

FDH-00048485 IP5-00176530
Master PACHAVA MEDHANSH SRI
10-07-2024 2 Y 0 M 8 D (M)
Dr. PILLARISETTI NAVEEN SARADHI

Patie



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 18/7/26

Patient Name: MASI. PACHAVA MEDHANSH Date of Birth: 10-07-2024 Age: 2y7m

Gender: Male Ward: P.O.T UHID No.: PDH-00048485

Date of Surgery: 18/7/26 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: flexible Pnuleury CBAL

Time in : 2³⁰ pm

Vidul/SRUJ
TSW

Time Out : 2⁵⁵ pm

	NAME	AMOUNT
1. Surgeon	Dr. Naveen Saradhi	S.F - 26400
2. Anaesthetist	DR. Saritha	Ans - 7929
3. Assistant Surgeon		OT - 11000/-
4. OT Technician	Nishant	OTL - 7500/-
5. Circulating Nurse	Teena Bhatnagar	
6. Assistant Nurse	Bikhlal	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9709694

Order by: Bikhlal

ESTIMATION SLIP

Pre-Approval
(PTH-3)

Date : 17-July-23 UHID / IP No. : FDH-00048485 SI No. 81131
Name of Patient : Maat. Pachama Medhanchi Sri Age : 2yrs Gender : Male
Father's / Husband's Name : Mr. Tejesh P Corporate / Occupation : Wipro
Address : Hyderabad Phone : 7013070052 Email : -
Procedure / Plan : Flexible Bronchoscopy for Cerebral

MODE OF PAYMENT : ☐ SELF ☒ TPA : Vidyal/United ☐ GIPSA : - OTHERS : -

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			11000/-							
Doctor's Fee			per day		NA					
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	TSW → 39073
O.T. Consumables	10572
Instrument Charges	11000/-
Pharmacy, Consumables & Investigations	Extra
Equipment Charges	Infusion pump / Syringe pump :
Monitor :	Oxygen :
Ventilator :	Conventional :
Phototherapy :	Single Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	15000/-

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

DECLARATION

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

Signature of the Client

Signatory Relationship

Signature of the Financial Counselor

ACTIVITY RECORD FOR BILLING

Name : medhansh

UHID No. : _____ IP No. : _____ 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
12/7/26	6:40am	EC	107	
8/7/26	1:40pm	107	OT	
10/7/26	3:40pm	OT	107	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Chandhana	18/7/26	970517	
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

✓

[illegible]

18/7

18/7	Refusion pump
------	---------------

94

Stop
2/20/26
6:30 pm

920981



186

Diffusion pump

PROCEDURE

[illegible]

ANY OTHER INFORMATION

x-ray - 1

2p ceko - 1

HRCI - 1

Date : 21/2/26

Time : 4:55 pm

Prepared By : *Neelam*

Staff Nurse

Nikita

Shift / Ward

Billing Assistant

Billing Supervisor

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176530

Admit Date : 17-Jul-2026

Admit Time : 04:26 PM **UHID :** FDH-00048485

Patient Details :
Patient Name : Master PACHAVA MEDHANSH SRI NANDAN

Age : 2 Y 0 M 7 D

Guardian : Mr PACHAVA RAMESH PACHAVA

DOB : 10-07-2024

Gender : Male

Religion :
Occupation :
Martial Status : Single

Address (H) : HS NO 20-18-68 17 LINE.D S NAGAR
 ATUKURU ROAD, Guntur Bazar Guntur
 Andhra Pradesh INDIA 522003

Phone No : 7013072052/ 9440582909

E-mail : HEMA20403532@GMAIL.COM

Admission Details :
Bed Type : DAY CARE

Bed No : ER 04

Ward Name : 1B-EMERGENCY

Room No : ER 04

Admission Type : First Visit

Contact Details :
Name : Mr PACHAVA RAMESH PACHAVA

Relationship : Father

Contact Address : HS NO 20-18-68 17 LINE.D S NAGAR
 ATUKURU ROAD, Guntur Bazar Guntur Andhra
 Pradesh INDIA 522003

Phone No : 7013072052

P. Hema Mouli
 Signature

Doctor Details :
Doctor Name : Dr. PILLARISETTI NAVEEN SARADHI

Specialisation : PULMONOLOGY

Referral Doctor : Self

Phone No :
Co-Consultant : Dr. SHRUTI KOTAPALLI

Payment Details :
Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : VIDAL HEALTH INSURANCE TPAPVT
 LTD



BRONCHOSCOPY Flexible

CONSUMABLES OF OT

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

Circulating staff : Technician : Date : Time : 2 pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3.3.5.4.	144	—	Major Pack			Inj Vit.K		
LMA 1.1.1.1	14	—	Sutures			Cord Clamp		
ECG leads : A / P / N	05	01				Suction Catheter		
HME filter : A / P / N	01	—				Feeding Tube		
Syringes : 10 cc	10	05				Vaccum Suction Set		
05 cc	10	05	Gloves			Surgical Gloves		
02 cc	10	03	6.6" 2 1/2"	24	—	Gauze Pack		
01 cc	5	—	6.6" 2 1/2"	24	2	Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	—	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	01	01	Koochies			Transfer	1	1
NSU Spike	01	01	Ointments			10cc, 24, 24	42	1
Guem	03	01	Suction Catheter			Set	1	1
Fentanyl	01	01	Cap, Mask	5/8	5/8	Big mucous	1	—
Morphine			Gauze Pack (N)	5/8	5	mucous extractor	2	2
Ketamine			Mop Pack	1	1			
Propofol	04	02	Steristrip					
Rocuronium	01	—	Underpad	1	1			
Glycopyrolate	01	01	Draw sheet	1	1	niclas	01	01
Myopyrolate + Neo	02	—	Abgel			Nobel Airway		
Ondansetron	01	—	Foleys catheter			1214	14	—
Pencan 25g/ Spinal Needle 22			Urobag			oral Airway		
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			200.00	14	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			IV cannula		
Antibiotics Etc			Bandage			22124	14	
Nobel probes (N)	01	01	Tegaderm			50cc + probe	14	14
Suppositories			Ioban			02 mask (P)	01	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	01	—	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
Vaccubio	01	—	Microshield	1	1			
Dexa + Dexmide	14	01	Cotton Balls	1	—			
Tranexa + pen	14	—	Latex Gloves	102	102			
Glucose + clonidine	54	—	Ramdione Scrub					
Centruo cm 3cc	14	—	Saral					

on 9709614 Anaesthesiologist Nurse OT Technician

Ordered by : X. S. S. S.



