						
	90						
	80						
	70						
	60						
	50						
	40						
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20	28	26	24	28	28	28
	10						
	0						
	0						
	0						
Resp Mod/ Severe Distress None / Mild							
Receiving O ₂ (l/min) O ₂ Saturations (%)		99%	99%	99% / 99%	98%	99%	
Conscious Level Normal / Altered							
GCS *					(15/15)	(15/15)	
TOTAL SCORE		0	0	0	0	0	0
Number of shaded boxes							
Pain Score		0	0	0	0	0	0
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 in charge AND PICU fellow or PICU consultant to be informed.

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

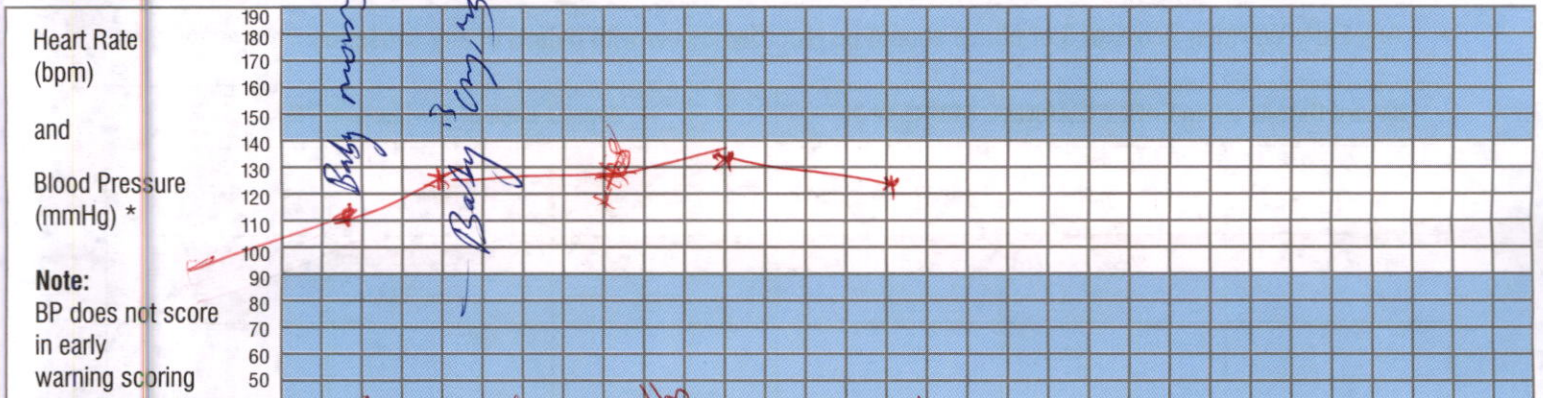
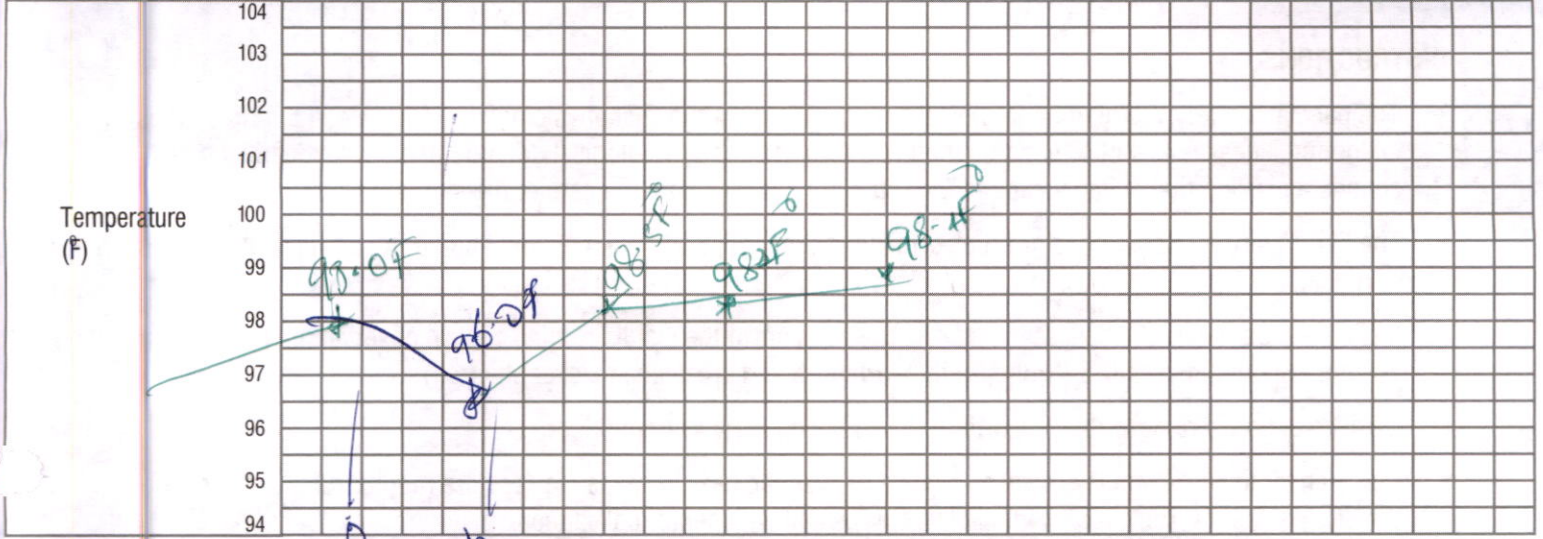
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection).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

