HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 10 D (F)
Dr. MADUR VENKAT NAVEEN

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

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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 08-06-26

Patient Name: Baby Zunaira Unnisa Date of Birth: 29-04-2025 Age: 1y

Gender: Female Ward : OT UHID No.: HNH-00014366

Date of Surgery: 08-06-26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Debridement & Collgen application

Time in : 9:10am Time Out : 10am.

		NAME	AMOUNT
1.	Surgeon	: Dr. Madur Venkat naveen	Rs-30,000/-
2.	Anaesthetist	: Dr. Samir	
3.	Assistant Surgeon	:	
4.	OT Technician	: Sr. Saraswathi	
5.	Circulating Nurse	: Sr Natasha	
6.	Assistant Nurse	: Sr Archana.	

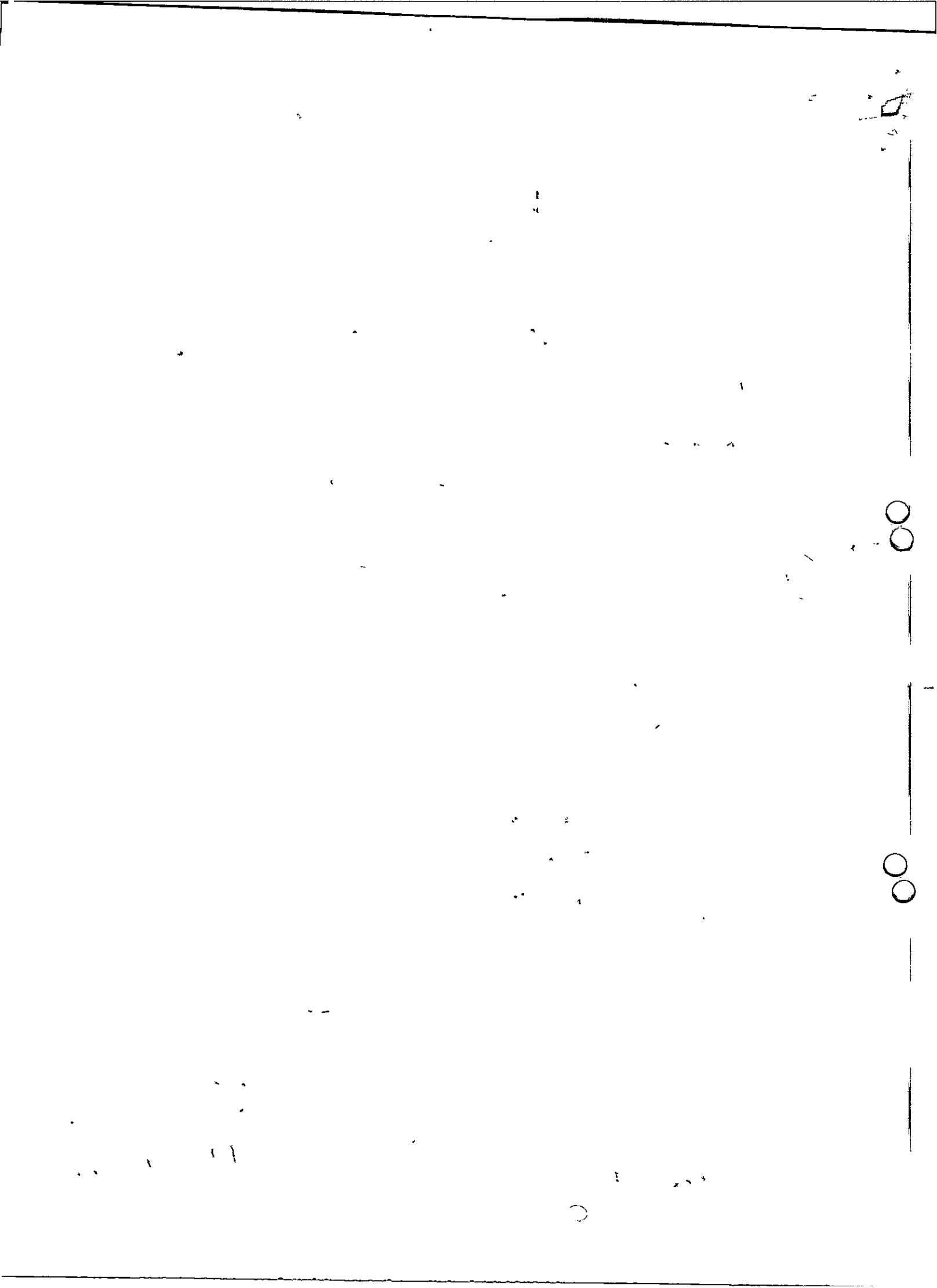
Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000205237 Order by: Archana 8/6/26 @ 11:57 Am

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



HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 10 D (F)
Dr. MADUR VENKAT NAVEEN

Collagen dressing

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CONSUMABLES OF OT

Circulating staff : pooja Technician : Saraswathi Date : 8/6/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
~~LMA~~ I-gel 1.5		01	Sutures			Cord Clamp		
ECG leads : A / (P) / N		03				Suction Catheter		
~~HME filter : A / P / N~~ Electrodes (N)		01				Feeding Tube		
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		05	Gloves			Surgical Gloves		
02 cc		05	Collagen 15x30	1		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / (P) / N		01	Surgical blade 22	1		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		2+01	Koochies					
PCM		01	Ointments					
Atropin		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
~~Morphine~~ Adrenaline		01	Gauze Pack 7.5x7.5	5				
Ketamine			Mop Pack	1				
Propofol		03	Steristrip					
Rocuronium			Underpad					
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Guaze 7.5		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
O2 mask (P)		01	Microshield					
			Cotton Balls					
			Latex Gloves	10				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000205269 / 5300 Ordered by : Ariana 8/6/26 @ 13:05 Pm

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00014366	Name	Baby ZUNAIRA UNNISA
Age / Sex	1 Y 1 M 10 D / Female	Doctor	MADUR VENKAT NAVEEN
Adm/Reg Date/Time	07/06/2026 20:23	Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	08/06/2026 13:01	Ordernumber	26-0000205268
Visit ID	IP26-00006528	Ward/Bed No	2F -PRIVATE ROOM / PVT-212
Patient Address	16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Ordered
2	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
3	DEXTROSE IV 25 % 100 ML BOTTLE		1 Bottle	/ Once Daily	1		-1 Bottle	Ordered
4	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
5	DSYRINGE 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
6	KOLLAGEN 15 X 30 CM	COLLOGEN DRESSING 15X30	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Ordered
8	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
9	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1		-1 Nos	Ordered
10	AMINEALYATE DUO 500ML IV		Nos	/	1		-1 Nos	Ordered
11	MOPS 30X30 8PLY SS X-RAY	MOPS 30X30 8PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
14	OPERATION THEATRE CHARGES			/	1 Days		1	Ordered
15	CEFBACT INJ 500 MG	CEFTRIAXONE 500MG INJ	1 Vial	/ Once Daily	1		-2 Vial	Ordered

MADUR VENKAT NAVEEN

MRN	HNH-00014366	Name	Baby ZUNAIRA UNNISA .
Age / Sex	1 Y 1 M 10 D / Female	Doctor	: SUBRAMANYAM
Adm/Reg Date/Time	07/06/2026 20:23	Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	: 08/06/2026 11:56	Ordernumber	: 26-0000205237
Visit ID	IP26-00006528	Ward/Bed No	2F -PRIVATE ROOM / PVT-212
Patient Address	16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
16	ANESTHETIST CHARGE			/	1 Days		1	Ordered

