RCWH.0000164163 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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SURGERY DETAILS

Date : 26/05/26

Patient Name: Challa Arjun Date of Birth: 23-06-2012 Age: 13 Y

Gender: M Ward : PICU UHID No.:

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

Name of the Surgery : (LP) Thoracoscopic Decortication.

Time in : 4:10 pm Time Out : 6:00 pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Mainak Deb	
2.	Anaesthetist	:	
3.	Assistant Surgeon	:	
4.	OT Technician	: Kandukuri Venkata Sai	
5.	Circulating Nurse	: Lufata	
6.	Assistant Nurse	: Akash	

Special Equipment: 962890

☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 962176 Order by: BCDU

Docu. No. : RCHBH/FRM/GENERAL/114

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VATS

CONSUMABLES OF OT

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Circulating staff ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 5, 5.5, 6, 6.5	1+1+1	01	Major Pack	1	1	Inj Vit.K		
LMA 2, 2½	1+1	—	Sutures (3-0), (2-0) SI/K	1+1	1+1	Cord Clamp		
ECG leads : A / P / N	05	05	9915	1	1	Suction Catheter		
HME filter : A / P / N	01	01	vic (3-0)	1	—	Feeding Tube		
Syringes : 10 cc	10	5	~~9915 2-0~~	1		Vaccum Suction Set		
05 cc	10	2	Gloves (7) (7½) (6½)	A113	1+1+1	Surgical Gloves		
02 cc	10	0				Gauze Pack		
01 cc	05	1				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade 11	1	1	Surgical Blade # 20		
IV set	01	01	NG tube			Koochies (S)		
RL	01	01	Cautery pencil			500ml NS	1	1
NS : 10ml / 100ml / 500ml / 1000ml	01	01	Koochies			100cc 5cc	2+2	1
Mini Spike	01	01	Ointments			Needles Extractor	2	1
O2 mask (P)	01	—	Suction Catheter			100 ml NS	1	0
Fentanyl	01	02	Cap, Mask	10/10	10/10	camera Cover	1	1
Morphine			Gauze Pack N	5	3			
Ketamine			Mop Pack	1P	1P			
Propofol	03	02	Steristrip					
Rocuronium	01	01	Underpad	1	1			
Glycopyrolate	01	01	Draw sheet	1	0			
Myopyrolate	01	01	Abgel					
Ondansetron	01	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22 (25)	01	01	Urobag ICD Bag	1	1			
Bupivacaine 0.25%	01	02	Chest Drainage Catheter 16 (20)	1H	1	Gauze + Gloves all (S)	4+4	01+1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Dexmed	01	—
Antibiotics IV pcm	01	01	Bandage			Pmo line + 50cc	1+1	—
			Tegaderm			Dexa + Tranexa	1+2	—
Suppositories			Ioban			Tonys P	1	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	0			
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	1	0			
Vaccum Set	01	0	Microshield	1	0			
Oral airway 0,1,2	1+1	—	Cotton Balls	1	1			
Nasal airway 18,20	1+1	—	Latex Gloves	1P	1P			
IV Cannula 22,24	1+1	—	Ramdione Scrub					
Bway 10cm + 100cm	1+1	—	Saral					

Surgeon 9624 Anaesthesiologist Nurse OT Technician

Order No. : ..... Ordered by : .....

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

(15)

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ACTIVITY RECORD FOR BILLING

Name :_____

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UHID No. : _____ IP No : _____ 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
25/5/26	11:30 pm	ER	PICU	
26/5/26	~~4 PM~~ 11:30pm	PICU	OT	
27/5/26	11:10pm	PICU	234 2nd floor	vennela

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Nabeel	26/5/26	9627881	
2	Dr. Nabeel	1/6/26	9638086	~~Nil~~
3				
4				
5		D/C		
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/5/26	RP, , PCT, PT/INR	26053387	Laboratory
	Blood grouping, Blood CS		
26/5/26	RBS	26053404	Laboratory
26/5/26	Pleural fluid for analysis, Later.	26053668	
26/5	CBP, electrolytes	2645384	
26/5	X-ray.	023508	
27/5	RBS	26053704	Laboratory
29/5	USG chest	02609/4	Bowel
30/5	CBP; CRP, PCT	26054792	Laboratory
~~30/5~~	~~chest X-ray - USG screening~~	~~027263~~	~~Nsima~~
30/5	chest X-ray	027263	Nsima
30/5	Blood C/S	6055038	Nsima
2/6	CBP. CRP	26055458	
3/6	USG chest	027895	Dipu

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5	Inv monitor				
	Inf pump			9626634	Subrata
	O_2				
27/5	Inv monitor				
	Inf pump			9626634	Subrata
	O_2				
28/5	INV monitor				
	Inf pump			9626634	Subrata
	O_2				
		D/C			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5/26	IV placement	(1)	9626635	Subrata
26/5/26	PAL	(1)	9627880	Upadra
26/5/26	Neb ē O2	(1)	9628160	Dipa
27/5/26	Neb ē O2	(2)	9628361	Subrata
1/6/26	Neb ē O_2	(8)	9638113	NH
2/6/26	NHA	(1)	9639435	Dipa

DIC

ANY OTHER INFORMATION

Date : Time : Prepared By : Dipanwita

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dipanwita	2nd floor shifting ward	—	—

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8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174320 **Admit Date** : 25-May-2026 **Admit Time** : 11:17 PM **UHID** : RCWH.0000164168

Patient Details :

Patient Name	: Master CHALLA ARJUN	**Age**	: 13 Y 11 M 2 D
Guardian	: Mr CHALLA LAXMIPRASAD	**DOB**	: 23-06-2012
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 1-6-141/7/4/1/A, VIDYA NAGAR , Suryapet Nalgonda Telangana INDIA 508213	**Phone No**	: 9848288188 / 7386019643.
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 212 **Ward Name** : 2F-PICU I

Room No : PICU 212 **Admission Type** : First Visit

Contact Details :

Name : Mr CHALLA LAXMIPRASAD **Relationship** : Father

Contact Address : H NO - 1-6-141/7/4/1/A, VIDYA NAGAR , Suryapet Nalgonda Telangana INDIA 508213 **Phone No** : 9848288188

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SHAIKH FARHAN A RASHID

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

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ADMISSION CRITERIA – PICU

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

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

- ☐ All patients requiring mechanical ventilation;
- ☐ Patients with impending respiratory failure;
  - ☐ Upper airway obstruction;
  - ☑ Lower airway obstruction;
  - ☑ Alveolar disease; and
  - ☑ Unstable airway;
- ☐ All Paediatric patients after successful resuscitation;
- ☐ **Comatose Patients;**
  - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
  - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☐ **All types of shock/hemodynamic instability:**
  - ☐ Septic shock;
  - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☐ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph<7.2, altered sensorium, hyperglycemia)
- ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofilteration and peritoneal dialysis;
- ☐ **Post-Operative Patients;**
  - ☐ Requiring ventilation;
  - ☐ Unstable patients; and
  - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP<90 systolic and < 50 diastolic an or requiring ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall time > 4seconds.
- ☐ Children Blood pressure (Syst.) < [70 + (2× age "Years"].

Respiratory failure or high risk of failure or airway obstruction:

- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- ☐ O2 Saturation <90 % or need for O2 >4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- ☐ Distress and risk of exhaustion
- ☐ **Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: ..... Name of the Doctor: Dr Matheen ..... Date & Time: 25/5/26 11:30PM

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DISCHARGE CRITERIA – PICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

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

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

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 25/5/26 Time: 11:30 PM.

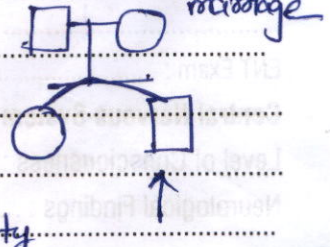
Patient Assessment Form:

Informant: ☑ Father ☐ Mother ☐ Other

Presenting Complaints / Chief Complaints : fever on & off since 15 days.
cough – 2 days
vomitings – 2 days
Increased work of breathing – 1 day.
Initially child was evaluated, CT-Chest suggestive of Left moderate to gross pleural effusion with collapse of left lower lobe further management child referred to rainbow hospital bagpat NICU

Past History (Including previous treatment and investigations) : No previous hospitalization in past.

Birth and Developmental History : preterm 32 wks | LSCS | twin-2 | Bwt 1.2 kg | NICU admission for 1 month in view of prematurity



Immunization History :

H / O Allergy : Attained milestones as per age

Family History : vaccinated upto age.
No contact history of tuberculosis.

Provisional Diagnosis : Pneumonia / Left pleural effusion
? Empyema.

Prism III score at 24 hrs of admission : 3 Worse SOFA Score :

☐ Reffered Patient - ☐ Self Referral - ☐ Rainbow Patient

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

Referring Consultant : —

Admitting Consultant : As per Rota.

Indication for PICU referral : Respratory distress.

PLAN OF CARE

Preventive aspects of the treatment : Respiratory failure. Fever spike, Worsening Respiratory distress

Desired goals of the treatment : Hemodynamic stability. Afebrile.
Improved work of Breathing.

PLANNED INVESTIGATIONS

RBS
PCT
PT/APTT INR
Blood culture
Blood grouping

Noted by Sabrina
25/5/26
@ 11.40pm

PLANNED MANAGEMENT

O_2 with NP 2L
1. IVF DNS
2. Inj Ceftriaxone
Inj Azithromycin
Inj Linezolid.
3. Inj esomeprazole.
4. Budesal 0.5mg/NEB/TID.

Final Diagnosis: Left pleural effusion
? Empyema.

Doctor's Signature :
Name : Dr Mathreen
Date : 25/5/26
Time: 11:40PM.

Consultant's Signature :
DR KAPIL BHAGWATH RAO SACHANE
Registration No: 2002/03/1358
Name :
Date : 26/05/2026
Time: 5:30 am

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Harika Date : 25/5/26

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

Start Time of Assessment: 10:15 pm Weight: 45.2 kg

Allergic History: Nill

Chief Complaints:
c/o fever : 15 days
cough : 3 days
↑ WOB : 1 day

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

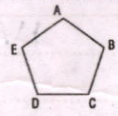
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: CBP 12.2/25900/4.3L
CUS (N)

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Breathing

Rate: 36/m SpO_2 on FiO_2 92% on RA

Rhythm: Normal

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: ↓ AE on left

Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Circulation

HR: 145/m

CFT — Central <2sec — Peripheral ....

Any urgent interventions needed: ☐ Yes ☒ No

If Yes ....

BP: 110/70 mmHg

Pulse Volume: — Central .... — Peripheral ...... good

If in Shock: — Compensated .... — Hypotensive ....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: ....

Pupils: — Responsive ☑ Non-Responsive ☐ — Size — Right ...... — Left ...... 2mm RTL

Active Seizures: ☐ Yes ☑ No Sugars: ....

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 104.6°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 ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned: CBP, CRP, CXR
Blood c/s
RFT, LFT
NB Bhavai 25/5/26

Treatment Planned: IVF DNS

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

Final Diagnosis with possible Differential Diagnosis (If necessary): (R) pleural effusion

Assessment done by
Name of the Doctor: Dr. Hawke
Signature: [signature]
Date & Time: 25/5/26 11pm

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

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OPERATION THEATER NOTES

Patient's Name : Master Challa Arjun Age : 13Y Gender : ☑ Male ☐ Female

UHID No.: RCWH-0000164163 Weight : 75kgs Height : .....

Surgeon : Dr. Mainak Deb	Asst. Surgeon : Dr. Palak.	
Anesthetist : Dr. Akhila	OT Nurse: Dr. Tejal	OT Technician: Br. prashant

Pre-Operative Diagnosis: (LT) Empyema

Surgical Procedure :
(LT) Thoracoscopic Decortication.

Indications for Surgery :
(LT) Empyema

Date : 26/05/26	Start Time : 04:28 pm	End Time : 6:30pm

Pre Operative Preparations:

Post Operative Diagnosis: (LT) Empyema.

Peri-Operative Complications:

Operation Notes:

Findings

1) Thick purulent peel.