28/5/20

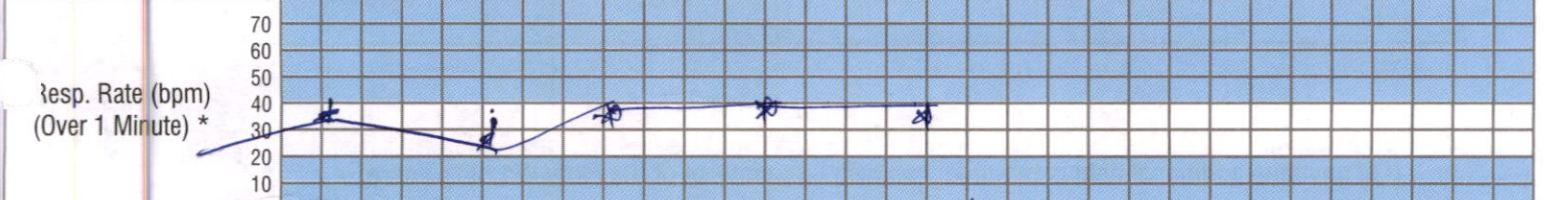
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 11 AM 1 PM 2:30 PM 4 PM 6 AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 110 bpm 119 bpm 108 bpm 128 bpm 114 bpm



Resp Rate (Number) 30 bpm 20 bpm 30 bpm 30 bpm 30 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98% 97% 98% 99% 97%

Conscious Level Normal Altered GCS * (15/15) (15/15) (15/15) (15/15) (15/15)

TOTAL SCORE Number of shaded boxes 0 0 0 0 0
 Pain Score 0 0 0 0 0
 Observer's Initials ✓ ✓ ✓ ✓ ✓

ACTIONS
 NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00603914 IP5-00174365
 Baby Of DEEPTHI SOMA
 05-10-2024 1 Y 7 M 22 D (M)
 Dr. HARISH JAYARAM



FLUID CHART

Sheet No. : 27/5/26

- All measurements in ml.
- 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	—	NB	—	—		✓			✓	0	} <i>[Signature]</i>	
	09:00 am	RL	RPB	130ml	—	—	—	—	—	—	0		
	10:00 am	RL	RPB	130ml	—	—	—	—	—	—	0		
	11:00 am	RL	RPB	130ml	—	—	—	—	—	—	0		
	12:00 pm		H ₂ O	—	—	—	—	—	—	—	0		
	01:00 pm												
Total Intake :			→ 390ml			Total Output :							
	02:00 pm		H ₂ O								0	Swape	
	03:00 pm										0	Swape	
	04:00 pm		milk				✓			✓	0	Swape	
	05:00 pm										0	Swape	
	06:00 pm		milk								0	Swape	
	07:00 pm										0	Swape	
Total Intake :						Total Output : V-1 M-1							
	08:00 pm										0	Durga	
	09:00 pm		milk				↑				0	Durga	
	10:00 pm									✓	0	Durga	
	11:00 pm										0	Durga	
	12:00 am		H ₂ O				↑			✓	0	Durga	
	01:00 am		DNS	40ml							0	Durga	
Total Intake :			→ 40ml			Total Output : 0-2 M-0							
	02:00 am		DNS	40ml							0	Durga	
	03:00 am		DNS	H ₂ O	40ml						0	Durga	
	04:00 am		DNS	40ml						✓	0	Durga	
	05:00 am		DNS	40ml							0	Durga	
	06:00 am		H ₂ O								0	Durga	
	07:00 am										0	Durga	
Total Intake :			200ml → 160ml			Total Output : 0-1 M-0							

Total 24 hrs. Intake 390ml

Total 24 hrs. Output 0-5 M-1



FLUID CHART

Sheet No. : 2

28/5/26.

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 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	Pooja	
	09:00 am	fls					✓				0	Pooja	
	10:00 am										0	Pooja	
	11:00 am										0	Pooja	
	12:00 pm										0	Pooja	
	01:00 pm	fls								✓	0	Pooja	
Total Intake :						Total Output : 0-2 ml							
	02:00 pm										0	Pooja	
	03:00 pm	H ₂ O									0	Pooja	
	04:00 pm						✓				0	Pooja	
	05:00 pm								✓		0	Pooja	
	06:00 pm	fls									0	Pooja	
	07:00 pm										0	Pooja	
Total Intake :						Total Output : 0-1 ml							
	08:00 pm										0	Suchi	
	09:00 pm	H ₂ O								✓	0	Suchi	
	10:00 pm						✓				0	Suchi	
	11:00 pm	H ₂ O							✓		0	Suchi	
	12:00 am										0	Suchi	
	01:00 am										0	Suchi	
Total Intake :						Total Output : M-1 0-2							
	02:00 am										0	Suchi	
	03:00 am	H ₂ O									0	Suchi	
	04:00 am								✓		0	Suchi	
	05:00 am						✓				0	Suchi	
	06:00 am	H ₂ O							✓		0	Suchi	
	07:00 am										0	Suchi	
Total Intake :						Total Output : M-0 0-2							

Total 24 hrs. Intake fls

Total 24 hrs. Output M-3 0-7

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby of Deepthi Soma Age: 1yr Sex: M UHID.No: BAH 00603914
 Date: 10/31/25 Time: 2:20PM Proposed Operation: Single stage Hyopadia repair
 Diagnosis: Coronal Hyopadia
 B.P / CRT: 73sec H.R: 96 Weight: 12 kg (27/05/24) ASA Physical Status: 1 2 3 4 5
27/05/24 13.1kg

Laboratory Data:

Hgb: <u>11.6</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>36.4</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>10.83</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>433</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKA

Medical History: CVS: C-section delivery DVT & Allergy
 RESP: NO H/O fever Diabetes: - NO NEW admission
 CNS: NO H/O recurrent URI → NO developmental delay
 Renal: + Immunized Preage
 Hepatic / GE: Physical Activity: Active
 Others:

Past Anaesthetic History: -

Physical Exam:
 Airway: MP 1 2 3 4 Mouth Opening: adequate Mentohyoid Distance: > 3P Neck: (N) Teeth: X/X / X/X
 Lungs: BAT @
 Heart: SS @
 CNS: accessible palpable
 Pregnant: Yes No NA Venous Access Site: Spine Exam for regional: good

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

PAE Reviewed by Tejash
25/10/2026 4:40PM Dr Shiny
explained

CURRENT MEDICATIONS	DOSAGE
<u>VIT D3 Syrup</u>	

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

CBP on cannula

Signature: [Signature] Name: Dr Anleen



ANAESTHESIA CHART



Pre Induction Assessment: **9:02 AM**

Change in Patient Condition: Yes No Fasting Status: **CONFIRMED**

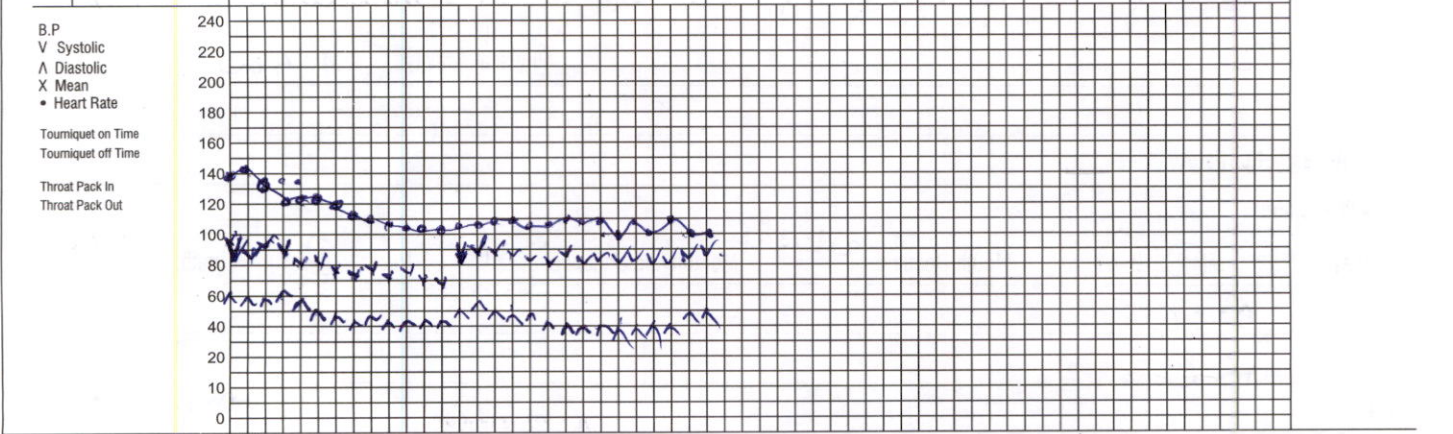
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: **130/min** B.P/CRT: **90/63** SpO₂: **100%** R.R: **20/min** Last Feed: **> 8hrs**

Pre-OP Diagnosis: **CORONAL HYPOSPADIAS** Operation: **SINGLE STAGE HYPOSPADIAS REPAIR** Date: **27/5/26**

Surgeon: **A. MANAKI** Anaesthesiologist: **Dr. RC; Dr. MH, Dr. AL** Technician: **SHRISHA**

TIME	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00
N ₂ O / O ₂ / F _{IO2} / LPM	0.5 / 100 / 100 / 50																		
HALO / ISO / SEVO / IMAC																			
Drugs:																			
I. MIDAZOLAM	0.5mg																		
II. FENTANYL	20mcg																		
III. PROPOFOL	20mg																		
IV. ROCURONIUM	7																		
V. PARACETAMOL																			
Antibiotic																			
Suppository																			
Supp.																			
Blood Loss																			
Urine Output																			