SUBRAMANYAM

MRN	HNH-00014366	Name	Baby ZUNAIRA UNNISA
Age / Sex	1 Y 1 M 10 D / Female	Doctor	MADUR VENKAT NAVEEN
Adm/Reg Date/Time	07/06/2026 20:23	Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	08/06/2026 13:01	Ordernumber	26-0000205269
Visit ID	: IP26-00006528	Ward/Bed No	: 2F -PRIVATE ROOM / PVT-212
Patient Address	16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
	ADROGLAR(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
18	Oxygen Mask With Tubing - PredROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	NS 100ML ACCULIFE + EH		1 mL	External / 10 AM	1 Days		2 mL	Ordered
20	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	/ Once Daily	1		-2 Nos	Ordered
21	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
23	FACE MASK 3 LAYER + ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
24	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	NITRILE EXAMINATION GLOVES P.F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
26	NS 500ML CLOSED BOTTLE	NORMALSALINE 500ML CLOSED	1 Bottle	External / Once Daily	1 Days		1 Bottle	Dispensed
27	SURGEON FEES			/	1 Days		1	Ordered
28	IGEL NO 1.5	IGEL 1.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
29	THEMPYRPHOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Ordered
30	MCT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		2 Nos	Dispensed
31	NITRILE EXAMINATION GLOVES P.F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
32	E.C.G LEADS-MEDICO ELECTRODES	E.C.G LEADS-MEDICO ELECTRODES	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered

MADUR VENKAT NAVEEN

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Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00014366	Name	Baby ZUNAIRA UNNISA ,
Age / Sex	1 Y 1 M 10 D / Female	Doctor	: MADUR VENKAT NAVEEN
Adm/Reg Date/Time	: 07/06/2026 20:23	Payor	: MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	: 08/06/2026 13:01	Ordernumber	: 26-0000205269
Visit ID	: IP26-00006528	Ward/Bed No	: 2F -PRIVATE ROOM / PVT-212
Patient Address	: 16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
3	FACE MASK 3 LAYER + ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
4	NS 100ML ACCULIFE - EN		1 mL	External / 10 AM	1 Days		2 mL	Ordered
5	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	/ Once Daily	1		-2 Nos	Ordered
6	Oxygen Mask With Tubing - PeadROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	CEFBACT INJ 500 MG	CEFTRIAXONE 500MG INJ	1 Vial	/ Once Daily	1		-2 Vial	Ordered

MADUR VENKAT NAVEEN

MRN	HNH-00014366	Name	Baby ZUNAIRA UNNISA ,
Age / Sex	1 Y 1 M 10 D / Female	Doctor	SUBRAMANYAM
Adm/Reg Date/Time	07/06/2026 20:23	Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	: 08/06/2026 11:56	Ordernumber	26-0000205237
Visit ID	IP26-00006528	Ward/Bed No	2F -PRIVATE ROOM / PVT-212
Patient Address	: 16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
8	ANESTHETIST CHARGE			/	1 Days		1	Ordered

SUBRAMANYAM

MRN	HNH-00014366	Name	Baby ZUNAIRA UNNISA ,
Age / Sex	: 1 Y 1 M 10 D / Female	Doctor	: MADUR VENKAT NAVEEN
Adm/Reg Date/Time	07/06/2026 20:23	Payor	: MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	: 08/06/2026 13:01	Ordernumber	26-0000205269
Visit ID	: IP26-00006528	Ward/Bed No	: 2F -PRIVATE ROOM / PVT-212
Patient Address	16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
9	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
11	SURGEON FEES			/	1 Days		1	Ordered
12	THEMPYRINOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Ordered
13	IGEL NO 1.5	IGEL 1.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
14	MCT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		2 Nos	Dispensed
15	NS 500ML CLOSED BOTTLE	NORMALSALINE 500ML CLOSED	1 Bottle	External / Once Daily	1 Days		1 Bottle	Dispensed
16	E.C.G LEADS-MEDICO ELECTRODES	E.C.G LEADS-MEDICO ELECTRODES	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
17	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
19	DEXTROSE IV 25 % 100 ML BOTTLE		1 Bottle	/ Once Daily	1		-1 Bottle	Ordered
20	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	5 Days		5 Nos	Ordered
21	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
22	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Ordered
23	MOPS 30X30 8PLY SS X-RAY	MOPS 30X30 8PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	5 Days		4 Nos	Ordered
25	OPERATION THEATRE CHARGES			/	1 Days		1	Ordered
26	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
27	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1		-1 Nos	Ordered
28	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Ordered
30	AMNEALYATE DUO 500ML IV		Nos	/	1		-1 Nos	Ordered
31	KOLLAGEN 15 X 30 CM	COLLOGEN DRESSING 15X30	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
32	DSYRINGE 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed

MADUR VENKAT NAVEEN

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Note

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DISCHARGE SUMMARY

Name	Baby ZUNAIRA UNNISA .	**UHID**	HNH-00014366
Father/Guardian	Mr MOHAMMED ABDUL WASI	**Age/Gender**	1 Y 1 M 10 D/ Female
Address	16-2-720/2 akbar bagh, malakpet, Malakpet, Hyderabad, Telangana, INDIA, 500036		
IP No	IP26-00006528	**Admission Date**	07-06-2026
Ref Doctor	Self.		
Discharge Date	09.06.2026		

Consultant
Dr. MADUR VENKATA NAVEEN ,
MBBS, MS (Gen. Surgery), DNB (Plastic Surgery), MCh. (Plastic Surgery),
CONSULTANT PLASTIC SURGEON
Reg No. 38362

Co Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
10 % SCALD BURNS OVER FACE, ARM & CHEST	

Procedure : DEBDRIDEMENT WITH COLLEGEN APPLICATION done on 08.06.2026.

History: Baby ZUNAIRA UNNISA, 1 Y 1 M 10 D child presented with alleged history of sustained burns injury over the chest, face and right arm due to spillage of hot tea at home on 07.06.2026 prior to admission. For the above complaints child was admitted at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 135 /min and Respiratory rate - 30 /min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Around 10% second degree

Name	Baby ZUNAIRA UNNISA .	UHID	HNH-00014366
IP No	IP26-00006528	Admission Date	07-06-2026

burns over right side of chest, forehead, arm. Examination of other systems was normal.

Weight on admission: 9.7 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 9.9 gm%, White Blood Cell count of 16290 cells/cumm, platelet count of 6.02 lakhs/cumm and C-Reactive Protein of 5 mg/l. Creatinine 0.4 mg/dl.

Procedure : DEBRIDMENT WITH COLLAGEN APPLICATION done on 08.06.2026.

Surgery Notes:
- Debridement + Collagen application

Post-Operative Notes: Post operative period was uneventful. Child was initiated on oral feeds gradually which child tolerated well. She remained hemodynamically stable during the hospital stay and operated site remained healthy. Child is being discharged with the following advice.

Advice:
* Care of collagen dressing
* Avoid covering with clothes over dressing site
* Diet as advised.