Procedure

1) Left midaxillary camera port at 7th ICS, one more ports in the posterior axillary line at 6th ICS. Above findings noted, (2) Decortication done & exudate was collected for analysis (3) At the end of procedure, good lung expansion was noted. (4) 20F ICD was inserted.

Amount of Blood Loss: Nil	Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

1) Pleural peel - HPE
2) Pleural peel - Gene Xpert
3) Pleural peel / pus - C/S.

Peri-Operative Complications:

Name of the Surgeon: Dr. Mainak Deb

Signature of the Surgeon: DR. MAINAK DEB Registration No: TSMC/FMR/02413

Date & Time: 26/5/26, 4:30 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/2026 11:45pm	C/S/B PICU Fellow Dr. Vikas	
	H/o intermittent fever x 15 days (low grade, 2-3 times in last 15 days)	Plan
	Now came with history of - fever x 2 days - Fast Breathing and difficulty in Breathing x 1 day	① Send RP, Procalcitonin, PT/aPTT/INR, Blood c/s - 2 bottles, Blood grouping
	chest x-ray done on 25/5/2026 s/o left middle and lower zone Homogenous opacity (? effusion)	② Start Inj. Ceftriaxone, Inj. Linezolid, Inj. Azithromycin, Inj. Esomeprazole
		③ IVF - DNS ⓘ 50% Maintenance
	I/v/o Respiratory distress, child brought to Rainbow children's hospital Banjarahills	④ Pocus to do
		⑤ USG chest tomorrow morning by Radiologist
	O/E child is alert/active, febrile, Temperature - 103.8°F	⑥ To decide on VATS vs ICD insertion.

Docu. No. : RCHBH /FRM / CLINICAL / 088 — P.T.O. —

noted by [signature] 25/5/26 @ 11.50pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- HR - 130/min	⑦ Pedatric Surgeon opinion tomorrow morning
	- SpO_2 - 93% on Room air 99% with low flow oxygen c Nasal prongs	⑧ control fever & Reassess
	- RR - 40/min	
	- BP - 118/70 mmHg	
	CVS - S_1S_2 ⊕ nil	⑨ Keep HFNC Ready SOS IGD intubation in the Night
	Chest: Bilateral air entry present left sided infraaxillary and interscapular crepts decreased.	⑩ council parents
	P/A - soft	
	CNS: child alert Active GCS-15/15 No focal deficit	noted by Dr Vinay 25/5/26 @11.50pm Dr Vinay 11.55pm 25/5/26

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Dr Vikas.
Dr matheen

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26. 11:30pm	Counselling Notes. patient is having infection on left side, with septations & coartations suggestive of empyema. Now high grade fever present. child may need VATS procedure for empyema. Intercostal tube drainage is needed for patient condition. Septations have been formed may need VATS procedure. Child is having difficulty breathing. If not maintaining saturation, HFNC support may be required. If patient does not improves with HFNC may need NIV ventilation, if further deterioration occurs, emergency ICD placement may be needed if respiratory distress worsens. patient condition explained to attenders in their own language. It will occurs due to bacterial infection. Septation & empyema will take of time of 7-10 days. pleural fluid will be sent for cultures & TB concern. father.	Room-2. Dr matheen 25/5/26 11:30pm.

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 2 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Dr nathreen
25/5/26
11:30pm.

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 25/5/2026 Day of Admission : 2 Today's Date & Time : 26/5/2026 800AM

PRISM - III Score in first 24hrs. of Admission : (3) Today's SOFA Score : 0

OVERVIEW	Diagnosis : Pneumonia / left pleural effusion ? empyema	Current Issues: (1) Tachypnoea (2) Oxygen Requirement (3) ? empyema
VITAL SIGNS	Today's Wt. (kg) : 75 kg Temp.:	Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE (+) left infrascapular and infra axillary air entry decreased

CXR : left middle and lower zone Haziness (+)

SPO_2 : 100% c 2L O_2 by NC / FM / NRB mask / Oxyhood, at .... L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : .... **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : ....

Ventilatory Settings : Leak around ETT : — Delivered Vt : —

ABG : .... $EtCO_2$: .... P/F ratio : .... O.I. : ....

Chest Physiotherapy Plan : — Suctioning Needs : ....

Any Nebs : — **ICD ?** ☐ Yes ☑ No, if Yes, details : ....

Plan of care : To do USG chest and decide on ICD Vs VATS.

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 100/min

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

Blood Pressures : NIBP : 110/70 IBP : — CVP : —

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine — mcg / kg / min

☐ Milrinone .... mcg / kg / min

Any Other Infusions : —

Last 2D Echo Findings : —

Size of the heart and lung fields in latest CXR : ....

Arterial line in situ : ☐ Yes ☑ No Place of art, line & its condition : —

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : —

Day of arterial line : — Day of Central line : —

Plan of Care : ....

CNS

Neuro Exam : Alert Active

Pupils : 2+ 2+ **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : — Types of Paralysis : ....

Relevant CT Scan, MRI EEG, Neurosonogram etc. : —

Plan of Care : —

.... Ramsay Sedation Score : ....

FLUIDS STATUS NUTRITION AND G.I

☑ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : .... / (+/-) .... Input : .... ml/k/d UO :................. ml/kg/hr Stools : ....

NG output : .... PO intake : ....

Feed Formula : .... Feed Schedule : ....

IV Fluids - Type of IVF : DNS @ 50 ml / hr (................. times maintenance)

TPN : ☐ Yes ☐ No - If yes, details : ....

.... % of Dext, Glu Inf Rate (mg/kg/min) .... Amino Acids (gm/kg/day) .... Lipids (gm/kg/day)

.... Cal/kg/d .... Nitrogen .... Trace elements & MVI

Labs : Na 136 K 3.1 Cl 99 Ca .... Mg .... P .... HCO3 .... Sr. Amylase : .... Sr. Lipase : ....

Latest LFT : ....

Abd Exam : ....

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : NPO from morning 6:00 AM for possibility of ICD Vs VATS

Plan (G.I. & Liver) : ....

INFECTION

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

Cultures Sent ? ☑ Yes ☐ No - If yes, details : ....

Describe c/s Reports : ....

Other Labs (Latex, Serology, etc) : ....

Ongoing Antibiotics : Ceftriaxone, Linezolid, Azithromycin } D2

NEPHROLOGY ISSUES

Sr. Creat : 0.7 Bld. Urea : 23 Other Relevant Labs : ....

P.D. ☐ Yes ☑ No - If yes, details : ....

Diuretics : ☐ Yes ☑ No - If yes, details : ....

Catheterized : ☐ Yes ☑ No - If yes, then day of Catheter : ....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : ....

Plan of Care : ....

HEMATOLOGY

Relevant Labs (CBP etc) : 11.4 | 22970 (85/6) | 4.4 lakh

Any Coagulopathy : INR - 1.6

Relevant Transfusion History : ....

Plan of Care : ....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☑ No ☐ NA

CRBSI Bundle Used ? : ☐ Yes ☑ No ☑ NA

CA - UTI Bundle Used ? : ☐ Yes ☑ No ☐ NA

Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA

If yes, then details : ....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : Blood c/s.

Pending Consultations : ☑ Yes ☐ No

If yes, then details : Pediatric Surgery

FINAL COMMENTS

- To do USG chest
- Pediatric Surgeon Review

Doctor's Name (Handover given) : Dr. Vikas

Signature : [signature]

Date & Time : 26/5/2026 @ 8:00 AM.

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

Signature : [signature]

Date & Time : 26/5/26, 8 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2020 10 am	C/S/B Dr. Kapil	
	Left Empyema	Plan
	On examination,	- Dr. Mabeel review
	child is on oxygen	- for VATS
	with nasal prongs	- PCV cnt 4
	@ 2 L/min	Blood culture
	Hemodynamically stable	- PICC line by VATS
	HR - 110/min	- SpO2 monitoring
	SpO_2 - 98%	
	RR - 28/min	
	High grade fever spikes (+)	Noted by Vandana @ 10:00
	RS - decreased air	DR. KAPIL BHAGWATH RAO SACHANE
	entry on left side	Registration No: 2002/03/1356
		26/5/20 10:10 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 10:15 am	Bedside counseling notes — Dr. Kapil	
	Patient's father has been counseled about the condition of the child, i.e,	
	→ child has infection in lungs (pneumonia) causing pus collection around left lung called empyema.	
	→ child needs surgical intervention called video-assisted thoracoscopic decortication, where in the pus around left lung will be cleared and the underlying lung can expand again.	
	→ we are continuing antibiotics for the infection..	
	Dr. pratyusha 26/5/26 10:20 am	Father.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 @6pm	S/B Dr Manesh (Peri fellow)	
	Dx Left Empyema	Adv
	S/p. VATS	① To do:
		CBP, CXR] now.
	Shifted for post-op.	Electrolytes]
	- On low-flow oxygen @ 2L/min	② Send pleural fluid for analysis
	- Intra op:	Genexpert, latex agglutination
	No major events	culture
	- Blood loss - 100-150ml.	
	- Input - 400ml.	③ Add Inj Paracetamol
	- Smooth transition	TID. and SOS
	- Erector spinae block	tramadol for pain
	given. end of Surgery	management
	HR 100/min SpO2 100%	④ continue cefriaxone, linezolid and azithromycin
	RR .. 27/min	
	Chest - Air Entry reduced in left lower zone	⑤ watch for RD.
	Rt S1 S2 NVC	
	CNS. B/L pupils equal equal reacting. Equal and RTL	
		[signature] 26/5/26 @6pm
		Noted by Vandana @6:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 @ 6:30pm	Bedside counselling	
		Mr. Dr. [illegible]
	Father had been counselled in detail that child has undergone VATS surgery which was uneventful. We had drained pus from the chest and we are sending these samples for evaluation & cause of pus accumulation. We are sending labs to rule out tuberculosis also. Underlying lungs were healthy for intra-operative hence child did not require ~~and~~ ~~to~~ any lobectomy. We will continue management in PICU tonight and if any further progress, we will update you.	
	A B Manish	Father.
	[illegible]	(signature)

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 25/5/20 Day of Admission : 3 Today's Date & Time : 27/05/2020

PRISM - III Score in first 24hrs. of Admission : (3) Today's SOFA Score : (1)

OVERVIEW

Diagnosis : Left Empyema / Pneumonia status post VATS

Current Issues : (1) Low flow oxygen requirement (2) Surgical site pain

VITAL SIGNS Today's Wt. (kg) : 75 kg Temp.: 98.4 F Blood sugar issues : —

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : Bilateral air entry good. Air entry reduced in left lower zone

CXR : Left lung haziness

SPO_2 : 99% c O2 @ 1 L/min O_2 by NC / FM / NRB mask / Oxyhood, at Off O2 - 92-93% L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : — **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : continue low flow O2

Ventilatory Settings : Leak around ETT : — Delivered Vt : —

ABG : — $EtCO_2$: — P/F ratio : — O.I. : —

Chest Physiotherapy Plan : — Suctioning Needs : —

Any Nebs : 3% NS / BUDECORT **ICD ?** ☑ Yes ☐ No, if Yes, details : Left ICD noted - 150 ml drain

Plan of care : → continue low flow oxygen left side
→ start chest physiotherapy gentle and incentive spirometry

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1 S2 + HR 80/min

Quality of Pulses : good cap refill Time : < 2 seconds Liver Edge : 3 cm cm below Rt costal margin

Blood Pressures : NIBP : 106/60 mmHg IBP : — CVP : —

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine — mcg / kg / min

☐ Milrinone — mcg / kg / min

Any Other Infusions : —

Last 2D Echo Findings : — IVC collapsing, contractility good, EF 65

Size of the heart and lung fields in latest CXR :

Arterial line in situ : ☐ Yes ☑ No Place of art, line & its condition : —

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : —

Day of arterial line : (BD) Nil. Day of Central line : —

Plan of Care : — No central / arterial line 2 peripheral cannula - Right hand - 20G, Left hand - 22G

CNS

Neuro Exam : E4V5M6, alert active, afebrile
Pain managed with paracetamol & Tramadol.

Pupils : 3mm BL RR **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : — Types of Paralysis : —

Relevant CT Scan, MRI EEG, Neurosonogram etc. : —

Plan of Care : —

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : +335 / (+/-) .... Input : .... ml/k/d UO : .... ml/kg/hr Stools : ....