107

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1+1+1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	7			
8	Consultation sheet	2			
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 <i>Anaesthesia</i>	1			
15	LAMA consent				
16	Consent for special procedure / Sedation				
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)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	7			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	3			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	2			
39	Bed side check list	2			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	<i>Other</i>	6			
	Total No. of Pages	<i>48</i>			

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



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00048485 IPS-00176530
Master PACHAVA MEDHANSH SRI (M)
10-07-2024 2 Y 0 M 7 D
Dr. PILLARISETTI NAVEEN SARADHI

Patient Name: Master - pachava medansh Sri Nandha

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Master Pachava Medhansh Srinandhan Age/Sex 2 y 0 m / male

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cl. Cold since 2 days
fever since 2 days

History of present illness :

pt was apparently asymptomatic 3 days back
then he suddenly his father noticed child
is crying with pain abdomen & mouth breath
then his father taken to hospital admitted
for 2 days. then he developed fever decrease
with medication then discharged yesterday
again. he developed vomiting 1 episode
of vomiting after eating food at night food
in consistency.

H/O fever since 2 days 2 episodes
Intermittent decreased with medicine

H/O Cold since 2 days

H/O Breathlessness since 3 days
Increased chest activity. playing

H/O Snoring since 2 days

H/O Mouth breathing since 3 days



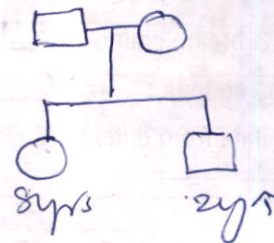
Pediatric Multiorgan History & Physical Examination

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

no significant past H/O

Birth & Neonatal History:

Sl pre term / LSC 10 wt - 1.8 kg
(2200g) formula feeding
No NICU admission 1 month



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

appropriate for age

Immunization History :

completely immunized

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 87cm (Centile _____)

Weight (kgs)) 11.3kg (Centile _____)

On Examination :

Temperature : 99.3°F Pulse Rate : 133 bpm B.P. 93/61 ⁽⁷⁴⁾ SP02 98% RA

Resp.rate and type of breathing : 26/min thoracoabdominal

Rash NO

Lymphadenopathy NO

Oedema : NO

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BACENT

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 } @

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft non tender

Ausculation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious alert 15/17

Cranial Nerves : 3 (CN)

Motor System:

Nutriton : 3

Tone: 3 Power 3

Co-ordinator : 3

Posture : 3

Involuntary Movements : 3

Reflexes : 3

DTR 3

Superficials: 2

Plantars 3

Sensory System :

Bladder / Bowel : normal

Clinical Summary & Diagnostic:

- Croup

- Foreign body ingestion suspicion

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Infectious control

Desired goals of the treatment:

Haemodynamic stability

Planned Labs:

CBP - CRP, ESR, Rf-2
 Serum IgE
~~Serum Electrolytes~~
 collect Extra 1 EDTA + 2 plain
 X-ray left hand
 NB Bharadwaj 12/7/26
 Flexible Bronchoscopy
 only 1 plain given
 biorderer

Planned Management

- check spo₂
 - Inj- Augmentin
 - Inj methylprednisolone
 - Flomist F Nasal spray
 - Levulin Nebulizer 6ml
 - Budecort Nebulizer 1ml
 Flexible Bronchoscopy
 (tomorrow)

Signature of the Doctor: Dr. Ramya

Signature of the Consultant: [Signature]

Name of the Doctor: Dr. CAMMEETA RAMYA

Name of the Consultant: Dr. Naveen Saradhi

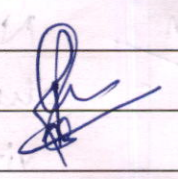
Date & Time: 17/07/26, 3:50 PM

Date & Time: 17/7/26

DR. PILLARISETTI NAVEEN SARADHI
 Registration No: 38823

Progress Notes

Doctor's Order

Date & Time	Progress Notes	Doctor's Order
17/7/26	CLTB Pulmo team	
7pm	Temp - 99.6 F. mild tachypnea (+) Nausea (+) Spo₂: 97% R.A. chest: Bk wheeze (+) CVS: S₁S₂ (+) PIA: soft	Adv :- - Flexible bronchoscopy at 2pm tomorrow - PAC - Add Pantop, Ondem - Continue Augmentin - Continue methylpred - Syp. Crocin Stat - NPO according to PAC - Send vit D, Ca²⁺, ALP, PO₄²⁻ from samples - monitor saturations
		DR PILLAISETTIMANEN SARADH Registration No: 38632 



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 8:30am	C/S/B Dr. Naveen Saradhi Δ: Persistent Pneumonia Adv :- - Fever spike (+) - 99.6 F - sweating (+) mouth breathing (+) RR: 28/min spo ₂ : 98% R-A chest: B/L wheeze (+) Cv: S+S ₂ (+) P/A: - mild distension (+) CNS: conscious, active Grade 3-4 tonsils B/L	1) Inj Augmentin - D ₂ 2) Inj NPS - D ₂ 3) Levofloxacin Neb 6th hly 4) Budecort Neb BD 5) Inj Pantoprazole 6) Inj Ondansetron - SOS 7) Cyp. Montair LC / Fromist-F 8) Keep NPO 9) Continue IV fluids 10) Add montair 11) Flexible bronchoscopy at 2pm today 12) Trace s-IgE
18/7/26 5:00pm	C/S/B Pulmo team: No fever chest: clear Vitals stable spo ₂ : 99% Trace: BAC reports T _{FE} - 98.8	Adv:- - Continue same treatment - HRCT chest tomorrow morning. - Plan Adenotonsillectomy later.