* Syrup. Augmentin DDS (Amoxicillin - 400mg + Potassium clavulanate - 57mg/5ml) 2.5 ml twice daily (1 hour before food or 2 hours after food) for 5 days (Should be kept in refrigerator after reconstitution, consume within 7-days)
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml, every 6 hours daily after food for 2 days, later SOS for pain.
* MUPISONE (Mupirocin) ointment, for local application, twice daily for 5 days.
* Syrup. Ibugesic (Ibuprofen 100 mg/5mL) 3 ml, maximum 3 times (8th hourly), SOS if severe pain.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. MADUR VENKAT NAVEEN after 1 weeks in OPD at Himayatnagar with prior appointment **(Review consultation will be**

Name	Baby ZUNAIRA UNNISA .	UHID	HNH-00014366
IP No	IP26-00006528	Admission Date	07-06-2026

charged).

Food instructions while taking medications:

* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

** **Analgesics** without food/empty stomach can cause gastrointestinal irritation, frequent use of these drugs lowers the absorption of folate and Vit-C. **Analgesics** can be taken with food & recommonded diet to be followed.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Consultant
Dr. MADUR VENKATA NAVEEN ,
MBBS, MS (Gen. Surgery), DNB (Plastic Surgery), MCh. (Plastic Surgery),
CONSULTANT PLASTIC SURGEON
RegNo. 38362

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

MLC

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006528 **Admit Date** : 07-Jun-2026 **Admit Time** : 08:23 PM **UHID** : HNH-00014366

Patient Details :

Patient Name	: Baby ZUNAIRA UNNISA .	**Age**	: 1 Y 1 M 9 D
Guardian	: Mr MOHAMMED ABDUL WASI	**DOB**	: 29-04-2025 01:48 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 16-2-720/2 akbar bagh, malakpet Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 7207137613/ 9959921304
		E-mail	: 7207137613@gamil.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED ABDUL WASI **Relationship** : Father

Contact Address : **Phone No** : 7207137613

Signature

Doctor Details :

Doctor Name : Dr. MADUR VENKAT NAVEEN **Specialisation** : PLASTIC SURGERY

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

Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 15000.00

Payor Name : MDINDIA HEALTH INSURANCE TPA PVT LTD

MLC

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HNH-00014366 IP26-00006528
ACTI Baby ZUNAIRA UNNISA . _ING
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

Name ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 7/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/6/26	~~9:30~~ 9:30 pm	ER	2nd floor (209)	AB
8/6/26	9 am	ward	OT	Pujja.
8/6/26	10:25am	OT	PICU	Pujja. / Smitha
8/6/26	1pm	PICU	212	Smitha /

Cross Consultation Visit

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

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

INVESTIGATIONS

MLC

Date	Investigations	Order No.	Sign
7/6/26	CBP / CRP	9497	
	VBG	9496	
	Creatinine	9497	

cross checked done by priyanka

Cross checked by
9/6/26 @ 12pm

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

MEDICAL EQUIPMENT (WARD & ICU) MLC

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/6/26	Infusion pump	10pm	8/6/26 6pm	5100	[signature]
8/6/26	invasive monitor	10.20Am	8/6/26 at 1pm	5202	[signature]

CRCM checked done by priyanka.

Cw by [signature] 9/6/26 @ 12p

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

PROCEEDURE

MLC

Date	Proceedure	Quantity	Order No.	Signature
7/6/26	IV placement	(1)	5081	
7/6/26	MLC charge	(1)	5083	
7/6/26	PAC.	(1)	5129	
			cross checked done by priyanka	
9/6/26	NHA	(1)		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

MLC

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

MLC

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2026 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Alleged h/o sustained burn injuries over the chest, face and (RT) arm at home

History of present illness :

Alleged h/o sustained burn injuries over the chest on the right side and (RT) arm and face after tea spill over the baby while playing at home at 6:45pm after which he was brought to our hospital for further management.

MLC

Pediatric Multiorgan History & Physical Examination

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2026 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

MLC

Pediatric Multiorgan History & Physical Examination

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

Anthropometry

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

Weight (kgs)__9.7kg__(Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____Description _____

B.P. _____SPO2__96%__ at __RA__

Resp. rate and type of breathing : _____

Burns over the chest - (RT) side - skin peeling

Rash_____ (RT) Arm & neck

Lymphadenopathy _____ face & back

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : __BL-AEC+__

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : __S1, S2+__

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : __PLATOLE__

Ausculation : _____

Spine: _____ External Genitelia : _____

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

MLC

Pediatric Multiorgan History & Physical Examination

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2026 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15 Intubated

Cranial Nerves : (B)

Motor System :

Nutrition : (D)

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : (B)

Bladder / Bowel :

Clinical Summary & Diagnostic :

2nd degree burn - 10% burns

ML6

Pediatric Multiorgan History & Physical Examination

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CMP
Sr. Creatinine
VBG

Planned Management :

- IVF PLASMALYTE + 100ml 25% Dextrose @ 40ml
- Inj. CEFTRIAXONE 500mg IV BD
- Inj. PARACETAMOL 100mg IV QID
- Syp. IBUGESIC 3ml TID (5ml/100D)
- Debridement + Collagen dressing JGA

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

HNH-00014356 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1Y1M9D (F)
Dr. MADUR VENKAT NAVEEN

-UNAIRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/25 8 pm	Counselling Notes	
	- Requires Admission	
	- Collagen dressing	& GA tommorrow
	- IV Analgesics	to be given after admission
	- To be discussed	with Plastic Surgeon w'regarding collagen dressing
	- Risk of Infection	of the burnt area.
	[signature]	

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Baby ZUNAIRA UNNISA .
29-04-2025 1Y1M9D (F)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 3 Am	S/B Dr. Sneyhan	P/c
	Δ 2° Burns - 12%.	
		- c/f IV fluids @ 40ml
	c/o pain in the burn site	
		- NPO from 3:30 Am
	CVS - S1S2 ⊕	
	RS - B/L - AE ⊕	- 9 Am - Debridement + Collagen & GA
	Child Active	
		- Monitor vitals
		- IV PCM 8th hly continue
	Dr-SN	
8/6/26 7:20 AM	S/B Dr. Sneyhan	
	Δ 2° Burns - 12%.	P/c
		- c/f IV fluids @ 40 ml
	CVS - S1S2 ⊕	
	RS - B/L - AE ⊕	
		- NPO
	P/A - Soft	
	conscious	- Debridement + Collagen dressing & GA today
		- IV PCM 8th hly

N/B priyanka

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

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

MLC

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:15 AM 29/6/26	Counselled Collagen + Pain] ✓ (PCM) ✓ Stable +	

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No. 47184

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 1pm	C/s/by. Dr. Anuche.	
	2° Burn	(post debridment)
	collagen dressing (+)	→ chest, face (yorched) abdo
	HR =116/min	
	Temp = (N)	
	SpO2 = 97% RA	
		Plan
	S/E	
	(P/s) B/L AE (E)	– ct ½ MIVF
	NVRS	– Enhance orally.
		– ct Antibiotic
		– h/ PCM IBUPROFEN syp] alternate 6th hrly.
		– h/o usg.
		– shift to ward
		Noted by Swetha

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	c/s/by Dr Pritesh.	
5pm	2° Burns (post debridement).	
	vital stable.	lesion (+). collage dress (+)
	s/e	
	B/L AE (+)	
	NVBS (+)	— Drying - lesions (frequently)
		— Enhance orally ↓ If taking well Plan to taper IV fluids
	Dr Naveen Sir ↓ Opinion	
		— stop IV fluids Now.
		— ct Antibiotics.
		— ct Inj ~~PCM~~ change Oral Pcm TID / Syp IBUGESIC TID alternatively
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

