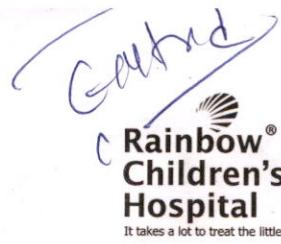


BAH-00657259 IP5-00174567
Master KURUVA KUMARA SWAMI
16-12-2024 1 Y 5 M 16 D (M)
Dr. MAINAK DEB

80504

SURGERY DETAILS



Handwritten initials

Date : 1/6/26

Patient Name: KAST - KUMARA SWAMI Date of Birth: Age: 14.6yr

Gender: M Ward: PED-OT UHID No: BAH-00657259

Date of Surgery: 1/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Rectal Prolapxy

Time in : 10:05 AM Time Out : 10:50 AM

| | NAME | AMOUNT |
|----------------------|---------------------|--------|
| 1. Surgeon | Dr Mainak Deb | |
| 2. Anaesthetist | DR TEJASWANI | |
| 3. Assistant Surgeon | - | |
| 4. OT Technician | BR prasanna | |
| 5. Circulating Nurse | Sr. A. Neeraj Meeri | |
| 6. Assistant Nurse | BR TEJU | |

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

Signature of the Surgeon *Dr Mainak Deb*

Signature of Circulating Nurse *Meeri*

Order No: A. Neeraj Meeri

Order by: 9637712

BATH-00657259

Master: Kuruma Swami
 Patient Sticker: 6310 145M

Rectal Biopsy

CONSUMABLES OF OT



Circulating staff : Technician : prashanth Date : 1/06/2026 Time : 10AM

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|------------------------------------|--------|------|---------------------------|--------|------|-------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube 3.5, 3, 4, | 1+1 | — | Major Pack <u>Drape</u> | 1 | 1 | Inj Vit.K | | |
| LMA 1, 1 1/2 | 1+1 | — | Sutures | | | Cord Clamp | | |
| ECG leads : A/P/N | 05 | 5 | Mersilk 3.0, | 2 | 2 | Suction Catheter | | |
| HME filter : A/P/N | 01 | 1 | 9.915 | 2 | 1 | Feeding Tube | | |
| Syringes : 10 cc | 10 | 5 | vicryl 1, 2, 3, 4, 5 | 20 | 2 | Vaccum Suction Set | | |
| 05 cc | 10 | 5 | Gloves 6.64 | 2 | 2 | Surgical Gloves | | |
| 02 cc | 10 | 5 | 6.64 | 2 | 2 | Gauze Pack | | |
| 01 cc | 05 | — | | | | Syringe 1ml / 2ml | | |
| Cautery plate : A/P/N | 01 | 1 | Surgical blade 15 | 1 | 2 | Surgical Blade # 20 | | |
| IV set | 01 | — | NG tube | | | Koochies (S) | | |
| RL | 01 | 1 | Cautery pencil | 1 | 1 | Inj. 10x with Atrial | 1 | 1 |
| NS : 10ml / 100ml / 500ml / 1000ml | 01 | 1 | Koochies | | | NS 500ml | 1 | 1 |
| Mini Spike | 01 | 1 | Ointments | | | transo fix | 1 | — |
| O2 mask | 01 | — | Suction Catheter | | | Inj. 0.25 Anawin | 1 | — |
| Fentanyl | 01 | 1 | Cap. Mask | 5 | 3/5 | NEEDLE 26 gauge | 1 | — |
| Morphine | | | Gauze Pack | 5 | 3/5 | 10x Jelly | 1 | 1 |
| Ketamine | | | Mop Pack | 1 | 1 | | | |
| Propofol | 03 | 3 | Steristrip cuticle 10x101 | 1 | 1 | | | |
| Rocuronium | 01 | 1 | Underpad | 1 | 1 | | | |
| Glycopyrolate | 01 | 1 | Draw sheet | 1 | 1 | | | |
| Myopyrolate / Neo | 02 | 2 | Abgel | | | medice | 01 | 1 |
| Ondansetron | | | Foleys catheter | | | SOFT 416 | 3/3 | — |
| Pencan 25g/ Spinal Needle 22 | 01 | 1 | Urobag | | | Gauge + Glands (6.5) | 4+4 | 1 |
| Bupivacaine 0.25% | 01 | 1 | Chest Drainage Catheter | | | Dexa + Tranexa | 1+1 | 1 |
| Bupivacaine 0.25%(Heavy) | | | Romodrain bag | | | Dermed 50 | 1+1 | 1 |
| Antibiotics IV pum | 01 | 0 | Bandage | | | 50cc + pmo line | 1+1 | — |
| | | | Tegaderm | | | Loz 2% + Jelly | 1+1 | 1 |
| Suppositories | | | loban | | | Adrenaline + Atropine | 1+1 | 1 |
| Anamol : 80mg / 250mg / 170 mg | | | Double J Stent | | | Ephedrine | 01 | 0 |
| Supridol : 100mg | | | Vaccum Suction set | | | NG tubes all | 5 | — |
| Justin 12.5 mg / 25mg / 100mg | 1+1 | — | Plastic Bed Sheet | 1 | 1 | Suction catheter 4 | 6 | — |
| Tab. Misoprost : 200mg | | | Betadine Solution | 1 | 1 | Orite, Splint 1, 3 | 1+1 | — |
| Vaccum Set | 01 | 1 | Microshield | 1 | 1 | Midazolam | 01 | 1 |
| Oral airway 0,00 | 1+1 | — | Cotton Balls | 1 | 1 | Nasal prong clip (p) | 01 | 1 |
| Nasal airway 14, 16 | 1+1 | 1 | Latex Gloves | 10 | 10 | transpore | 1 | 1 |
| IV cannule 22, 24 | 1+1 | — | Ramdione Scrub | 1 | 1 | Durapone | 1 | 1 |
| 3way 10cm + 100cm | 1+1 | — | Saral | | | Lonitost | 1 | 1 |

Surgeon : Anaesthesiologist : 9632599 Nurse : Thejas OT Technician :
 Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ESTIMATION SLIP

Prepayment
 PHI-52
 80504

Date: 26/May/26 UHID / IP No.: IAH-00 657 259 SI No.
 Name of Patient: Ms. Kacma Kumara Swami Age: 2y/mo Gender: M
 Father's / Husband's Name: Mr. Mahesh Corporate / Occupation: IT Corp.
 Address: Amnara Phone: 7989476257 Email: qness Corp.
 Procedure / Plan: Rectal Biopsy +/- Levelling Colostomy - 3hrs. - 3days.

