Patient Sticker

HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 6 D (F)
Dr. SUSHMA REDDY KATUKURI

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Y DETAILS

80720

Date : 12/6/2026

Patient Name: Babi Chitti Srinitha Vardhan Date of Birth: 5/1/2026 Age: 5 mth

Gender: Fmale Ward : P.O.T UHID No.: HNH-0012970

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

Name of the Surgery : (Rt) Eye Lacrimal foreign body Removal

Time in : 4:15 Pm Time Out : 4:35 Pm

	NAME	AMOUNT
1. Surgeon	: Sushma Reddy ch	
2. Anaesthetist	: Dr. Sunidhra	
3. Assistant Surgeon	: —	
4. OT Technician	: Ramesh	
5. Circulating Nurse	: Benjam	
6. Assistant Nurse	: Jyothi	

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: 9651690 Order by: Kumari

Srinitha vardan. Patient Sticker HNH-0001297O 5M 5779

RA Eye Foreign body

CONSUMABLES OF OT

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Circulating staff : ..... Technician : ..... Date : ..... Time : 4 pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 2.5.3.0.3.5	1+1+1	—	Major Pack drug	1	1	Inj Vit.K		
LMA 1, 1½	1+1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5+1	3				Suction Catheter		
HME filter : A / P / N	1	—1				Feeding Tube		
Syringes : 10 cc	10	3				Vaccum Suction Set		
05 cc	10	4	Gloves 6, 6½, 7, 7½	2+2+2+2	2+2	Surgical Gloves		
02 cc	10	2	6, 6½, 7, 7½	2+2+2+2	2+2	Gauze Pack		
01 cc	2					Syringe 1ml / 2ml		
Cautery plate : A / P / N	1		Surgical blade			Surgical Blade # 20		
IV set	1		NG tube 6	1	1	Koochies (S)		
RL	1		Cautery pencil			NS 500ml	1	
NS : 10ml / 100ml / 500ml / 1000ml	2+1	1	Koochies			10cc 5cc 2cc	2+2	1+1
O2 mask (P)	1	—	Ointments			inj Dexa	1	
Airway no 00	1+1	—	Suction Catheter			26 Needle	1	1
Fentanyl			Cap, Mask	S1S	S1S	proto gown	2	2
Morphine			Gauze Pack N	3	0			
Ketamine			Mop Pack	1		IV canula 22, 24	1+1	—
Propofol	2	1	Steristrip			Dexa	1	—
Rocuronium	1	—	Underpad	1	2	Tramexa	1	—
Glycopyrolate	1	1	Draw sheet	1	0	Ninispty	1	1
Myopyrolate + Neostigmine	2	—	Abgel			ETCO2 Nasal prong (P)	1	1
Ondansetron	1	—	Foleys catheter			Nasal Airway 12/14/16		—
Pencan 25g/ Spinal Needle 22			Urobag			Trans pore	1	1
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg	2+1+1	—	Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
vaccum set	1	1	Microshield	1	—			
Gauze	2	—	Cotton Balls					
Gloves cut	4	—	Latex Gloves	SP	—			
IV p-cm	1	1	Ramdione Scrub					
3-way 100+10cm	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9651712 Ordered by : .....

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

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ESTIMATION SLIP

Date : 09/Jun/16 UHID / IP No. : HA[illegible]2970 Sl No. 80790 (Vandhana)

Name of Patient : Baby of K A Pramodh (Baby Chotta) Age: 5m Gender: F

Father's / Husband's Name : Mr. Raghu Corporate / Occupation : KPMG

Address : Phone : 7842206909 Email:

Procedure / Plan : Right Eye Corneal Foreign Body Removal

MODE OF PAYMENT : ☐ SELF ☑ TPA : MA/NIA ☐ GIPSA: OTHERS

TARIFF INFORMATION : Dr. Sushma Reddy / Discount - base - 5% / 10%

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges										
Doctor's Fee				16,200/day NIA						
L. Tax										

PARTICULARS			AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges			(Ext Proc) Rt: 15,400 + 5600 + 11,000/hr OT
O.T. Consumables			5500/- → Subject to approval by TPA / Insurance Company
Instrument Charges			extra → Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations			extra As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :	Infusion pump / Syringe pump :
	Ventilator : Conventional :	HFO-SLE 5000 :	HFO Sensormedix :
	Phototherapy : Single Surface :	Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		extra	As per actual - Not Included in Estimation
Package			
Others			
Initial Minimum Deposit			Rs. 8000/- + final clinic charges