DR. PILLARISETTI NAVEEN SARADHI
Registration No: 38883



PROGRESS NOTES AND DOCTOR'S ORDER

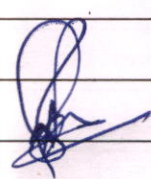
Date & Time	Progress Notes	Doctor's Order
19/7/26 9 am	C/S/B Dr Naveen Saradhi c/o Persistent pneumonia + Adenotonsillar hypertrophy Alert, active Vitals stable SpO₂ - 99% (RA) Chest - B/L rBS, B/L AE + CVS - NAD P/A - Soft, non-tender Plan: Adenotonsillectomy later	Adv - Augmentin } D3 - Methylpred } - MDI Budenort & levolin - Pantop / Montair LC / Flomist-F / mount - HRCT chest - Trace BAC reports
20/7/26 8:30 am	C/S/B Dr. Shanthi Kolapalli c/o Persistent pneumonia + Adenotonsillar hypertrophy - Fever spikes (+) - 99.9, 100F - Vitals stable SpO₂: 100% R.A. Chest: B/L AE (+) CVS: S₁S₂ (+) P/A: Soft CNS: Alert Awaited: BAC reports Plan: Adenotonsillectomy later	Adv:- - Inj Augmentin - D4 - Inj methylpred - D4 - Inj Pantop / montair LC / Flomist F / mount - MDI Budenort, MDI levolin - HRCT chest under sedation at 11:30 am - keep NPO - Continue iv fluids - 2D Echo today

DR. PILLARSETTI NAVEEN SARADHI
Registration No: 38883

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 5:15pm	CLSB Dr Shanti Kotapalli Afebrile Vitals stable SpO₂ - 98% (RA) Chest - B/L conducted sounds, B/L AE+. Plan: Adenotonsillectomy	Adv - stop iv fluid. - Nasal CPAP at night (PEEP - 4) - continue others DR. PILLARISETTI NAVEEN SARADHI Registration No: 38883 SP
21/7/26 9:00am	CLSB Dr. Shanti Kotapalli Persistent Pneumonia + Adenotonsillar hypertrophy - Fever spike (+) - cough (+) Vitals stable SpO₂: 99% RA Chest: B/L AE(+), conducted breath sounds EVS: Gs (+) P/A: Soft CNS: Active 2D Echo - (N) HRCT chest - (N)	Adv:- - Inj Augmentin - D₅ - Inj Methylpred - D₅ → stop - Inj Pantop / montair LC Flomist F / mvout / Nasoclear Nasal drops - MDI Budenost - MDI Levoflu - Nasal CPAP at night (PEEP - 4) - Send CBP, CRP, + (extra plain & EDTA) - 5-vital panel. - Add Fluvi - Add Aree DR. PILLARISETTI NAVEEN SARADHI Registration No: 38883 SP

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/20 7pm	CLBP Dr. Shanti Kotapalli Fever spike (+) - 101F. Vitals stable. SpO₂ : 99% Chest : B/L AE (+). CNS : S₁S₂ (+) Assessed : 5 vital points.	Advice :- ct - same + pt 

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



CROSS CONSULTATION FORM

Doctor Name: Dr. Chandana Date: 18/7/26 Time: _____

Diagnosis: Adenotonsillitis / OSA / LRTI

Hospital: _____

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 :

NE
Gr 3 tonsils
profuse - nasal discharge (P)

q/o Rec colds / Snoring / month
breathing
Breathlessness /
feeding - ok
cough on and off

- Flex Bronch - done
- Gr 4 adenoids
- profuse mps
- Gr 3-4 tonsils
- Lungs - (N)

Adv - Start - Metaspray
- plan: Adenotonsillectomy & GA

Consultant :

Name: Dr. Chandana Signature: [Signature] Date & Time: 2:40 pm

FDH-00048485 IP5-00176530
Master PACHAVA MEDHANSH SRI
10-07-2024 2 Y 0 M 10 D (M)
Dr. PILLARISETTI NAVEEN SARADHI



2D echo

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

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

REGISTRATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

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 :

Pneumonia .

ECG

- Structurally (N) heart
- Mild TRP NO MR
- NO LOTO / ROTO / AR
- Tricuspid aortic valve
- (N) proximal coronaries
- (L) arch NO COAP NO PDA
- GBVF
- NO PAN

SpO₂ - 100%.

HR - 100/min

avg - S₁, S₂ (N)

NO murmur

Adv . ECG

Consultant :

Name : Signature : Date & Time : 20/07/26.....



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. Flexible Bronchoscopy CBAL
2. _____

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Diagnostic & Therapeutic</u>	

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

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

- a. Fever/cough/hypoxia/Bronchospasm/Laryngospasm.
- b. _____

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

Patient / Patient Attendant:

Signature: P. Hema Maruthi

Name: P. Hema Maruthi

Relationship with patient: Mother

Date & Time: 18/7/26 @ 2:15 PM

Witness:

Signature: [Signature]

Name: Tanu

Date & Time: 18/7/26 @ 2:15 PM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Sunayya S Date: 18/7/26 Time: 2:13 PM

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 నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- 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.	

- 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. Naveen Saradhi
Asst. Surgeon :
Anaesthetist : DR. SARITHA
Scrub Nurse : RIKHA

Patient Name : Host. Pachava Medhanth Age : 2yr Gender : M
UHID No. : FDH 00048 Surgery Name : Flexible Bronch
Date : 18/12/24 In-time : 2:26pm Out-time : 3:10pm



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>2:20pm</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☐ Yes ☐ No ☒ NA	
Signature : <u>[Signature]</u>		
Name : <u>Dr. Saritha</u>		

TIME OUT		Time: <u>2:28pm</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, Anticipated Blood Loss? <u>30min</u> <u>Bronchospasm</u> <u>Laryngospasm</u>		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA <u>Bronchospasm</u> <u>Laryngospasm</u>		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☒ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>Teenu</u>		

SIGN OUT		Time: <u>2:45pm</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☐ Yes ☐ No ☒ NA	
The Specimen is Labelled (including patient name)	☒ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☐ No ☒ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No		
Signature : <u>[Signature]</u>		
Name : <u>Dr. Dumanu</u>		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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