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

(P.T.O)

INH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
9-04-2025 1 Y 1 M 10 D (F)
Dr. MADUR VENKAT NAVEEN

MLC

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	MRC. D. Saiprasad	
08/04/25 6PM	post collagen dressing	
	O/E: C.C - fair. Vitals stable. Hydration - good	
		Adv: Continue same treatment & sepsis
		- Vedio consultation with Dr. Naveen tomorrow and plan for discharge tomorrow
		N/B Sub

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laby ZUNAIRA UNNISA .
9-04-2025 1 Y 1 M 10 D (F)
r. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/25 @ AM	C/S/B - Dr. Prashanti / Dr. Nayanya	
	Δ - 2nd degree burns (Post debridement)	
	Collagen dressing insitu	
	O/E HR RR SpO2 PP — stable	Plan stop IVF. Dry lesions frequently
	S/E B/L AE+ S1S2+, No murmurs	Enhance orally Inj CEFTRIAXONE Silver ex. - video consultation with Plastic Surgeon N/B shared.

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Baby ZUNAIRA UNNISA .
9-04-2025 1 Y 1 M 10 D (F)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	11/5/13 Dr. Pritesh	
9/6 9:00AM	2° burns.	
	s/p - post Collagin dressing	Plan
	No fever	- Dry lesion frequently
	Vitals - Stable	- Cont Ceftriaxone
	oral intake fair	- Vedio consultation E Plastic surgeons
	RS / NAD PA	- plan Discharge today

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

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 11 D (F)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6 10 AM	C/S/B Dr. Sri Prasad Sir	
	2° Burns	
	S/P - Post Collagen Dressing	
	Lesions - drying slowly	Plan
		1) Cont. Antibiotic
	No fever	2) Dry the lesions frequently
	Oral intake - fair	3) Video Consult with Dr. Naveen.
	Child alert	
	Vitals stable.	4) Encourage orally
	Urine output - Good	Shilpa Dr.
	CFT < 2 sec	
	Pulse Volume - Good	
	No dehydration Signs	
	C/D/W Dr. Naveen Sir	Plan
		1) D/C Today & F/Up after 1 week

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA (F)
29-04-2025 1 Y 1 M 11 D
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

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RESULT SHEET

Date	7/6/26					
Time						
Hb	9.9					
PCV	27.8					
RBC	4.05					
WBC	16.29					
N/L	56.0/34.1					
Platelets	602					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.4					
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.,) : .....

HNH-00014366
Baby ZUNAIRA UNNISA .
29-04-2025 1Y1M9D (F)
Dr. MADUR VENKAT NAVEEN
IP26-00006528

/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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Y WARNING SCORE: CHILDREN'S UNIT

Date : 7/6/26 Time:	10PM	2AM	6AM
Doctor / Nurse / Family Concern?			
Temperature (F)	98.5F	99.4F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Note: BP does not score in early warning scoring			
Heart Rate (Number)	138bpm	148bpm	137bpm
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	38bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	100%
Conscious Level: Normal / Altered			
GCS *	–	–	
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	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 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)

H-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

H / FRM / CLINICAL / 125

Not willing for vital check

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/6/26

Time:	10 PM	6 PM	12pm	2Am	6Am
Doctor / Nurse / Family Concern?					
Temperature (°F) (scale 94–104)		98.6°F	97.6°F	97.2°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)					
Heart Rate (Number)		137 b/m	128 b/m	130 b/m	118 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)					
Resp Rate (Number)		40 b/m	40 b/m	35 b/m	32 b/m
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)		99%	100%	99%	99%
Conscious Level — Normal					
Conscious Level — Altered					
GCS *					
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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Date	Time	Early Warning Score	Date	Time	Name

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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)

INH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
9-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

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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 :**				
7/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	1		40ml								
	11:00 pm	Plasmo lyte + 25% Dextro 5%		40ml								
	12:00 am			40ml								
	01:00 am			40ml								
Total Intake :								**Total Output :**				
8/6/26	02:00 am	1		40ml								
	03:00 am	Plasmolyte + 25% Dextro 5%		40ml								
	04:00 am			40ml								
	05:00 am			40ml								
	06:00 am			40ml								
	07:00 am			40ml								
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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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 :**						
8/6	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											
9/6	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U-3 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby ZUNAIRA UNNISA .
29-04-2025 1Y1M9D (F)
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NURSING CARE RECORD

Date: 7/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon							
Night	8pm 8Am	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give medication as prescribed by doctor	8pm 8Am	- Assessed the pt. condition - Monitored vitals & records - Maintained I/o chart - Given medication as prescribed by doctor	Patient is Stable now	Re-checked vitals	

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NURSING CARE RECORD

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Date: 8/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				PICU			
Afternoon	2Pm to 8Pm	Assess the pt condition. monitor vitals sign cond. maintain I/o chart. Provide the comfortable position. medication give as per as doctor ord.	2Pm to 8Pm	Assessed the pt condition. monitored vitals sign cond. maintained I/o chart. provided the comfortable position. medication given as per as doctor ord.	→ pt is stable. → vitals normal.	→ monitor vitals. → maintain I/o chart.	Sneh Y
Night	8pm to 8am	Assess the baby Monitor the VS administer Medicine Maintain I/o chart	8pm to 8am	Assed the pt. Monitored VS administer Medicine Maintain I/o chart	administer Medicine	Observe the pt	AA C

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 9/6/26 Time: 10 am

Weight: 9.7kg Centile: <5th

Height: — Centile: —

Inference: Underweight child.

RDA: — Calories: 1200Kcal/day Protein: 20 gms/day

Diet Recommendations: DBf with High protein diet with liquids

Re-Assesment: NO Junk, spicy food

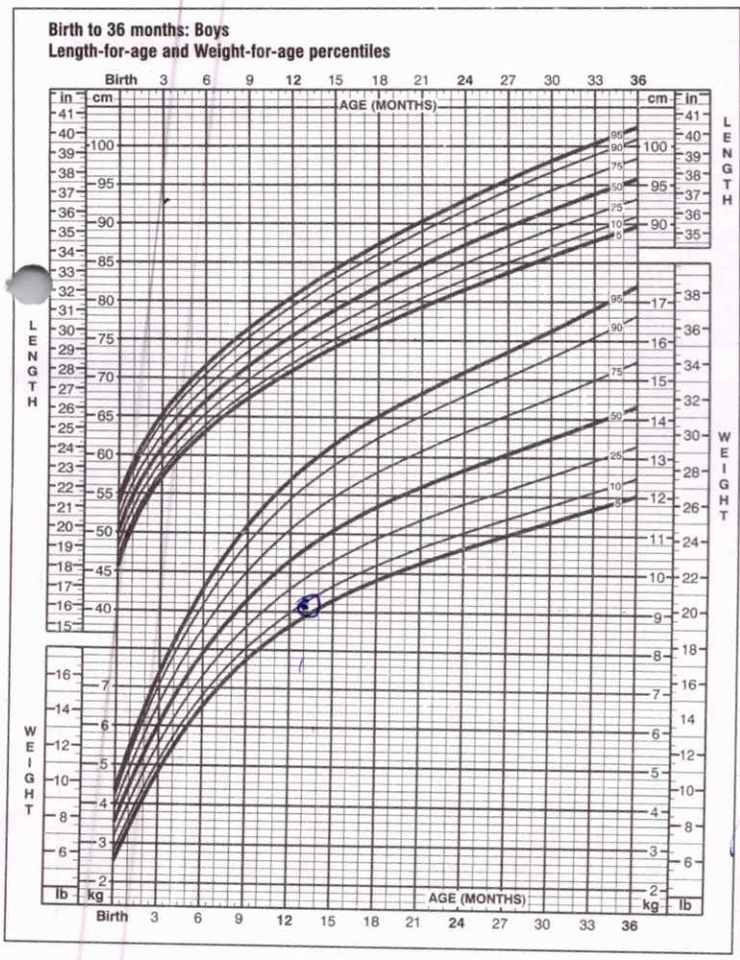
Food Allergies: NO Veg/Non-veg Non Veg.