LAB Values

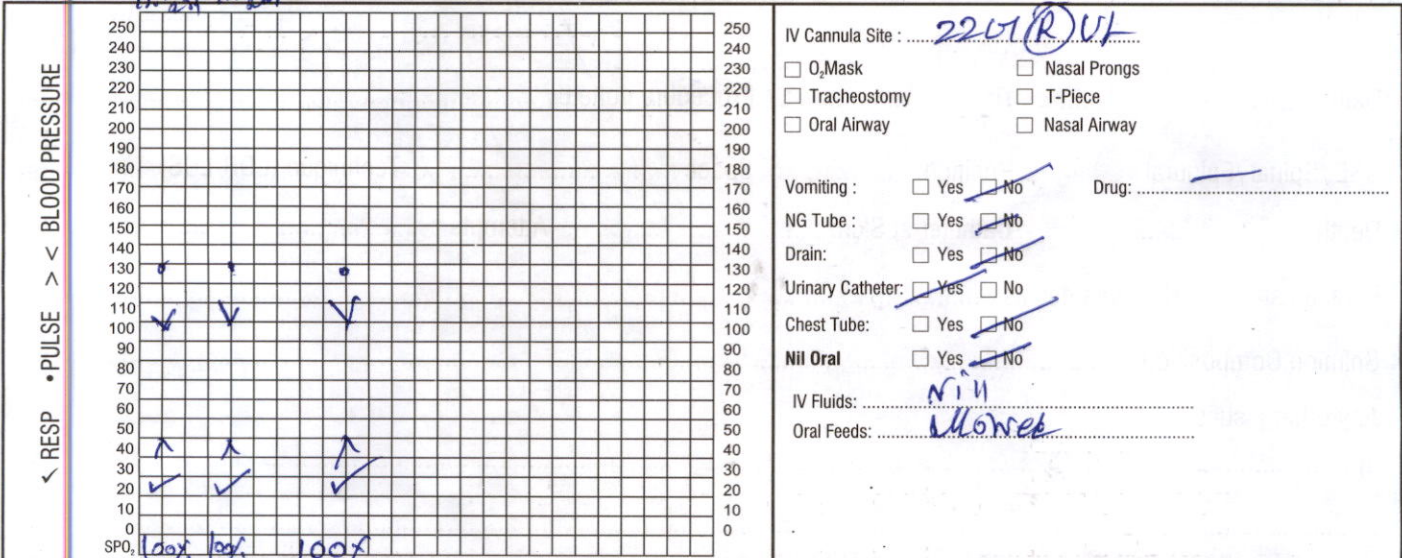
ABG	
GRBS	
Others	

<p><input checked="" type="checkbox"/> Equipment Checked and Functional</p> <p><input checked="" type="checkbox"/> BP</p> <p><input checked="" type="checkbox"/> Cuff Site: DL</p> <p><input type="checkbox"/> Art Site:</p> <p><input checked="" type="checkbox"/> EKG Lead</p> <p><input checked="" type="checkbox"/> Temp Site: 3 skin</p> <p><input checked="" type="checkbox"/> FIO₂ Monitor</p> <p><input checked="" type="checkbox"/> Agent Monitor</p> <p><input checked="" type="checkbox"/> Pulse Oximeter</p> <p><input checked="" type="checkbox"/> Capnograph</p> <p><input type="checkbox"/> Ventilator</p> <p><input type="checkbox"/> Nerve Stimulator</p> <p>Position: Supine</p> <p><input checked="" type="checkbox"/> Pressure Points Checked</p> <p>Eye Care:</p> <p><input type="checkbox"/> Oint</p> <p><input type="checkbox"/> Tape</p> <p><input type="checkbox"/> Padding</p> <p><input type="checkbox"/> Awake</p>	<p>Temp:</p> <p><input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer</p> <p><input checked="" type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer</p> <p><input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool</p> <p><input type="checkbox"/> Other</p> <p>Times:</p> <p>Anaes Start: 9:05 AM</p> <p>OP Start: 9:28 AM</p> <p>OP End:</p> <p>Leave OR: 11:20 AM</p> <p>Anaesthesia:</p> <p><input checked="" type="checkbox"/> GA</p> <p><input type="checkbox"/> Monitored Anaesthesia Care</p> <p><input checked="" type="checkbox"/> Regional</p> <p>Line (Size & Location)</p> <p><input type="checkbox"/> CVP:</p> <p><input type="checkbox"/> ART:</p> <p><input checked="" type="checkbox"/> IV: 22G DL</p> <p><input type="checkbox"/> IV:</p> <p><input type="checkbox"/> IV:</p>	<p>Induction</p> <p><input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal</p> <p><input checked="" type="checkbox"/> Pre O₂ <input type="checkbox"/> RSI</p> <p><input type="checkbox"/> Others</p> <p><input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA</p> <p><input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal</p> <p>ETT# 4 at 12 cm</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff</p> <p><input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical</p> <p><input type="checkbox"/> Drug: Rocuronium</p> <p><input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision</p> <p><input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie</p> <p><input type="checkbox"/> Fiberoptic</p> <p>Blade# 2 Attempts: 1</p> <p>Difficulty Why?</p> <p><input checked="" type="checkbox"/> Bilal = BS</p> <p><input type="checkbox"/> Semi-Closed Circle</p> <p><input checked="" type="checkbox"/> Closed Circle</p> <p><input type="checkbox"/> Other</p>	<p>Regional:</p> <p>Extremity Specify:</p> <p><input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Caudal</p> <p>Others:</p> <p>Position: DL</p> <p>Site: 2 Sacral Hiatus</p> <p>Needle Size: 22G Depth:</p> <p>Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Catheter at skin cm</p> <p>Drug Name & Conc:</p> <p>Bolus: 12ml of 0.25% Bupivacaine</p> <p>Infusion:</p> <p>Block Level: -</p> <p>Comments:</p> <p>Transportation to</p> <p><input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other</p> <p>Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Name of the Doctor: NIKITA</p> <p>Signature of the Doctor: Nika</p>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Suman Time Received: 11:25AM Time Discharged: 12Pn



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	1	1	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		7	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<u>27/5</u>	<u>11:25AM</u>	<u>02/10</u>	<u>NA</u>	<u>Suma</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name: Dr. Aishwarya

Anaesthesiologist Signature: [Signature]

Date & Time: 27/5/26 at 12:00Pn

PACU Nurse Name: Suman

PACU Nurse Signature: [Signature]

Date & Time: 27/5/26 at 12Pn

Transferred to Unit by (PACU): Suman (302)

Date & Time: 27/5/26 at 12Pn

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		Maternal		FHR	Comments
			Left	Right	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: Single stage Lymospedial repair.

Anaesthesiologist: Dr. Subramanyam. Surgeon: Dr. Harish Jayaram.