Before Induction of Anaesthesia ➤ ➤

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

Before Skin Incision ➤ ➤

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

Before Patient Leaves Operating Room

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

Patient



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 18/7/26

Department : P.O.T. Duration of Procedure : 30 min

Name of Surgeon : Dr. Naveen Saradhi Date of Admission : 17/7/26

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 : _____	
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	
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : _____ Date & Time of antibiotic administration : _____ Date & Time procedure started : 18/7/26 @ 2⁵⁰ pm	

- 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

OPERATION THEATER NOTES

Patient's Name : Age : Gender : ☐ Male ☐ Female

UHID No.: Weight : Height :

Surgeon : <u>Dr. Naveen Saradhi</u>	Asst. Surgeon :		
Anesthetist : <u>DR. SARITHA</u>	OT Nurse: <u>BILALAI</u>	OT Technician: <u>NISHANTH</u>	
Pre-Operative Diagnosis:			
Surgical Procedure : <u>Flexible laryngoscopy CBAL</u>			

Indications for Surgery :

Date : <u>17/7/26</u>	Start Time : <u>2³² pm</u>	End Time : <u>2⁴⁵ pm</u>
-----------------------	---------------------------------------	-------------------------------------

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

- Flexible laryngoscopy done CBAL
- Grade 3 adenoid hypertrophy
- Grade 3 tonsillar hypertrophy with almost complete collapse of the airway while breathing
- Epiglottis normal - Uvula omega shaped.
- Glottis normal, Subglottis normal.
- (R) Cricoid, MC ELL m/ (L) LL normal
- (L) upper lobe, lingulae edematous.
- BAL taken, chud lateralized medicine well

Dr. Naeem
Dr. Naeem Soodh
18/7/20 C 3pm

FDH-00048485 IP5-00176530
Master PACHAVA MEDHANSH SRI
10-07-2024 2 Y 0 M 8 D (M)
Dr. PILLARISETTI NAVEEN SARADHI

Patie




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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Monitor vitals
Still once stable

Special Patient Positioning and Requirements:

Nutritional Instructions:

When to Start Mobilization:

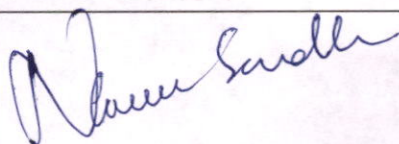
Special Referrals:

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: 18/7/2024 Time: 3pm

Note: Plan of care will be readjusted if necessary.

FDH-00048465 IP5-00176530
Master PACHAVA MEDHANSH SRI
10-07-2024 2 Y 0 M 7 D (M)
Dr. PILLARISETTI NAVEEN SARADHI



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Your Right to a Safe Delivery

RESULT SHEET

Date	17/7/26				
Time					
Hb	11.9				
PCV	34.6				
RBC	4.55				
WBC	7.66				
N/L	47.5/40.7				
Platelets	327				
CRP	14				
ESR	53				
PCT					
RBS					
Na	135				
K	4.5				
Cl	102				
Ca/Mg	9.9				
Phosphate	5.2				
Urea	29				
Creatinine	0.3				
ALP	189				
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Bicarb	23					
vit D	32.8					
PO ₄ ²⁻	52					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

20ft ECHO : → (N)

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

Patient Name	Master PACHAVA MEDHANSH SRI NANDAN	Patient Ph. No	7013072052
Age	2 Y 0 M 10 D	Requisition No	R265-036068
Gender	Male	Billed on	20-07-2026 11:01 AM
IP / Bill No.	IP5-00176530	Scanned on	20-07-2026 01:30 PM
UHID No.	FDH-00048485	Reported on	20-07-2026 01:30 PM
Ref. Doctor	PILLARISETTI NAVEEN SARADHI	Ward / Bed No	

CT CHEST PLAIN

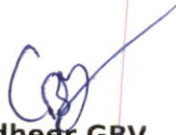
CT study of chest was performed in helical mode without contrast.

FINDINGS:

The lung parenchyma appears normal in attenuation pattern. No obvious focal lesion.
No e/o ground glass opacities / interstitial thickening noted in bilateral lung fields.
Trachea is normally placed and appears normal in caliber.
Both major bronchi appear normal.
Mediastinal vascular structures appear grossly normal.
The mediastinal fat planes appear well demarcated.
There is no significant mediastinal lymphadenopathy.
Pleural cavities on both sides appear normal.
Bony thorax and extra thoracic soft tissues appear within normal limits.
Visualized portion of spine appears normal.

Impression

No significant abnormality detected in chest.


Dr. Sudheer GBV

DNB, FRCR.
Reg No: 84190(TSMC)





MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: *ICU*

Shifted to: *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	SYRUP . DOMSTAL	1ml/1mg 2ml	oral	TID before food	16/7/26	☐ C ☒ DC
2	SYRUP . LEVOCETIRIZINE (2.5mg/5ml)	2.5ml	oral	OD before BF	16/7/26	☐ C ☒ DC
3	TAB . LANZOLDT 15mg	(1 tab) in some water 4ml	oral	OD 2hr BBF	17/7/26	☐ C ☒ DC
4	NEBULISATION BUDEKORT	1 respne	NEB	12hrly	16/7/26	☒ C ☐ DC
5	SYP . CROCIN (5ml/240mg)	3.5ml	oral	6hrly / 80s.	17/7/26	☒ C ☐ DC
6	/					☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Dr. Ramya*

Date & Time : *17/7/26 3:50pm*

Nurse Name & Signature : *Bharavi*

Date & Time : *17/7/26 4:45pm*

DRUG CHART

Date of Admission: 17/7/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : SYP CROCIN 505				Date Time																
Dose	Route	Frequency	Start Date																	
3-5ml	oral	SOS	17/7/26																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Ramya		48hr																		
Additional Instructions:																				
if temp > 99.5°F																				
max 4-6hrly																				

DRUG : SYP MEFTHAL				Date Time																
Dose	Route	Frequency	Start Date																	
5ml	oral	SOS	17/7/26																	
Doctor's Signature		Valid Period	Pharm.																	
		48hr																		
Additional Instructions:																				
if temp > 102°F																				
max 8hrly																				

DRUG : INJ ONDEM				Date Time																
Dose	Route	Frequency	Start Date																	
2mg	iv	SOS	18/7																	
Doctor's Signature		Valid Period	Pharm.																	
Samsathree																				
Additional Instructions:																				
for vomiting.																				