MODE OF PAYMENT: SELF TPA: Vidyal/National GIPSA: Dr. Manmoh Deb OTHERS

TARIFF INFORMATION:

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

| PARTICULARS | AMOUNT (₹) | | | | | | | | | | | | |
|--|--|--------------------------------|----------|--------------------------------|--------------|----------------|----------------|----------------|------------------|------------------|--|--|------------------|
| Surgeon's / Anesthetists's Fee / O.T. Charges | <u>6w: (53,669 + 19,516 + 11,000/hr)</u> | | | | | | | | | | | | |
| O.T. Consumables | <u>9,500/-</u> Subject to approval by TPA / Insurance Company | | | | | | | | | | | | |
| Instrument Charges | Not Covered by TPA / Insurance company | | | | | | | | | | | | |
| Pharmacy, Consumables & Investigations | As per actual - Not Included in Estimation | | | | | | | | | | | | |
| Equipment Charges | <table border="1"> <tr> <td>Monitor :</td> <td>Oxygen :</td> <td>Infusion pump / Syringe pump :</td> </tr> <tr> <td>Ventilator :</td> <td>Conventional :</td> <td>HFO-SLE 5000 :</td> </tr> <tr> <td>Phototherapy :</td> <td>Single Surface :</td> <td>Double Surface :</td> </tr> <tr> <td></td> <td></td> <td>Triple Surface :</td> </tr> </table> | Monitor : | Oxygen : | Infusion pump / Syringe pump : | Ventilator : | Conventional : | HFO-SLE 5000 : | Phototherapy : | Single Surface : | Double Surface : | | | Triple Surface : |
| Monitor : | Oxygen : | Infusion pump / Syringe pump : | | | | | | | | | | | |
| Ventilator : | Conventional : | HFO-SLE 5000 : | | | | | | | | | | | |
| Phototherapy : | Single Surface : | Double Surface : | | | | | | | | | | | |
| | | Triple Surface : | | | | | | | | | | | |
| Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc. | As per actual - Not Included in Estimation | | | | | | | | | | | | |
| Package | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | |
| Initial Minimum Deposit | <u>Rs. 22,000/- for final dues clearing</u> | | | | | | | | | | | | |

MARKS: 200.456/30/3hr CPA: 1.95L of Adh. 5000/-

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

DECLARATION
 I, Mahesh, have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.
 Signature of the Client: K. Mahesh
 Signatory Relationship: Father
 Signature of the Financial Counselor: Abbasullah



Rainbow Children's Hospital - Banjara Hills

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 : IP5-00174567 Admit Date : 31-May-2026 Admit Time : 02:24 PM UHID : BAH-00657259

Patient Details :

Patient Name : Master KURUVA KUMARA SWAMI Age : 1 Y 5 M 15 D
Guardian : Mr KURUVA MAHESH DOB : 16-12-2024 05:30 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : 3-364 VILLAGE:GUNDREVULA, (c) Belalgal Phone No : 7989476757/ 8464826328
Kurnool Andhra Pradesh INDIA 518462 E-mail : kuruvamahesh7220@gmail.com

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 116 Ward Name : 1F-GENERAL WARD I
Room No : GW 116 Admission Type : First Visit

Contact Details :

Name : Mr KURUVA MAHESH Relationship : Father
Contact Address : 3-364 VILLAGE:GUNDREVULA, (c) Belalgal Phone No : 7989476757 / 8464826328
Kurnool Andhra Pradesh INDIA 518462

K. Mahesh
Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB Specialisation : PEDIATRIC SURGERY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : VIDAL HEALTH INSURANCE TPAPVT LTD



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name:

Kumara Swami

UHID ID:

Department:

Consultant:





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cf constipation
straining to defecate : 3m of age.

History of present illness :

well child, passed meconium normally,
cf constipation
passing hard stools
straining to defecate since child was 3m
old
progressive gradually.

lower GI study on 26/5 - S/O ultrashort-
segment hirschsprung disease.
along with fecal loading @ rectosigmoid
colon

No fever, cough.
oral intake fair

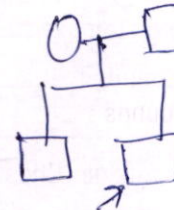


History, Investigation, & Physical Examination

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

Birth & Neonatal History:

FT 1 @ perinatal transition.
No delayed meconium transition
H/o



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developed as per age

Immunization History :

Immunised as per age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 9.96 kg (Centile _____)

On Examination :

Temperature : 97.3°F Pulse Rate : 118/min B.P. 86/52 ⁽⁶⁴⁾ mmHg SPO2 97% JRA
Resp. rate and type of breathing : 28/min

Rash _____
Lymphadenopathy ⊖
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BAE ⊕
Any addes sounds : ⊖
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S₁S₂ ⊕
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : seems distended.
Ausculation : BS ⊕
Spine : ⊕ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : (N)

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : NAD

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Intact

Bladder / Bowel : constipated.

Clinical Summary & Diagnostic:

low short segment hirschsprung disease.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complications

Desired goals of the treatment: hemodynamic stability

Planned Labs:

IV cannulation
CBP + 1 plain

Planned Management

PAC to be done
NPO according to PAC
PROCTOCYSLIS ENEMA -
@ 10 PM today & 6 AM
Tomorrow
IV fluids.

NR
31/12/24
3 PM

Signature of the Doctor: [Signature]

Signature of the Consultant:

Name of the Doctor: Sainthi

Name of the Consultant:

Date & Time: 31/12/24 2:30 PM

Date & Time:



OPERATION THEATER NOTES

Patient's Name : Master K. KUMARA SWAMI Age : 1y Gender : Male Female

UHID No. : BAH-00657259 Weight : Height :

Surgeon : DR Mainak Deb Asst. Surgeon :

Anesthetist : DR. Tujumani OT Nurse : BR. TULO OT Technician : prashant

Pre-Operative Diagnosis: ? Ultrasound Hirschsprung's

Surgical Procedure : P Examination ↓ sedation +
stichuroplasty

Indications for Surgery : Chronic constipation & abd. distension

Date : 21/6/26 Start Time : 10:15 AM End Time : 10:45 AM

Pre Operative Preparations:

ST- betadine

Post Operative Diagnosis:

? Low Rectal stenosis

Peri-Operative Complications:

Operation Notes:

Findings-

- 2cm above anal orifice, dense circumferential

stenotic fibrous band noted.