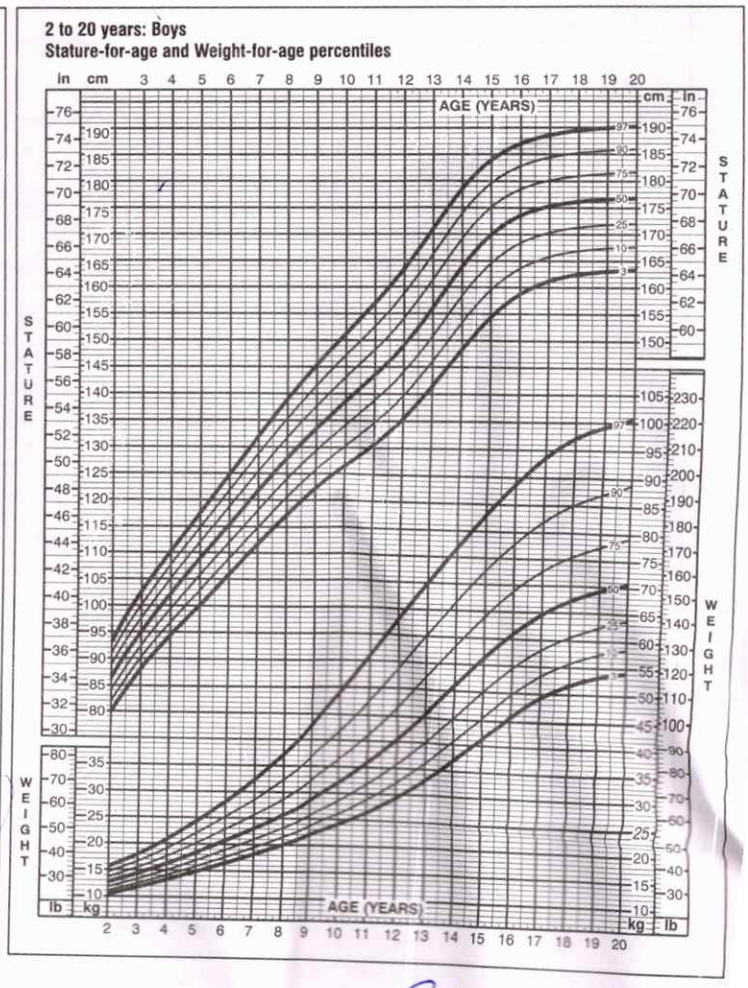
Diagnosis: 2° Burn (Post debridement)

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Syeda Sabiya Zaheer Dietician's Signature Sabiya

Docu. No. : RCH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: 2nd degree burns			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	7/6/26 N1	8/6/26 M6	8/6/26 E1	9/6		
	Medical Condition (Any special condition to be noted):	–	Brum	–	–		
	Diet:	–	Soft	–	–		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.9F	99.0F	98.2F	98.0F		
	Res:	30b/m	37 b/m	38 b/m	2–		
	SpO_2:	98%	96%	97%	99%		
	Pulse:	135b/m	140 b/m	130b/m	–		
	BP:	–	–	–	–		
	LOC:	–	–	–	–		
	Fall Risk Score:	–	–	–	–		
	Pain Score:	–	–	–	–		
	Skin Integrity	–	Intact	–	–		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	–		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–	–	–	–		
	Critical Lab Test / Values:	–	–	–	–		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	–	Dependent	Dependent	–		
Post Operative Procedure Special Orders:		collage dressings 1 4A.	collage dressing	–	–		
Handed Over By Name :		Priyanka	Sunitha	Sneha	[illegible]		
Signature / ID :		[signature]	[signature]	40/6033	[signature]		
Date:		8/6/26	8/6/26	9/6/26	9/6		
Time:		8AM	2pm	8pm	8am		
Taken Over By Name :			[signature]	[signature]			
Signature / ID :			40/6033	[signature]			
Date:			8/6	8/6			
Time:			2pm	8am			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non-Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00014366
Baby ZUNAIRA UNNISA .
IP26-00006528
29-04-2025 1 Y 1 M 9 D (F)
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BRADEN 'Q' SCALE

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					Date : 7/6	8/6	8/6	9/6
					Time : N		E	9am
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	4	1
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3.	3	4	2
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3.	3	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	24	27	27
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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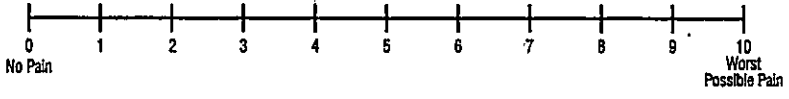
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/6/26	11pm	7/10	Shoulder & fau	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
8/6/26	10pm	7/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
8/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
8/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
8/6	11pm	0	[illegible]	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	[illegible]	[illegible]
9/6	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	8/6/25 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	0							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	0							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	0							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	0							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	0							
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

Docu. No. : RCH /FRM / CLINICAL / 137

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MLC

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DRUG CHART

Date of Admission: 7/6/26 Drug Allergies: NIL ☑ 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

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

MLC

REGULAR PRESCRIPTIONS

Weight. 9.7kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
500g	IV	BD	7/6

Name & Signature of the Doctor Starting the Drugs: B. Sneyha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/6	8/6
10Am	X	B
10pm	B	10:30pm

Verified by Dr. Dhakshayani

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
100g	IV	TID	7/6

Name & Signature of the Doctor Starting the Drugs: B. Sneyha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/6
12AM	11:30 pm
8AM	B
4PM	

Chge.

Verified by Dr. Dhakshayani

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Date
3ml	Oral	TID	7/6

Name & Signature of the Doctor Starting the Drugs: B. Sneyha

Additional Instructions: Ibuprofen (Susp 100mg)

Daily Doctor's Endorsement by a Sign

Date/Time	7/6	8/6	9/6
9AM	X	9am	
12PM	X	B	
8PM	Given in ER.		