NG output : .... Feed Formula : Allow orally PO intake : ....

IV Fluids - Type of IVF : DNS @ 50 Feed Schedule : 2t taking orally, Start tapering 2 hrs

TPN : ☐ Yes ☑ No - If yes, details : .... ml / hr (............ times maintenance)

.... % of Dext, Glu Inf Rate (mg/kg/min) .... Amino Acids (gm/kg/day) .... Lipids (gm/kg/day)

.... Cal/kg/d .... Nitrogen .... Trace elements & MVI

Labs : Na 137 K 3.7 Cl 107 Ca .... Mg .... P .... HCO3 .... Sr. Amylase : .... Sr. Lipase : ....

Latest LFT : -

Abd Exam : -

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : ....

Plan (G.I. & Liver) : Output - Pl. fluid: 960mL
- Drain - 1000 ml
1960 ml ~ 85 ml/hr

INFECTION

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

Cultures Sent ? ☑ Yes ☐ No - If yes, details : ....

Describe c/s Reports : ....

Other Labs (Latex, Serology, etc) : ....

Ongoing Antibiotics : Inj. Ceftriaxone - D3
Inj. Azithromycin - D3
Inj. Linezolid (?) - D2

NEPHROLOGY ISSUES

Sr. Creat : 0.2 Bld. Urea : 23 Other Relevant Labs : ....

P.D. ☐ Yes ☑ No - If yes, details : ....

Diuretics : ☐ Yes ☑ No - If yes, details : U/O: 1-2 ml/kg/hr

Catheterized : ☐ Yes ☑ No - If yes, then day of Catheter : ....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : ....

Plan of Care : ....

HEMATOLOGY

Relevant Labs (CBP etc) : ....

Any Coagulopathy : 9.9/16000/3.6L

Relevant Transfusion History : 86/6

Plan of Care : ....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☐ No ☑ NA

CRBSI Bundle Used ? : ☐ Yes ☐ No ☑ NA

CA - UTI Bundle Used ? : ☐ Yes ☐ No ☑ NA

Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA

If yes, then details : ....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : Pleural fluid latex & Genexpert

Pending Consultations : ☐ Yes ☑ No

If yes, then details : ....

FINAL COMMENTS

- Trace Pleural fluid latex & Genexpert sample & Biochem.
- to allow full oral feeds
- to start Incentive Spirometry

Doctor's Name (Handover given) : [illegible]

Signature : [signature]

Date & Time : 27/05/26

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

Signature : [signature]

Date & Time : 27/5/26, 8am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8:20 AM	C/S/B Dr. Maliha	
	POD - (1)	
	Afebrile	Adv
	Vitals HR - 74 b/min	
	SPO_2 - 100% on 2 LO_2	1) Ambulate the child
	BP - 108/65 mm Hg.	
		2) Incentive Spirometry
	ICD - 150ml	
	Serosanguinous column movement (+)	3) Chest Physiotherapy
	Xray Chest - seviewed. (postop)	Noted by Vandana @ 8:30 AM
		Maliha 27/5/26 8:20 AM.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9:30 am	c/s/B Dr. Kapil	Plan
	As:- left empyema s/p VATS POD-1	1) Trace pleural fluid cell count and culture / sensitivity
	on room air RR- 24/min SpO_2 - 96% on room air	2) Trace Blood for culture / sensitivity 3) pediatric surgeon review
	Hemodynamically stable last fever - 24 hrs back accepting well orally RS - improved air entry on left side ICD - 150 ml drain in last 24 hrs No air-column movement in ICD	4) Incentive spirometry 5) Shift to room 6) Allow orally. Stop IV fluids noted by Vandana @9:30am

DR. KAPIL BHAGWATH RAO SACHANE
Registration No: 2002/03/1356
27/5/26
@9:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 @ 9.30 AM	Counselling room-2	Dr. Kapil
	Parents have been counselled in detail that child is doing better now. We are giving good antibiotics to control the infection. antibiotics will need to give for prolonged time. labs are showing fracture of ribs. we will plan to shift to ward today. Child is better now	
	Dr. B Mounika Telugu	Father

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Shifting Note	
27/05/2026		
3:00pm		
	O/E	Plan:
	1L/min Oxygen	1) Shift out to ward
	SpO_2 - 99% @ 1L/min	2) Cont Medications as per medicine chart
	ICD in situ (+)	3) W/F distress
	NO Column movement	Tachypnea
	CVS - S_1S_2 (+)	Oxygen requirement
	R/S - B/L AE (+)	If < SpO_2 96% ⟶ Keep Oxygen.
	CP/M (+)	4) C/s & HPE of Pleural fluid Pending.
	P/A - soft	
	accepting soft diet	
	Off IVF	
	Noted by Vandana @ 3 pm	

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 25/05/2026 Day of Admission : 3 Today's Date & Time : 27/05/2026 6pm

PRISM - III Score in first 24hrs. of Admission : (3) Today's SOFA Score : 0

OVERVIEW

Diagnosis : (Lt) pneumonia c empyema S/P VATS - Day D2 c ICD insitu

Current Issues : Oxygen requirement ICD - No Colour movement (+)

VITAL SIGNS Today's Wt. (kg) : 75 Kg Temp.: Afebrile Blood sugar issues : (-)

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :

CXR : ICD insitu (+) ; (Lt) Basal Haziness (+)

SPO$_2$: 99% c 1L/min O_2 by NC / FM / NRB mask / Oxyhood, at 1 L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details :

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : $EtCO_2$: P/F ratio : O.I. :

Chest Physiotherapy Plan : Suctioning Needs :

Any Nebs : 3% NaCl + Budecort / TID **ICD ?** ☑ Yes ☐ No, if Yes, details :

Plan of care : Colour movement (-)

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 78 bpm

Quality of Pulses : Good cap refill Time : < 3 Sec Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : 110/76 (89) IBP : CVP :

Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min

☐ Epinephrine (-) mcg / kg / min - ☐ Nor Epinephrine (-) mcg / kg / min

☐ Milrinone mcg / kg / min

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

Arterial line in situ : ☐ Yes ☑ No Place of art. line & its condition : (2) phemoral line

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : Right hand 20G

Day of arterial line : Day of Central line : Left hand 22G

Plan of Care :

CNS

Neuro Exam : GCS - 15/15

Pupils : Bl equal RTL **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☐ No

Types of Sedation : (-) Types of Paralysis :

Relevant CT Scan, MRI EEG, Neurosonogram etc. : (-)

Plan of Care :

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ..... / (+/-) -100 @ 1pm Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : .....

NG output : ..... PO intake : Moderate - Clear Liquids & Soft Diet

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr (..... times maintenance)

TPN : ☐ Yes ☑ No - If yes, details : .....

..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day)

..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI

Labs : Na 137 K 3.7 Cl 107 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : ..... post opp @ 6pm (25/5/26) .....

Abd Exam : Soft .....

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

.....

.....

INFECTION

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

Cultures Sent ? ☑ Yes ☐ No - If yes, details : .....

Describe c/s Reports : .....

Other Labs (Latex, Serology, etc) : Inj. Ceftriaxone | .....

Ongoing Antibiotics : Inj Azithromycin | D_3

Inj Linezolid | .....

.....

NEPHROLOGY ISSUES

Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☐ Yes ☑ No - If yes, details : .....

Catheterized : ☐ Yes ☑ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : Hb - 9.9 | 16700 | 3.68L

Any Coagulopathy : .....

Relevant Transfusion History : 2 FFP | Kept Rescue pre OT

Plan of Care : 1 PRBC | .....

.....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☑ No ☐ NA

CRBSI Bundle Used ? : ☐ Yes ☑ No ☐ NA

CA - UTI Bundle Used ? : ☐ Yes ☑ No ☐ NA

Patient Managed as per Relevant Protocols : ☑ Yes ☐ No ☐ NA

If yes, then details : .....

.....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : C/S, HPE of pleural fluid

Pending Consultations : ☐ Yes ☑ No

If yes, then details : .....

.....

FINAL COMMENTS

Shift out to ward

w/f distress or ICD Bleed.

Doctor's Name (Handover given) : Dr Kartik

Signature : .....

Date & Time : 27/5/26 6pm

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

Signature : .....

Date & Time : .....

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 4 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26. 4:30pm	CIS/IB PICU fellow. Dr Mateen	
	ΔRPS:- left empyema S/p VATS POD-1	plan.
	on low flow oxygen 1L NP.	1. continue low flow oxygen 1L NP.
	No fever spikes	2. Monitor vitals.
	Hemodynamically stable.	3. Trace pleural fluid culture. blood culture.
	off oxygen - 93%.	4. Incentive spirometry
	Vitals.	5. encourage oral intake.
	HR - 86	
	BP - 110/70 (86) mmHg.	
	RR - 26.	
		Noted by Vandana @ 4:30pm
		Dr Mateen 27/5/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8:30Am	S/B Resident (Dr. madhuri)	
	1: Left Empyema	plan:
	S/P VATS POD-2.	① Injection ceftriaxone D4, linezolid D4
	no fever	② Tab. Azithromycin D2
	on 1Lt/min with nasal prongs.	③ monitor vitals
	off oxygen-94%.	④ Trace pleural fluid culture
	O/E.	⑤ watch for fever.
ICD-20ml.	child alert, vitals stable	
	RS- B/L AE ⊕	Madhuri
	CVS- S1S2 Ⓝ	
	P/A- soft	
28/05/2026 9.12pm	S/B Dr. Kapil	Plan
	Empyema VATS done	Spirometry
	POD2	Trace culture
	N/on	- SpO2 monitoring status
	SpO2- 96% - without O2	watch for distress
	No distress	- Cont. same antibiotic
	O/E- stable	✓ Dr. Mabeel review
	CNS	✓ Stop nebulization

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Dr. PI [illegible]	-USG chest today (if possible Bedside).
	[illegible] on (L) side	- taper oxygen and wean off
	[illegible]	
	P/g [illegible]	[signature] 28/03/2026 S.W.
28/3/26	C/s/B Dr Nabeel	
	POD-2 VATS for Left Empyema.	
	Child alert	Adv
	Vitals - stable	(1) Continue full feeds
	RS - BAE (+)	(2) Spirometry.
	P/A soft.	(3) ICD care & monitoring.
	ICD - 20ml/s/1./24h	
	~~functional~~ functional.	DR. KAPIL BHAGWATH RAO SACHANE Registration No: 2002/03/1256
		D/W Seal 28/3 10:30am

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

(P.T.O)

RCWH.0000164168	IP5-00174320		
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 @ 12PM	S/B Dr Manish (CVTS team)	
	Pt Left Empyema / S/p VATS.	
		Adv
	On room air	① mobilisation
	hemodynamically stable	② spirometry
	no fever spikes	③ Gentle chest physiotherapy
	UO - 25-30 ml	④ continue
	residual collection	ceftriaxone,
	Pleural fluid - no growth	linezolid and azithromycin
	till now	⑤ Stop tramadol
	Blood cs: sterile at 48h	⑥ watch for pain/
	Chest B/L AE ⊕	fever spikes
	[illegible] in (L) L2	
	Rt Left ICD	[illegible]
	2nd column moving	Manish

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8:30 AM	C/S/B Dr. Harish.	
	POD - (3)	
		Adv
	Febrile Spike (+)	
	Vitals stable	1) Full feeds
		2) Incentive Spirometry
	ICD - 10ml	3) Chest Physiotherapy.
		4) Remove ICD.
		Malika
		Dr Malika
		29/5/26
		8:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
29/5/26 8:30AM	d: Left Empyema S/P VATS POD-3	plan. 1.) continue Ceftriaxone D5 Linezolid D5 Azithromycin D3
	1 fever spike (+) - 102.5 f at 7pm no other complaints.	2.) watch for fever spikes 3.) Trace pleural fluid culture - so far no growth
SpO2: 91% (off Oxygen)	O/E: Child alert on 0.5 lit/min oxygen with nasal prongs. SpO2 - 98% on 0.5 lit/min oxygen RS - Bilateral air entry present. CVS - S1S2 Normal P/A - Soft.	4.) monitor vitals 5.) wean off oxygen 6.) Inform SOS. 7.) continue Incentive Spirometry. Madhu
		DR. KAPIL BHAGWATRAO SACHANE Registration No. 2002/03/1356 [signature]