- Band released. & ST

Procedure:-

- ① Child placed in lithotomy position
- ② Findings noted
- ③ Stay sutures taken at 11'o'clock, 2'o'clock, 5'o'clock & 7'o'clock
- ④ ~~Posterior~~ longitudinal incision made over posterior wall of low rectum to release stenotic band.
- ⑤ Strictureplasty done.
- ⑥ Anal pack placed.
- ⑦ Hemostasis secured.

Amount of Blood Loss: \approx 1ml.

Blood Transfused (in ML) - Nil -

Name and Number of Surgical Specimen sent for examination:

- Nil -

Peri-Operative Complications:

- Nil -

Name of the Surgeon: Dr. Manish Deh

Signature of the Surgeon: [Signature]

Date & Time: 11/01/20 11:55 AM

BAH-00657259 IP5-00174567
 Master KURUVA KUMARA SWAMI
 16-12-2024 1 Y 5 M 15 D (M)
 Dr. MAINAK DEB



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------------|---|--|
| 1/6/26 <u>u-40pm</u> | c/s/b Dr Nikhita | |
| | Child comfortable | |
| | Afebrile | Adm |
| | vitals - stable | - NPO till further order |
| | P/A - soft | - IVF full maintenance |
| | | - Start clear fluids as tolerated |
| | Anal pack - removed | |
| | | Dr. Nikhita 1/6/26 u-45P |
| 2/6/26 | c/s/b Dr. Hansh | |
| | POD-1 Smectinoplenity | |
| | Child sleepy | |
| | Afebrile | Adm |
| | vitals - stable | ① Allow liquid diet (restart breast feeding) |
| | P/A soft | ② Continue IVF fluids |
| | | Dr. Nikhita 2/6/26 |

Dr. Mainak Deb
Reg. No: 66171

Dr. Mainak Deb
Reg. No: 66171

BAH-00657259 IP5-00174567
Master KURUVA KUMARA SWAMI
16-12-2024 1 Y 5 M 16 D (M)
Dr. MAINAK DEB



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|----------------|----------------|
| 3/6/26. 7:40 AM | C/S/B | Dr. Maliha. |
| | POD - (2) | <u>Adv</u> |
| | afebrile | |
| | Vitals stable | 1) Soft diet |
| | P/A - soft | |
| | passed stool | |
| | | |
| | | |
| | | Maliha. |
| | | Dr. Maliha |
| | | 3/6/26 |
| | | 7:40 AM |
| | | |
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De

BAH-00657259 IPS-00174567
 Master KURUVA KUMARA SWAMI (M)
 16-12-2024 1 Y 5 M 15 D
 Dr. MAINAK DEB

(A+ve)



RESULT SHEET

| | | | | | |
|---------------------|-----------|--|--|--|--|
| Date | 31/5/2016 | | | | |
| Time | 14:37 | | | | |
| Hb | 7.5 | | | | |
| PCV | 28.3 | | | | |
| RBC | 5.37 | | | | |
| WBC | 14.92 | | | | |
| N/L | 288/54.0 | | | | |
| Platelets | 610 | | | | |
| 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 | | | | | |

DL



DRUG CHART

Date of Admission: 31/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

| | | | | |
|---|-------|--------------|------------|--------------|
| DRUG : <u>IV PIPERACILLIN TAZOBACTAM</u> | | | | Date Time |
| Dose | Route | Frequency | Start Date | |
| Doctor's Signature | | Valid Period | Pharm. | |
| Additional Instructions: | | | | |

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

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

VERIFIED BY : Name



| Date Time | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | |
|--------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | | Dose | | Dose | | Dose | | Dose |
| DRUG : | 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 |
|-----------------|------|-------------------------------|-----------------------------|-------|-----------|------------------|
| 31/5/26 10PM | 10PM | PROCTOCLYSIS ENEMA | 1unit | PR | \$ | Sushma Swam |
| 31/6/26 6AM | 6AM | PROCTOCLYSIS ENEMA | 1unit | PR | \$ | Sushma Swam |
| 1/6/26 9:35 | 9:35 | 1g PIPERICILLIN TAZOBACTAM | 1gm | iv | g | Prasanth Meyy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SIGNATURE

I.V. FLUIDS CHART

Weight. 9.06 Ward. SW & SPV



| 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 |
|--------|----------|---|-------|--------------------|----------------|---------------|---------------------|----------------|---------------|
| 3/5/26 | 11:30 PM | | | | | | | | |
| 7/6/26 | 12 AM | DNS (100% maint) | IV | 40 ml/hr | [Signature] | [Signature] | 1/6/26 | [Signature] | [Signature] |
| 1/6/26 | 10:15 AM | DIF RINGER LACTATE | IV | 40 ml/hr | [Signature] | [Signature] | 1/6/26 | [Signature] | [Signature] |
| 1/6/26 | 11:30 AM | iv DNS | iv | 40ml/hr | [Signature] | [Signature] | 2/6/26 | [Signature] | [Signature] |
| 2/6/26 | 5:20 PM | iv DNS | iv | 20ml/hr | [Signature] | [Signature] | 2/6 | [Signature] | [Signature] |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Signature

VERIFIED BY: Name



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: ward (116)

| 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 | Sypr SMUTH | 5ml | PO | BD | 31/5/26 | <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC |
| 2 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| - | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Sarithi

Date & Time: 31/5/26 2:30 PM

Nurse Name & Signature: [Signature]

Date & Time: 31/5/26 2:30 PM

SURGICAL SAFETY CHECKLIST

Surgeon : DR. M
 Asst. Surgeon :
 Anaesthetist : Dr. Mejarini
 Scrub Nurse : BR. TCTO

Patient Name : Mr. K. Kumar Age : 17 Gender : M
 UHID No. : BAH-00657259 Surgery Name : Rectal Biopsy +
 Date : 1/6/26 In-time : 10:05 AM Out-time : 10:10 AM