REMARKS: OP: 20k/10/1wk IP: 75k OT Adv. 5000/-

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **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.**
3. 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.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. Approx 4A Sq/NIA @ 12 hours cycle
5. 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.
6. **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.**
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. 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. OC idea given ~ 45k.
9. 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 Raghu 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

Raghu (Abdullah)

Signature of the Client | Father Signatory Relationship | Signature of the Financial Counselor

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 : IP5-00174992 **Admit Date** : 10-Jun-2026 **Admit Time** : 03:34 PM **UHID** : HNH-00012970

Patient Details :

Patient Name	: Baby CHITTI SRINITHA VARDHAN	**Age**	: 0 Y 5 M 5 D
Guardian	: Mr CHITTI RAGHU VARDHAN	**DOB**	: 05-01-2026 02:29 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 23, FLAT NO 101, 2ND FLOOR, ENTERNAL BONGIR HEIGHTS, SAIDABAD COLONY, Saidabad Hyderabad Telangana INDIA 500059	**Phone No**	: 7842206909/ 8125327509
		E-mail	: RAGHUXLNT@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 411 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 411 **Admission Type** : First Visit

Contact Details :

Name : Mr CHITTI RAGHU VARDHAN **Relationship** : Father

Contact Address : H NO 23, FLAT NO 101, 2ND FLOOR, ENTERNAL BONGIR HEIGHTS, SAIDABAD COLONY, Saidabad Hyderabad Telangana INDIA 500059 **Phone No** : 7842206909 / 8125327509

Signature

Doctor Details :

Doctor Name : Dr. SUSHMA REDDY KATUKURI **Specialisation** : OPTHALMOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____

HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 5 D (F)
Dr. SUSHMA REDDY KATUKURI

Consultant: _____ Dept : _____

Date of Admission: __

Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	4:15 pm	ER	OT	Pooja
10/6/26	9:30 a	OT	234	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Faisal .B. Naheli	11/06/26	9652610	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature

D/C

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6/2026	IV placement done PAC OP	(1)	51656	

ANY OTHER INFORMATION

Nil

Date : 11/06/2026 Time : @10AM Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Hasika	2nd floor		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: D/o Pramati

UHID ID:

Department:

Consultant:

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05-01-2026 0 Y 5 M 5 D (F)
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HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN (F)
05-01-2026 0 Y 5 M 5 D
Dr. SUSHMA REDDY KATUKURI

Pediatric Multiorgan History & Physical Examination

Name : B/o Pranati Age/Sex 5 mon/F

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

C/o: foreign body in (R) eye.

History of present illness :

child well.

C/o: parents noticed ~~&~~ (FB) dust in eyes (R) of baby 1wk ago.

~~C/o~~: evaluated on OP basis

O/E: (R) eye anterior segment — central corneal FB (+)

HNH-00012970 IP5-
Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 5 D (F)
Dr. SUSHMA REDDY KATUKURI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) perinatal transition
FT / 2.8kg / no NICU stay.

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : (a)

Developmental History : appropriate

Immunization History : immunised for age

(P.T.O.)

HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 5 D (F)
Dr. SUSHMA REDDY KATUKURI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 6.83 kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 124/min B.P. 110/68 SPO2 100%

Resp.rate and type of breathing : 32/min

Rash

Lymphadenopathy

Oedema : ⊖

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear.

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : (N)

Any murmur : none.

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

Per Abdomen :

Inspection

Palpation : Soft | NT | no HSM

Ausculation : BS (+)

Spine : External Genitelia :

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

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05-01-2026 0 Y 5 M 5 D (F)
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& Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : (N)

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: (R) eye foriegn body in Cornea

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: bleeding

Desired goals of the treatment : Surgical management

Planned Labs:

Planned Management

1) Cont NPO
2) Shift to OT.
3) IVF ~~ANS~~ NS.

NB poojn

Signature of the Doctor: .....
Name of the Doctor: Dr. Akhile
Date & Time: 10/1/26

Signature of the Consultant: .....
Name of the Consultant: Dr. Sushma Reddy.K
Date & Time: .....

HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN
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Patient Stick

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OPERATION THEATER NOTES

Patient's Name : Baby. Chitti Srinitha Vardhan Age : 5M Gender : ☐ Male ☐ Female

UHID No.: HNH-00012970 Weight : Height :

Surgeon : Dr Sushma Reddy		Asst. Surgeon :
Anesthetist : Dr Sudheer	OT Nurse: Bhavani Laxmi	OT Technician: Pavan

Pre-Operative Diagnosis: Right eye corneal foreign body

Surgical Procedure : Right eye corneal foreign body removal

Indications for Surgery : White spot in the Rt eye

Date : 10/6/26	Start Time : 4:15 pm	End Time : 4:35 pm

Pre Operative Preparations:

Right eye cleaned & draped

Post Operative Diagnosis:

Rt eye corneal foreign body
& opacity

Peri-Operative Complications:

—

Operation Notes:

Right eye speculum kept
corneal foreign body removed with
26 G needle.