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23-06-2012
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10Am	S/B Dr. Kapil	
	d: Left side Empyema post VATS. POD-3	Plan.
		(1) continue IV Antibiotics
		(2) watch for fever spikes
		(3) monitor vitals
	1 fever spike (+) - 102.5°F.	(4) continue speromotry
	no other complaints	(5) CBP, CRP, PLT } to with next prick (or) cannula change at 1/m
	O/E: Child alert. vitals stable	(6)
	on low flow oxygen @ 0.5 lit/min	
	RS- Bilateral air entry present	
	CVS- S_1S_2 Normal	
	pulse volume - good	DR. KAPIL BHAGWATHRAO SACHANE Registration No: 2002/03/1358

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

(P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B PICU Resident.	
29/5/26 6pm	Δ: Left empyema s/p VATS POD-3.	Plan:-
	Issue: Fever spike 101.9°F.	① Cont antibiotics
		② SpO2 monitoring on room air.
	Stable on room air.	If spO2 ≥95%, start low flow oxygen.
	spO2: 98% (on oxygen)	③ Watch for fever, distress
	RR: 26/min	④ Cont Nebulisation
	BP: 120/76	⑤ Mobilisation.
	PR: 109/min	⑥ Spirometry.
	Chest: B/L air entry (+) (Lt < Rt)	⑦ CBP, CRP, PCT 4th day or with cannula chge.
	CVS: S1S2 (+)	
	CNS: WNL	
	PA: Soft, NT.	
	ICD removed today.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s/B PICU Fellow (Dr. [illegible])
30/5/26 8AM	Δ left empyema.	Plan.
	s/p VATS POD-4	
		- w/f fever spikes
	Last fever spike 8pm 101F	↑ distress
	On room air	- continue IV antibiotics
	Hemodynamically stable	
		- monitor vitals.
	chest - air entry B/L ⊕	
	(lt < Rt)	- continue spirometry
	CVS - $S_1 S_2$ ⊕	
	P/A - soft	
	CNS - alert, active.	[illegible]
		c/S/B Dr. Kapil
30/5/26		SOS meropenem [illegible]
9AM	Δ left empyema.	
	s/p VATS POD-4	[illegible] spike
	Fever spike ⊕	[illegible]
	cough ⊕.	- USG chest (screening). Dr. Judhee
		- chest x-ray (NOW)
	On room air	- CT chest if fever,
	Hemodynamically stable	cough persists
		- SOS meropenem if fever persists
	chest air entry (lt < Rt)	- 3% NS + Budecort neb to add
		- spirometry to do.

[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/D/w Dr. Kapil	
30/5/26 2PM	Δ left empyema s/p VATS POD-4	Plan
		✓ Trace (get) chest x-ray film
	Issue :-	✓ USG chest screening
	Fever spike 102° F	
	Cough ⊕	✓ send Blood c/s (NOW)
		✓ Add Inj. Meropenem.
		K. Sathya 2PM
	c/s/IS	RICU Fellow
30/5/26 5PM	Δ left empyema s/p VATS POD-4	Plan
		- Trace Blood C/s.
		- W/f fever spikes
	Fever spikes ⊕	- continue antibiotics nebulization
	On room air	- SpO_2 monitoring on Room air
	Hemodynamically stable	- Inform if < 95%.
	alert, active.	- mobilization
	Taking orally well	- spirometry
		NIB NSI
	air entry ↓ left lower zone.	K. Sathya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B PICU Resident	
31/5/26 9:00am	A: Left empyema.	Plan:
	S/P VATS POD-5.	(1) Trace Blood C/S.
		(2). Mobilisation & spirometry
	Issue: fever spike (3) 102°F.	(3). Cont antibiotic
		Linezolid D7.
	Child on room air.	Azithromycin D5
	Hemodynamically stable.	Meropenem D2.
	Chest: B/L air entry (+).	(4) Cont nebulisation
	(Lt < Rt)	(5) Watch for fever.
	CVS: S1S2 (+)	(6) Monitor SpO2 on room air
	PA: soft, NT.	Target SpO2 ≥ 95%.
		[signature]
	C/S/B Dr Kapil.	
31/5/26	A: Left empyema	Plan:
	S/P VATS POD-5.	- Trace cultures
	Issue: 3 fever spike in last 24 hr.	-
	Hemodynamically stable on room air.	
	Chest: B/L air entry (+) (Lt < Rt)	Dr. KAPIL BHAGWATH RAO SACHANE Registration No: 2002/03/153[illegible] [signature]
	CVS: S1S2 (+).	
	PA: soft, NT.	
	CNS: WNL.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026 5:20pm	c/c/B PICU fellow Dr Ekta Plan	
	D: Left Empyema s/p VATS POD-5	① Trace Blood c/s Sent on 30/5/2026
	Last fever spike 6:30 AM - Monday	② Continue Antibiotics
	No further fever spikes	③ W/F fever & spikes
	No Resp Complaints	
	Child on Room air	④ Spirometry to do
	Hemodynamically stable	
	Eating orally well	⑤ W/F fever spikes
		Dr. Priya

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23-06-2012 13 Y 11 M 8 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B PICU fellow (Dr. Subaye)	
1/6/26 8 am		
	Δ: Left empyema	Plan:
	S/P VATS - POD 6	① Trace Blood C/S (30/5/26) → sterile
		ⓐ Chest physiotherapy & spirometry
	2 fever spikes yesterday	ⓒ Cont antibiotics → Linezolid D, → Meropenem D, → Azithro (D6)
	6 am: 101.2°F	ⓓ Mobilisation
	11 pm: 100.8°F	ⓘⓥ Watch for fever
		ⓥ Monitor vitals
	Hemodynamically stable on room air	
	Chest: B/L air entry ⊕	Subaye
	No creps ⊕	
1/6/26 10:30 am	C/S/B Dr. Kapil	
	Δ: Left empyema	Plan:-
	S/P VATS - POD-6	
		① Cont antibiotics
	Issue: 2 fever spikes yesterday	ⓐ Mobilisation
	(101.2°F, 100.8°F)	ⓐ Spirometry
	Child on room air	ⓘⓥ Dr. Nobel opinion
	SpO_2: 99%, PR: 86/min	ⓥ Decide on discharge after
	RR: 24/min	surgery opinion & parents
	Chest:- B/L air entry ⊕	willingness
	CVS: S1 S2 ⊕	ⓥⓘ Discharge → Inj Linezolid, Meropenem
		F/U: CBP, CRP

Subaye

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 6:40 pm	c/s/B picu resident	Plan
	As:- left empyema/ s/p VATS POD-6	1) Incentive spirometry 2) mobilization 3) continue antibiotics
	: last fever at 11pm yesterday on room air Hemodynamically stable RS - BAE (+) clear other systemic exam:- (N)	4) w/f fever spikes Dr. Pratyusa
	c/s/B PICU Resident	
2/6/26 8 AM	A: Left empyema/ s/p VATS POD-7.	Plan: ① Cont antibiotics: Linezolid Dg Meropenem Dg Azithro Dg
	1 fever spike in last 24 hr (101.5°F) Stable on room air. Chest: B/L air entry (+). CVS: GCA: 15/45 CVS: S1S2 (+) OA: Soft, NT.	② Spirometry ③ Mobilisation. ④ Watch for fever. ⑤ Monitor vitals. ⑥ Cont nebulisation. ⑦ Discuss about Pulmonology opinion.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr Kapil	
21/6/16 9:30 am	Δ: Left empyema s/p VATS POD-7	Plan:
		⊙ CBP, CRP (now)
	Issue: 1 fever spike 101°6°F in last 24 hr.	⊙ Change cannula.
		⊙ Cont antibiotics.
	Ord interm good.	⊙ Spirometry.
	Child on room air.	
	Hemodynamically stable.	⊙ Watch for fever.
	Chest: R/L air entry ⊕.	⊙ If fever persists & CRP high plan for CECT chest later.
		Sig
	C/S/B PICU Resident	
21/6/16 8pm		Plan:
	Δ: Left empyema. s/p VATS POD-7.	① Cont antibiotics.
		② Spirometry.
	Temperature 99.7°F.	③ Mobilisation.
	Stable on room air.	④ Watch for fever.
	SpO2: 99% PR: 80/min.	⑤ Cont nebulisation.
	RR: 20/min	
	Chest: B/L air entry ⊕	
	CVS: S1S2⊕.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8 am	C/S/B PICU Resident.	
	Δ: Left empyema / S/p VATS - POD - 8.	Plan ① Cont antibiotics → Meropenem D8 (Linezolid D10) ② Cont. nebulisation ③ Spirometry.
	Issue:- Fever 1 spike 100.6°F	④ Discuss about stopping Azithromycin.
	Stable on room air. SpO2: 99%. PR: 108/min RR: 24/min	⑤ Watch for fever spikes.
	Chest: B/L air entry ✓	
	C/S/B Dr. Kapil	
3/6/26	Δ: Left empyema / S/p VATS POD-8	Plan: Cont. IV antibiotics (10) day total
	Issue: Fever 1 spike 100.6°F	
	Stable on room air. SpO2: 99%. PR: 108/min RR: 24/min. Chest: B/L air entry ✓. CVS: S1S2 ✓.	Rep of (Typhoid) USG chest today. DR. KAPIL BHAGWATH RAO SACHANE Registration No: 2002/03/1356 CBP, CRP i cannula charge. If high fever → CECT chest. plus PCR

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CROSS CONSULTATION FORM

Doctor Name : Dr. Nabeel Date : 1/6/26 Time : 2:20pm

Diagnosis : Left empyema

Hospital : RCH

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

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Left empyema

Dr. Pratap

Signature:

Findings and Recommendations : Thanks for the Referal

Post G VATS Decortication

Issue - pain @ port site

O/E

- Drain Removed
- wound healthy
- No Bleed / Discharge

Adv

- Drain Removed
- Apply Spot Bandage

Consultant :

Name : Dr Nabeel Signature : Date & Time : 1/6/26 2:20pm

Doc. No. : RCH / FRM / CLINICAL / 049

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CROSS CONSULTATION FORM

Doctor Name : Dr- Nabeel. Date : 26/5/26 Time : 9:51 AM

Diagnosis : left empyema

Hospital : RCH, Banjara Hills

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

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

left empyema

Signature: Dr. pratyusha 26/5/26 9:57 am

Findings and Recommendations :

C/S/B Dr. Nabeel

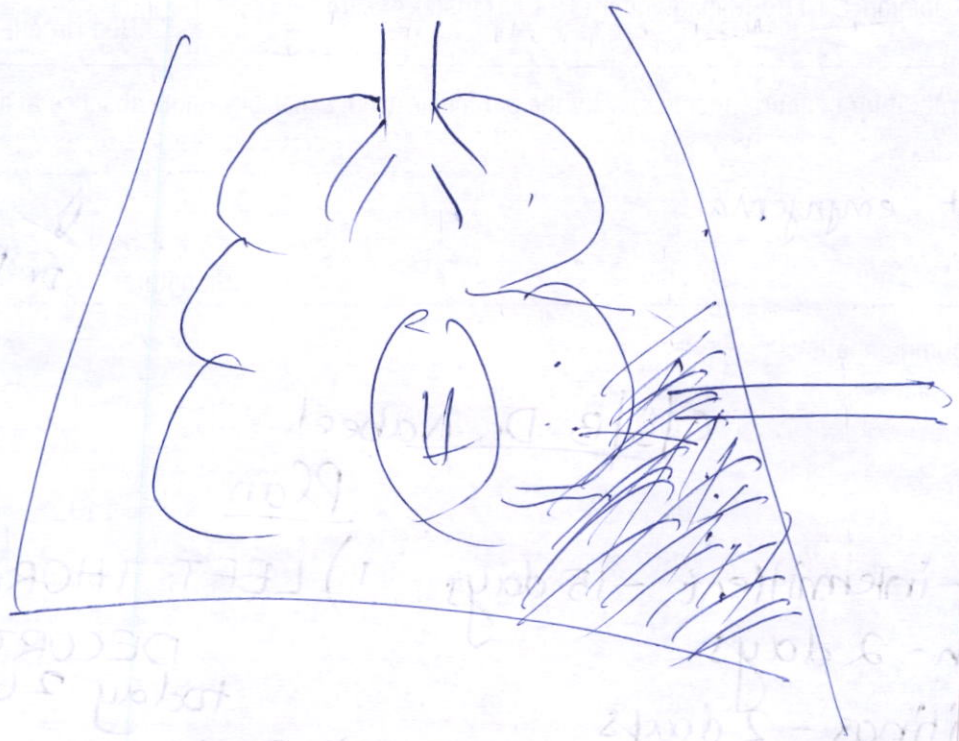
c/o
fever - intermittent - 15 days
cough - 2 days
vomitings - 2 days
respiratory distress - 1 day.