BAH-00657259 IP5-00174567
 Ra Master KURUVA KUMARA SWAMI
 Ch 16-12-2024 1 Y 5 M 16 D (M)
 HC Dr. MAINAK DEB
 It take



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

| SIGN IN | Time: <u>9:40 AM</u> |
|--|---|
| Patient Has Confirmed | |
| Identity | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Site | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Consent | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Site Marked | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Anaesthesia Safety Check Completed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Pulse Oximeter on Patient & Functioning | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Patient have a: | |
| Known Allergy? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Difficult Airway / Aspiration Risk? | |
| Yes, & Equipment / Assistance Available | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Risk of > 500ml Blood Loss (7ml/kg In Children)? | |
| Yes, and Adequate Intravenous Access and Fluids Planned | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| Blood Units Reserved | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Has Antibiotic Prophylaxis been given within the last 60 minutes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| Signature : <u>[Signature]</u> | |
| Name : <u>Dr. Mejarini</u> | |

| TIME OUT | Time: <u>10:20 AM</u> |
|---|---|
| Confirm all team members have introduced themselves by Name and Role | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgeon, Anaesthesia Professional and Nurse Verbally Confirm | |
| Correct Patient (Check ID Band) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Correct Site | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Correct Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Anticipated Critical Events | |
| Surgeon Reviews: | |
| What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Anaesthesia Team Reviews: | |
| Are There Any Patient-specific Concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Nursing Team Reviews: | |
| Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is Essential Imaging Displayed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| Power Supply, Earthing, Power Backup and functioning of equipment checked. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature : <u>[Signature]</u> | |
| Name : <u>[Signature]</u> | |

| SIGN OUT | Time: <u>10:49 A</u> |
|---|---|
| Nurse Verbally Confirms with the Team: | |
| The Name of the Procedure Recorded | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| The Specimen is Labelled (including patient name) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Whether there are any Equipment Problems to be addressed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| To Surgeon, Anaesthetist and Nurse: | |
| What are the key concerns for recovery and management of this patient? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Signature : <u>[Signature]</u> | |
| Name : <u>Dr. Niketish</u> <u>11/6/26</u> <u>11:15 AM</u> | |

BAH-00657259 IP5-00174567
Master KURUVA KUMARA SWAMI
16-12-2024 1 Y 5 M 16 D (M)
Dr. MAINAK DEB



POST-SURGICAL CARE PLAN FORM

Procedure Done: Rectal stricturoplasty

Post-Surgical Diagnosis: ? low Rectal stenosis

Post-Operative Monitoring Parameters /Frequency:

- TPR monitor every 15 min for 1st hr

Wound Care:

- Dressing

Drain /Special Lines/Catheters:

- ~~NPO~~ ~~HH~~
Anal pack to be removed after 5hr.

Special Patient Positioning and Requirements:

- Nil -

Nutritional Instructions:

NPO till further order

When to Start Mobilization:

- Nil -

Special Referrals:

- nil

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

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

- Nil -

Treating Surgeon

(Signature & Stamp) *Dr. Mainak Deb*

Date: 1/8/26 Time: 11:20am

Note: Plan of care will be readjusted if necessary.

BAH-00657259 IP5-00174567
 Master KURUVA KUMARA SWAMI (M)
 16-12-2024 1 Y 5 M 16 D
 Patient Dr. MAINAK DEB



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 17/6/26

Department : PE-D-OT Duration of Procedure :

Name of Surgeon : DR Mainak Deb Date of Admission : 1/6/26

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

| | Staff Signature |
|---|-----------------|
| 1. Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>Dr. PAPA2 1gm</u> | |
| 2. Hair Removal <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal : 36-37 °C) | |
| 4. Name of doctor or staff administering the antibiotic : Date & Time of antibiotic administration : <u>17/6/26 9:35AM</u> Date & Time procedure started : <u>17/6/26 at 10:25AM</u> | |

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

BAH-00657259 IP5-00174567
 Master KURUVA KUMARA SWAMI
 16-12-2024 1 Y 5 M 16 D (M)
 Dr. MAINAK DEB

No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/16 Time: _____

Doctor / Nurse / Family Concern? 10AM 11pm 6pm 10pm 2A

| | | | | | |
|------------------|-----|--|--|--|--|
| Temperature (°F) | 104 | | | | |
| | 103 | | | | |
| | 102 | | | | |
| | 101 | | | | |
| | 100 | | | | |
| | 99 | | | | |
| | 98 | | | | |
| | 97 | | | | |
| | 96 | | | | |
| | 95 | | | | |
| | 94 | | | | |

| | | | | | |
|--|-----|--|--|--|--|
| Heart Rate (bpm) and Blood Pressure (mmHg) * | 190 | | | | |
| | 180 | | | | |
| | 170 | | | | |
| | 160 | | | | |
| | 150 | | | | |
| | 140 | | | | |
| | 130 | | | | |
| | 120 | | | | |
| | 110 | | | | |
| | 100 | | | | |
| | 90 | | | | |

| | | | | | |
|--|---------------------|--|-----|-----|-----|
| Respiratory Rate (bpm) (Over 1 Minute) * | 70 | | | | |
| | 60 | | | | |
| | 50 | | | | |
| | 40 | | | | |
| | 30 | | | | |
| | 20 | | | | |
| | 10 | | | | |
| | Heart Rate (Number) | | 110 | 102 | 107 |
| | Resp Rate (Number) | | 28 | 27 | 28 |

| | | | | |
|----------------------------------|------------------|-------|-------|-------|
| Resp Distress | Mod/ Severe | | | |
| | None / Mild | | | |
| Receiving O ₂ (l/min) | | | | |
| O ₂ Saturations (%) | | 99% | 100% | 100% |
| Conscious Level | Normal / Altered | | | |
| GCS * | | 15/15 | 15/15 | 15/15 |

| | | | | |
|------------------------|--|---|---|---|
| TOTAL SCORE | | | | |
| Number of shaded boxes | | 1 | 1 | 1 |
| Pain Score | | 0 | 0 | 0 |
| Observer's Initials | | 0 | 0 | 0 |

ACTIONS

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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BAH-00657259
 Master KURUVA KUMARA SWAMI
 16-12-2024
 Dr. MAINAK DEB

IP5-00174567

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

PRESCHOOL (1-5 years)