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Rx

Right ~~Left~~ Eye	① Moxicip Eye drops 1 drop 4 times/day x 1 week ② Refresh tears Eye drops 1 drop 4 times/day x 1 week

Rx
1 week

Name of the Surgeon: Sandhya Reddy

Signature of the Surgeon:

Date & Time: 10/8/16 11:35 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 9am	C/S/B Resident	
	(R) corneal FB removal	Adv:
	no complaints	1) Meds as charted
	O/E : alert	2) (D) 4th
	stable vitals	

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : Right eye corneal foreign body

Hospital : .....

.....

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:

S/P Right eye corneal foreign body removal.

Signature:

Findings and Recommendations : Indication for S/P - White spot in Rt Eye.

Child is doing well.

no pain @ Procedure site

no vomiting Post op

child is hemodynamically stable

Plan

Can be discharged.

DIE

Child is alert, active

vitals - Stable

ENT - clear.

~~Dressing - day 1~~

Consultant : DR. FAISAL B NAHDI
Registration No: 66228

DR. FAISAL B NAHDI
Registration No: 66228

Name : MFN Signature : Date & Time : 11/6. (8.47)

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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 : Dr. Akhila

Date & Time : 10/6/26

Nurse Name & Signature : Benjamin

Date & Time : 10/6/26 4 p.m.

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DRUG CHART

Date of Admission: 10/6/26 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 :				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 ..... Sig ..... re .....

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REGULAR PRESCRIPTIONS

Weight. 6.83 Ward. .....

DRUG : MOXKIP eye drops

Dose	Route	Frequency	Start Date
1°	Rt eye	4 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Akhila

Additional Instructions:

Date ▸ Time	10/6	11/6
12Am	X	11:45pm Dipu Swathi
4Am	X	
8Am	X	✓
12pm	X	
4pm	X	
8pm	X	

Daily Doctor's Endorsement by a Sign

DRUG : REFRESH eye drops

Dose	Route	Frequency	Start Date
1°	Rt eye	6 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Akhila

Additional Instructions:

Date ▸ Time	10/6	11/6
12Am	X	
6Am	X	
12pm	X	
6pm	10pm Dipu Swathi	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN
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Dr. SUSHMA REDDY KATUKURI

Weight. 6.182 Ward. .....

	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

Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 5 D (F)
Dr. SUSHMA REDDY KATUKURI

I.V. FLUIDS CHART

Weight. 6.83kg 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		IVF DNS	IV	20		Not Started			

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

HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 5 D (F)
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H / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:		8pm	10pm	2AM	6AM
Doctor/Nurse/Family Concern?					
Temperature (F)	104 103 102 101 100 99 98 97 96 95 94	98.0	97.2	99.0	98.2
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50				
Heart Rate (Number)		120	150	140	150
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10				
Resp Rate (Number)		32	30	29	28
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)		99%/-	98%/-	100%/-	99%/-
Conscious Level: Normal / Altered		C	C	C	C
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials					

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

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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											
10/1	05:00 pm		mixed	–	–	–	–	–	–	–	0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		milk	–							0	
	09:00 pm			–							0	
	10:00 pm		milk	–							0	
	11:00 pm			–							0	
	12:00 am		milk	–							0	
	01:00 am			–							0	
Total Intake :		Good				**Total Output :**				M-0	U-2	
	02:00 am			–							0	
	03:00 am		DBM	–							0	
	04:00 am		milk	–							0	
	05:00 am			–							0	
	06:00 am		DBM	–							0	
	07:00 am		milk	–							0	
Total Intake :						**Total Output :**				M-0	U-3	

Total 24 hrs. Intake	Good	Total 24 hrs. Output	M-0 U-8

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FLUID CHART

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Sheet No. : 12/6

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

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

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

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Foreign Body removal ® Eye.

Anaesthesiologist: Dr-Subramanyam Surgeon: Dr-Sushma

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 ..... Lorazepam, Levocetirizine.

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: K. Pranati
Name: K. Pranati
Relationship with patient: Mother
Date & Time: 9/6/26 4:10 pm.

Witness:
Signature:
Name: K. A. Prajwal
Date & Time: 9/6/26 - 4:10 PM.

Doctor (who is taking consent):
Signature: Name: Dr. Akhila. K. Date 9/6/26 Time: 4:10pm.

