



### SURGERY DETAILS

PC not Done

Date : 10/6/26

Patient Name: M. Mohammed zain Date of Birth: Age: 17

Gender: Male Ward: P.OT UHID No.: 598576

Date of Surgery: 10/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Primary suturing of lacerali over forehead

Time in : 03:25pm

Time Out : 3:56pm

	NAME	AMOUNT
1. Surgeon	Dr Nabeel	
2. Anaesthetist	Dr. Aishwarya	
3. Assistant Surgeon		
4. OT Technician	Nighanth	
5. Circulating Nurse	Suman	
6. Assistant Nurse	Theresal	

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

Signature of the Surgeon

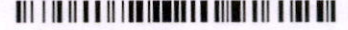
Signature of Circulating Nurse

Order No: 0651620

Order by: Suman

**ADMISSION SHEET**

**Registration Details :**



**Admission No** : IP5-00174984      **Admit Date** : 10-Jun-2026      **Admit Time** : 02:13 PM      **UHID** : BAH-00599576

**Patient Details :**

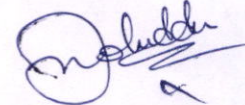
<b>Patient Name</b> : Master MOHAMMED ZAIN MOHIUDDIN	<b>Age</b> : 1 Y 9 M 23 D
<b>Guardian</b> : Mr MOHAMMED JAFER MOHIUDDIN	<b>DOB</b> : 18-08-2024 12:39 PM
<b>Gender</b> : Male	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> : Single
<b>Address (H)</b> : H NO 19-4-375/4, MAA JEE COTTAGE, Bahadurpura Hyderabad Telangana INDIA 500064	<b>Phone No</b> : 9985786040/ 9985786021
	<b>E-mail</b> : JAFER.MOHAMMED@HOTMAIL.COM

**Admission Details :**

**Bed Type** : DAY CARE      **Bed No** : PRE OP 403      **Ward Name** : 4F-OT COMPLEX  
**Room No** : PRE OP 403      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr MOHAMMED JAFER MOHIUDDIN      **Relationship** : Father  
**Contact Address** : H NO 19-4-375/4, MAA JEE COTTAGE, Bahadurpura Hyderabad Telangana INDIA 500064      **Phone No** : 9985786040 / 9985786021



Signature

**Doctor Details :**

**Doctor Name** : Dr. NABEEL ALAM QADRI      **Specialisation** : PEDIATRIC SURGERY  
**Referral Doctor** : Self      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

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

### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

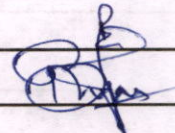
Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

BAH-00599576 IP5-00174984  
Master MOHAMMED ZAIN  
18-08-2024 1 Y 9 M 23 D (M)  
Dr. NABEEL ALAM QADRI



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	3:15pm	CR	OT	
20/6/26	6 pm	OT	114	

### Cross Consultation Visit

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







BAH-00599576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-08-2024 1 Y 9 M 23 D (M)  
 Dr. NABEEL ALAM QADRI