Please read this before you consent for Anaesthesia

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

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

Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders

Shock Obesity Chronic Obstructive Pulmonary Disease

Others: LARYNGOSPASM, BRONCHOSPASM

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: S. Deepthi

Name: S. Deepthi

Relationship with patient: MOTHER

Date & Time: 25/05/26, 4:46 pm

Witness:

Signature: M. Ravi

Name: M. Ravi

Date & Time: 25/5/26 @ 4:40 pm

Doctor (who is taking consent):

Signature: DR SHINY Name: DR SHINY

Date: 25/05/26 Time: 4:45 pm

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 అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ 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 నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

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

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ 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, శాస్త్రాత్మక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ 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:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00603914 IP5-00174365
 Baby Of DEEPTHI SOMA
 05-10-2024 1 Y 7 M 22 D (M)
 Dr. HARISH JAYARAM



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)

- SINGLE STAGE HYPOSPADIAS REPAIR.
-

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)
1. Resolution of symptoms. 2. Passing urine from glanular meatus.	Nil

- 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:

- Bleeding, Infection.
- Urethrocutaneous fistula.

- I authorize Dr. Harish Jayaram 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: Deepthi
 Name: S. Deepthi
 Relationship with patient: Mother
 Date & Time: 27/5/26, 8:32 AM

Witness:
 Signature: Anjali
 Name: Dr. Chitaranjali C.
 Date & Time: 27/5/26, 8:32 AM

Doctor (who is taking consent):
 Signature: Malika Name: Dr. Malika Date 27/5/26 Time: 8:32 AM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో బిల్టైన్ 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 సప్లాయి నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జి, 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:



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Harish Jayaram

Date : 27/05/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: 7:07 AM

Weight: 12.9 kg

Allergic History:

Chief Complaints:

Had coronal
Hypospadias

↓
single
now fd stage repair

no c/o cold, cough
fever, vomiting.

Pediatric Assessment Triangle

A Appearance - TICLS normal

B C Circulation Normal Abnormal

Breathing

↑ WOB Pallor

↓ WOB Cyanosis

Normal Mottling

Gasping / Apnea Bleeding

Initial Physiological Status: Stable Unstable

Life Threatening

Non Life Threatening

Any urgent interventions needed: Yes No

If Yes

Significant Past History:

Medication History: FT/LSCS/CIAB/NO WICU stay

Relevant Investigations: Development - (D)
Immunised till date

Primary Assessment

Airway Open Maintainable Not Maintainable

Breathing

Rate: 24/min SpO₂ on FiO₂ 97% @RA

Rhythm: regular

Retractions: Suprasternal ICR SCR

Sternal Supraclavicular Nasal Flaring


Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAE @, clear

Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No

If Yes

Circulation  HR: 118/min

BP: 86/45 mmHg

Pulse Volume: Central Peripheral <3 sec

If in Shock: Compensated Hypotensive

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

CFT Central <3 sec Peripheral

Murmurs: Yes No


Liver Span:

ECG:

Any Signs of Heart Failure: Yes No

Any urgent interventions needed: Yes No

If Yes

Disability  GCS: AVPU: Alert

Pupils: Responsive Non-Responsive

Size: Right Left


Active Seizures: Yes No

Sugars:

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes

Exposure  Temp.: 98.0°F

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes

- Final Physiological Status:**
- Respiratory Distress
 - Shock - Compensated
 - Cardiopulmonary Arrest
 - Respiratory Failure
 - Hypotensive
 - Hemodynamically Stable
 - Respiratory Arrest

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

IV cannula - CBP

Vitamin D3

(parent request)

noted by [Signature]

Treatment Planned:

- 1) continue NPO
- 2) IV fluids
- 3) shift to OT on call

noted by [Signature]

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): Single stage Hypospadias repair

Assessment done by

Name of the Doctor: Jayash

Signature: [Signature]

Date & Time: 27/05/26 @ 7:20 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: [Signature]

Signature: [Signature]