O/E
→ Vitals
HR - 116 b/min
SpO_2 - 98% on 2l O_2
BP - 133/84 mm Hg
RR - 28/min

Plan
1) LEFT THORACOSCOPIC DECORTICATION today 26/5/26.
2) PAC
3) FINANCIAL CLEARANCE
4) Reserve 10 PRBC

Consultant :

Name : Dr- Nabeel. Signature : Date & Time : 26/5/26 9:54 AM



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Blood group - O positive

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RESULT SHEET

Date	25/5/26	25/5/26	30/5/26	2/6/26		
Time	11:50pm	6pm	6:02AM	11:30am		
Hb	11.4	9.9	9.9	11.2 ↑		
PCV	33.2	29.1	30.1	35.7		
RBC	4.14	3.56	3.68	4.11		
WBC	22970	16700	15,130 ↓	10,970 ↓		
N/L	85/6	80/6	77.5/13.1	74.6/14		
Platelets	440000	3.68L	477,00	5.79lakh		
CRP			234	51 ↓		
ESR						
PCT	1.82		0.305			
RBS						
Na	136	137				
K	3.9	37				
Cl	99	107				
Ca/Mg	8.5/					
Phosphate	2.8					
Urea	23					
Creatinine	0.7					
ALP	104					
SGPT	17					
SGOT	20					
T.Bill/Conj	1.1/0.4					
T.Protein	7.8					
S.Albumin	4.0					
S.Globulin	3.9					
A/G Ratio	3.9					
Uric Acid	3.1					
S.Amylase	42					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	102					
PT/INR	21/1.6					
APTT	48					
CSF Protein / Sugar						
Cells	Nil					
VL						

D/C

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 25/5/26 :- Blood for culture / sensitivity — No growth
pleural fluid C/S : No growth

Blood Group - O POSITIVE

Radiology : USG : 26/5/26 Pleural fluid - GeneXpert - negative

X-Ray : pleural fluid - Glucose. 67 mg/dL
Protein. 5.9 g/dL

ECHO :

CT : pleural fluid Ldex - negative

MRI pleural fluid cell count - 1130 cells/cmm
(70% pdy / 30% lymph

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Investigations done OUTSIDE.

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RESULT SHEET

Date	25/5/26.					
Time						
Hb	12.2					
PCV	37.5					
RBC	4.59					
WBC	25,900					
N/L	86/08					
Platelets	431000					
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						

DIC

Date	25/5/26					
Time						
CUE - Alb	1+					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	4 to 6.					
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 25/5 CT chest – left moderate to gross pleural effusion with collapse of left lower lobe

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

94168 IP5-00174320
LLA ARJUN
12 13 Y 11 M 4 D (M)
APIL BHAGWATRAO SACHANE

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

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: PICU 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	INJ. CEFTRIAXONE	2gram	IV	BD	27/05/26	☑C ☐DC
2	INJ. AZITHROMYCIN	500 mg	IV	OD	27/5/26	☑C ☐DC
3	INJ. LINEZOLID	600mg	IV	BD	27/5/26	☑C ☐DC
4	INJ. ESOMEPRAZOLE	40 mg	IV	OD	27/5/26	☑C ☐DC
5	INJ. PARACETAMOL	1gram	IV	TID	27/5/26	☑C ☐DC
6	INJ. TRAMADOL	75 mg	IV	TID	27/5/26	☑C ☐DC
7	NEB 3/. NS + BUDESAL	3/.NS-3ml Budecal-1vial	NEB	TID	27/5/26	☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Karthik Ambati

Date & Time : 27/05/2026 3pm

Nurse Name & Signature: Vennela

Date & Time : 27/5/26 @ 11pm

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 2 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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MEDICATION RECONCILIATION FORM

Drug Allergies: ......NA...... ☐ 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: ......PICU......

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	TAB ZOCEF	500mg	PO	BD	23/5	☐C ☑DC
2	TAB DOLO	650mg	PO	TID	23/5	☐C ☑DC
3	TAB PANTOCID	40mg	PO	OD	23/5	~~☐C~~ ☑DC
4						☐C ☐DC
5						☐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 Natheen [signature]......

Date & Time : ......25/5/26 11:45PM.......

Nurse Name & Signature: ......Aiven. C. thy [signature]......

ate & Time : ......25/5/26 11:45pm......

. No. : RCHBH /FRM / GENERAL / 090

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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VERIFIED

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 75kg Ward PW

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gram	IV	TID	26/5

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Date/Time: 26/5, 27/5, 28/5, 29/5, 30/5, 31/5, 1/6

Times: 6am, 2pm (OT), 10pm

Daily Doctor's Endorsement by a Sign

DRUG : Inj. TRAMADOL

Dose	Route	Frequency	Start Dt.
75mg	IV	TID	26/5

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Date/Time: 26/5, 27/5, 28/5

Times: 8am, 2pm, 10pm

STOP
28/5/26
@ 5pm

Daily Doctor's Endorsement by a Sign

DRUG : NEB c 3% NS + Budecort

Dose	Route	Frequency	Start Dt.
3ml + resp N			

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : NEB c 3% NS + BUDEJAL

Dose	Route	Frequency	Start Dt.
1 resp	NEB	TID	26/5

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:
3ml - 3% NS
BUDEJAL - 1 respule
(TRAMADOL + BUDECORT)

Date/Time: 26/5, 27/5, 28/5

Times: 6am, 2pm, 10pm

STOP
28/5/26
at 9:20 AM

Daily Doctor's Endorsement by a Sign

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Master CHALLA ARJUN
23-06-2012 13 Y 11 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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Sheet No. ....

REGULAR PRESCRIPTIONS

Weight ....75kg.... Ward ....PW....

DRUG: Inj PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Dt.	
1gram	IV	PRN	27/5	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

					Date / Time	27/5	28/5	29/5	30/5	31/5	1/6	2/6
DRUG: TAB AZITHROMYCIN												
Dose	Route	Frequency	Start Dt.									
500mg	PO	OD	28/5									
Name & Signature of the Doctor Starting the Drugs: [signature]					10pm	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Additional Instructions: To give from 28/5/20 Once daily												
Daily Doctor's Endorsement by a Sign						[sign]	[sign]	[sign]	[sign]	[sign]	[sign]	

				Date / Time	30/5	31/5	1/6	2/6	3/6
DRUG: Neb c 3% NS + Budecal									
Dose	Route	Frequency	Start Dt.						
3H + 2resp/k	Neb	TID	30/5	6AM	X	[signature]	[signature]	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: K Sathya				2PM	[signature]	[signature]	[signature]	[signature]	[signature]
Additional Instructions:				10pm	[signature]	[signature]	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]	[sign]	

				Date / Time	30/5	31/5	1/6	2/6	3/6
DRUG: Inj. MEROPENEM									
Dose	Route	Frequency	Start Dt.						
2gm	IV	TID	30/5	6AM	X	[signature]	[signature]	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: K-Sathya				2PM (4pm)	[signature]	[signature]	[signature]	[signature]	
Additional Instructions:				10pm	[signature]	[signature]	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]	[sign]	

VERIFIED

VERIFIED BY: Name / Signature

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 8 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept. .... Ward. ....

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Dt.
650 mg	P/O	TID	01/06

Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/6	2/6	3/6
6am	X	[illegible]	[illegible]
2pm	X	[illegible]	
10pm	[illegible]	[illegible]	

DRUG : TAB. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40 mg	P/O	OD	02/06

Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/6	2/6
6am	[illegible]	[illegible]

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .... Signature ....

Patient Sticker

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Your Right to a Safe Delivery

Sheet No: .... **REGULAR PRESCRIPTIONS** Dept. .... Ward. ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

VERIFIED BY : Name .... Signature ....

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 2 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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DRUG CHART

Date of Admission: 25/5/26 Drug Allergies: NA ☐ 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 / 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.

[redacted]URSES - 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 PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	SOS	25/5

Doctor's Signature	Valid Period	Pharm.
[signature]		Dr. [signature]

Additional Instructions: SOS if Temperature >100.4°F

Date / Time	25/5	26/5	27/5
	11:30 pm Alves Rubel	8am [signature]	7pm Naga Dipa

[redacted]UG : TAB MEFTAL.

Dose	Route	Frequency	Start Date
500mg	PO	SOS	29/5

Doctor's Signature	Valid Period	Pharm.

Additional Instructions: if temperature >100°F

Date / Time	29/5
	10AM Dipa Barhali

D/C

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

VERIFIED BY : Name .... Signature ....

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 2 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

REGULAR PRESCRIPTIONS

Weight: 75kg. Ward: PICU

VERIFIED

DRUG: INJ CEFTRIAXONE				Date/Time	25/5	26/5	27/5	28/5	29/5	30/5
Dose	Route	Frequency	Start Date							
2gm	IV	BD	25/5	10am	X	[illegible] / Sree	Sree / [illegible]	Dipa / Najira	Dipa / Bannali	[illegible] / Nikel
Name & Signature of the Doctor Starting the Drugs: Dr Matheen										
Additional Instructions:				10pm	[illegible] / Aine	[illegible]	[illegible] / Sunil	Kala / Nikal	Sreet / Kala	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	[signature]	[signature]		

Stop
[illegible]
30/5/26

VERIFIED

DRUG: INJ AZITHROMYCIN				Date/Time	26/5	27/5
Dose	Route	Frequency	Start Date			
500mg	IV	OD once daily	25/5			
Name & Signature of the Doctor Starting the Drugs: Dr Matheen.				12AM	[illegible] / Aine	[illegible] / [illegible]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

[signature]
Dr [illegible]
27/5/2026
② 5:00pm

VERIFIED

DRUG: INJ LINEZOLID				Date/Time	D1 25/5	D2 26/5	D3 27/5	D4 28/5	D5 29/5	D6 30/5	D7 31/5	D8 1/6	2/6
Dose	Route	Frequency	Start Date										
600mg	IV	BD	25/5	10am	X	[illegible] / Sree	Sree / [illegible]	Dipa / Najira	Dipa / Bannali	[illegible] / Najira	Najira / Bannali	Nila / Bannali	Nilesh / Bannali
Name & Signature of the Doctor Starting the Drugs: Dr Matheen.													
Additional Instructions:				10pm	[illegible] / Aine	Aine / Budh	[illegible] / Veena	Kala / Nikal	Sreet / Kala	[illegible] / Kala	[illegible] / Kala	[illegible] / Deep	[illegible] / [illegible]
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	

VERIFIED

DRUG: INJ ESMOPROZOLE				Date/Time	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6
Dose	Route	Frequency	Start Date									
40mg	IV	OD once daily	25/5									
Name & Signature of the Doctor Starting the Drugs: Dr Matheen.				8am / 10pm	Aine / Subu	[illegible] / Sree	[illegible] / Aine	Nitu / Sunil	Kala / Nikal	Sreet / Kala	[illegible] / Kala	[illegible] / Kala
Additional Instructions:												
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

change to oral
Dr [illegible]
1/6/26

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 2 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Weight. 75 kg Ward. PICU

	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

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26	2 AM	VITAMIN K	5 mg	IV	Mathew	Aiswar Suban 2:30 AM
26/5/26	5-00pm	Inj: PARACETAMOL	1g	iv	[signature]	Venkat Thy 5:5 p
26/5/26	5:45pm	Inj: TRANEXAMIC ACID	1g	iv	[signature]	venkat. Thy. 5:50p
26/5/26	6 pm	Inj: ONDANSETRON	4 mg in Peripheral Canula	IV STAT	[signature]	Vandana Grace 6:00p

D/C

VERIFIED BY ... Signature ...