*Suturing*



**CONSUMABLES OF OT**

Circulating staff: ..... Technician: *nabeel* Date: *10/6/24* Time: .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>4.0, 4.5, 5.0</i>	<i>11/11</i>	<i>1</i>	Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N	<i>3</i>	<i>03</i>	<i>Rapid view 5,6</i>	<i>1/1</i>	<i>1</i>	Suction Catheter		
HME filter : A/P/N	<i>1</i>	<i>1</i>	<i>monoeyne 4,5</i>	<i>1/1</i>	<i>1</i>	Feeding Tube		
Syringes : 10 cc	<i>5</i>	<i>06</i>				Vaccum Suction Set		
05 cc	<i>5</i>	<i>03</i>	Gloves			Surgical Gloves		
02 cc	<i>5</i>	<i>03</i>	<i>6,6,6</i>	<i>2/2</i>	<i>1</i>	Gauze Pack		
01 cc	<i>2</i>	<i>1</i>	<i>PF 6,6</i>	<i>2/2</i>	<i>1</i>	Syringe 1ml / 2ml		
Cautery plate : A/P/N	<i>1</i>	<i>1</i>	Surgical blade			Surgical Blade # 20		
IV set	<i>1</i>	<i>0</i>	NG tube			Koochies (S)		
RL	<i>1</i>	<i>1</i>	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	<i>1</i>	<i>01</i>	Koochies			<i>N-S 500ml</i>	<i>1</i>	<i>1</i>
<i>Aionomy (0,1)</i>	<i>1/1</i>	<i>1</i>	Ointments T-back	<i>1</i>	<i>1</i>	<i>26 needle</i>	<i>1</i>	<i>1</i>
<i>DEXA + TRANEXA</i>	<i>1/1</i>	<i>1</i>	Suction Catheter			<i>anavim 0.25%</i>	<i>1</i>	<i>1</i>
Fentanyl	<i>1</i>	<i>1</i>	Cap, Mask	<i>5/5</i>	<i>3/3</i>	<i>lox e Adrenaline</i>	<i>1</i>	<i>1</i>
Morphine			Gauze Pack	<i>3</i>	<i>2</i>			
Ketamine			Mop Pack	<i>1</i>	<i>1</i>			
Propofol	<i>3</i>	<i>01</i>	Steristrip	<i>1</i>	<i>1</i>			
Rocuronium	<i>1</i>	<i>1</i>	Underpad	<i>1</i>	<i>1</i>			
Glycopyrolate	<i>1</i>	<i>1</i>	Draw sheet	<i>3</i>	<i>1</i>			
Myopyrolate	<i>1</i>	<i>1</i>	Abgel					
Ondansetron	<i>1</i>	<i>1</i>	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%	<i>1</i>	<i>1</i>	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics <i>O2 maxa head</i>	<i>1</i>	<i>01</i>	Bandage					
<i>Nasal Peers head</i>	<i>1</i>	<i>1</i>	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170mg	<i>1/1</i>	<i>1</i>	Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg	<i>1/1</i>	<i>1</i>	Plastic Bed Sheet	<i>1</i>	<i>1</i>			
Tab. Misoprost : 200mg			Betadine Solution	<i>1</i>	<i>1</i>			
<i>Micidazolam</i>	<i>1</i>	<i>01</i>	Microshield	<i>1</i>	<i>1</i>			
<i>Nasal Adren</i>			Cotton Balls					
<i>18, 20, 22</i>	<i>1/1/1</i>	<i>1</i>	Latex Gloves	<i>5/5</i>	<i>5/5</i>			
			Ramdione Scrub					
			Saral					

Surgeon: ..... Anaesthesiologist: ..... Nurse: ..... OT Technician: .....  
 Order No. : *9657646* Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:


*Md Zain Mohiuddin*

UHID ID:

Department:

Consultant:

BAH-00599576 IP5-00174984  
Master MOHAMMED ZAIN  
18-08-2024 1 Y 9 M 23 D (M)  
Dr. NABEEL ALAM QADRI





### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

Accidental fall while playing on steps @ 10/6/26 @ 12:30pm  
Instantaneous lacerated wound over forehead.

#### History of present illness :

For the above condition, suturing L GA is advised

No H/o fever, vomiting, loose stools.

H/o Cold (+)

No other fresh complaints.



### Pediatric Multiorgan History & Physical Examination

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

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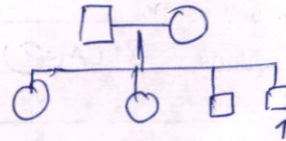
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**Birth & Neonatal History:**

3kg | LSCS | CIAB | H10 NICU stay f



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_ } upper middle class  
Any additional Information : \_\_\_\_\_