Patient Sticker

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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, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ 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 స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

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Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 6 D (F)
Dr. SUSHMA REDDY KATUKURI

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Chitti Srinitha Vardhan

Name: B/O K.A.Pranaj Age: 5m Sex: F UHID.No : [illegible]

Date: 9/6/2026. Time: 4pm. Proposed Operation: (R) Eye FB.

Diagnosis: FB removal.

B.P / CRT: <3 sec. H.R: 122. Weight: 6.2kgs. 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: - Nil -.

Medical History: CVS : LSCS | FT | 2.8kgs | NO NICU admissions.

RESP : Diabetes : Neck holding ⊕ rolls over ⊕. Sits support.

CNS : Not significant.

Renal :

Hepatic / GE : Physical Activity: -

Others :

Past Anaesthetic History: - Nil -

Physical Exam:

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

Lungs : BAE ⊕ Clr

Heart: S1S2 ⊕

CNS: active / alert

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site : a cannula. 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:

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:

10AM → Formula.
12pm → Br. milk.
4pm — Sx

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

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 132/min. B.P / CRT: <3sec. SpO₂: 100% on RA R.R: Last Feed: 9am

Pre-OP Diagnosis: Corneal Foreign body Operation: Foreign body removal Date: 10/6/26

Surgeon: Dr. Sushma. Anaesthesiologist: Dr. Savitha. Technician: Mr. Ramesh

TIME: 4:20pm 4:45pm
N_2O /AIR /O_2 LPM: 2Lpm → 3L
HALO /ISO /SEVO
Drugs:
Inj. Midaz 0.4mg
Inj. Fentanyl 12mcg
Inj. Propofol dexmed 10 + 5mg + 5mg

Antibiotic
Suppository
Blood Loss

FiO_2 / SaO_2: 100% 100%
$ETCO_2$
ECG
Temperature
Urine Output

NOTES

Fluids / Blood

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: (L) LL
☐ Art Site:
☑ EKG Lead
☑ Temp Site: Skin.
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator
Position: Supine
☑ Pressure Points Checked

Eye Care: ☐ Ointment ☐ Tape ☐ Padding

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

Times:
Anaes Start: 4:20pm
OP Start: 4:25pm
OP End:
Leave OR: 4:45pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 24G (L) UL
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☐ 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: ....
Infusion: ....
Block Level: ....
Comments: ....

Transportation to ☐ PACU ☐ NICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Savitha
Signature of the Doctor: [signature]

HNH-00012970 IP5-00174992
Baby CHITTI SRINITHA VARDHAN
05-01-2026 0 Y 5 M 5 D (F)
Dr. SUSHMA REDDY KATUKURI

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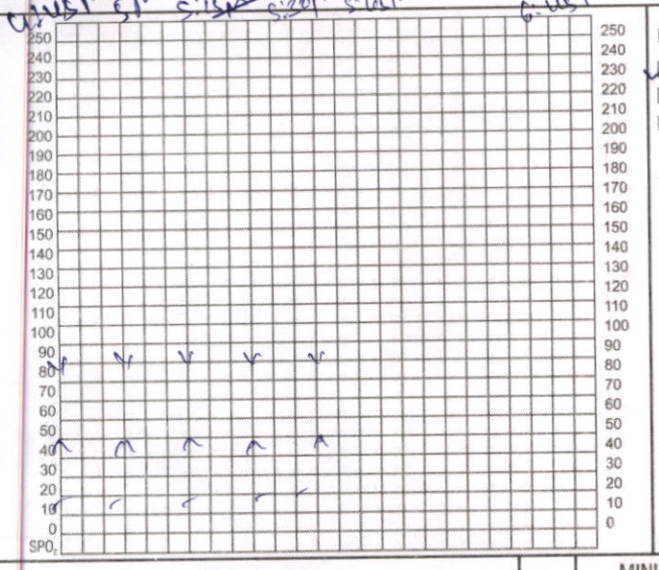
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis Anusha Time Received : 4:45pm Time Discharged : 7.20pm



IV Cannula Site : .....

- ☑ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: NIL

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☐ Yes ☑ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: NIL

Oral Feeds: Allowed

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
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	1	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 leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 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	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	—	—	—	—

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-Tejaswini

Anaesthesiologist Signature: .....

Date & Time: 10/6/26 @ 7.20pm

PACU Nurse Name : Anusha

PACU Nurse Signature: .....

Date & Time: 10/6/26

Transferred to Unit by (PACU): 234

Date & Time: 10/6/26 @ 7.20 PM

nt Sticker

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of Anaesthesiology

L ANALGESIA RECORD

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

dural Position : ..... Space :..... Technique (LOR/LOS) .....

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

s/No if yes details : .....

sition : .....

s :

.....

.....

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 : .....