Weight. 11.3kg Ward.

Page: 2/4



Sheet No:

REGULAR PRESCRIPTIONS

Weight ...11.3kg Ward

DRUG : LEVOLIN NEBULIZATION				Date Time																
Dose	Route	Frequency	Start Dt.																	
0.63	NEB	6hly	17/7/26	6am	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	2/8
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : BUDECORT NEB				Date Time																
Dose	Route	Frequency	Start Dt.																	
0.5	NEB	12hly	17/7/26	10am	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SYP. MONTAIR-LC KED				Date Time																
Dose	Route	Frequency	Start Dt.																	
5ml	PO	OD HS	17/7/26	10pm	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INS. PANTOPRAZOLE				Date Time																
Dose	Route	Frequency	Start Dt.																	
10mg	IV	O.D	17/7	11:30 am	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 11.3 kg Ward

DRUG : INJ. ONDENSETRON				Date Time	18/7	18/7
Dose	Route	Frequency	Start Dt.			
2mg	iv	TID	17/7/26			
Name & Signature of the Doctor Starting the Drugs:				barn X 02		
Additional Instructions:				made SOS 18/7/26		
Daily Doctor's Endorsement by a Sign						
DRUG : INJ. ONDENSETRON				Date Time		
Dose	Route	Frequency	Start Dt.			
2mg	iv	SOS	18/7/26			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : MOUT POWDER				Date Time	18/7	19/7
Dose	Route	Frequency	Start Dt.			
1 scoop	oral	OD	18/7			
Name & Signature of the Doctor Starting the Drugs:				10 AM 18/7		
Additional Instructions:				SOS 18/7		
1 scoop + 60 ml water at 7pm						
Daily Doctor's Endorsement by a Sign						
DRUG : MDI BUDE CORT (100)				Date Time	19/7	21/7
Dose	Route	Frequency	Start Dt.			
2 puffs	MDI	BD	19/7			
Name & Signature of the Doctor Starting the Drugs:				10 AM 19/7		
Additional Instructions:				10 PM 19/7		
e transpacer VM + mask 10pm						
Daily Doctor's Endorsement by a Sign						

Weight 11.3 kg Ward

DRUG : MDI LEVOLIN (50)				Date	19/7
Dose	Route	Frequency	Start Dt.	Time	20/7
2 puffs	MDI	TID	19/7	10 AM	21/7
Name & Signature of the Doctor				Starting the Drugs:	
Sureshree				2 PM 10 AM 12 PM 2 PM 4 PM 6 PM 8 PM 10 PM	
Additional Instructions:					
E transducer nm + mask					
Daily Doctor's Endorsement by a Sign					

DRUG : SYR FUVR (12mg/ml)				Date	21/7
Dose	Route	Frequency	Start Dt.	Time	10 AM 11 AM
2.5 ml	oral	BD	21/7	10 AM	11 AM
Name & Signature of the Doctor				Starting the Drugs:	
Dr. Rashmi					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : NASOCLEAR NASAL DROP				Date	21/7
Dose	Route	Frequency	Start Dt.	Time	12 AM
2°	nasal	QID	21/7	12 AM	
Name & Signature of the Doctor				Starting the Drugs:	
Dr. Rashmi				6 AM 12 PM 6 PM	
Additional Instructions:					
2° in each nostril 4 times / day.					
Daily Doctor's Endorsement by a Sign					

DRUG : SYR AZEE (200/5)				Date	21/7
Dose	Route	Frequency	Start Dt.	Time	
3 ml	PO	OD	21/7		
Name & Signature of the Doctor				Starting the Drugs:	
Sureshree				10 AM 12 PM 2 PM 4 PM 6 PM 8 PM 10 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Patient Sticker

Sheet No: 4811

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

Signature
VERIFIED BY : Name

Weight. 17.3 kg Ward.

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

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

STAT / ONCE ONLY DRUGS

[illegible]



Weight. 11.3 kg Ward.

[illegible]



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7/24 Time: 8:00am		10pm	1pm	
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			
Blood Pressure (mmHg) *	90			
	80			
	70			
	60			
	50			
	40			
	30			
	20			
	10			
	0			
Heart Rate (Number)	100bpm			
	98bpm			
	90bpm			
	82bpm			
	74bpm			
	66bpm			
	58bpm			
	50bpm			
	42bpm			
	34bpm			
Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	0			
	Resp Rate (Number)	28bpm		
		26bpm		
24bpm				
22bpm				
20bpm				
18bpm				
16bpm				
14bpm				
12bpm				
10bpm				
Resp Mod/ Severe Distress None / Mild				
Receiving O ₂ (l/min) O ₂ Saturations (%)	98%			
	97%			
	96%			
	95%			
	94%			
	93%			
	92%			
	91%			
	90%			
	89%			
Conscious Level Normal Altered				
GCS *	15/15			
	14/15			
	13/15			
	12/15			
	11/15			
	10/15			
	9/15			
	8/15			
	7/15			
	6/15			
TOTAL SCORE	1			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
Pain Score	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
Observer's Initials	2			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			

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.
- 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)
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- 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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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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : <u>20/7</u> Time: <u>10PM</u> <u>12AM</u> <u>2AM</u> <u>6AM</u> <u>7:45 AM</u>
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) Resp. Rate (bpm) (Over 1 Minute) * Resp Rate (Number) Resp Mod/ Severe Distress None / Mild Receiving O₂ (l/min) O₂ Saturations (%) Conscious Level Normal Altered GCS * TOTAL SCORE Number of shaded boxes Pain Score Observer's Initials
(Crying) 97 (68) 110 bpm 26 bpm 100% 15/15 1 0

ACTIONS

NB: Scores 3 should be recorded overleaf

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1 AUGUST 2024

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

PRESCHOOL (1-5 years)