**Developmental History :**

*Developing*

**Immunization History :**

vaccination full date

BAH-00599576 IP5-00174984  
Master MOHAMMED ZAIN (M)  
18-08-2024 1 Y 9 M 23 D  
Dr. NABEEL ALAM QADRI

### Patient Multiorgan History & Physical Examination

#### **Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) ) 11.3kg (Centile \_\_\_\_\_)

#### **On Examination :**

Temperature : 97.8°F Pulse Rate : \_\_\_\_\_ B.P. \_\_\_\_\_ SpO2 100% on RA

Resp. rate and type of breathing : RR = 24/min

Rash \_\_\_\_\_ CA: Joints enlarged (+)

Lymphadenopathy } nil (Grade 3-4)

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### **Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : BILAE (+)

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 : Soft / NT

Auscultation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : ?

Cranial Nerves : (2)

#### Motor System:

Nutriton : ?

Tone: (2) Power

Co-ordinator : (2)

Posture :

Involuntary Movements :

#### Reflexes :

#### DTR

Plantars } (2)

#### Superficials:

#### Sensory System :

Bladder / Bowel : (2)

#### Clinical Summary & Diagnostic:

Clean lacerated wound over forehead



Butyryl In Sedation

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Master MOHAMMED ZAIN (M)  
18-08-2024 1 Y 9 M 23 D  
Dr. NABEEL ALAM QADRI

### Pediatric multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_

#### Planned Labs:

~~PT/INR~~ CBP on cannulation  
~~ESR/CRP~~  
~~U/S~~  
~~ECG~~

#### Planned Management

NPO from yesterday ~~12 PM~~ night  
Suturing to GA today  
NIB  
results  
10/6/26

Signature of the Doctor: \_\_\_\_\_  
Name of the Doctor: Dr. Ramya  
Date & Time: 10/6/26

Signature of the Consultant: \_\_\_\_\_  
Name of the Consultant: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

BAH-00599576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-08-2024 1 Y 9 M 23 D (M)  
 Dr. NABEEL ALAM QADRI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 6:15 PM	<p style="text-align: center;"><u>C/S/B Dr Nikhita</u></p> <p><u>POD-0</u> primary suturing of laceration</p> <p>Afebrile vitals - stable</p> <p>YE - Breast - intact</p>	<p style="text-align: center;"><u>Adv</u></p> <p>① Full feeds as tolerated</p>
		<p style="text-align: right;">Dr Nikhita 10/6/26 6:15 PM</p>
11/6/26 9:10 AM	<p style="text-align: center;"><u>C/S/B Dr Nikhita</u></p> <p><u>POD-1</u> primary suturing of laceration</p> <p>Afebrile vitals - stable</p> <p>YE - Breast intact</p>	<p style="text-align: center;"><u>Adv</u></p> <p>① Full feeds as tolerated</p> <p>② D/C Today.</p>
		<p style="text-align: right;">Dr Nikhita 10/6/26 6:15 PM</p>



BAH-00599576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-08-2024 1 Y 9 M 23 D (M)  
 Dr. NABEEL ALAM QADRI



## RESULT SHEET

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



BAH-00599576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-08-2024 1 Y 9 M 23 D (M)  
 Dr. NABEEL ALAM QADRI



## 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 .....

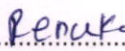
S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/>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

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature:  Dr. RAMYA

Date & Time: 10/6/26; 2:30pm

Nurse Name & Signature: 

Date & Time: 10/6/26 & 2:40pm







Weight 11.3 kg Ward .....

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	3:30 pm	<sup>I-i</sup> PARACETAMOL	165 mg	IV	<i>Ashy</i>	<i>Sina</i> <i>Theraj</i>

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



### I.V. FLUIDS CHART

Weight. 11.3kg 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
10/6/24		DNS - (During NPO only)	IV	40	<i>[Signature]</i>	<i>[Signature]</i>			

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

*NOT connected*

BAH-00599576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-09-2024 1 Y 9 M 24 D (M)  
 Dr. NABEEL ALAM QADRI