Children's Observation &
 Early Warning Scoring Chart

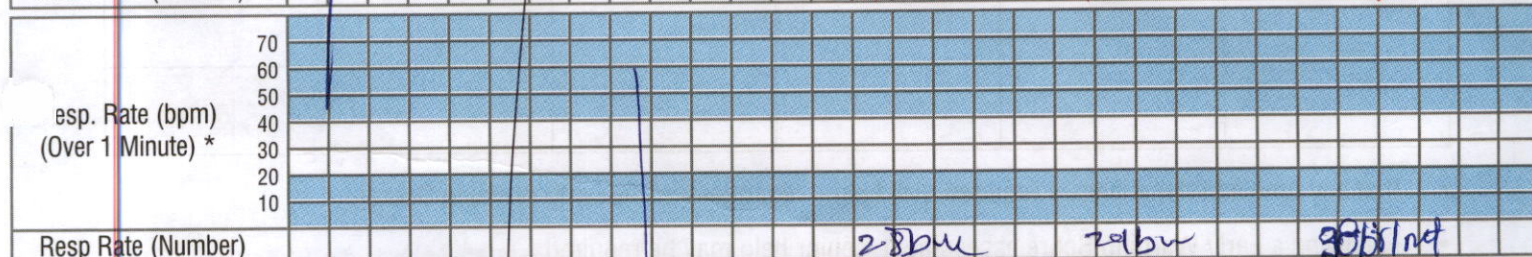
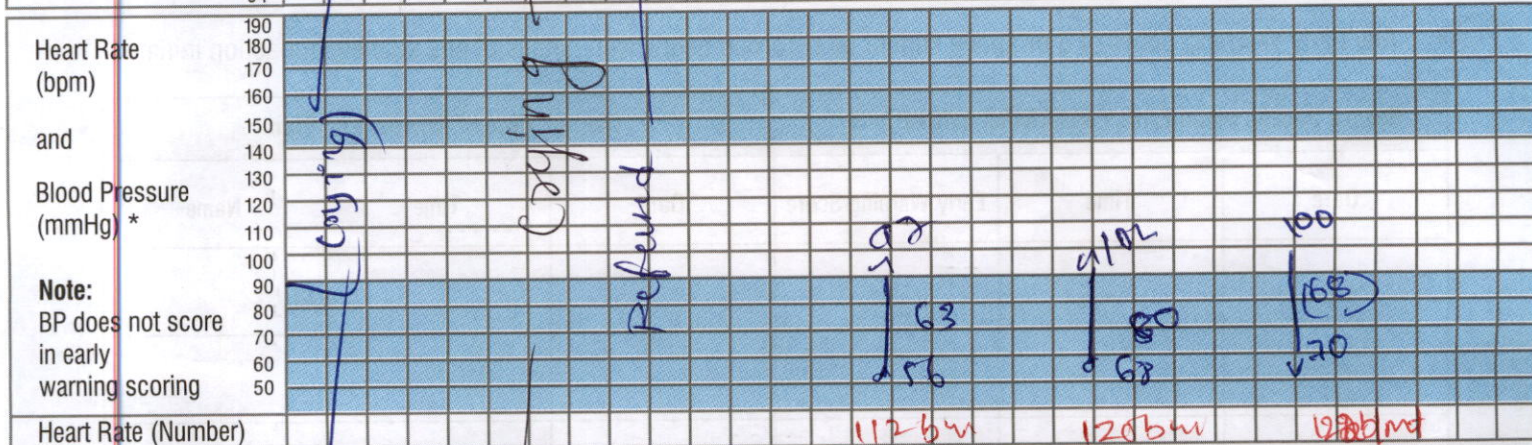
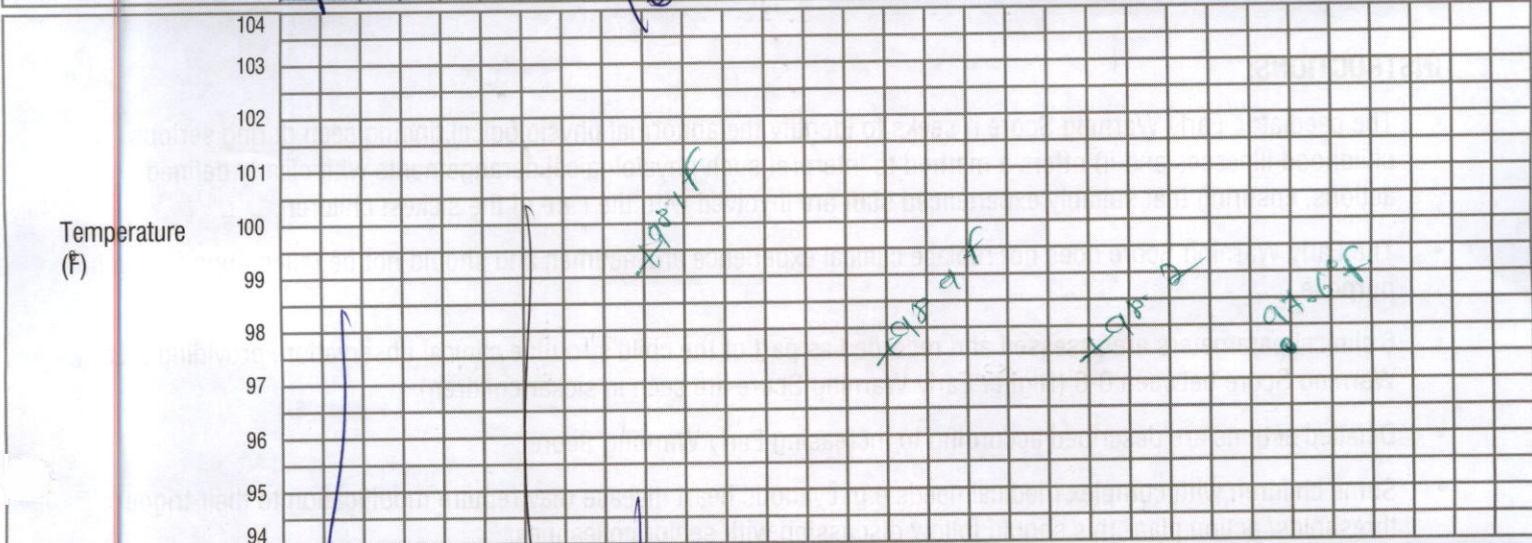
Pratiksha
 Rainbow
 Children's
 Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/12 Time:

Doctor / Nurse / Family Concern?



| Resp Distress | Mod/ Severe None / Mild |
|----------------------------------|-------------------------|
| | |
| Receiving O ₂ (l/min) | |
| O ₂ Saturations (%) | 92%, 96%, 95%, 99% |
| Conscious Level | Normal / Altered |
| GCS * | 11/5, 11/5, 14/5, 15/15 |
| TOTAL SCORE | |
| Number of shaded boxes | 1, 1, 1, 1 |
| Pain Score | 0, 0, 0, 0 |
| Observer's Initials | S, S, S, S |

ACTIONS
 NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| B | BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
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BAH-00657259 IP5-00174567
 Master KURUVA KUMARA SWAMI
 16-12-2024 1 Y 5 M 15 D (M)
 Dr. MAINAK DEB



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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

| Date : 31/12/24 | Time: | 6pm | 10pm | 2am | 6am | 9am |
|----------------------------------|-------|--------|--------|--------|---------|--------|
| Temperature (F) | 104 | 97.2 | 97.3 | 98.1 | 98.1 | 98.5 |
| Heart Rate (bpm) | 190 | 105 | 110 | 120 | 125 | 118 |
| Blood Pressure (mmHg) * | 110 | 105/62 | 110/68 | 110/74 | 125/110 | 140/60 |
| Resp. Rate (bpm) | 70 | 28 | 24 | 30 | 28 | 28 |
| Receiving O ₂ (l/min) | | 98% | 99% | 100% | 100% | 100% |
| GCS * | | 15/15 | 15/15 | 15/15 | 15/15 | 15/15 |
| TOTAL SCORE | | 1 | 1 | 1 | 1 | 1 |
| Number of shaded boxes | | 0 | 0 | 0 | 0 | 0 |
| Pain Score | | 0 | 0 | 0 | 0 | 0 |
| Observer's Initials | | 0 | 0 | 0 | 0 | 0 |

ACTIONS

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| | | | | | |
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Patient:

BAH-00657259 IP5-00174567
 Master KURUVA KUMARA SWAMI
 16-12-2024 1 Y 5 M 16 D (M)
 Dr. MAINAK DEB



FLUID CHART

Sheet No. : 0

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | 100 | ally | | | | | | | | | | |
| | 06:00 pm | 100 | | | | | | | | | | | |
| | 07:00 pm | 100 | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | 100 | | | | | | | | | | | |
| | 10:00 pm | 100 | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | 100 | | | | | | | | | | | |
| | 01:00 am | 100 | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | 100 | | | | | | | | | | | |
| | 04:00 am | 100 | | | | | | | | | | | |
| | 05:00 am | 100 | | | | | | | | | | | |
| | 06:00 am | 100 | | | | | | | | | | | |
| | 07:00 am | 100 | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 2

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|------|-----|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 1/6/26 | 08:00 am | | | 40ml | | / | / | / | | | 0 | APR | |
| | 09:00 am | | NPO | 40ml | | / | / | / | | | 0 | APR | |
| | 10:00 am | DRS | | 40ml | | / | / | / | | | 0 | APR | |
| | 11:00 am | | | 40ml | | / | / | / | | | 0 | | |
| | 12:00 pm | | | 40ml | | / | / | / | | | 0 | | |
| | 01:00 pm | | | 40ml | | / | / | / | | | 0 | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 1/6 | 02:00 pm | | NPO | 40ml | | / | / | / | | | 0 | | |
| | 03:00 pm | | NPO | 40ml | | / | / | / | | | 0 | | |
| | 04:00 pm | | NPO | 40ml | | / | / | / | | | 0 | Relax | |
| | 05:00 pm | DRS | | 40ml | | / | / | / | | | 0 | | |
| | 06:00 pm | | | 40ml | | / | / | / | | | 0 | | |
| | 07:00 pm | | | 40ml | | / | / | / | | | 0 | PH | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 1/6 | 08:00 pm | | | - | | / | / | / | | | 0 | | |
| | 09:00 pm | | ORS | - | | / | / | / | | | 0 | Sushu | |
| | 10:00 pm | DRS | | 40ml | | / | / | / | | | 0 | Sushu | |
| | 11:00 pm | | | 40ml | | / | / | / | | | 0 | Sushu | |
| | 12:00 am | | | 40ml | | / | / | / | | | 0 | Sushu | |
| | 01:00 am | | | 40ml | | / | / | / | | | 0 | Sushu | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 2/6 | 02:00 am | | | 40ml | | / | / | / | | | 0 | Sushu | |
| | 03:00 am | | ORS | 40ml | | / | / | / | | | 0 | Sushu | |
| | 04:00 am | | | 40ml | | / | / | / | | | 0 | Sushu | |
| | 05:00 am | DRS | | 40ml | | / | / | / | | | 0 | Sushu | |
| | 06:00 am | | | 40ml | | / | / | / | | | 0 | Sushu | |
| | 07:00 am | | | 40ml | | / | / | / | | | 0 | Sushu | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake []

Total 24 hrs. Output []

BAH-00657259 IP5-00174567
 Master KURUVA KUMARA SWAMI
 16-12-2024 1 Y 5 M 16 D (M)
 Dr. MAINAK DEB



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 | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|----------|----------|-----------------|--------|------|-----|--------|-----------|-------|----------|-------|---------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 20/12/24 | 08:00 am | | 40ml | 40ml | | | ✓ | | | ✓ | 0 | Sraw |
| | 09:00 am | | 40ml | 40ml | | | | | | | 0 | |
| | 10:00 am | DNS | | | | | | | | | 0 | |
| | 11:00 am | | 40ml | 40ml | | | | | | ✓ | 0 | |
| | 12:00 pm | | 40ml | 40ml | | | | | | | 0 | |
| | 01:00 pm | | | | | | | | | ✓ | 0 | |

Total Intake :