Date & Time: 27/5/26 8:30 AM

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 24/5/26 Time: 12:40pm

Weight: 12.9 Kg's Centile: <5th

Height: Centile: >5th

Inference: Underweight child

RDA: - Calories: 1200 kcal/d Protein: 20gm/d

Diet Recommendations: soft diet

Re-Assessment: avoid spicy, chilled and outside foods

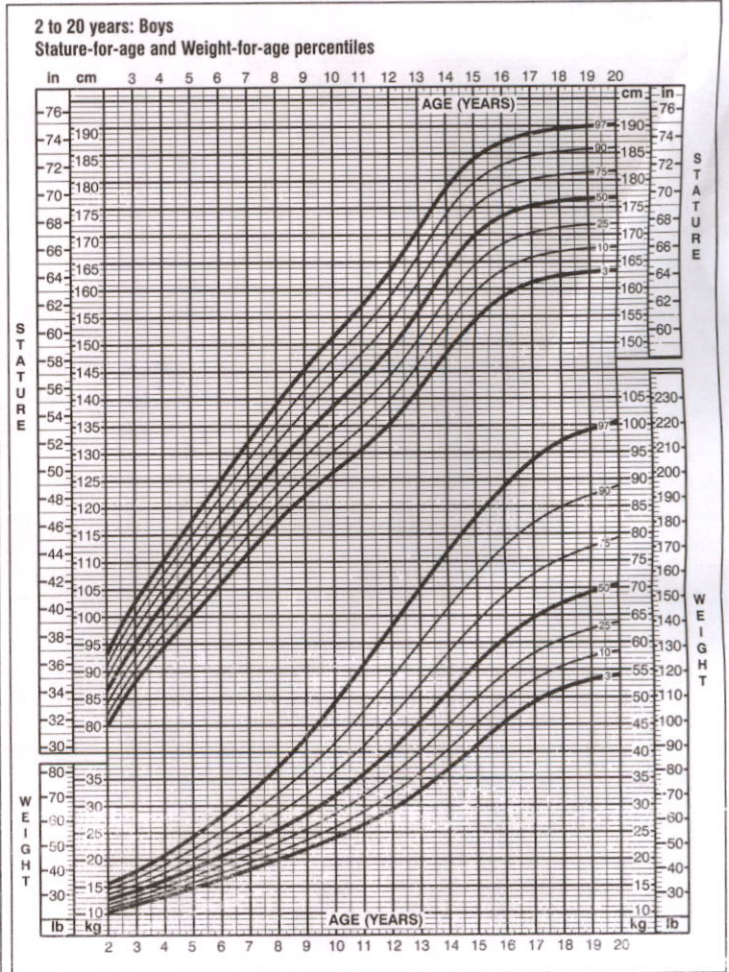
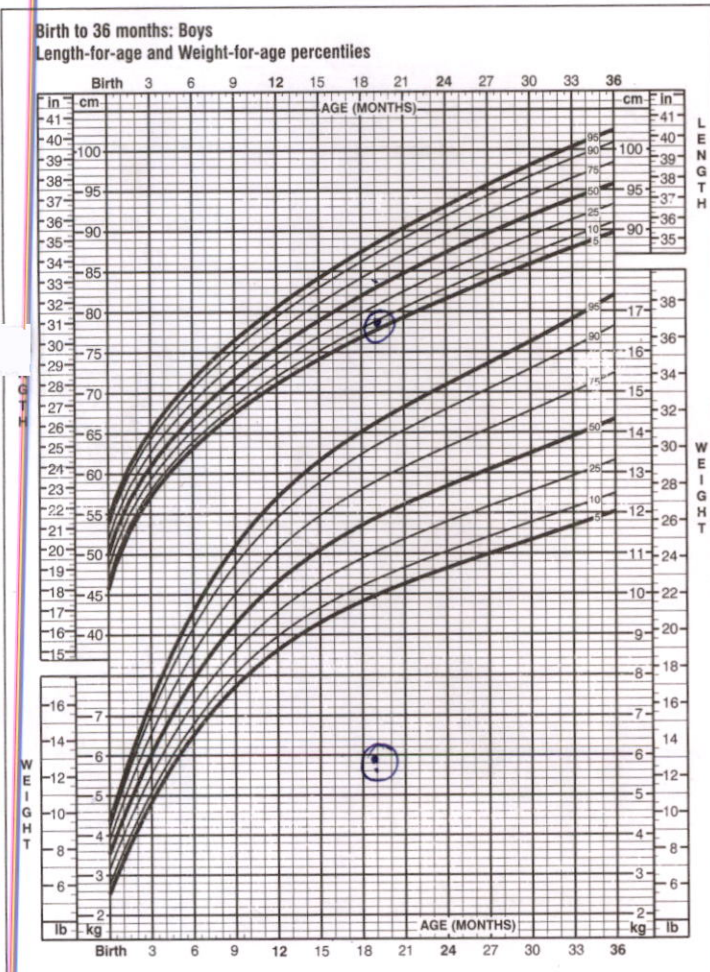
Food Allergies: No Veg/Non-veg Non-veg

Diagnosis: Coronal Hypospadias

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Sajali

GROWTH CHART (BOYS)



Dietician's Name Saima

Dietician's Signature Saima

Daily Notes:

28/5/26

patient is stable, intake is optimal

Nikitha

9:30 am

continue soft diet

BAH-00656741 IP5-00174482
Master REKA DHAIK VIHAAN
J1-03-2026 0 Y 2 M 28 D (M)
Dr. HARISH JAYARAM



ENTERED
SURGERY DETAILS

Date : 29/5/26

Patient Name: Mast. Reka Dhairik Vihaan Date of Birth: 01/03/2026 Age: Male 2 months

Gender: Male Ward: OT-III UHID No.: BAH-00656741

Date of Surgery: 29/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Tongue Tie Release

Time in : 8:27am

Time Out : 8:45am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Harsh Jayaram	
2. Anaesthetist	DR. Aashwarya	
3. Assistant Surgeon		
4. OT Technician	Venkat Sai	
5. Circulating Nurse	Jeeho	
6. Assistant Nurse	Sivata	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9632646

Order by: Benjamin

ADMISSION SHEET

Registration Details :


Admission No : IP5-00174482 Admit Date : 29-May-2026 Admit Time : 07:08 AM UHID : BAH-00656741

Patient Details :

Patient Name : Master REKA DHAIVIK VIHAAN	Age : 0 Y 2 M 28 D
Guardian : Mr REKA SAI RAHUL	DOB : 01-03-2026 01:00 AM
Gender : Male	Religion :
Occupation :	Martial Status : Single
Address (H) : FLAT NO--634, KUSUMANJALI APARTMENT , Jntu Kukat pally Hyderabad Telangana INDIA 500085	Phone No : 9989903002/ 9014816773
	E-mail : NOMAIL@GMAIL.COM

Admission Details :

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

Contact Details :

Name : Mr REKA SAI RAHUL **Relationship** : Father
Contact Address : FLAT NO--634, KUSUMANJALI APARTMENT **Phone No** : 9989903002
 , Jntu Kukat pally Hyderabad Telangana INDIA
 500085