No. : RCHBH/ FRM / CLINICAL / 126

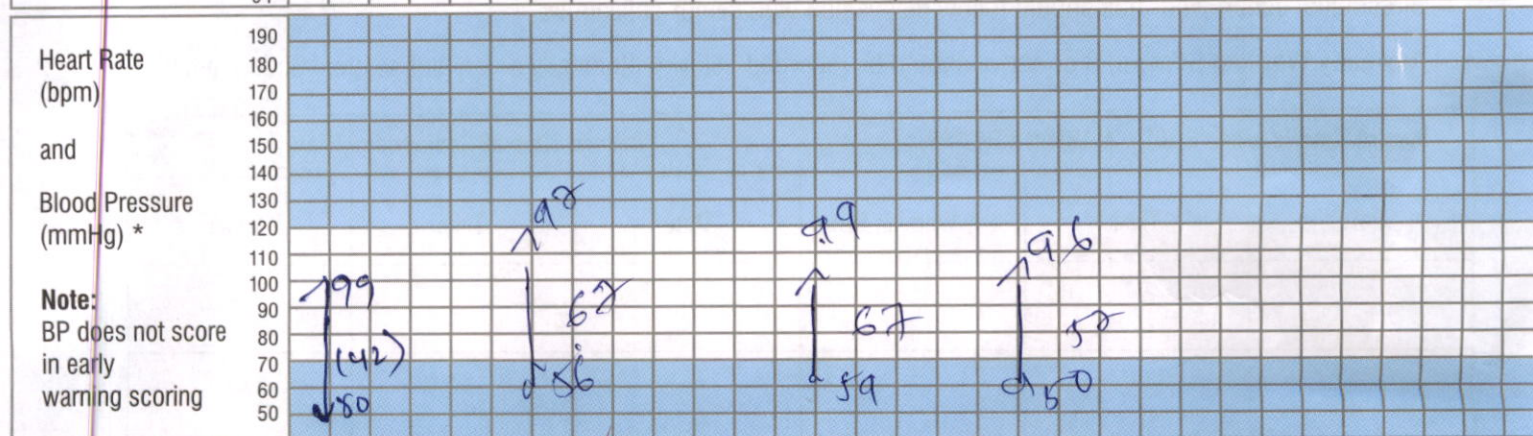
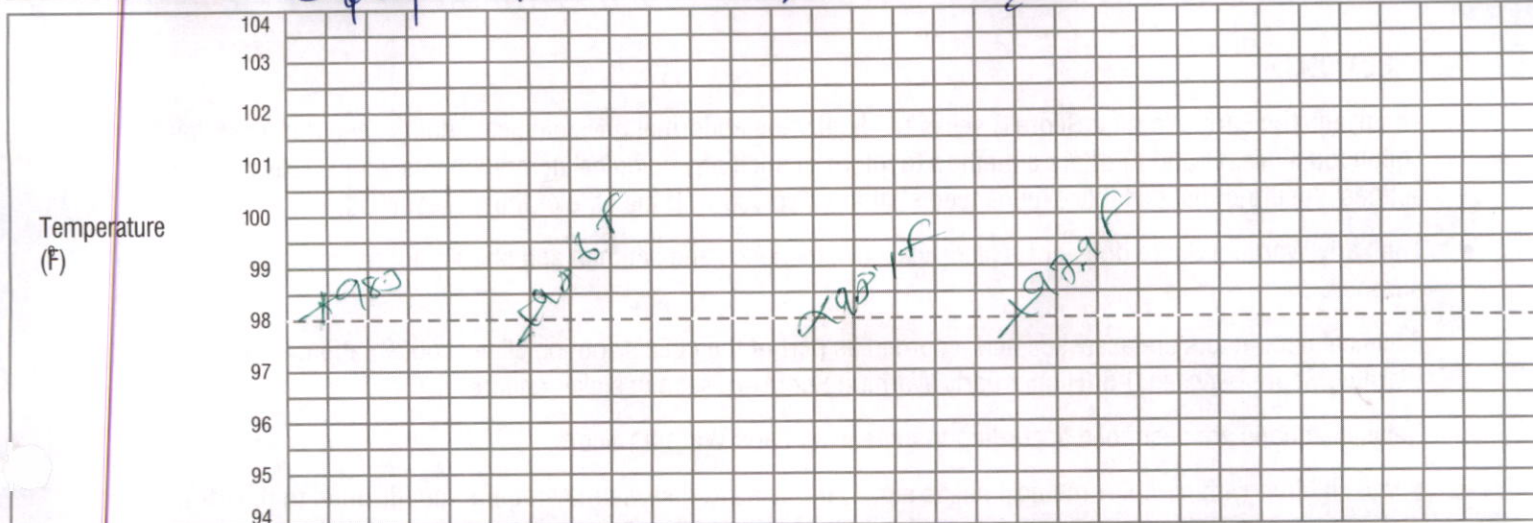
1-5 years  
**SCHOOL AGE (5-12 years)**  
 Children's Observation &  
 Early Warning Scoring Chart