Total Output :

| | | | | | | | | | | | | |
|----------|----------|-----|------|------|--|--|--|--|---|---|---|------|
| 21/12/24 | 02:00 pm | | 40ml | 40ml | | | | | | | 0 | Sraw |
| | 03:00 pm | | 40ml | 40ml | | | | | ✓ | | 0 | |
| | 04:00 pm | DNS | | 40ml | | | | | | | 0 | |
| | 05:00 pm | | 40ml | 40ml | | | | | | | 0 | |
| | 06:00 pm | | 40ml | 40ml | | | | | ✓ | | 0 | |
| | 07:00 pm | | | | | | | | | ✓ | 0 | |

Total Intake :

Total Output :

| | | | | | | | | | | | | |
|----------|----------|------|------|--|--|--|--|--|---|--|---|------|
| 21/12/24 | 08:00 pm | Rice | Rice | | | | | | | | 0 | Rang |
| | 09:00 pm | Milk | Milk | | | | | | ✓ | | 0 | |
| | 10:00 pm | | | | | | | | | | 0 | |
| | 11:00 pm | | | | | | | | | | 0 | |
| | 12:00 am | | | | | | | | | | 0 | |
| | 01:00 am | | | | | | | | | | 0 | |

Total Intake :

Total Output :

| | | | | | | | | | | | | |
|---------|----------|--|--|--|--|--|--|--|---|--|---|------|
| 3/12/26 | 02:00 am | | | | | | | | | | 0 | Rang |
| | 03:00 am | | | | | | | | | | 0 | |
| | 04:00 am | | | | | | | | ✓ | | 0 | |
| | 05:00 am | | | | | | | | | | 0 | |
| | 06:00 am | | | | | | | | | | 0 | |
| | 07:00 am | | | | | | | | | | 0 | |

Total Intake :

Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART



Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | | |
|-----------------------------|----------|-----------------|--------|-----|-----|-----------------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | | |
| | 08:00 am | | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | | |
| | 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 | | | | | | | | |

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00657259 IP5-00174567
 Master KURUVA KUMARA SWAMI
 16-12-2024 1 Y 5 M 15 D (M)
 Dr. MAINAK DES



Name: K. Kumara Swami Age: 1y 5m Sex: M UHID.No: BAH-00657259
 Date: 31/5/26 Time: 4:50 PM Proposed Operation: Rectal Biopsy
 Diagnosis: short segment horseshoing ds
 B.P / CRT: 86/52 H.R: 118 Weight: 9.9kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 7.5 Glucose: Protein: HIV: X-Ray:
 PCV: 28.3 Urea: Alb: HBS Ag: ECG:
 WBC: 14920 Creat: Total Bill: HCV: 2D Echo:
 Plate: 610 Na: Dir. Bill: Blood group: A+ve Stress/Anglo:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl -: SGOT/SGPT:

Allergies: Nil

Medical History: CVS: USG RT 2.8kgs / NO ICU admissions

→ RESP: Wheezing Diabetes: - Development appropriate
 CNS: Not significant - Immunised till date
 Renal: Admitted for pneumonia twice in
 Hepatic / GE: Physical Activity: Hospital
 Others: was on puff (Revolin)

Past Anaesthetic History: Colonoscopy & Sedation 26/5

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
 Lungs: BAE ⊕ wheeze ⊕
 Heart: S1 ⊕
 CNS: active/alert
 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:

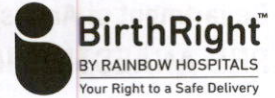
- DVT Prophylaxis: 8:30 AM
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours 4:30 AM
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: B.G.T transfuse
1 TO reserve 10 PRBC (10ml/kg)
+ 10 reserve (10ml/kg)

Signature: [Signature] Name: Dr. Anurag K.

Web → levolin 0.3mg - 1 respule
today night & tomorrow



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 120/min B.P / CRT: 105/58 SpO₂: 100 R.R: 22/min Last Feed: > 6hrs

Pre-OP Diagnosis: Short segment Hirschsprung dis Operation: Rectal Biopsy / Anoplasty Date: 01/06/2026

Surgeon: Dr. Mainak Deb Anaesthesiologist: Dr. Tejaswini Technician: Prashanth

| TIME | 10:00 | 10:30 | 11:00 |
|--|----------------|---------|--|
| N ₂ O / AIR / O ₂ LPM | 24/100 | | |
| HALO / SO / SEVO | | | |
| Drugs: | | | |
| PROPOFOL | 90mg + 10+10 | | |
| MIDAZOLAM | 0.2mg | | |
| FEANTANYL | 10mg | | |
| Antibiotic | | | |
| | | | III PIPERACILLIN TIZOBACTAM 1g .IV Suppository |
| Blood Loss | | | |
| FI _{O₂} / SaO ₂ | 100 | 100 | 100 |
| ETCO ₂ | GR | SR | SR |
| ECG | | | |
| Temperature | | | |
| Urine Output | | | |
| Fluids | | | |
| Blood | | | |
| | RINGER LACTATE | 40ml/hr | |
| B.P | | | |
| V Systolic | | | |
| A Diastolic | | | |
| X Mean | | | |
| Heart Rate | | | |
| Tourniquet on Time | | | |
| Tourniquet off Time | | | |
| Throat Pack In | | | |
| Throat Pack Out | | | |

LAB Values

ABG

GRBS

Others

| | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>LL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site: <u>Skin</u> <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Lithotomy</u> <input type="checkbox"/> Pressure Points Checked- | Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input checked="" type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>10:05 AM</u> OP Start: <u>10:25 AM</u> OP End: <u>10:45 AM</u> Leave OR: <u>10:50 AM</u> Anaesthesia: <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>24G @ UL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV: | Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input checked="" type="checkbox"/> SGAs <u>Nasal prongs</u> <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other | Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Caudal Others: Position: <u>left lateral</u> Site: Needle Size: <u>22G (R)</u> Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: <u>0.25%</u> Bolus: <u>BUPIVACAINE 9ml</u> Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Name of the Doctor: <u>Dr. Tejaswini</u> Signature of the Doctor: |
|---|---|--|---|