Verified by Dr. Dhakshayani

DRUG : SILVEREX Cream

Dose	Route	Frequency	Start Date
1	LA	TID	8/6

Name & Signature of the Doctor Starting the Drugs: B. Sneyha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8 pm

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Syp CROSINDS

Dose	Route	Frequency	Start Dt.
3ml	PO	TID	8/6

Name & Signature of the Doctor Starting the Drugs: A/

Additional Instructions: (200mg/5ml)

Daily Doctor's Endorsement by a Sign

Date / Time	8/6	9/6
	12Am	
	8Am	
	4Pm	

DRUG : MUPIROCIN. Ointment

Dose	Route	Frequency	Start Dt.
	L/A	BD	8/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/6	9/6
	10Pm	X

DRUG : Syp. AUGMENTIN DDJ

Dose	Route	Frequency	Start Dt.
2.5ml	oral	BD	9/6

Name & Signature of the Doctor Starting the Drugs: B.Sneha

Additional Instructions: AMOXICILLIN - 5mg/400mg CLAVULUNATE 5mg

Daily Doctor's Endorsement by a Sign

Date / Time	9/6
	10Am
	10Pm

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VERIFIED BY : Name Signature

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :				Date ▸ Time														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ Time														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ Time														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ Time														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions: –																		
Daily Doctor's Endorsement by a Sign																		

29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

IP26-00006528 HNH-00014366

MLC

Weight. .... 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
8/6.	~~6:00pm~~ 6:45P	NOCTURA SYRUP (3ng/ml)	2ml.	PO	[illegible]	[illegible]

Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

IP26-00006528
HNH-00014366

MLC

I.V. FLUIDS CHART

Weight. 9.7 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
7/6	8:50 pm	PLASMALYTE + 100ml 25% Dextrose	IV	40 ml/L			8/6/26		
8/6	1pm	plasmalyte + 100ml 25% D	iv	20ml/h			8/6/26		

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ER ..... Shifted to: ..... ward (209) .....

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. Sreeram .....

Date & Time : ..... 7/6/26 @ 8:30pm .....

Nurse Name & Signature: ..... Anupam .....

Date & Time : ..... 7/6/26 @ 8:30pm .....

Docu. No. : RCH / FRM / GENERAL / 090

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1Y1M9D (F)
Dr. MADUR VENKAT NAVEEN

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Baby. ZUNAIRA UNNISA Age: 1yr 1m Sex: female UHID.No : HNH-0014366.

Date: 07/06/2026 Time: 9:30pm Proposed Operation: COLLAGEN DRESSING.

Diagnosis: 10% - 2° BURNS OVER RT. CHEST, ARM & FACE

B.P / CRT: .... H.R: .... Weight: 9.7 kgs 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: NKDA

Medical History: ~~CVS~~ : Baby alleged with H/o Burns sustained with tea spillage once Rt side of chest, Rt Arm, ~~and face~~ Forehead Nose & Shoulders.

RESP :

Diabetes :

CNS :

Renal : NAD

Hepatic / GE :

Physical Activity:

Others :

Past Anaesthetic History: NIL

Physical Exam: Actively crying.

Airway: MP 1 (2) 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3 FB Neck: (N) Teeth: No Loose teeth

Lungs : B/L AE(=), NVBS

Heart: S1 S2(+)

CNS: NAD

Pregnant: ☐ Yes ☐ No ☑NA Venous Access Site : Peripheral 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: NPO/NBM 6hrs - Solids, 2hrs - water, ORS, Coconut water

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:

Adv : ~~1. CBP~~
~~2. Blood Grouping & typing~~
~~3. Consent Pending~~

Signature: [signature] Name: Dr. SAIRAJ.V.

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

INH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
9-04-2025 1 Y 1 M 10 D (F)
Dr. MADUR VENKAT NAVEEN

ANAESTHESIA CHART

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Pre Induction Assessment

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: adq

Physical Status: ☑ Patient Identified | ☑ Consent Present | ☑ Chart Reviewed

H.R: 131/m | B.P / CRT: <2secs | SpO_2: 100% | R.R: 18 | Last Feed: >6hrs.

Pre-OP Diagnosis: 2° burns. | Operation: collagen dressing burns | Date: 8/6

Surgeon: ..... | Anaesthesiologist: ..... | Technician: .....

TIME	9.10		10 AM.
N_2O /AIR/O_2 LPM			
HALO /ISO /SEVO	MAC 1.0		
Drugs:			
PROPOFOL	20 + 20 mg iv		
MIDAZOLAM	0.6mg iv		
FENTANYL	20mcg iv		
FIO_2 / SaO_2	100	100	100
$ETCO_2$	36	36	36
ECG	sr	sr	sr
Temperature			
Urine Output			
Fluids			
Blood			

Antibiotic –

Suppository –

Blood Loss –

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP (L) LL
☐ Cuff Site: .....
☐ Art Site: .....
☑ EKG Lead 3 lead
☑ Temp Site skin
☑ 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 sheets

Times:
Anaes Start: 9.10 AM
OP Start: .....
OP End: .....
Leave OR: 10 AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 22g (L) UC
☐ IV: .....
☐ IV: .....

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

☐ Mask ☑ SGA IGEL #1.5
☐ 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 ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor : DR MM
Signature of the Doctor: MM

INH-00014368 IP26-00006528
Baby ZUNAIRA UNNISA .
19-04-2025 1 Y 1 M 10 D (F)
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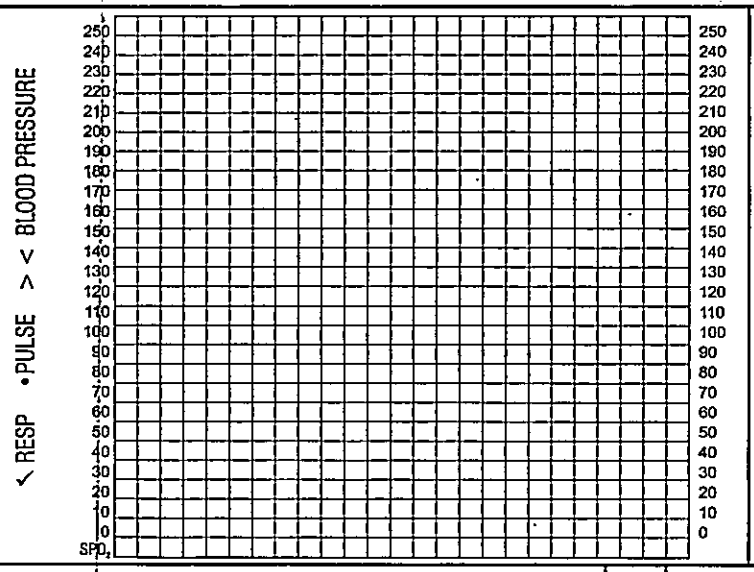
POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
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						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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	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 : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

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

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		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 : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : BABY ZUNAIRA UNNISA Age : 13M. Gender : Male ☐ Female ☑

UHID NO: HNH-14366 Surgeon Name: Dr. NAVEEN

Anaesthesiologist : Dr. SAMIR

Operative procedure planned : COLLAGEN DRESSING & DEBRIDEMENT

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 without numbness can be achieved by infusing weak solutions of local anesthetics arid 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 mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : On support / post procedure icu care.

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures .....

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☒ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : Mohammed Abdul Wasi

Relationship with Patient: -Parent-

Date & Time : 8/6 at 845 am.

Witness :

Signature : .....

Name : Samiya Hussain Finga.

Date & Time : 8/6 at 845 am.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Laxmi Narayan

Date & Time : 8/6 at 845 am.

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Baby Zunaira unnisa Gender: ☐ Male ☑ Female Age : 13m

UHID No : HNH-14366. Date : 8/6/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Debridement + Collagen Application

upon

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized 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. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Infection / Sepsis / ARDS / MODS / Need for repeat procedure

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure:

Consentee :

Signature :

Name :

Date & Time :

Witness :

Signature : [signature]

Name : Saniya Hussain Fiza.