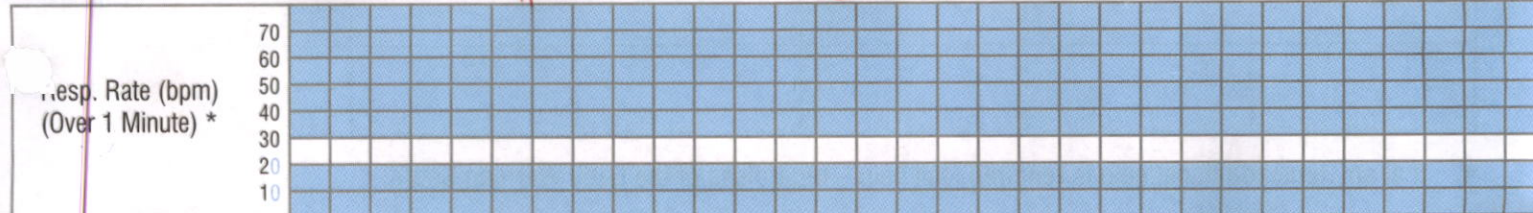
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 11/6/24

Doctor / Nurse / Family Concern? Co Nurse 10pm 2 AM 6 AM



Heart Rate (Number) 111b/m 112b/m 113b/m 112b/m



Resp Rate (Number) 28 28 28 28

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub>(l/min) O<sub>2</sub>Saturations (%) 97% 98% 97% 98%

Conscious Level Normal / Altered

GCS \* 13/15 13/15 14/15 14/15

**TOTAL SCORE** Number of shaded boxes 0 1 1 1

Pain Score 0 0 0 0

Observer's Initials Q Q Q Q

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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-00599576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-08-2024 1 Y 9 M 23 D (M)  
 Dr. NABEEL ALAM QADRI



# 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
10/6	05:00 pm		crystal fluids	-	-	-	-	-	-	-	0		ad
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm										0		
	09:00 pm										0		Sushra
10/6	10:00 pm	1/10				NA	NP	1	1		0		Sushra
	11:00 pm	1/10									0		Sushra
	12:00 am										0		
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am										0		Sushra
	03:00 am										0		
11/6	04:00 am	2/10				NA	NP	1	1		0		Sushra
	05:00 am	1/10									0		Sushra
	06:00 am										0		Sushra
	07:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

BAH-00590576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-08-2024 1 Y 9 M 24 D (M)  
 Dr. NABEEL ALAM QADRI



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: ..... Suturing left side forehead .....

Anaesthesiologist: ..... Dr. Tejaswini ..... Surgeon: ..... Dr. Nabeel .....

### Please read this before you consent for Anaesthesia

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

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

- Heart Disease     Hypertension     Diabetes     Renal Failure     Multi Organ Failure     Hepatic Disorders  
 Shock     Obesity     Chronic Obstructive Pulmonary Disease  
 Others ..... Desaturation, Bronchospasm, Laryngospasm .....

### Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team  
 Regional Anaesthesia     General Anaesthesia     Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

### Patient / Patient Attendant:

Signature: ..... Mohid Tahir Mohiuddin .....  
Name: ..... Mohid Tahir Mohiuddin .....  
Relationship with patient: ..... Father .....  
Date & Time: ..... 10/6/26 3:15pm .....

### Witness:

Signature: ..... Shahana .....  
Name: ..... Shahana Parveen .....  
Date & Time: ..... 10/6/26 3:15pm .....

### Doctor (who is taking consent):

Signature: ..... Dr. Tejaswini ..... Name: ..... Dr. Tejaswini ..... Date ..... 10/6/26 Time: ..... 3:15pm .....

## అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

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

హృదయ వ్యాధి  రక్తపోటు  మధుమేహం  మూత్రపిండాల వైఫల్యం  బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు  షాక్  ఊబకాయం  దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.  
 లీజనల్ అనస్థీషియా  జనరల్ అనస్థీషియా  మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

BAH-00599576 IP5-00174984  
Master MOHAMMED ZAIN  
18-08-2024 1 Y 9 M 23 D (M)  
Dr. NABEEL ALAM QADRI



Name: ..... Age: ..... Sex: ..... UHID.No: .....

Date: 10/6/26 Time: 8:20pm Proposed Operation: Cesarean

Diagnosis: Laceration

B.P / CRT: ..... H.R: ..... Weight: 11kg 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/Angio: .....
PT: .....	K: .....	LDH: .....	T3: .....	Other: .....
PTT: .....	Ca++: .....	Alk phos: .....	T4: .....	
INR: .....	Mg++: .....	Amylase: .....	TSH: .....	
	Cl-: .....	SGOT/SGPT: .....		

Allergies: NKDA

Medical History: CVS: Late preterm, LSCS, CIAB

RESP: URTI (+) sneezing, mucus Diabetes: (-) B.Wt: 2.9kg

CNS: H/O seizures breathing (+) NICU admission for 2 months

Renal: - on MV for 20 days.

Hepatic / GE: - Physical Activity: H/O respiratory distress

Others: H/O AKI - peritoneal dialysis done.

Past Anaesthetic History: - H/O chikungunya encephalitis

Physical Exam: -

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

Lungs: S/S (+)

Heart: S/S (+)

CNS: Pregnant:  Yes  No  NA Venous Access Site: 22G L arm Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**

- DVT Prophylaxis :
- NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: .....



BAH-00590576 IP5-00174984  
 Master MOHAMMED ZAIN  
 18-08-2024 1 Y 9 M 23 D (M)  
 Dr. NABEEL ALAM QADRI



# POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Qadri Time Received : 3:55 PM Time Discharged : 6 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	90	90
80	80	80	80
70		70	
60		60	
50		50	
40		40	
30		30	
20		20	
10		10	
0		0	
SPO <sub>2</sub>	98	98	

IV Cannula Site : 926

O<sub>2</sub> 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: nil

Oral Feeds: nil

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	1	1	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	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	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	1	1	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2		
TOTAL	8	8	9	10		

## PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	3:55 PM	1/10		<u>Qadri</u>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

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

Anaesthesiologist Name : Dr. Nabeel Alam Qadri

Anaesthesiologist Signature: [Signature]

Date & Time: 10/6/20 @ 5:45

PACU Nurse Name : Qadri

PACU Nurse Signature: [Signature]

Date & Time: 10/6/20 @ 6 PM

Transferred to Unit by (PACU): 114

Date & Time: 10/6/20 @ 6 PM





# INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By:  Patient  Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

- Suturing + sedation
- 

**I acknowledge the following:**

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Minimal scarring	Stents type

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

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

- Bleeding, Infection, scar

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

**Patient / Patient Attendant:**  
 Signature: [Signature]  
 Name: Mohd Iqbal Mubashir  
 Relationship with patient: Father  
 Date & Time: 10/6/26 @ 3 pm

**Witness:**  
 Signature: [Signature]  
 Name: Shahana Parveen  
 Date & Time: 10/6/26 @ 3 pm

**Doctor (who is taking consent):**  
 Signature: [Signature] Name: Nabeel Qadri Date: 10/6/26 Time: 3:15 pm

## శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ట్ చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రాసీజర్ (లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.	
b.	