Master CHALLA ARJUN
23-06-2012 13 Y 11 M 2 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

I.V. FLUIDS CHART

Weight. 75kg Ward. PW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/5/26	11:45PM	IVF DNS	IV	50			26/5		6 AM
26/5/26	6AM	IVF DNS	IV	50			27/5		
26/5/26	4:10pm	RINGER LACTATE	iv	50 ml/hr			26/5		
27/5/26	8AM	DNS	I/V	40ml/hr			27/5		

VERIFIED BY : Name ..... Signature .....

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 10 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

3/6/26

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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

Parameter	Reading
Date : .... Time:	10AM
Doctor / Nurse / Family Concern?	
Temperature (°F) (scale 94–104)	98.3F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	103/65 (78)
Heart Rate (Number)	106b/m
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)	
Resp Rate (Number)	26b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

Note: BP does not score in early warning scoring

D/C

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.

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 9 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

2/6/26

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10am	2 pm	6 pm	10 pm	11 pm	2 AM	3 AM	6 AM
Doctor / Nurse / Family Concern?	—	—	—	—	—	—	—	—
Temperature (°F)	99.7 F	99.1 F	98.2 F	98.8 F	100.6 F [illegible]	98.6 F	98.7 F	98.8 F
Heart Rate (bpm) and Blood Pressure (mmHg) *	112/65 (82)	114/67 (88)	109/58 (82)		104/60 (85)		102/55 (75)	112/60 (80)
Heart Rate (Number)	102 b/m	96 b/m	102 b/m		104 b/m		102 b/m	104 b/m
Resp. Rate (bpm) (Over 1 Minute)								
Resp Rate (Number)	22 b/m	24 b/m	22 b/m		23 b/m		26 b/m	23 b/m
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min)	R/A	R/A	R/A		R/A		R/A	R/A
O_2 Saturations (%)	95%	97	96		96%		100%	99%
Conscious Level: Normal / Altered								
GCS *	15/15	15/15	15/15		15/15		15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0		0		0	0
Pain Score	0	0	0		0		0	0
Observer's Initials	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / Blood Pressure scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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.

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 8 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

1/6/26.

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10am	2pm	6pm	9:30pm	11pm	12am	2am
Doctor / Nurse / Family Concern?	/	/	/	/	/	/	/
Temperature (°F) (scale 94–104)	98.3°F	98.6°F	98.6°F	101.3°F (TAB. DOLO 650 given)	101.3°F (Cold sponging given)	99.3°F	99.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	112/62 (82)	112/54 (80)	120/64 (82)		102/80 (80)	100/55 (85)	112/60 (85)
Heart Rate (Number)	105 b/m	102 b/m	99 b/m		100 b/m	99 b/m	100 b/m
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)							
Resp Rate (Number)	22 b/m	25 b/m	22 b/m		23 b/m	26 b/m	23 b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min)	R/A	R/A	R/A		R/A	R/A	R/A
O_2 Saturations (%)	97	97%	98%		99%	100%	99%
Conscious Level: Normal / Altered							
GCS *	15/15	15/15	15/15		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0		0	0	0
Pain Score	0	0	0		0	0	0
Observer's Initials	N	N	N		[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
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.

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 7 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

31/5/26

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10AM	2PM	6PM	10PM	10:50PM	11:30PM	2AM	6AM
Doctor / Nurse / Family Concern?								
Temperature (°F) (scale 94–104)	98.3F	98.3F	98.3F	99.2	100.8F (Inform to duty doctor)	99.7	98F	98.3F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	110/55 (80)	120/50 (70)	110/55 (70)	102/60 (78)			112/70 (85)	106/60 (90)
Heart Rate (Number)	120b/m	123b/m	120b/m	123b/m			126b/m	123b/m
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)								
Resp Rate (Number)	28b/m	29b/m	28b/m	26b/m			23b/m	26b/m
Resp Distress: Mod/ Severe								
Resp Distress: None / Mild	✓	✓	✓	✓			✓	✓
Receiving O_2 (l/min)	R/A	R/A	R/A	RA			R/A	R/A
O_2 Saturations (%)	99%	100%	99%	100%			99%	100%
Conscious Level: Normal	✓	✓	✓	✓			✓	✓
Conscious Level: Altered								
GCS *	15/15	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	NB	NB	NB	[illegible]			[illegible]	[illegible]

Heart rate / blood pressure scale note: BP does not score in early warning scoring

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.

RCWH.0000164186 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 5 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

30/5/26

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	6 AM	10 AM	2 PM	3 PM	6 PM	8:40 PM	10 PM	2 AM	6:40 AM
Doctor / Nurse / Family Concern?									
Temperature (°F)	99.2°F	98.8°F	102°F (Inj. Paracetamol given)	100.5°F	98.5°F	100.6°F (Inj. Paracetamol given)	99.3°F	97.?°F	101.2°F (Inj. Paracetamol given)
Heart Rate (bpm) and Blood Pressure (mmHg) *	110/60 (79)	113/55 (70)	106/50 (80)		100/50 (70)		102/60 (80)	100/68 (80)	112/60 (75)
Heart Rate (Number)	128 b/m	120 b/m	125 b/m		120 b/m		125 b/m	126 b/m	126 b/m
Resp. Rate (bpm) (Over 1 Minute)									
Resp Rate (Number)	24 b/m	28 b/m	29 b/m		26 b/m		27 b/m	26 b/m	28 b/m
Resp Distress — Mod/ Severe / None / Mild									
Receiving O_2 (l/min)	R/A	R/A	R/A		R/A		R/A	R/A	R/A
O_2 Saturations (%)	99%	100%	99%		100%		99%	100%	99%
Conscious Level — Normal / Altered	✓ (Normal)	✓ (Normal)	✓ (Normal)		✓ (Normal)		✓ (Normal)	✓ (Normal)	✓ (Normal)
GCS *	15/15	15/15	15/15		15/15		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0		0		0	0	0
Pain Score	0	0	0		0		0	0	0
Observer's Initials	[initials]	[initials]	[initials]		[initials]		[initials]	[initials]	[initials]

Note: BP does not score in early warning scoring

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.

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 5 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

29/5/26

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10AM	11Am	~~12pm~~	2pm	6pm	8pm	9pm?	2AM
Doctor / Nurse / Family Concern?								
Temperature (°F) (scale 94–104)	101.3°F (Tab. Metfin? given)	100.6°F	98.8°F	98.6°F	98.4°F	101°F (Inj. [illegible] given)	99°F?	99.4°F?
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	119/78 (88)			118/72 (82)	110/63 (71)		109/60 (70?)	100/62 (84?)
Heart Rate (Number)	118 b/m			116 b/m	110 b/m		[illegible]	[illegible]
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)								
Resp Rate (Number)	30 b/m			28 b/m	29 b/m		[illegible]	25?
Resp Distress — Mod/ Severe / None / Mild								
Receiving O_2 (l/min)	.5L			.5L	0.5 [illegible]		0.5 [illegible]	0.5 [illegible]
O_2 Saturations (%)	98%			98%	99%		98%	99%?
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	[illegible]			[illegible]	[illegible]		[illegible]	[illegible]

Note: BP does not score in early warning scoring

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.

RCWH.0000164168 IP5-001743
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 4 D
Dr. KAPIL BHAGWATRAO SACH

28/5

RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10AM	2pm	6pm	7pm	8pm	10pm	2am	6am
Doctor / Nurse / Family Concern?								
Temperature (°F)	98.5°F	98.3°F	98.8°F	102.5°F [illegible] given	98.6°F	97.6°F	98.3°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	110/60 (80)	111/55 (80)	110/60 (80)			113/65 (72)	109/61 (88)	114/69 (80)
Heart Rate (Number)	115b/m	113b/m	115b/m			102b/m	113b/m	92b/m
Resp. Rate (bpm) (Over 1 Minute)								
Resp Rate (Number)	26b/m	25b/m	26b/m			22b/m	26b/m	28b/m
Resp Distress — Mod/ Severe								
Resp Distress — None / Mild	✓	✓	✓					
Receiving O_2 (l/min)	O_2 2L	O_2 2L	O_2 2L			1 liter	1 liter	100%
O_2 Saturations (%)	99%	100%	99%			100%	99%	RA
Conscious Level — Normal	✓	✓	✓					
Conscious Level — Altered								
GCS *	15/15	15/15	15/15			15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0			0	0	0
Pain Score	0	0	0			0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]	[illegible]

Heart Rate scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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.

RCWH.0000164168 IP5 00.
Master CHALLA ARJUN
23-06-2012 13 Y 11 M
Dr. KAPIL BHAGWATRAO SA.CH.

27/5

. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	12:30pm	2AM	6AM	10pm	2am	6am (struck through)
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	98.1°F	98.2°F	98.2°F	98.6	98.6	
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	112/68 (78)	118/62 (90)	112/80 (79)	106/75 (80)	113/68 (79)	
Heart Rate (Number)	139	124	144	88b/m	92b/m	
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)						
Resp Rate (Number)	23b/m	25b/m	24b/m	22b/m	24b/m	
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)	1 lit	1 lit	1 lit	1 l/hr	1 l/h	
O_2 Saturations (%)	99%	98%	99%	100%	99%	
Conscious Level: Normal	C	C	C			
Conscious Level: 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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

Note: BP does not score in early warning scoring

PICU

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.

RCWH.00001[illegible]4168 IP5-00
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 4 D
Dr. KAPIL BHAGWATRAO SACH

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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			—							0	Nitai
	12:00 am			—							0	Nitai
	01:00 am			—							0	Nitai
Total Intake :						**Total Output :**					P-0 U-1	
	02:00 am			—							0	Nitai
	03:00 am			—							0	Nitai
	04:00 am			—							0	Nitai
	05:00 am			—							0	Nitai
	06:00 am			—							0	Nitai
	07:00 am			—							0	Nitai
Total Intake :						**Total Output :**					U-1	

Total 24 hrs. Intake	Good.

Total 24 hrs. Output	U-2 M-0

RCWH.00001641[illegible] IP5-00
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 4 D
Dr. KAPIL BHAGWATRAO SACH[illegible]

28/5/20

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/5	08:00 am	↓		—							0	Nsing
	09:00 am	↓	Idiy	—						~	0	Nsing
	10:00 am	NO	water	—			Nat				0	Nsing
	11:00 am	IVF		—							0	Nsing
	12:00 pm			—							0	Nsing
	01:00 pm	↓		—						~	0	Nsing
Total Intake :						**Total Output :** M – 0, U – 2						
28/5	02:00 pm	↓	Rice	—							0	Nsing
	03:00 pm	↓	water	—						~	0	Nsing
	04:00 pm	NO		—							0	Nsing
	05:00 pm	IVF		—							0	Nsing
	06:00 pm	↓	water	—			Nil			~	0	Nsing
	07:00 pm	↓		—							0	Nsing
Total Intake :						**Total Output :** M – U – 2						
28/5/[illegible]	08:00 pm	↓	Rice	—							0	Kala
	09:00 pm	↓	water	—						~	0	Kala
	10:00 pm	↓		—							0	Kala
	11:00 pm	NO		—			Nil				0	Kala
	12:00 am	IVF		—						~	0	Kala
	01:00 am	↓		—							0	Kala
Total Intake :						**Total Output :** M – 0 U – 2						
29/5/[illegible]	02:00 am	↓		—							0	Kala
	03:00 am	↓		—						~	0	Kala
	04:00 am	NO		—			Nil				0	Kala
	05:00 am	IVF		—							0	Kala
	06:00 am	↓						⇒	10ml	✓	0	Kala
	07:00 am	↓		—							0	Kala
Total Intake :						**Total Output :** M – 0 U – 2						

