Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00174402 **Admit Date** : 27-May-2026 **Admit Time** : 08:46 PM **UHID** : BAH-00657434

Patient Details :

Patient Name	: Baby ZAYNA FATIMA	**Age**	: 4 Y 1 M 11 D
Guardian	: Mr M.A . GAFFAR	**DOB**	: 16-04-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 10-1-42, ASIFNAGAR , Masab Tank Hyderabad Telangana INDIA 500028	**Phone No**	: 9885064432/ 7680050366
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 401 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 401 **Admission Type** : First Visit

Contact Details :

Name	: Mr M.A . GAFFAR	**Relationship**	: Father
Contact Address	: H NO - 10-1-42, ASIFNAGAR , Masab Tank Hyderabad Telangana INDIA 500028	**Phone No**	: 9885064432 / 7680050366

M.A. GAFFAR

Signature

Doctor Details :

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

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: NIVA BUPA HEALTH INSURANCE COMPANY LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Accidental crush injury to Right middle finger while playing with door at home around 4:30pm 27/5/26, followed by Blood from nail bed

History of present illness :

Child apparently asymptomatic till evening and child was playing at home, accidentally child Placed finger within door, had injury over Right middle finger, distal phalanx followed by bleeding from the impact of injury

No H/o fever / no H/o loss of consciousness
no H/o vomiting

Baby ZAYNA FATIMA IP5-00174402
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

Pediatric Multiorgan History & Physical Examination

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

Simple febrile seizure at 1year of age

Birth & Neonatal History:

Term/ BWT/ LSAB/ NO NICU

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 15.8 kg (Centile _____)

On Examination :

Temperature : 98 Pulse Rate : 118/min B.P. 92/56 (71) mmHg SPO2 100-1.CRT

Resp.rate and type of breathing : 22/min

Rash No Rash

Lymphadenopathy –

Oedema : –

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+)

Any addes sounds : Clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur : No

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : External Genitelia :

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

BAH-00657434 IPS-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

Patie

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

(N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

(N)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars flexor

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Right middle frye Nail bed Avulsion injury

(P.T.O.)

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP

Planned Management

1) NPO to continue
2) IVF: DNI @ 5ml/hr
3) Debridement with nail bed repair
4) Shift to OT

NVB
Renuka
27/5/26

Signature of the Doctor: .....
Name of the Doctor: Ceej
Date & Time: 27/5/26 @

Signature of the Consultant: .....
Name of the Consultant: Dr. Ujjwala
Date & Time: 28/5/26 @ 9.10am

DR. UJJWALA DESAI
Registration No: 90550

Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
Dr. RAVI CHANDER RAO

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 3:40 pm	Cls 1B - Reactive	
	(R) Middle finger nail injury	
	S/P · Debridement nail bed repair	Plan
	hemodynamically stable -	
		- med. as per chart
		Parents

Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
Dr. RAVI CHANDER RAO

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
Dr. RAVI CHANDER RAO

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OPERATION THEATER NOTES

Patient's Name : Zayna Fatima Age : 4y Gender : ☐ Male ☑ Female

UHID No.: BAH-00657434 Weight : 15.8kg Height : .....

Surgeon : Ravichander	Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis:

Surgical Procedure : Debridement + nail bed repair

Indications for Surgery : (R) MF nail injury

Date : 27/5/26	Start Time :	End Time :

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: ↓ relation

Debridement of the nail bed done

nail bed sutured & skin sutured

Nail reimplanted & stabilizing sutures placed.

Splint given

Amount of Blood Loss: | Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

NBM till further orders by anesthetist

SYRUP AUGMENTIN 200mg IV BD

SYRUP COMBIFLAM 4ml TID

Name of the Surgeon: Dr Rani

Signature of the Surgeon:

Date & Time:

Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
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POST-SURGICAL CARE PLAN FORM

Procedure Done: .....

Post-Surgical Diagnosis: .....