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

(26)

BAH-00599576 IP5-00174984  
Master MOHAMMED ZAIN  
18-08-2024 1 Y 9 M 23 D (M)  
Dr. NABEEL ALAM QADRI



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## OPERATION THEATER NOTES

Patient's Name : M. Mohammed Zain Age : 17 Gender :  Male  Female  
UHID No. : 588571 Weight : 11 Kg Height :                     

Surgeon : Dr. Nabeel Asst. Surgeon :                     

Anesthetist : Dr. Aishwarya OT Nurse : Thesal OT Technician : nighanth

Pre-Operative Diagnosis: Laceration over forehead

Surgical Procedure :  
Primary suturing

Indications for Surgery :  
Laceration over forehead.

Date : 16/6/26 Start Time : 03:31 PM End Time : 03:40 PM

Pre Operative Preparations:

57. betadine

Post Operative Diagnosis:

Laceration over forehead.

Peri-Operative Complications:

Operation Notes:

Findings

① 3x1cm laceration noted over left side of forehead.

Procedure

① Under strict aseptic precaution, ~~wounded~~  
wound cleaned

② primary suturing done i.e. w/o rapid re-vascularization

③ Hemostasis secured

④ AED done

Amount of Blood Loss: ~ 1ml

Blood Transfused (in ML) -


Name and Number of Surgical Specimen sent for examination:

- Nil -

Peri-Operative Complications:

- Nil -

Name of the Surgeon: Dr Nabeel

Signature of the Surgeon: 

Date & Time: 10/6/22  
3:40p



## POST-SURGICAL CARE PLAN FORM

Procedure Done: ..... Primary suturing of

Post-Surgical Diagnosis: ..... laceration over forehead

Post-Operative Monitoring Parameters /Frequency:

TPR monitoring every 15 min - for 1st hr

Wound Care:

Dressing

Drain /Special Lines/Catheters:

-Nil

Special Patient Positioning and Requirements:

-Nil

Nutritional Instructions:

Full feeds as soon as child is fully awake

When to Start Mobilization:

As soon as possible

Special Referrals:

-Nil

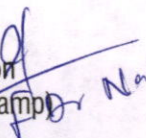
The new order for all required medications documented in the doctor order/medication sheet:

Yes  No

Any Other Post-Operative Care Needed including Required Follow Up

-Nil

Treating Surgeon  
(Signature & Stamp)

  
Dr. Nabeel

Date: ..... 10/8/20 ..... Time: ..... 3:30 PM

Note: Plan of care will be readjusted if necessary.

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/6/26 Time: 8 AM

Weight: 11.3 kgs Centile: > 10<sup>th</sup>

Height: 81 cms Centile: > 10<sup>th</sup>

Inference: underweight child

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

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy, chilled & outside foods.