Date & Time :

Patient Attendant :

Signature : [signature]

Name : Mohammed Abdul Wasi

Relationship with Patient: Father

Date & Time : 8/6/26 @ 9AM

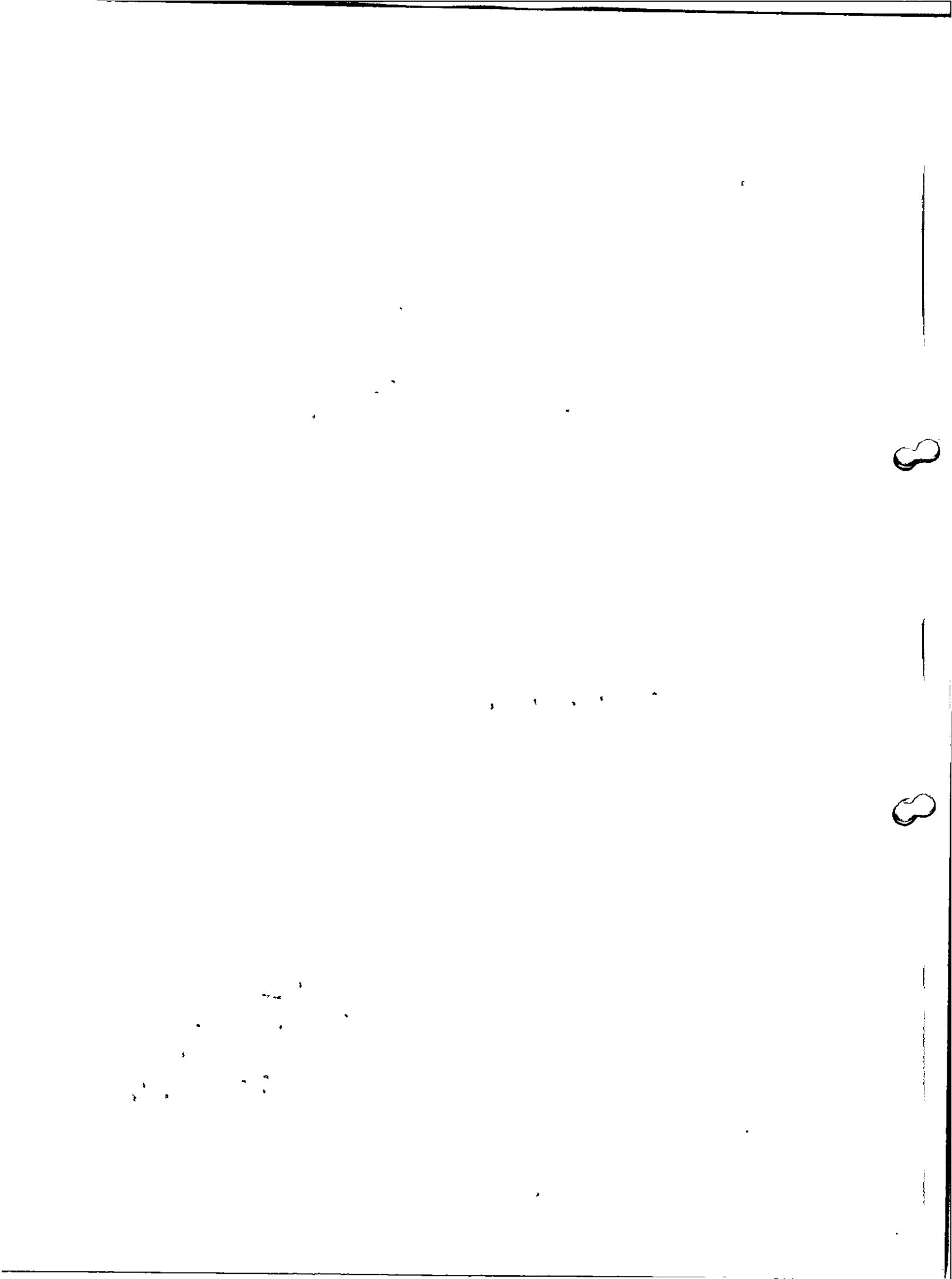
Doctor (who is taking the consent) :

Signature : M.V. Naveen

Name : M.V. Naveen Reddy

Date & Time :

Docu. No. : RCH /FRM / CLINICAL / 027



HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1Y1M9D (F)
Dr. MADUR VENKAT NAVEEN

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POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☑ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 8/6 Time: 1010 AM.

Name of the Surgery: DEBRIDEMENT & COLLAGEN DRESSING.

Drugs used for sedation during surgical procedure: FENTANYL / PROPOFOL / MIDAZOLAM.

IV Fluids type / amount used using surgical procedure: -

Input - ml Output - ml Blood Loss - ml

Blood Transfusion if any -

Any intra operative event: -

On arrival to PICU / NICU / MICU / WARD:

Temp: (N) HR: 126/m RR: 18/m BP: - CRT: < 2secs.

Peripheries: warm. SpO_2: 100% on RA.

Drains: nil

ET Tube: ☐ Cuffed ☐ Uncuffed I-GEL # 1.5

Size of ETT: Length of Fixation of ETT:

Surgeon's Notes: ☑ Yes ☐ No

Time of Arrival to Unit: 1010AM

Handover given by:	Handover taken by:
Anesthesiologist's Name Dr Amir	Doctor's Name
Signature:	Signature:
Date & Time: 8/6 at 1010 AM	Date & Time:

Docu. No: RCH /FRM / CLINICAL / 159

Pt shifted PICU to ward 212

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PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 8/6/26

Name of the Patient: NH-00014366 IP26-00006528
aby ZUNAIRA UNNISA .
9-04-2025 1 Y 1 M 10 D (F)
r. MADUR VENKAT NAVEEN

UHID No: .... Gender: .....

Ward: ..... Room No: .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date: 8/6/26	Date: 8/6/26	Date: .....
Time: 1pm	Time: 1pm	Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014366 IP26-00006528 Baby ZUNAIRA UNNISA . 29-04-2025 1 Y 1 M 9 D (F) Dr. MADUR VENKAT NAVEEN	7/6/26 at 8.23pm	8/6/26 at 1pm
	Transfer Ordered by DR: Anusha	Reason for Transfer observation
From Unit PICU	To Unit 212	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	Number of Imaging Films VBG - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sunitha	DR. Anusha

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Door No. 3-6-267,
Himayathnagar,
Opp: Café Niloufer, Hyderabad,
Telangana - 500029

MEDICO LEGAL RECORD

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To

The Station House officer,

P.S _____

Dist. / City _____

Ref : Our Telephone Intimation Dated _____

Received by : _____

Patient Name : ZUNAIRA UNNISA

S/o., W/o., D/o. Mohammad Abdul Wasi

Age : 13 months Sex : Male / Female

Address : 16-2-722/2, Akbarbagh
500236 Hyderabad

Identification Marks

1)

2)

Date 07/06/2016

Time 07:30 PM

M.L.C No. 070

UHID / I.P. No. _____

Accompanied by P.C. / Attendant

Name : Mr/ Mrs. _____

Relation : _____

Phone No : _____

Signature : _____

Signature / LTI of Patient

Brief History of the case as stated by the patient / attendant :

Alleged h/o sustained injury (burn) over the chest Right side and Right upper arm and face and back

General Examination of the Patient on arrival at Emergency Conscious Unconscious Semi - Conscious Brought Dead

Pulse : 130 /mt B.P. : /mm Hg Resp. Rate 36 / mt Temp : 98.6F of

Heart : S1 S2 (+) Lungs : BIL-ACF (+) Abdomen : P/A-soft Pupils : Bl reactive to light equal.

no murmur

DESCRIPTION OF INJURIES

S.No.	Description of wounds	Dimensions
	Chest - Right side 10cm×8cm Right uppa arm - 8×4cm	

Dying Declaration Required : Yes / No

Name & Sign. of Doctor : B.SREEGHAN

Regn. No. 87258.