Post-Operative Monitoring Parameters /Frequency:

Wound Care: Saturday Dressing change

Drain /Special Lines/Catheters:

NA

Special Patient Positioning and Requirements:

NA

Nutritional Instructions:

NA

When to Start Mobilization:

NA

Special Referrals:

NA

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: ..... Time: .....

Note: Plan of care will be readjusted if necessary.

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA (F)
16-04-2022 4 Y 1 M 11 D
Dr. RAVI CHANDER RAO

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATI

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Name: Zayra Fatima Age: 4 Sex: F UHID.No :

Date: 27/5/26 Time: 8:03 Proposed Operation: Debridement C Nail Bed Repair

Diagnosis: crush injury over Rt middle finger

BP / CRT: 92/56 H.R: 118/min Weight: 15.8 ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: No known allergy

Medical History: CVS : —

RESP : — No cough cold, fever a/w

CNS : — drowsy 1 year old (fever)

Renal : —

Hepatic / GE : —

Others : —

Diabetes :

C-section
Birth Wt 3kg
CIMB
No NICU adm

Physical Activity: playful Bed

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : AEBE

Heart: S1 S2

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : Spine Exam for regional :

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

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

FOOD:- 2:30
WATER:- 4:-

CURRENT MEDICATIONS	DOSAGE
—	—

Pre-Operative Instructions:

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

CBC, IV cannula
CONSENT PENDING

Signature: Name: Dr Bablu N

Docu. No. : RCHBH /FRM / CLINICAL / 044

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
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Dr. RAVI CHANDER RAO

ANAESTHESIA CHART

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

H.R: 100/min B.P / CRT: <2 sec SpO2: 100% on O2 R.R: 16 Last Feed: 2 hrs

Pre-OP Diagnosis: Crush injury R Hand with Degloving injury Operation: Debridement + Wound Bed Repair Date: 27/5/22

Surgeon: Dr Ravi chandra Anaesthesiologist: Dr Bala Technician: Prasad

0.15 PM

TIME	10.15	11.15
N_2O /AIR /O_2 LPM	3 L/min via nasal prongs	
HALO /SO /SEVO		
Drugs:	INJ PROPOFOL 30+10 MG, INJ MIDAZOLAM 0.7 MG, INJ FENTANYL 20 mcg, INJ PARACETAMOL 225 mg	
FIO_2 / SaO_2	100/100 100/100	
$ETCO_2$	37 37 37 37	
ECG	SR SR SR SR	
Temperature		
Urine Output		
Fluids		
Blood		

Antibiotic: Inj Augmentin 1.2 gm
Suppository: ✓
Blood Loss: nil
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: RLL
- ☐ Art Site:
- ☐ EKG Lead
- ☑ Temp Site: Blood slem
- ☐ FIO_2 Monitor
- ☐ Agent Monitor
- ☑ Pulse Oximeter
- ☑ Capnograph
- ☐ Ventilator
- ☐ Nerve Stimulator

Position: Supine
- ☑ 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: 10.15 PM
- OP Start: 10.22 PM
- OP End: 10.45 PM
- Leave OR: 11.00 PM

Anaesthesia:
- ☐ GA
- ☑ Monitored Anaesthesia Care
- ☐ Regional Local

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☑ IV: 2 U.L. - 22 G
- ☐ IV:
- ☐ IV:

Induction
- ☑ IV ☐ Inhal via Nasal prongs
- ☐ Pre O_2 ☐ RSI
- ☐ Others

- ☐ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
- ETT# ..... at ..... cm
- ☐ Oral ☐ Nasal ☐ Cuff
- ☐ Tracheostomy ☐ Topical
- ☐ Drug:

- ☐ Awake ☐ Direct Vision
- ☐ Video Laryngoscopy ☐ Stylette / Bougie
- ☐ Fiberoptic

Blade# ..... Attempts:
Difficulty Why?