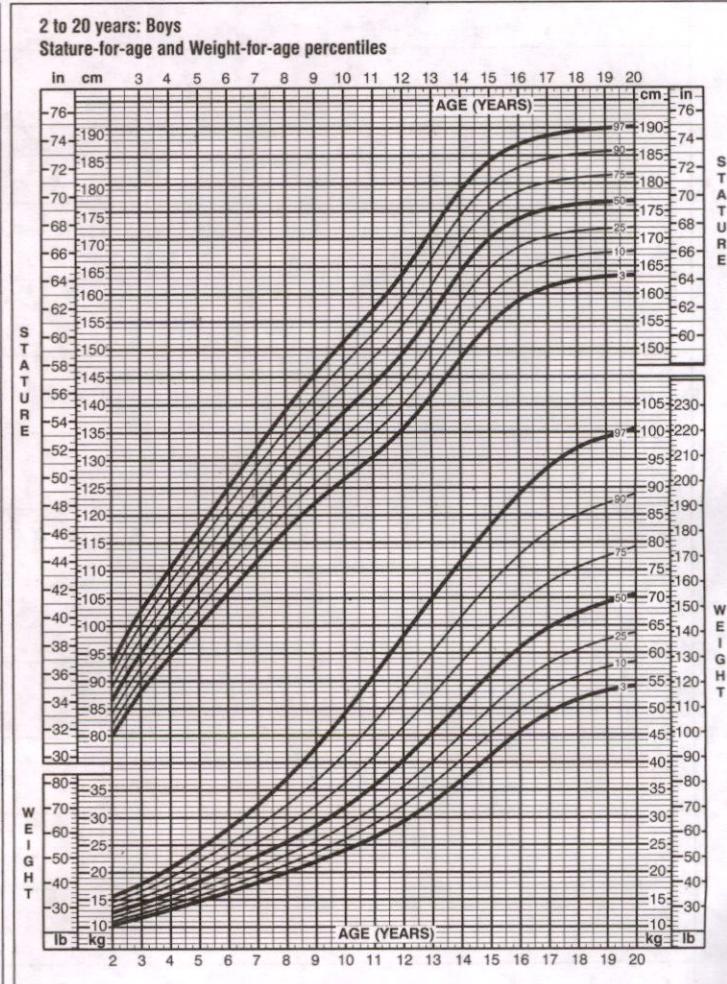
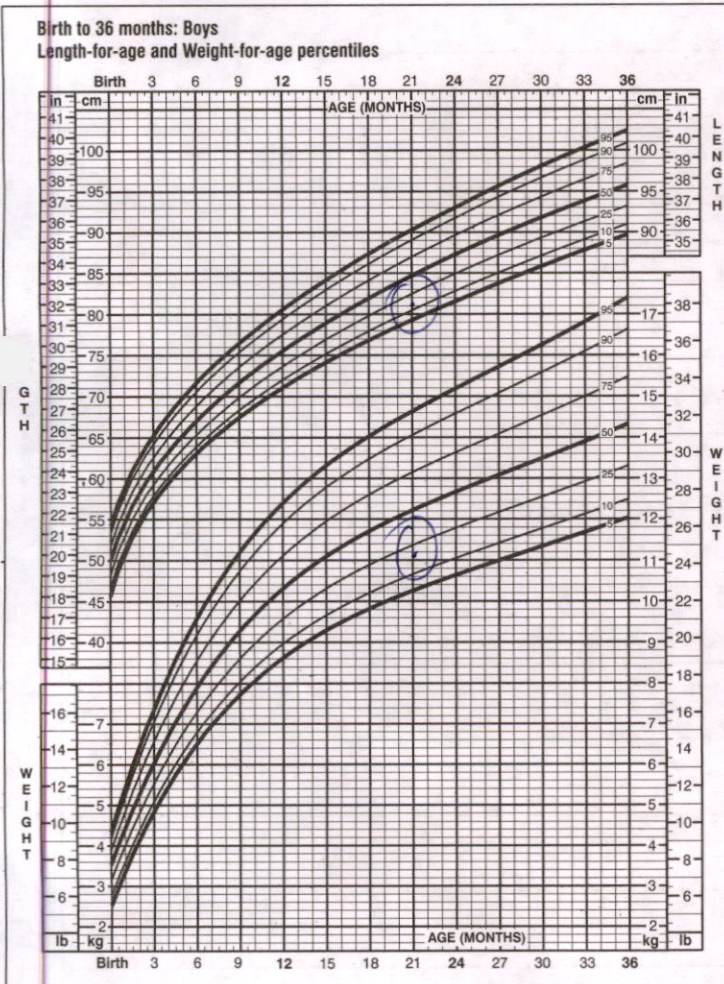
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: clean lacerated wound over forehead

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

## GROWTH CHART (BOYS)



Dietician's Name Mounica

Dietician's Signature Mounica