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 : 20/7/24 Time: 6:55 am		6:15 pm		6:30 pm	
Doctor / Nurse / Family Concern?		10am		1pm	
Temperature (F)	104	100.1 F		101.4 F	
	103				
	102				
	101				
	100				
Heart Rate (bpm)	190	106 bpm		108 bpm	
	180				
	170				
	160				
	150				
Blood Pressure (mmHg) *	130	105/58		98/63	
	120				
	110				
	100				
	90				
Note: BP does not score in early warning scoring	80				
	70				
	60				
	50				
	40				
Heart Rate (Number)		106 bpm		108 bpm	
Resp. Rate (bpm) (Over 1 Minute) *	70	26 bpm		28 bpm	
	60				
	50				
	40				
	30				
Resp Rate (Number)		26 bpm		28 bpm	
Resp Mod/ Severe Distress None / Mild					
Receiving O ₂ (l/min)					
O ₂ Saturations (%)		100%		100%	
Conscious Level Normal / Altered		15/15		15/15	
GCS *		15/15		15/15	
TOTAL SCORE		1		1	
Number of shaded boxes		1		1	
Pain Score		0		0	
Observer's Initials		P		P	

ACTIONS

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- Score 1 : Continue normal observation by staff nurse
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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/7		Time: 10 pm	
Doctor / Nurse / Family Concern?			
Temperature (°F)	104		
	103		
	102		
	101		
	100		
	99		
	98		
	97		
	96		
	95		
94			
Heart Rate (bpm) and Blood Pressure (mmHg) *	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110		
	100		
Note: BP does not score in early warning scoring	90		
	80		
	70		
	60		
	50		
	112		
	100		
	83		
	68		
	55		
Heart Rate (Number)	104 bpm	105 bpm	
Resp. Rate (bpm) (Over 1 Minute) *	70		
	60		
	50		
	40		
	30		
	20		
	10		
	Resp Rate (Number)	22/m	22.6/m
	Resp Distress	Mod / Severe	
		None / Mild	
Receiving O ₂ (l/min)			
O ₂ Saturations (%)	98%	100%	
Conscious Level	Normal		
	Altered		
GCS *	15/15	15/15	
TOTAL SCORE	1	1	
Number of shaded boxes	1	1	
Pain Score	0	0	
Observer's Initials	P	P	

ACTIONS

NB: Scores 3 should be
recorded overleaf

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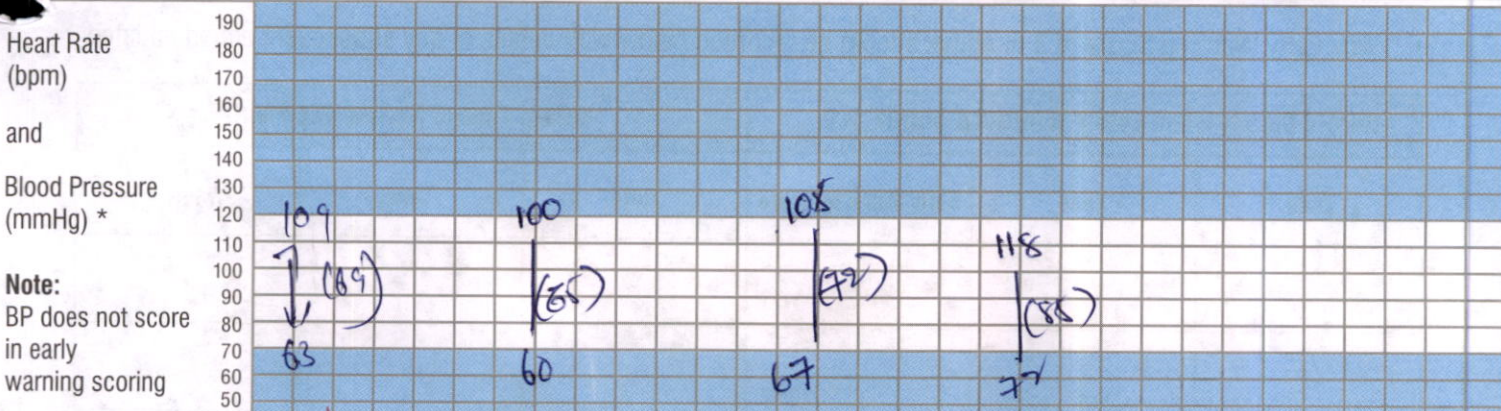
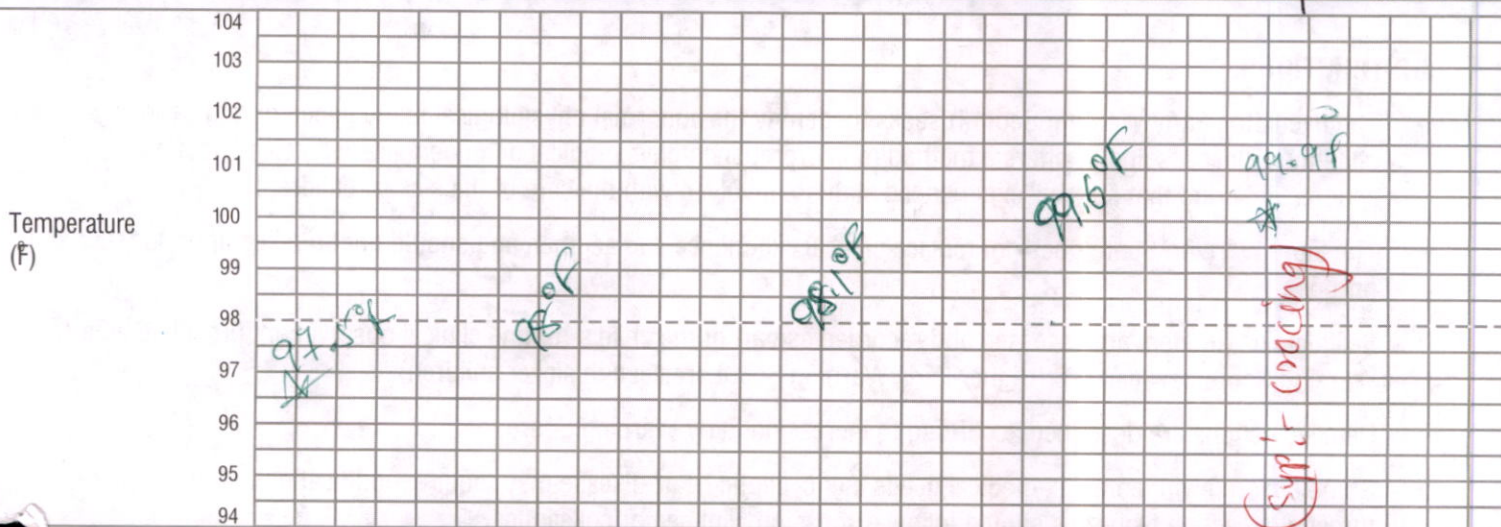
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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: 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)