Total 24 hrs. Intake		Total 24 hrs. Output	M – 0 U 8

Total Drain :- 10ml

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 29/5/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
29/5	08:00 am	↑	Jelly water	–							0	Dipa
	09:00 am	↑	Jelly water	–						—	0	Dipa
	10:00 am	NO IVF		–			NP				0	Dipa
	11:00 am	IVF		–					removed drain		0	Dipa
	12:00 pm	↓		—						—	0	Dipa
	01:00 pm	↓									0	Dipa
Total Intake :						**Total Output :** M - 0 U - 2						
	02:00 pm	↓									0	Nursing
	03:00 pm	NO IVF	water							✓	0	Nursing
	04:00 pm	IVF									0	Nursing
	05:00 pm	↓					✓			—	0	Nursing
	06:00 pm	↓									0	Nursing
	07:00 pm	↓								✓	0	Nursing
Total Intake :						**Total Output :** M-1 U-3						
	08:00 pm	↑	Rice	—						✓	0	Staff
	09:00 pm	NO	Liquid	—							0	Staff
	10:00 pm	IVF	water	—			NP				0	Staff
	11:00 pm	IVF		—						✓	0	Staff
	12:00 am	↓		—						✓	0	Staff
	01:00 am	↓		—						✓	0	Staff
Total Intake :						**Total Output :** M – U-3						
	02:00 am	↓		–							0	Staff
	03:00 am	NO		–						✓	0	Staff
	04:00 am	IVF		–							0	Staff
	05:00 am	IVF		–			NP			✓	0	Staff
	06:00 am	↓		–							0	Staff
	07:00 am	↓		–						✓	0	Staff
Total Intake :						**Total Output :** U-3 M-0						

Total 24 hrs. Intake	Good	Total 24 hrs. Output	M-1 U-4

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 5 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

30/5/16

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
30/5	08:00 am	↓		—						~	0	Nsing
	09:00 am	↓	Idly water	—							0	Nsing
	10:00 am	NO		—			2 out				0	Nsing
	11:00 am	IVF		—						~	0	Nsing
	12:00 pm	↓		—							0	Nsing
	01:00 pm	↓		—							0	Nsing
Total Intake :							**Total Output :**			m —	U-2	
30/5	02:00 pm	↓	Rice water	—							0	Nsing
	03:00 pm	↓		—						~	0	Nsing
	04:00 pm	NO		—			2 out				0	Nsing
	05:00 pm	IVF		—							0	Nsing
	06:00 pm	↓		—						~	0	Nsing
	07:00 pm	↓		—							0	Nsing
Total Intake :							**Total Output :**			m —	U-2	
30/5	08:00 pm	↓		~							0	mom
	09:00 pm	↓	Rice water	~							0	mom
	10:00 pm	20		~			✓			~	0	mom
	11:00 pm	IVF		~							0	mom
	12:00 am	↓		~							0	mom
	01:00 am	↓		~						~	0	mom
Total Intake :							**Total Output :**			U-2	m-1	
31/5	02:00 am	↓		~							0	mom
	03:00 am	↓		~						~	0	mom
	04:00 am	20	Rice water	~			2 out				0	mom
	05:00 am	IVF		~							0	mom
	06:00 am	↓		~							0	mom
	07:00 am	↓		~						~	0	mom
Total Intake :							**Total Output :**			U 2	m 0	

Total 24 hrs. Intake		Total 24 hrs. Output	U-8 m 0

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 7 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

31/3/26.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
31/3/26	08:00 am	↓		–							0	Nsing
	09:00 am	↓	Jelly water	–						✓	0	Nsing
	10:00 am	NO IVF		–							0	Nsing
	11:00 am			–			✓				0	Nsing
	12:00 pm	↓		–						✓	0	Nsing
	01:00 pm			✓							0	Nsing
Total Intake :						Total Output : m – 1, u – 2						
31/3	02:00 pm	↓	Rice water	–							0	Nsing
	03:00 pm	↓		–						✓	0	Nsing
	04:00 pm	NO IVF		–			nat				0	Nsing
	05:00 pm			–							0	Nsing
	06:00 pm	↓		–						✓	0	Nsing
	07:00 pm			–							0	Nsing
Total Intake :						Total Output : m – 0, u – 2						
31/3	08:00 pm			–							0	Mouni
	09:00 pm	↓	Riced H2O	–							0	Mouni
	10:00 pm	NO IVF		–			✓			✓	0	Mouni
	11:00 pm			–							0	Mouni
	12:00 am			–							0	Mouni
	01:00 am	↓		✓						✓	0	Mouni
Total Intake :						Total Output : 0 – 2 m – 1						
1/6	02:00 am	↓		–							0	Mouni
	03:00 am	↓		–						✓	0	Mouni
	04:00 am	NO IVF	Water	–			nad				0	Mouni
	05:00 am			–							0	Mouni
	06:00 am	↓		–							0	Mouni
	07:00 am	↓		✓						✓	1	Mouni
Total Intake :						Total Output : 0 – 2 m – 0						

Total 24 hrs. Intake		Total 24 hrs. Output	0 – 8 u – 2

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Master CHALLA ARJUN
23-06-2012 13 Y 11 M 7 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

FLUID CHART

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Sheet No. : 1/6

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/6	08:00 am	NO IVF		—							0	Nike
	09:00 am		Idlys + tea	—			~~✓~~			✓	0	Nike
	10:00 am			—							0	Nike
	11:00 am			—							0	Nike
	12:00 pm			—							0	Nike
	01:00 pm			—			✓			✓	0	Nike
Total Intake :										**Total Output :** U – 2 M – 1		
1/6	02:00 pm	NO IVF	Rice + H2O	—							0	Nike
	03:00 pm			—							0	Nike
	04:00 pm			—			✓			✓	0	Nike
	05:00 pm			—							0	Nike
	06:00 pm			—							0	Nike
	07:00 pm			—							0	Nike
Total Intake :										**Total Output :** U – 1 M – 01		
1/6	08:00 pm	NO IVF	Rice + H2O	—			nil				0	mouni
	09:00 pm			—							0	mouni
	10:00 pm			—						✓	0	mouni
	11:00 pm			—							0	mouni
	12:00 am			—							0	mouni
	01:00 am			—						✓	0	mouni
Total Intake :										**Total Output :** U – 2 M		
2/6	02:00 am	NO IVF	H2O	—			nil				0	mouni
	03:00 am			—						✓	0	mouni
	04:00 am			—							0	mouni
	05:00 am			—							0	mouni
	06:00 am			—							0	mouni
	07:00 am			—						✓	0	mouni
Total Intake :										**Total Output :** U – 2 M		

Total 24 hrs. Intake		Total 24 hrs. Output	U – 7 M

Docu. No. : RCHBH/FRM/CLINICAL/092

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2/6/26

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/6	08:00 am	NO IVF		—			✓			✓	0	Nikee
	09:00 am			—							0	Nikee
	10:00 am			—							0	Nikee
	11:00 am			—							0	Nikee
	12:00 pm			—						—	0	Nikee
	01:00 pm		Rice + water	—							0	Nikee
Total Intake :						Total Output :				U-1	m-01	
2/6	02:00 pm	NO IVF		—							0	Nikee
	03:00 pm			—							0	Nikee
	04:00 pm			—			NP				0	Nikee
	05:00 pm			—						✓	0	Nikee
	06:00 pm			—							0	Nikee
	07:00 pm			—							0	Nikee
Total Intake :						Total Output :				U-2	m-0	
2/6	08:00 pm	NO IVF		—							0	Mouni
	09:00 pm		Plet H2O	—			✓			✓	0	Mouni
	10:00 pm			—							0	Mouni
	11:00 pm			—							0	Mouni
	12:00 am			—							0	Mouni
	01:00 am			—						✓	0	Mouni
Total Intake :						Total Output :				U-2	m-1	
3/6	02:00 am	NO IVF		—							0	Mouni
	03:00 am			—							0	Mouni
	04:00 am		H2O	—			nil			✓	0	Mouni
	05:00 am			—							0	Mouni
	06:00 am			—							0	Mouni
	07:00 am			—						✓	0	Mouni
Total Intake :						Total Output :				U-2 m-0		

Total 24 hrs. Intake		Total 24 hrs. Output	U-7 m-2

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3/6/24

FLUID CHART

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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	

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 10 am

Weight: 75-76kgs Centile: 97th

Height: 178cms Centile: 97th

Inference: Obese child

RDA: — Calories: 1800 Kcal/d Protein: 32g/d

Diet Recommendations: Normal high protein diet

Re-Assesment: Avoid spicy, Chilled, outside foods

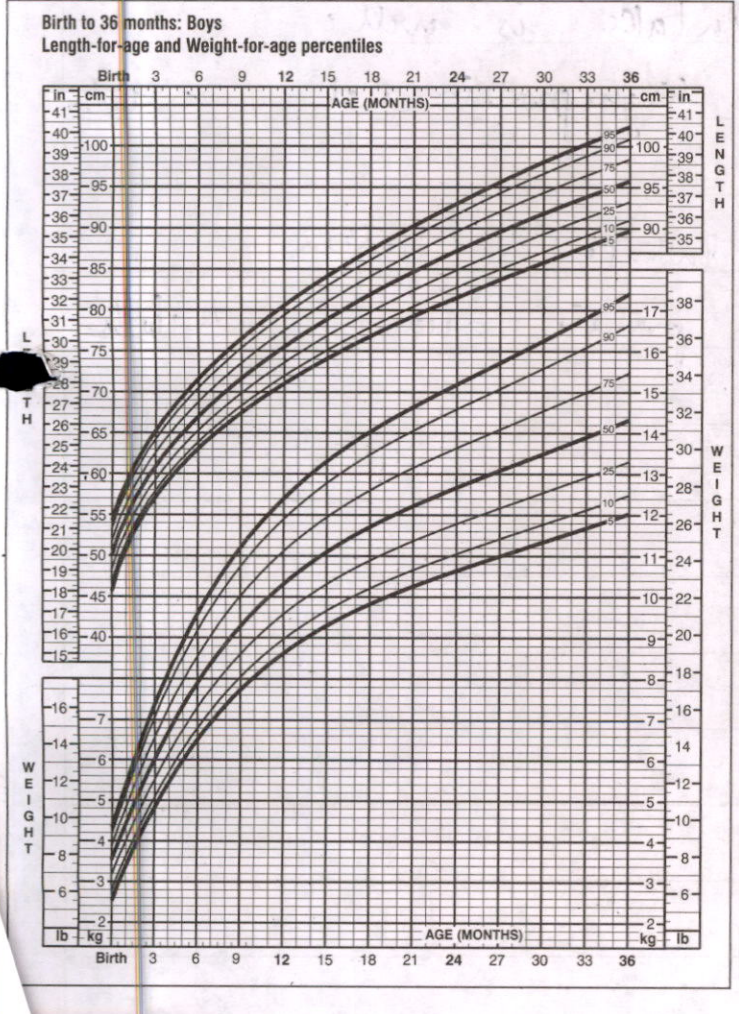
Food Allergies: No Veg/Non-veg Veg

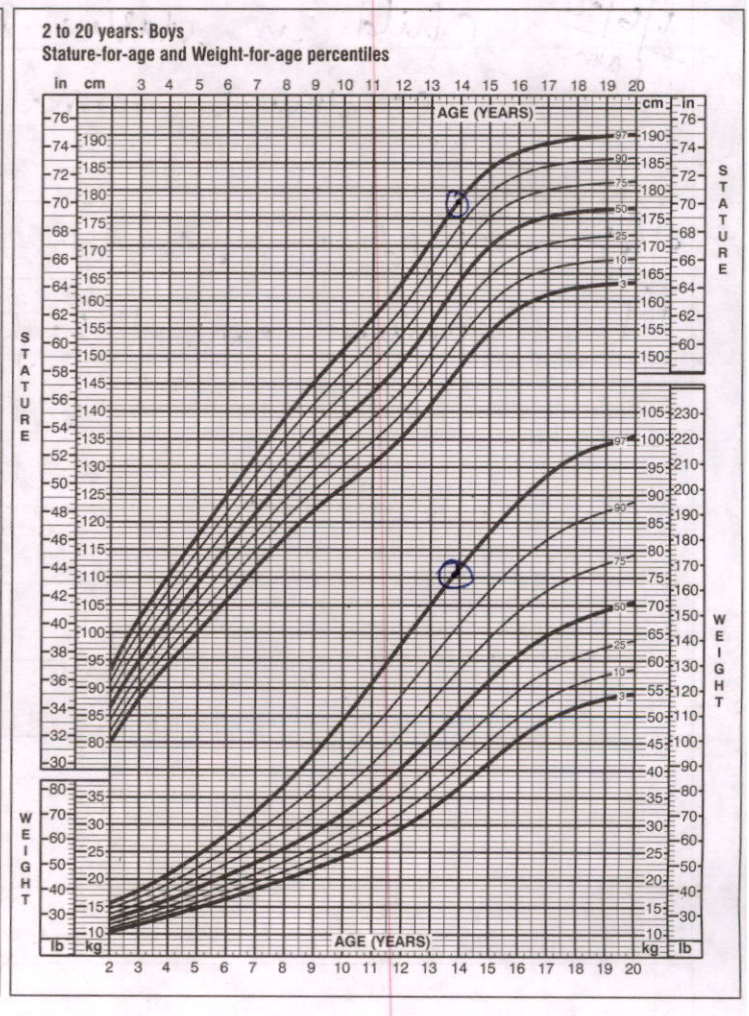
Diagnosis: POD-2 S/P VATS (LT) empyema

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Ch. Anitha

GROWTH CHART (BOYS)