R. Sai Rahul
Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM **Specialisation** : PEDIATRIC SURGERY
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : **BAH-00656741** **IP5-00174482**
Master REKA DHAIK VIHAAN
01-03-2026 **0 Y 2 M 28 D** (M) -----
 UHID No **Dr. HARISH JAYARAM** ----- Consultant: ----- Dept : -----
 Date of Admission: ----- Time : ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	7:40 AM	CP	OT	E
29/5/26	8:45 AM	OT	Postop	Reyler
29/5/26	10:30 AM	Postop	Billng	Reyler

Cross Consultation Visit

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



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Harish Date: 29/5/20

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: 7am Weight: 9.94 kg

Allergic History: NKA

Chief Complaints:
longue tie with poor wt gain & difficulty in feeding

Pediatric Assessment Triangle

A Appearance - TICLS (2)

B Breathing
 ↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

C Circulation
 Normal
 Abnormal
 Pallor
 Cyanosis
 Mottling
 Bleeding

Initial Physiological Status: Stable Unstable
 Life Threatening Non Life Threatening

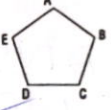
Any urgent interventions needed: Yes No
 If Yes


Significant Past History:

Medication History:


Relevant Investigations: (e)


Primary Assessment

Airway 
 Open
 Maintainable
 Not Maintainable

Breathing 
 Rate: 36/min SpO₂ on FIO₂: 100%
 Rhythm: regular
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BAT ⊕ / clear
 Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No
 If Yes

Circulation  HR: 140/min CFT Central Peripheral 1/2+ Any urgent interventions needed: Yes No
 If Yes
 BP: 92/60 mmHg Murmurs: Yes No
 Pulse Volume: Central Peripheral good Liver Span: 10
 If in Shock: Compensated Hypotensive No ECG: 10
 Muffled Heart Sound: Yes No Any Signs of Heart Failure: Yes No
 Engorged Neck Veins: Yes No

Disability  GCS: 15 AVPU: Any urgent interventions needed: Yes No
 If Yes
 Pupils: Responsive Non-Responsive
 Size Right Left 1/2mm
 Active Seizures: Yes No Sugars:
 Signs of Neurological compromise: NEND

Exposure  Temp.: 98°F Any urgent interventions needed: Yes No
 If Yes
 Any Rash: Yes No
 If yes describe the rash
 Active bleed: No
 Lacerations Abrasions bruises
 Describe:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned: CRP
 N/S
 Stavan
 29/5/20

Treatment Planned:
 1) IVF DNS
 2) Cont NPD
 3) Shift to OT.

Need for Oxygen: Yes No if yes Low Flow High Flow PPV
 Final Diagnosis with possible Differential Diagnosis (If necessary): Tongue Tie for release

Assessment done by
 Name of the Doctor: Akhile
 Signature: Akhile
 Date & Time: 29/5

Sr. Doctor on Duty (If necessary)
 Name of the Sr. Doctor:
 Signature:
 Date & Time:

BAH-00656741 IP5-00174482
Master REKA DHAIVIK VIHAAN
01-03-2026 0 Y 2 M 28 D (M)
Dr. HARISH JAYARAM



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

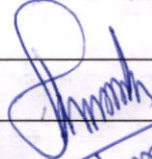
Patient's Name : Master Reka Dhaiwik Vihaan Age : 2 months Gender : Male Female

UHID No. : BAH-00656741/00174482 Weight : 5kg Height :

Surgeon : <u>Dr Malika</u>		Asst. Surgeon : <u>Dr Harish</u>	
Anesthetist : <u>Dr. Ashwadega</u>	OT Nurse: <u>Sri/ Jyothi</u>	OT Technician: <u>Venkat Sai</u>	
Pre-Operative Diagnosis: <u>Tongue Tie .</u>			
Surgical Procedure : <u>Tongue Tie Release .</u>			
Indications for Surgery : <u>Tongue Tie .</u>			
Date : <u>29/5/26</u>	Start Time : <u>8.30am</u>	End Time : <u>8.35am</u>	
Pre Operative Preparations: <u>5/- betadine .</u>			
Post Operative Diagnosis: <u>Tongue Tie .</u>			
Peri-Operative Complications:			
Operation Notes: <u>Procedure :-</u> <u>- Tongue Tie release done .</u>			



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 7:30am	C/S/B ER Resident	
	Δ: Tongue tie for tongue tie release	
	no active symptoms	Adv.
	O/E: alert	1.) Shift to OT
	vitals stable	2.) IV cannula
	Chest clear	send CBP
	no dehydration	3.) Start IVF DNS
		4.) Cont. NPO
	 Dr. Harish Jayaram 29/5/26 8 AM	Akshita



DRUG CHART

Date of Admission: 29/5 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. ...4.9kg... Ward. ...OT.....

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

BAH-00656741 IP5-00174482
 Master REKA DHAIK VIHAAN
 01-03-2026 0 Y 2 M 28 D (M)

Patient: HARISH JAYARAM



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 29/5/26.....

Department : OT- III..... Duration of Procedure : 15 min.....

Name of Surgeon : DR. Harish Jayaram..... Date of Admission : 29/5/26.....

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>NA</u>	
2.	Hair Removal <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes : <input type="checkbox"/> Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : <u>NA</u> Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37.2</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : <u>NA</u> Date & Time of antibiotic administration : <u>NA</u> Date & Time procedure started : <u>29/5/26 at 8:32am</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

BAH-00656741 IP5-00174482
Master REKA DHAIVIK VIHAAN
01-03-2026 0 Y 2 M 28 D (M)
Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

Procedure Done: *Tongue Tie Release*

Post-Surgical Diagnosis: *Tongue Tie*

Post-Operative Monitoring Parameters /Frequency:

TPR monitoring every 15 min for 1st hr

Wound Care:

- Nil

Drain /Special Lines/Catheters:

- Nil

Special Patient Positioning and Requirements:

Nil

Nutritional Instructions:

Full feeds as soon as child is fully awake

When to Start Mobilization:

Nil

Special Referrals:

-

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

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

[Signature]

Date: *29/3/20* Time: *8.45 am*

Note: Plan of care will be readjusted if necessary.