MLC Received by :

Signature :

Name :

Designation :

Investigation Advised :

CBP, CRP, Screatinine
VBG

Treatment given :

- IV fluids Plasmalyte + 2% Dextrose 100ml/hr
- IV PARACETAMOL 8th

1. Admitted in _____ Ward / ICU
2. Left Against Medical Advice
3. Patient condition at the time of transfer _____

Regn. No. _____

Name & Sign. of Doctor :

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OPERATION THEATER NOTES

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 10 D (F)
Dr. MADUR VENKAT NAVEEN

Patient's Name : .. ..Age : .....Gender : .....

UHID.: ..... No. :.....Weight : .....

Surgeon : Dr Naveen Reddy	Asst. Surgeon :
Anesthetist :	OT Nurse :
Surgical Procedure : Debridement + Collagen applicat	
Indications for Surgery : < 10% Scald Burn (Face / Chest)	
Date :	Start Time : / End Time :

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

Debridement + Collagen applicator

POST - OPERATIVE ORDERS :

- NBM for 1 hr after the ND
- Inj Pan DNS - 30 ml/hr x 4 hr
- Rest c Tab ✝ Cy advised by Paed.
- Keep Collapse dry
- Wide bowels
- Inform (vas)
- Review after 1 week.

M.V Naveen Reddy

Consultant Surgeon's Name

M.V Naveen

Consultant Surgeon's Signature

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. venkat naveen
Asst. Surgeon : .....
Anaesthetist : Dr. samir
Scrub Nurse : Sr. Archana

Patient Name : HNH-00014366 IP26-00006528 Baby ZUNAIRA UNNISA . 29-04-2025 1 Y 1 M 10 D (F) Dr. MADUR VENKAT NAVEEN
UHID No. : ...
Date : .....

..... Gender : F
.....
ne : .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time:.....

Patient Has Confirmed
- Identity ☐ Yes ☐ No
- Site ☐ Yes ☐ No
- Procedure ☐ Yes ☐ No
- Consent ☐ Yes ☐ No

Site Marked ☐ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☐ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☐ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☐ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☐ No ☐ NA

Signature :.....

Name :.....

Before Skin Incision ➤ ➤

TIME OUT Time:.....

Confirm all team members have introduced themselves by Name and Role ☐ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐ Yes ☐ No
- Correct Site ☐ Yes ☐ No
- Correct Procedure ☐ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☐ NA

Signature :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☐ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature :.....

Name :.....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014366 IP26-00006528 Baby ZUNAIRA UNNISA . 29-04-2025 1 Y 1 M 10 D (F) Dr. MADUR VENKAT NAVEEN	7/6/26 @	8/6/26 @ 10:20am
	Transfer Ordered by Dr. samir	Reason for Transfer observation
From Unit OT	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File —	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
RG	Dr. samir.

Patient & Clinical Records Received by : Sunitha

Date & Time of Patient Received : 8/6/26 at 10.20Am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

Wt - 9.7 kg MLC

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : 1 zunira Age : 1yr **Gender:** ☐ Male ☑ Female

Date : 7/6/26 Time of Arrival : 8 pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97°F PR: 135 b/m BP: ..... RR: 30 b/m SpO_2: 96 %.

Chief Complaints: c/o burns on the chest

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : .....

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☐ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : .....

Date & Time : 7/6/26 @ 8:12 pm

Docu. No. : RCH /FRM / CLINICAL / 085

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

MLC

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/6/26 Time of arrival : 8:4pm

Chief Complaints: c/o - burns on the chest

Height : ..... Weight : 9.7kg ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☑ No
If **'Yes'** tick below fall risk intervention directly
If Patient is > 6 years
If **'Yes'** Assess the below parameters
History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- ☐ Escort while ambulating
- ☑ Assist Patient
- ☑ Educate patient and family on fall precautions/prevention

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
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

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): .....

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : RJ @ 8:6pm

Nursing Care Plan (Including Labs / Medications / Other Care):

MLC

Time	Nursing Notes
8.7pm	Assess the pt condition monitore the vitals

Samples collected by: Aruba

Time:

Samples sent by :

Time: 8.40pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7/6/26 8.10pm	Ibugesic	oral	3ml	Dr. Sreeghan	B.

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 130b/m BP: ..... CFT:	Shift - out from ER to: ward
RR: 30b/m SPO2 at FiO2: 96%	Time of Shift - out: 9.30pm
GCS:..... Temperature : 97°F	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 7/6/26 @

MLC

PATIENT TRANSFER FORM

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HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

	Date & Time of Admission: 07/6/26 @ 8:23pm	Date & Time of Transfer Order: 7/6/26 @ 9:30pm
Treating Consultant Name	Transfer Ordered by: Dr. Sreejan	Reason for Transfer: Admission
From Unit: ER	To Unit: ward (209)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 2	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anupam	Dr. Sreejan

Patient & Clinical Records Received by : Priyanka.

Date & Time of Patient Received : 7/6/26 @ 9:45pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

MLC

Patient Name:	**Baby ZUNAIRA UNNISA .**	**Age :**	**1 Y 1 M 9 D**
IP No:	**IP26-00006528**	**Sex:**	**Female**
Consultant:	**Dr. MADUR VENKAT NAVEEN**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mohammed Abdul Wasi

Relationship: Father.

Date: Time:

Witness Name:

Witness Signature:

Patient Address:

16-2-720/2 akbar bagh, malakpet
Malakpet Hyderabad Telangana INDIA
500036

HNH-00014366 IP26-00006528
Baby ZUNAIRA UNNISA .
29-04-2025 1 Y 1 M 9 D (F)
Dr. MADUR VENKAT NAVEEN

MLC

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25 years

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

---------- ----------

Name & signature of Patient/Attendant (Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

26-00002051 68

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	BABY ZUNAIRA UNNISA	Age:	1Y	Gender:	f
UHID No:	HNH-0001436	IP No:	IP26-0000652	Date:	8/6/26
Time:	7:40 Am				
Diagnosis:	COLLAGEN DRESSING				

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 MCG	ONE AMP
2.	Morphine Sulphate Inj. 15mg/Ml	-	-
3.	Remifentanil Hydrochloride Inj. 2MG	-	-
4.	Remifentanil Hydrochloride inj. 1MG	-	-

Doctor Name: Dr. SAIRAJ. ✓ Doctor Registration No: APMC 75777.

Signature: ✓

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006528 **Date:** 8/6/26

Aadhaar No. of the Patient (Optional): .....

		Remarks
1.	**Name :** BABY ZUNAIRA UNNISA.	
2.	Complete postal address (with contact number, if any)	16-2-720/2. AKBAR BAGH, MANAKPET HYD
3.	Brief description of the illness	COLLAGEN DRESSING
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
8/6/26	FENTANYL	ONE Amp		

Dispensed by (Name & ID No.): Sania Signature: .....

Received by (Name & ID No.): SAI CHANDU 021153 Signature: .....

Time: .....