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc:
Bolus: Local infiltration
Infusion:
Block Level: DCC Bypassed
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr Adarsh
Signature of the Doctor:

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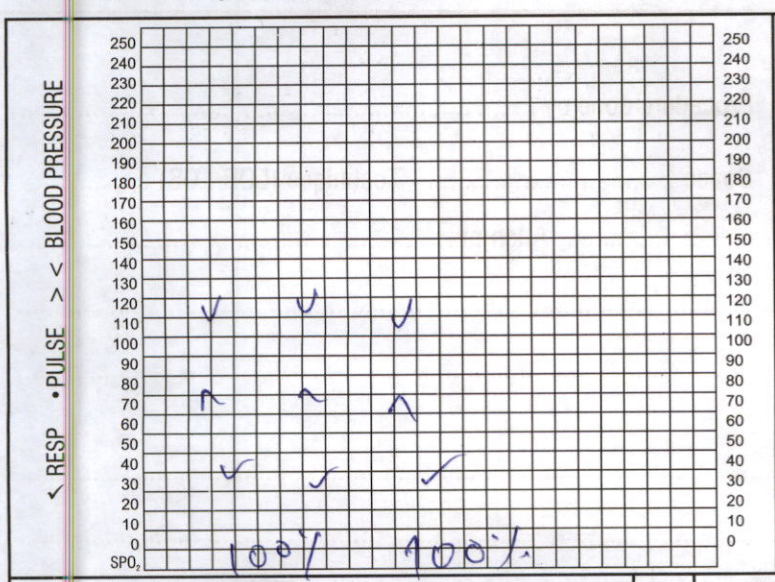
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sravi Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2Mask ☐ 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 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		1	1	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apnea	= 2 = 1 = 0	RESPIRATION		2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		1	1	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		1	1	2	
		TOTAL		8	8	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
28/5/22	2am	0/10	Nil	[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. Amit
Anaesthesiologist Signature: Dr - Amit
Date & Time: 28/5/22

PACU Nurse Name : Sravi
PACU Nurse Signature: Sravi
Date & Time: 28/5/22

Transferred to Unit by (PACU): [signature]
Date & Time: 28/5/22

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
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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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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Baby ZAYNA FATIMA
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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ravichander Rao Date : 27/5/26

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

Start Time of Assessment: ..... Weight: 15.82 kg

Allergic History: .....

Chief Complaints:
c/o Accident crushing to Right middle finger while playing with door at home around 4:30pm 27/5/26 followed by blood from nail bed

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: –

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 29/min SpO_2 on FiO_2: 99% RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BAE (+)
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 118/min

CFT: Central ..... Peripheral ..... Cyanosed

BP: 92/56 (71) 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

Any urgent interventions needed: ☐ Yes ☐ No

If Yes: .....

Disability

GCS: 15/15 AVPU: .....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right ..... Left .....

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

Signs of Neurological compromise .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes: .....

Exposure

Temp.: 98°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☑ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes: .....

- Cleaning with Saline
- Dressing done

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

Treatment Planned:

1) NPO since 2pm solids
4:30pm water
2) shift to OT
3) Inf. DNS IV @ 50ml/hr
4) Debridement with nail bed Repair

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

Final Diagnosis with possible Differential Diagnosis (If necessary): ~~Acute~~ Nail bed Avulsion Injury

Assessment done by

Name of the Doctor: .....

Signature: Sai

Date & Time: 27/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
27/5/22 8:30pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Crush injury to Right middle finger	Hemodynamic Stability	Debridement with Nail bed repair	[illegible]	☑ Nursing ☐ Others:
27/5/22 8:45pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Nail bed repair	H-stability	IV fluids	Renuka	☑ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

INTERDISCIPLINARY / FAMILY EDUCATION

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
27/5/26	8:45pm	8	Infection control measures	M	4	O	1	1	—	Reneea

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00657434 IPS-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
Dr. RAVI CHANDER RAO

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1.50 pm Mode of Arrival: wheel chair Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NKA allergy Reaction Body Weight: 15.8 Kg

Height: – cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: NA

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

If yes please list, ...