Dietician's Name Nilatha Dietician's Signature Nilatha

Daily Notes:

29/5/26 8 am	Child is stable. Intake is fair continue ē normal high protein diet Nibitha
30/5/26 10 am	Child is stable. Intake is better. Continue normal high protein diet Mounica
31/5/26 10 pm	Child is stable. Intake is fair continue normal high protein diet Saima
1/6/26 8 am	Child is stable. Intake is well. continue ē normal high protein diet Nibitha
2/6/26 12 pm	Child is stable. Intake is better continue normal high protein diet Nibitha

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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 LEFT THORACOSCOPIC DECORTICATION.

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)
Resolution of / Reduction of respiratory distress and infective foci.	Open Procedure.

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

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

a. Bleeding, Infection, Recurrence
b. Tube displacement, Tube blockage.

1. I authorize Dr. _____ 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: .....
Name: Ch. Laxmi Prasad
Relationship with patient: Father
Date & Time: 26/5/26, 3:53pm

Witness:
Signature: Ch. Anitha
Name: Ch. Anitha
Date & Time: 26/5/26, 3:53pm.

Doctor (who is taking consent):
Signature: Maliha Name: Dr. Maliha. Date 26/5/26 Time: 3:53pm

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనో 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 / ప్రాసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, 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.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

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23-06-2012 13 Y 11 M 3 D (M)
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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Challa Arjun Age: 13y 11m Sex: M UHID.No : RCWH-0000164168

Date: 26/5/2026 Time: 10:40AM Proposed Operation: left video assisted Thoracoscopic surgery decortications

Diagnosis: left Empyema / pleural effusion.

B.P / CRT: 110/70 H.R: 101. Weight: 75kgs. ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb:	11.4.	Glucose:		Protein:	7.8.	HIV:		X-Ray:	(R) middle & lower lobe haziness.
PCV:		Urea:	23	Alb:	4.0.	HBS Ag:		ECG:	
WBC:	22970	Creat:	0.7.	Total Bill:	1.1	HCV:		2D Echo:	
Plate:	440.	Na:	136	Dir. Bill:	0.4	Blood group:	O+ve.	Stress/Anglo:	
PT:	21	K:	3.9	LDH:		T3		Other:	
PTT:	48	Ca++:		Alk phos:	104	T4			
INR:	1.6	Mg++:		Amylase:		TSH			
		Cl -:	99.	SGOT/SGPT:	17/20				

Allergies: - Nil -

Medical History: CVS : Nil - Twin / late preterm / 1.9kgs / in NICU for observation - Development appropriate. Immunised till date.

RESP : cough + fever × 5 days.

Diabetes :

CNS :

Renal : Nil significant.

Hepatic / GE :

Physical Activity: active.

Others :

Past Anaesthetic History: Dental extraction ↓ LA.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: (N).

Lungs : ↓AE on (L) side. SpO_2 93% on RA

98% c̄ nasal prongs @ 2lit/min.

Heart: S1S2 (+)

CNS: clcl

RR - 29/min.

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site : accessible.

Spine Exam for regional : well felt.

Anaesthetic Plan: ☐ **MAC** ☐ **REGIONAL** ☑ **GA-ETT** ☐ **LMA**

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: NBM: 2pm yesterday. NPO to continue.

1. DVT Prophylaxis : -
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours } explained.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

To reserve 1 PRBC, 2 FFP.

Consent to be taken

Signature: [signature] Name: Dr. Akhila. K.

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ANAESTHESIA CHART

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Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: CONFIRMED	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 121 bpm | B.P / CRT: 113/63 mmHg | SpO_2: 98% @ 2L O2 | R.R: | Last Feed: 2pm yesterday

Pre-OP Diagnosis: LEFT EMPYEMA | Operation: VIDEO ASSISTED THORACOSCOPIC SURGERY DECORTICATION Date: 24/6/2026

Surgeon: Dr. Mainak Deb | Anaesthesiologist: Dr. Ravi, Dr. S. Madhan | Technician: Venkat

TIME	4:10	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6:00
N_2O /AIR / O_2 LPM (L/min)	→	→	→	→	→	→	→	→	→
HALO /SO/SEVO 1 MAC	→	→	→	→	→	→	→	→	→
Drugs:									
Inj. HIDAZOLAM	2mg iv.								
Inj. FENTANYL	100µg iv + 20MCG iv								
Inj. PROPOFOL	150mg iv								
Inj. ROCURONIUM	40mg iv								
Inj. PARACETAMOL	1g iv								
Inj. TRANEXAMIC ACID	1g iv								
FIO_2 / SaO_2	99/	98/	98/	99/	99/	98/	99/	98/	95/
$ETCO_2$	36	37	38	36	37	36	36	37	37
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	32.1	33.1	33.1	34.1	34.2	34.1	35.1	35.6	
Urine Output									
Fluids Blood	RINGER LACTATE @200ml/hr								

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RT Hand
☐ Art Site:
☑ EKG Lead
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Right Lateral
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☑ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 4:10pm
OP Start: 4:30pm
OP End: 5:45pm
Leave OR: 6:00pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: RT Hand 20G
☐ IV: LT Hand 20G
☐ IV:

Induction
☑ IV ☑ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 6.5 at 18 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☑ Drug: ROCURONIUM

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why?

☑ **Bilat = BS**
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others: Erector Spinae Block
Position: at T7
Site: T7
Needle Size: 25G Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc: 0.25% Bupivacaine
Bolus: 20ml
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☑ Other PICU
Relaxant Reversed ☑ Yes ☐ No ☐ NA

Name of the Doctor: Dr. S. Madhan
Signature of the Doctor:

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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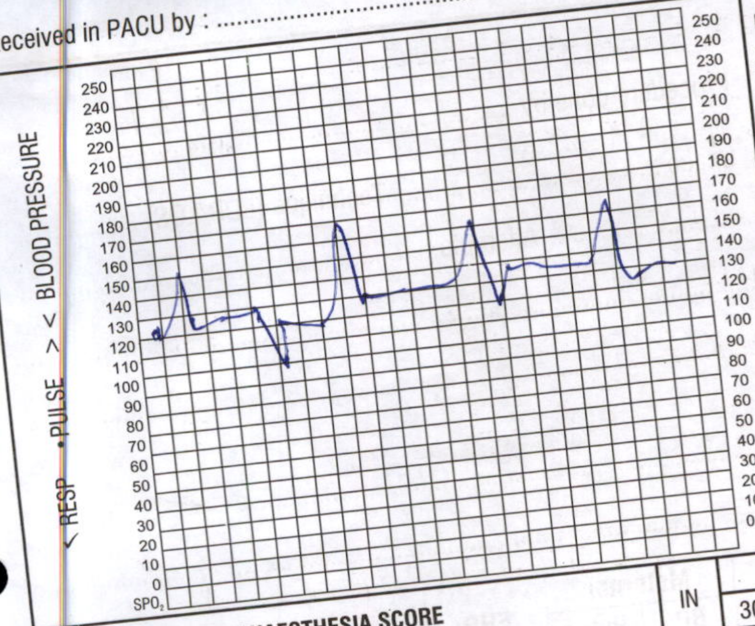
POST-ANAESTHESIA CARE UNIT RECORD

Time Received : @ 6:30 p.m. Time Discharged : ....

Received in PACU by : ....



IV Cannula Site : Right hand

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

Drug: ✓

Vomiting : ☐ Yes ☑ No
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☑ Yes ☐ No
IV Fluids: DNS
Oral Feeds: NPO

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		2	2	2	6
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2	6
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2	6
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2	6
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2	6
		TOTAL		10	10	10	10

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/5	4pm	02	Inj - Tramadol	[signature]

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

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 reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Akhila
Anaesthesiologist Signature: Akhila
Date & Time: 26/5/26 @ 6:30pm

PACU Nurse Name : Vandana
PACU Nurse Signature: [signature]
Date & Time: 26/5/26 @ 6:30pm

Transferred to Unit by (PACU): ....
Date & Time: ....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

User Name: .....

RCWH.0000164168 IP5-00174320
Master CHALLA ARJUN
23-06-2012 13 Y 11 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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HANDOVER FORM
From ☑ PICU / ☐ NICU to Operation Theatre

Date: 26/5/26 Time: 3.40PM

Procedure: VATS

Diagnosis: Left sided pneumonia & left Empyema

Gestational Age: - Post Conceptional Age:

Time of Reaching OT: 3.35PM Time of Leaving ICU: 3.33PM

Brief History / Events: Fever x 15 days
Cough x 2 days
Fast breathing x 1 day

GCS: ☐E4 ☐M6 ☐V5	A/V/P/U: A	Temperature: 99°F	Pupils: B/L ERL

Previous Surgeries:

Pulse Rate: 110	RHYTHM: Normal	CRT: <3sec	MURMURS: –	BP: 116/76	Peripheral Pulses - Good Volume / No: Good

Resp. Rate: 38 br/min	Breathing Pattern: regular	SpO_2: 100%	O_2 Support: RA @2LPM	NIV:

ETT		VENTILATORY SETTINGS:	
Cuffed / Uncuffed	(–)	PIP:	PEEP: (–)
Size		RR:	FIO_2:
Length of Fixation		INSPIRATORY TIME:	

NG LENGTH OF FIXATION	LAST FEED	LAST GRBS	OTHER DRAINS	FOLEY'S	OTHER OBSERVATIONS

CENTRAL / PICC LINE	SITE (–)	SIZE	**No. of Lumens**	**Free Flow - Yes/No**	
ARTERIAL LINE	SITE (–)	GAUGE	Back Flow - Yes / No		
PERIPHERAL LINES	SITE Right forearm	SIZE 20G	Free Flow - Yes / No	Yes	
	SITE Left forearm	SIZE 22G	Free Flow - Yes / No	yes	
	SITE	SIZE	Free Flow - Yes / No		

IV Fluids: DNS	Solution: DNS	Rate: 50ml/hr	CBP:	Hb 11.9 WBC 12,970 Platelets 4,40,000
Other Infusions:			S Electrolytes:	Na 136 K 3.9 Cl 94 HCO_3
Rate of Flow:		(–)	Coagulation:	PT 21/INR-1.6 APTT 48
Other Infusions:			ABG /VBG /CBG:	pH PaO_2 SaO_2 $PaCO_2$ B.E Lac

Antibiotics -	DRUG:	CEFTRIAXONE	AZITHROMYCIN	LINEZOLID	OTHERS:	
	DOSE:	2g	500mg	500mg		
	TIME OF LAST DOSE:	10AM	12PM	10AM		

Note (If any):

* A - Alert / V - Verbal / P - Pain / U - Unresponsive

HANDOVER TAKEN BY
Signature: Adith
Doctor Name: Dr Nikita P
Date & Time: 26/5/26 @3.40p.m

HANDOVER GIVEN BY
Signature:
Doctor Name: Dr Nandan
Date & Time: 26/05/2026, 3.45PM

Docu. No. : RCHBH /FRM / CLINICAL / 030