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Akhile Dr. Akhile

Date & Time : 28/5/26 7AM

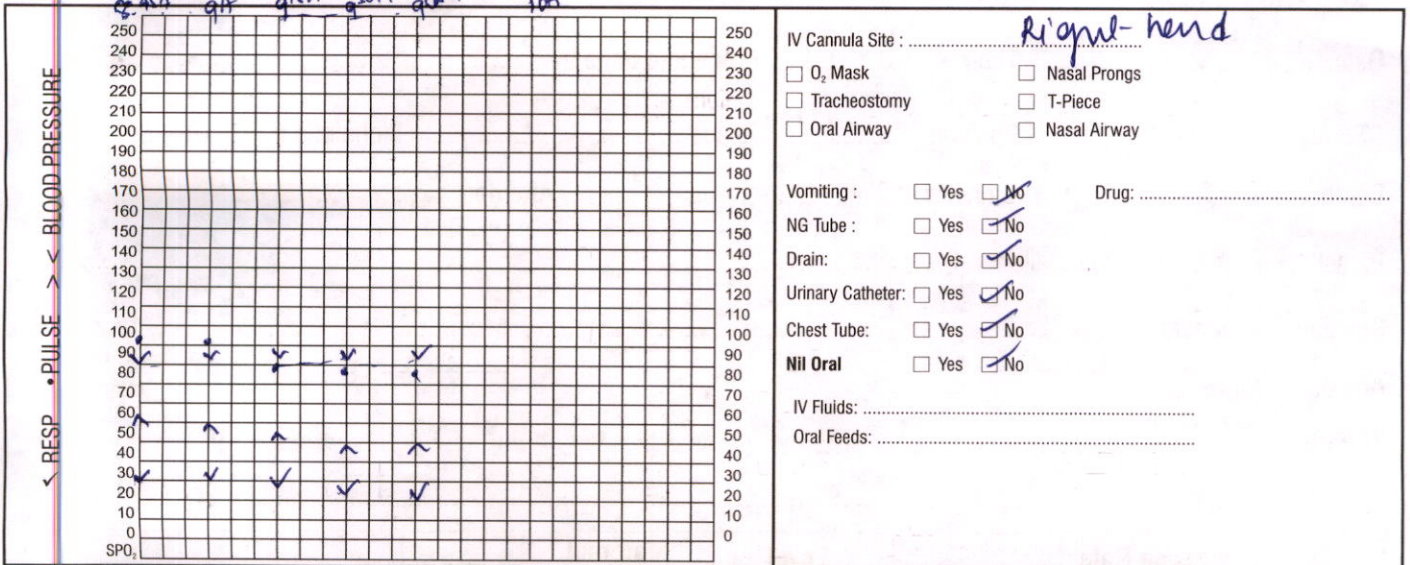
Nurse Name & Signature: Bhavani B

Date & Time : 28/5/26 @ 7:10 AM



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Rejini Time Received: 8:45 AM Time Discharged: 10:30 AM



IV Cannula Site: Right hand

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting: Yes No Drug: _____
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: _____
 Oral Feeds: _____

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/5	8:45 AM	0/10	on sedation	Rejini
29/5	10:30 AM	0/10	No intervention	Rejini

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Draga Phenui
 Anaesthesiologist Signature: [Signature]
 Date & Time: 29/5/26 at 10:30 AM

PACU Nurse Name: Rejini
 PACU Nurse Signature: [Signature]
 Date & Time: 29/5/26 at 8:45 AM

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

Transferred to Unit by (PACU): Bill King
 Date & Time: 29/5/26 at

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. Tongue tie release
 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)
<u>Resolution of symptoms of feeding issues & pass weight gain</u>	<u>None</u>

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

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

- a. Bleeding
 b. _____

- I authorize Dr. Dr. Harish Jayaram 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: R. Sai Rahul
 Name: R. Sai Rahul
 Relationship with patient: Father
 Date & Time: 29/05/2026 @ 9 AM

Witness:

Signature: Chandana
 Name: Chandana
 Date & Time: 29/5/26 @ 8 AM

Doctor (who is taking consent):

Signature: Dr. Harish Jayaram Name: Dr. Harish Jayaram Date: 29/5/26 Time: 8 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:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

- a.
- b.

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

రోగి / రోగి అటెండెంట్: _____ సాక్షి: _____
 సంతకం: సంతకం:
 పేరు: పేరు:
 రోగితో సంబంధం: తేదీ & సమయం:
 తేదీ & సమయం:

డాక్టర్ : _____
 సంతకం: పేరు: తేదీ & సమయం:

BAH-00656741 IP5-00174482
 Mother REKA DHAIK VIHAAN
 01-03-2026 0 Y 2 M 28 D (M)
 Dr. HARISH JAYARAM



RESULT SHEET

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

BAH-00658741 IP5-00174482
 Master REKA DHAIK VIHAAN
 J1-03-2026 0 Y 2 M 28 D (M)
 Dr. HARISH JAYARAM



FLUID CHART

Sheet No. :

- All measurements in ml.
- 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 Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output :								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

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.

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													
	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								