^{1-5 yrs}
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/2 Time: 6am 10am 2pm 6pm 9:15 pm
Doctor / Nurse / Family Concern? low



Heart Rate (Number) 102b/m 109b/m 109b/m 112



Resp Rate (Number) 26b/m 26b/m 26b/m 25b/m

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes 1 1 1 1

Pain Score 0 0 0 0

Observer's Initials g g g g

ACTIONS

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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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/7/24	Time: 6am	10am	1pm	6pm	10pm	2am
Doctor / Nurse / Family Concern?						
Temperature (F)	97.2	97.6	99.7	98.5	98.2	98.8
Heart Rate (bpm)	116	115	112	110	106	110
Blood Pressure (mmHg) *	96/62	95/60	100/60	100/60	94/62	100/60
Resp. Rate (bpm)	28	26	29	28	26	28
Conscious Level	15/15	15/15	15/15	15/15	15/15	15/15
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	1	1	1	1	1	1
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	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.
- 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		
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FDH-00048485 IP5-00176530
Master PACHAVA MEDHANSH SRI
10-07-2024 2 Y 0 M 8 D (M)
Dr. PILLARISETTI NAVEEN SARADHI



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

PRESCHOOL (1-5 years)

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 : 17/7	Time: 7:40pm	10pm	2am
Doctor / Nurse / Family Concern?			
Temperature (F)	98	99	
Heart Rate (bpm)	120	101	
Blood Pressure (mmHg) *	89	82	
Heart Rate (Number)	125b/m		
Resp. Rate (bpm) (Over 1 Minute) *	29b/m	28b/m	
Resp Rate (Number)			
Resp Mod/ Severe Distress None / Mild			
Receiving O ₂ (l/min)			
O ₂ Saturations (%)	97%	98%	
Conscious Level			
GCS *	15/15	15/15	
TOTAL SCORE	1	1	
Number of shaded boxes			
Pain Score			
Observer's Initials			

ACTIONS

NB: Scores 3 should be recorded overleaf

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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.

		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. : 2

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G									
18/7/22	08:00 am	1		40ml		/	/	/	/	/	0	mfb		
	09:00 am			40ml							0		mb	
	10:00 am	DRIS	NPO	40ml							0			
	11:00 am	1	1	40ml							0			mb
	12:00 pm			40ml							0			
	01:00 pm										0			mb
Total Intake :						Total Output :								
18/7	02:00 pm			40ml		/	/	/	/	/	0	mb		
	03:00 pm										0			
	04:00 pm										0			
	05:00 pm										0			
	06:00 pm										0			
	07:00 pm										0			
Total Intake :						Total Output :								
18/7	08:00 pm	1		40ml		/	/	/	/	/	0	mb		
	09:00 pm			40ml							0			
	10:00 pm	DRIS									0			
	11:00 pm	1									0			
	12:00 am			40ml							0			
	01:00 am			40ml							0			
Total Intake :						Total Output :								
19/7	02:00 am	1		40ml		/	/	/	/	/	0	mb		
	03:00 am			40ml							0			
	04:00 am			40ml							0			
	05:00 am			40ml							0			
	06:00 am										0			
	07:00 am										0			
Total Intake :						Total Output :								
Total 24 hrs. Intake														
Total 24 hrs. Output														



FLUID CHART

Sheet No. : 3

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								
19/7	08:00 am	↑		40ml	/	/	✓		/	/	0	J Shetty	
	09:00 am	↑	20ml H2O	40ml							0		
	10:00 am	DNS		-							0		
	11:00 am			-							0		
	12:00 pm			40ml							0		
	01:00 pm	↓		40ml							0		
Total Intake :						Total Output :							
19/7	02:00 pm	↑	RPa H2O	40ml	/	/	/	/	/	/	0	J Shetty	
	03:00 pm	↑		40ml							0		
	04:00 pm	DNS		40ml							0		
	05:00 pm			40ml							0		
	06:00 pm	↓		-							0		
	07:00 pm	↓		-							0		
Total Intake :						Total Output :							
19/7	08:00 pm	↑		-	/	/	/	/	/	/	0	J Shetty	
	09:00 pm	↑		-							0		
	10:00 pm	DNS		uom							0		
	11:00 pm			uom							0		
	12:00 am	↓		uom							0		
	01:00 am	↓		uom							0		
Total Intake :						Total Output :							
20/7	02:00 am	↓		uo	/	/	/	/	/	/	0	J Shetty	
	03:00 am	↓		uo							0		
	04:00 am	DNS		uo							0		
	05:00 am			uo							0		
	06:00 am	↓		uo							0		
	07:00 am	↓		uo							0		
Total Intake :						Total Output :							
Total 24 hrs. Intake			Total 24 hrs. Output										



FLUID CHART

Sheet No. :

1. All measurements in ml.
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		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
20/07/24			Mouth	I.V	N.G								
	08:00 am			40ml							0		
	09:00 am			40ml							0		
	10:00 am			40ml							0		
	11:00 am			40ml							0		
	12:00 pm			40ml							0		
01:00 pm										0			
Total Intake :						Total Output :							
20/07/24	02:00 pm		Rice	40ml							0		
	03:00 pm			40ml							0		
	04:00 pm			40ml							0		
	05:00 pm										0		
	06:00 pm										0		
	07:00 pm										0		
Total Intake :						Total Output :							
20/07/26	08:00 pm										0		
	09:00 pm		Milk								0		
	10:00 pm										0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
20/07/26	02:00 am										0		
	03:00 am										0		
	04:00 am										0		
	05:00 am										0		
	06:00 am		Milk								0		
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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.