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sr. Meyyini Time Received: 10:50 AM Time Discharged: 1:05 PM

| | | | |
|---------------------------------|-----|-----|-----|
| BLOOD PRESSURE PULSE RESP | 250 | | 250 |
| | 240 | | 240 |
| | 230 | | 230 |
| | 220 | | 220 |
| | 210 | | 210 |
| | 200 | | 200 |
| | 190 | | 190 |
| | 180 | | 180 |
| | 170 | | 170 |
| | 160 | | 160 |
| | 150 | | 150 |
| | 140 | | 140 |
| 130 | | 130 | |
| 120 | | 120 | |
| 110 | | 110 | |
| 100 | | 100 | |
| 90 | | 90 | |
| 80 | | 80 | |
| 70 | | 70 | |
| 60 | | 60 | |
| 50 | | 50 | |
| 40 | | 40 | |
| 30 | | 30 | |
| 20 | | 20 | |
| 10 | | 10 | |
| 0 | | 0 | |

IV Cannula Site: Left hand

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|---------|----------|------------|-----------------|-----------|
| 01/6/26 | 10:50 AM | 0/10 | on sedation | Meyyini |
| 01/6/26 | 12:50 PM | 0/10 | No intervention | Meyyini |
| | | | | |
| | | | | |

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Tejaswini

Anaesthesiologist Signature: [Signature]

Date & Time: 01/6/26 at 1 PM

PACU Nurse Name: Meyyini

PACU Nurse Signature: [Signature]

Date & Time: 01/6/26 at 10:50 AM

Transferred to Unit by (PACU): UG

Date & Time: 01/6/26 at 1 PM



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 31/5/26 Time: 3pm

Weight: 9.96kgs Centile: >5th

Height: 76.5cm Centile: >5th

Inference: Underweight child

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

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, chilled, outside foods

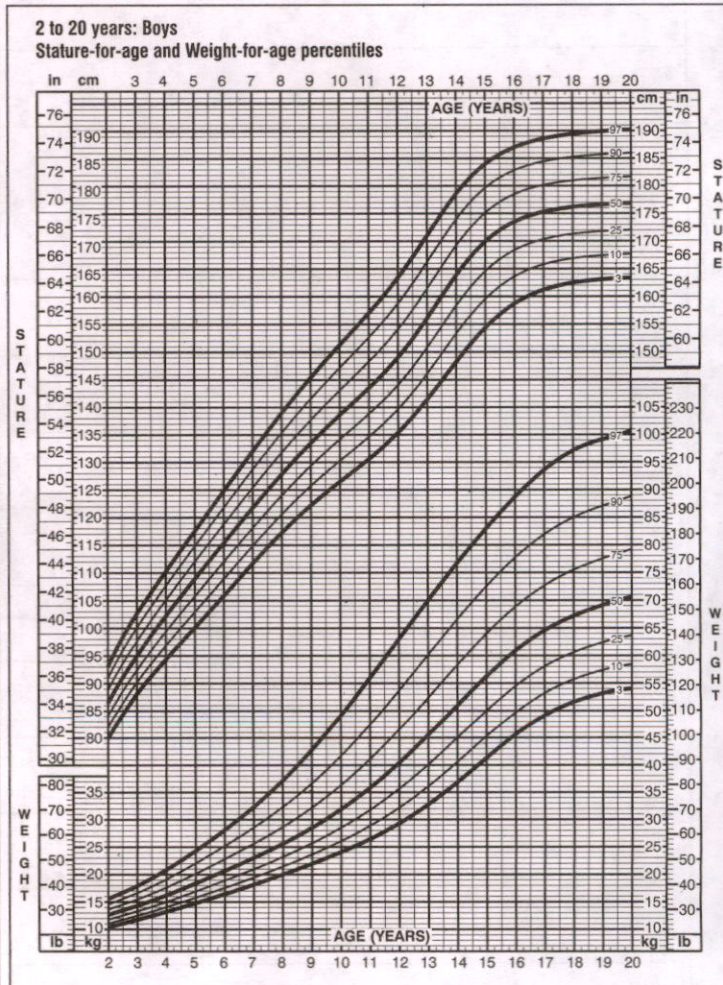
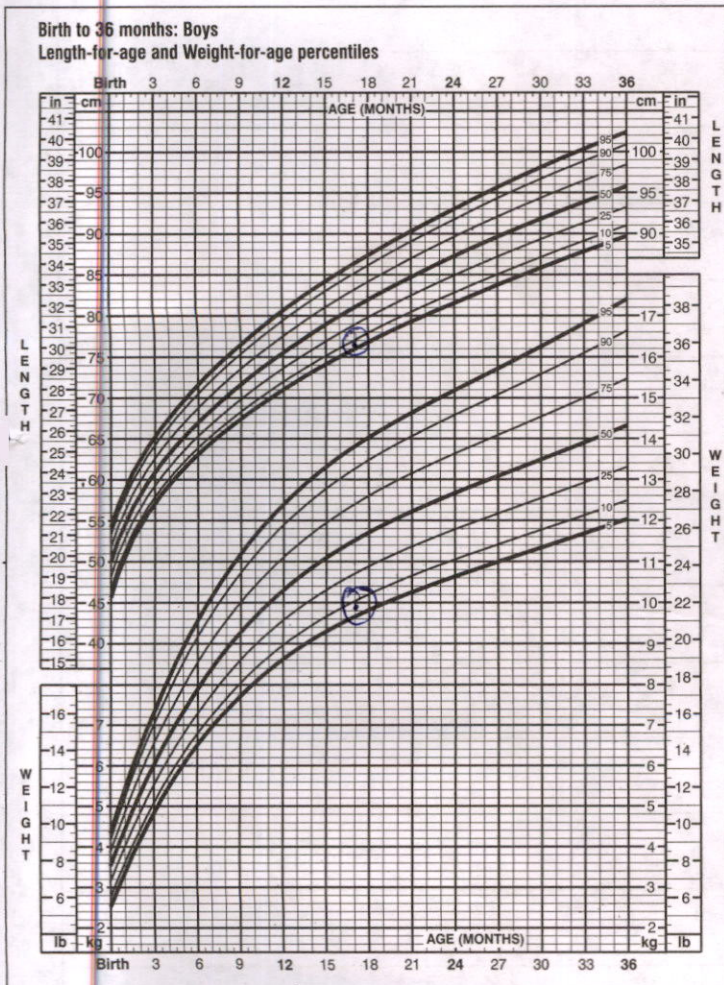
Food Allergies: No Veg/Non-veg: Non-Veg

Diagnosis: Short segment hirschsprung disease

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: K. Vijaya Lathuie

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

2/6/26
10:30am

Child is On NPO.