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

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

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

Observations: Weight: 15.8kg Length: – Head Circumference (< 2 years): –

Temp.: 98.2F° HR: 120b/m RR: 28b/m BP: 98/73

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: – Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain – Location – Frequency – Duration –

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Cultural & Spiritual Needs: ☐ Yes ☑ No if Yes specify ..... Inform consultant for positive criteria.

Social History: Lives With ....family....

Siblings in household ☑ Yes ☐ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☐ Yes ☐ No

Information given to ....mother....

Nurse Signature: .....

Nurse Name: ....Ravina....

Date: ....28/5/26....

Time: ....7:50am....

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16-04-2022 4 Y 1 M 12 D (F)
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CROSS CONSULTATION FORM

Doctor Name : Dr. Vijwala Desai Date : 28/5/26 Time :

Diagnosis : Rt (R) MF - Nail injury

Hospital : RCH, BTJ-

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:

Opinion

Signature:

Findings and Recommendations :

Rt - MF - nail injury
S/P - Debridement & nail bed repair

- No fresh bleed
hemodynamically stable

Plan
→ Pain management.
→ med. as advised

Discharge after.
Insurance clearance

Consultant :
Dr. Vijwala Desai Signature : Date & Time : 28/5/26

Patien

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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: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ 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 : Sai

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

Nurse Name & Signature: Renuka

Date & Time : 27/5/26 & 8:45 pm

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Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
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Patie

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RESULT SHEET

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

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 : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

BAH-00657434
Baby ZAYNA FATIMA
16-04-2022
IP5-00174402
(F)

DRUG CHART

Date of Admission: 27/5/22 Drug Allergies; .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Dr. RAVI CHANDER RAO

REGULAR PRESCRIPTIONS Weight. 15.82 kg Ward. .....

VERIFIED

DRUG : Syp AUGMENTIN-DS

Dose	Route	Frequency	Start Date
4ml.	PO	Q12H	28/5

Name & Signature of the Doctor Starting the Drugs: Pawan

Additional Instructions: 5 days.

Date/Time: 28/5 10am 10pm

Daily Doctor's Endorsement by a Sign

DRUG : ~~Tab PANTOP.~~

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time:

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Tab LANSOPRAZOLE

Dose	Route	Frequency	Start Date
15mg	PO	Q24H	28/5

Name & Signature of the Doctor Starting the Drugs: Pawan

Additional Instructions:

Date/Time: 28/5 6am Sona Rosina

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Syp COMBIFLAM

Dose	Route	Frequency	Start Date
5ml	PO	Q8H	28/5

Name & Signature of the Doctor Starting the Drugs: Pawan

Additional Instructions:

Date/Time: 28/5 6am Sona Sina 2pm 10pm

Daily Doctor's Endorsement by a Sign

Dr. RAVI CHANDER RAO

Baby ZAYNA FATIMA BAH-00657434 IPS-00174402 4Y1M11D (F)

Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	10.28	INJ PARACETAMOL	220mg	IV	Sdth	[illegible]
27/5/26	10.32	INJ AUGMENTIN	450 mg	IV	Sdth	[illegible]

VERIFIED

Signature

VERIFIED BY : Name

16-04-2022
Dr. RAVI CHANDER RAO

BAH-00857434
Baby ZAYNA FATIMA
IP5-00174402

I.V. FLUIDS CHART

Weight. 1.5 kg Ward. .....

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
27/5	Next Day	Ivf. DNS	IV	50ml/h	Sai				

Signature .....

VERIFIED BY : Name .....

Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
Dr. RAVI CHANDER RAO

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/5 Time:		
Doctor / Nurse / Family Concern?	2am	6am
Temperature (°F)	96.1°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	102 (88) 62	100 (67) 51
Heart Rate (Number)	117b/m	111b/m
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	26b/m	26b/m
Resp Distress: Mod/ Severe		
Resp Distress: None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	100%	98%
Conscious Level: Normal		
Conscious Level: Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	0	0
Observer's Initials		

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Sticker

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

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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							
	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										0	Rashmi
	03:00 am										0	Rashmi
28/5	04:00 am	NO IVF									0	Rashmi
	05:00 am			NA				NA			0	Rashmi
	06:00 am										0	Rashmi
	07:00 am										0	Rashmi
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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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**	

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

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SURGERY DETAILS

FC Not Done

Date : 28.5.22

Patient Name: Baby zayna fatima Date of Birth: 16-04-2022 Age: 4Y

Gender: female Ward : P.OT UHID No.: 00857434

Date of Surgery: 27/5/22 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Debridement + nail bed repair

Time in : 10:15PM Time Out : 11 PM

	NAME	AMOUNT
1. Surgeon	Dr Ravichander	
2. Anaesthetist		
3. Assistant Surgeon		
4. OT Technician	Prashanth	
5. Circulating Nurse	Sravani	
6. Assistant Nurse	Bibbla	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9630376 Order by: Sravani

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

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 12 D (F)
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Suturing

TIME

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, 4.5	1+1+1	—	Major Pack			Inj Vit.K		
LMA 1½, 2	1+1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5	3	PDS 5.0	1	1	Suction Catheter		
HME filter : A / P / N	1	—				Feeding Tube		
Syringes : 10 cc	15	4				Vaccum Suction Set		
05 cc	15	4	Gloves			Surgical Gloves		
02 cc	15	4	7½. 6	1+1	1+1	Gauze Pack		
01 cc	03	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL			Cautery pencil			NS . 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1	—	Koochies			10cc + 5cc	2+1	2
minispike	1	1	Ointments			~~tox with A~~		
O2 Mask (P)	1	—	Suction Catheter			0.25 Anavin	1	1
Fentanyl	1	1	Cap, Mask			Crgotol	1	1
Morphine			Gauze Pack N+R	5	5			
Ketamine			Mop Pack	5	01			
Propofol	3	—	Steristrip	1	1			
Rocuronium	1	—	Underpad					
Glycopyrolate	1	—	Draw sheet					
Myopyrolate + NEO	1+2	0	Abgel					
Ondansetron	1	—	Foleys catheter			Aug 600 mg	1	0
Pencan 25g/ Spinal Needle 22			Urobag			Oral Air way		
Bupivacaine 0.25%			Chest Drainage Catheter			0,1,2	1+1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag	0		Nasal Air way		—
Antibiotics			Bandage			18,20,22	1+1+1	
IV PCM	1	1	Tegaderm					
Suppositories			Ioban			50cc + pm line	1+1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent	0		Dexmed 50	1	—
Supridol : 100mg			Vaccum Suction set			ETCO2 + Nasopran (P)	1	1
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet	1				
Tab. Misoprost : 200mg			Betadine Solution	1				
Vaccum set	1	—	Microshield	1				
3way 10+100cm	1+1	—	Cotton Balls	1				
IV cannula 22, 24	1+1	—	Latex Gloves	1				
Gloves, Gauze	4+4	—	Ramdione Scrub					
Dexa + Tranexa	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9630405 Ordered by : .....

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00657434 IP5-00174402
Baby ZAYNA FATIMA
16-04-2022 4 Y 1 M 11 D (F)
Dr. RAVI CHANDER RAO

UHID No. : _____ ultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	9:30pm	ER	OT	
27/5/26	@12r	OT	13/10m	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr-Ujwala	27/5/2026	960761	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/05	CBP	54003	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/01	IV Placement	1	30028	Sanjay
	PAC	1	30029	

ANY OTHER INFORMATION

Date : 27/1 Time : 9:15 am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	108		