		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																		
2/1/24	08:00 am					/					✓	0	} Sukh										
	09:00 am											0											
	10:00 am	NO	milk									0											
	11:00 am	IVF										0											
	12:00 pm											0											
	01:00 pm							✓			✓	0											
Total Intake :						Total Output :																	
2/1/24	02:00 pm					/						0	} Nishi										
	03:00 pm											0											
	04:00 pm	NO										0											
	05:00 pm	IVF										0											
	06:00 pm											0											
	07:00 pm											0											
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																						
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	07:00 am																						
Total Intake :						Total Output :																	
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			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						

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 18/7/26 Time: 8am

Weight: 11.3kgs Centile: >10th

Height: 87cm Centile: >10th

Inference: underweight child

RDA: - Calories: 1250 Kcal/d Protein: 21g/d

Diet Recommendations: child is on NPO

Re-Assessment:

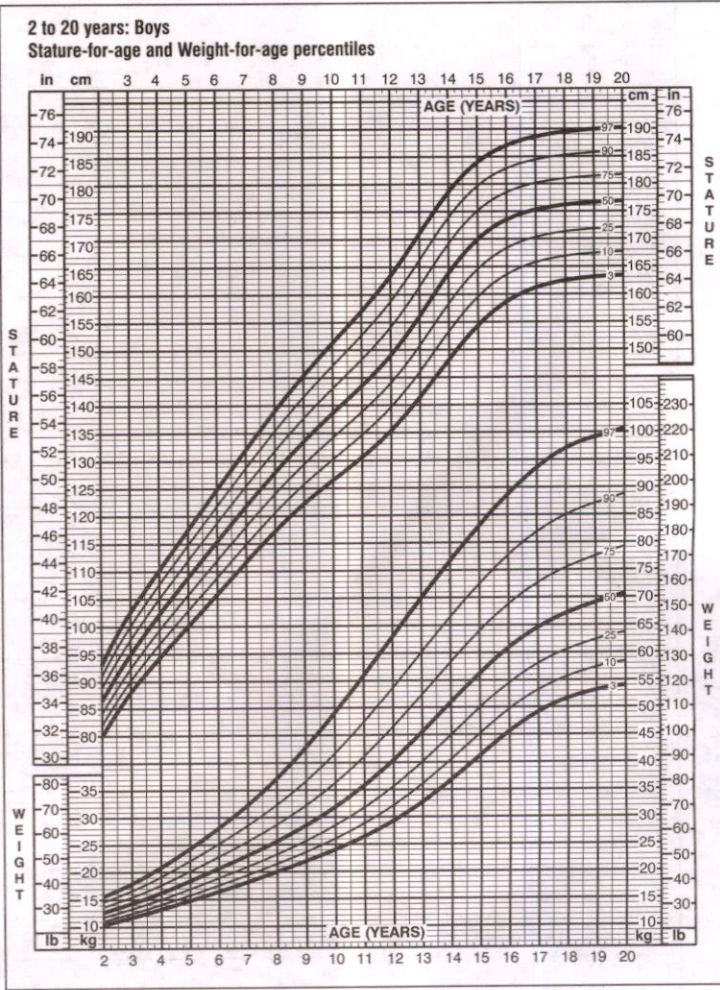
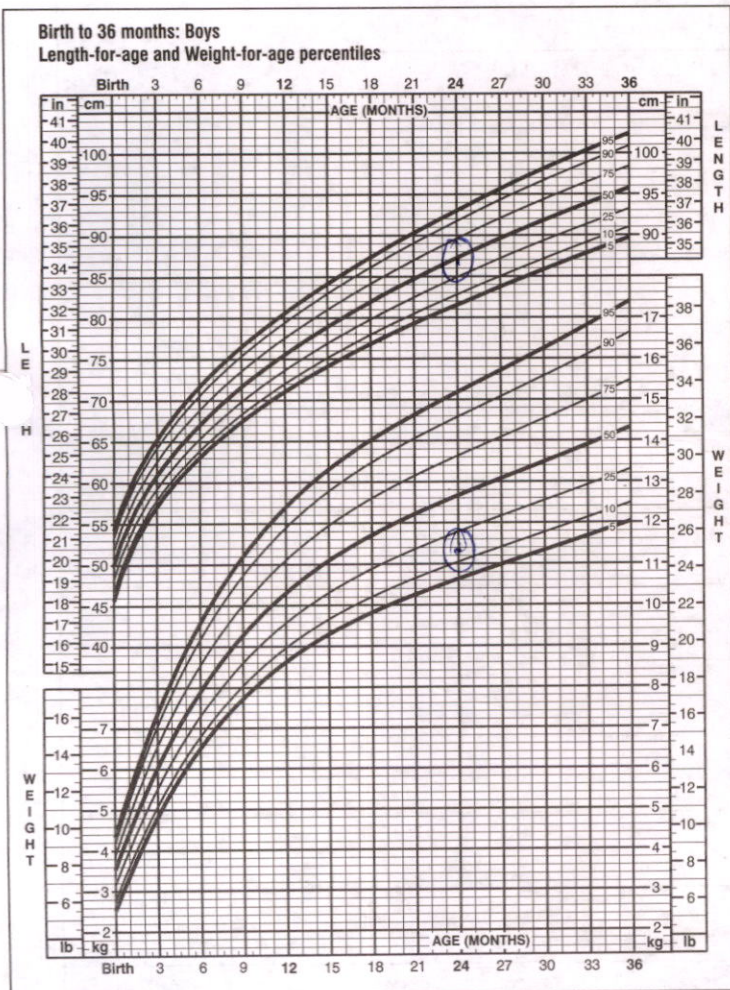
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Croup, ! foreign body ingestion

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Hema Manuathi

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

19/12/26
14h

Child is on NPO.

N^o dr med

20/12/26
8:30am

Child is on NPO

— nicotyl