DISCHARGE SUMMARY

Name	Baby KRISHAY PATWARI	UHID	HNH-00011691
Father/Guardian	Mr PARITOSH PATWARI	Age/Gender	0 Y 10 M 19 D/ Male
Address	21-1-857/1, Old City, Hyderabad, Telangana, INDIA, 500002		
IP No	IP26-00006554	Admission Date	10-06-2026
Ref Doctor	Self.		
Discharge Date	11.06.2026		

Consultant:
Dr. MUKTA SUBHASH WAGHMARE
MBBS, DNB (Gen Surg), MCH (Pead Surg), FMAS
CONSULTANT PEDIATRIC SURGEON
08964

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

DIAGNOSIS	ICD CODE
K/C/O PAN-HYPOPITUTARISM WITH B/L CRYPTORCHIDISM	

Name	Baby KRISHAY PATWARI	UHID	HNH-00011691
IP No	IP26-00006554	Admission Date	10-06-2026

Procedure : DIAGNOSTIC LAPAROSCOPIC + BILATERAL ORCHIOPEXY DONE ON 11.06.2026.

History: Baby KRISHAY PATWARI, 0 Y 10 M 19 D child presented with known case of pan hypopituitarism on regular mediation of hydrocortisone and Thyronorm associated with B/L cryptorchidism prior to admission . For the above complaints child was was admitted at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 129/min and Respiratory rate - 38/min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 9.19 kilo grams.

Investigations: Enclosed reports.

Procedure : DIAGNOSTIC LAPAROSCOPIC + BILATERAL ORCHIOPEXY DONE ON 11.06.2026.

Surgery Notes:
* Diagnostic laparoscopic done - Both vas and vessels entering internal ring. No Mullanian structures.
* Bilateral Inguinal explaration done.
* Right testsis in inguinal region - very small 1x1 cm
* Left testis in upper scrotum 0.5 x 0.5 cm

Name	Baby KRISHAY PATWARI	UHID	HNH-00011691
IP No	IP26-00006554	Admission Date	10-06-2026

* Both testis fixed in scrotum
* Incision closed in layers.

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

Advice:
* Diet as advised.

Name	Baby KRISHAY PATWARI	UHID	HNH-00011691
IP No	IP26-00006554	Admission Date	10-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet.Hydrocortisone (1tablet=5mg)	3 tablets	thrice daily	from 11.06.2026 to 12.06.2026
2	Tablet. Hydrocortisone (1 tablet = 5mg)	2 tablets	thrice daily	Till 13.06.2026
3	Tablet. Hydrocortisone (1tablet =5mg)	1 tablet	thrice daily	Till 14.06.2026
4	Tablet. Hydrocortisone (1 tablet=5mg)	1/4 th tablet	thrice daily	Continue as advised by endocrionologist
5	Tablet. Thyronorm 25 mcg	1 tablet	once daily	to continue as advised by endocrionologist
6	Budecort Inhaler 100 mcg	1 puff	at bed time	to be continued as advised
7	Syrup. Crocin DS (Paracetamol - 5ml/240mg)	3 ml	thrice daily	for 3 days . followed by SOS for pain
8	T-Bact ointment for local application once daily for 7days			

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml after food as and whenever

Name	Baby KRISHAY PATWARI	UHID	HNH-00011691
IP No	IP26-00006554	Admission Date	10-06-2026

required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. MUKTA SUBHASH WAGHMARE on(Tuesday)16.06.2026 in OPD at Himayatnagar with prior appointment **(Review consultation will be 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.

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

Name	Baby KRISHAY PATWARI	UHID	HNH-00011691
IP No	IP26-00006554	Admission Date	10-06-2026

www.rainbowhospitals.in

Registrar/Resident/C.M.O

Dr. MUKTA SUBHASH WAGHMARE
MBBS, DNB (Gen Surg), MCH (Pead Surg), FMAS
CONSULTANT PEDIATRIC SURGEON
08964

Rainbow Children's Hospital | BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006554 **Admit Date** : 10-Jun-2026 **Admit Time** : 03:59 PM **UHID** : HNH-00011691

Patient Details :

Patient Name	: Baby KRISHAY PATWARI	**Age**	: 0 Y 10 M 18 D
Guardian	: Mr PARITOSH PATWARI	**DOB**	: 23-07-2025 01:06 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 21-1-857/1 Old City Hyderabad Telangana INDIA 500002	**Phone No**	: 8019196152/ 8507009999
		E-mail	: PARITOSH.PATWARI@GMAIL.COM

Admission Details :

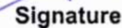
Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

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

Contact Details :

Name	: Mr PARITOSH PATWARI	**Relationship**	: Father
Contact Address	: 21-1-857/1 Old City Hyderabad Telangana INDIA 500002	**Phone No**	: 8019196152

Paritosh



Signature

Doctor Details :

Doctor Name	: Dr. MUKTA SUBHASH WAGHMARE	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	: Dr. PRITESH NAGAR		

Payment Details :

		Deposit Amount	: 100000.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

ACTIVITY RECORD FOR BILLING

Name: --

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

Date of Admission : ---------------- Time : -------------- Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	8:15PM	ER	ward	Pufa
10/6/26	12:40	OT	~~ward~~ 3rd Floor	Pufa/.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	VBG, RBS - 94 mg/dl	✓ 9617	[signature]
11/6/26	GRBS (104 mg/dL)	✓ 9658.	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	Infusion pump	3Am	11/6/26 @ 8PM	5937	[signature]
~~[illegible]~~	~~Invasive monitor~~ [illegible]			~~[illegible]~~	[signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/6/26	I v placement	1	✓ 205850	[signature]
8/6/26 -	PAC	1	Done on op Basis	[signature]
10/6/26 (5:45pm)	NHA	1	✓ 5899	[signature]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Krishy Patway.

Patient ID# : HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : ____________________ Age/Sex ________

Informant ____________________ Reliability ________

Chief Presenting Complaints & Duration (Chronologically):

K/c/o pan hypopitutarism. Came for Surgey
Diag Lap. + B/L orchidpexy.

History of present illness :

Child is a k/c/o Pan hypopitutarism
on regular medication of Hydrocortisone
& Thyroxine. (Thyronorm).

No h/o fever / cough & cold

No h/o loose stools / vomitings.

Child active / alert accepting feeds well

S/E 5/6
Na 139
K+ 4.6.
Cl 106

CBP
Hb 12.3.
TC = 9.62
Plt = 269.
N/L = 30/62

TSH = 0.010

Pediatric Multiorgan History & Physical Examination

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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 :

Upto appropriate for age

Immunization History :

upto date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) ________ (Centile ________) Height (cm) : 67.5cm (Centile ________)

Weight (kgs) 9.19kg (Centile ________)

On Examination :

Temperature : Afebrile Pulse Rate: ________ Description ________

B.P. ________ SPO2 ________ at ________

Resp. rate and type of breathing : ________

Rash No

Lymphadenopathy No

Oedema : No.

Respiratory system :

Inspection (any s/o distress) : ________

Air entry & breath sounds : B/L AE (+)

Any addes sounds : NVBS (+) No added sounds

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

Cardiovasclular System :

Inspection of procordium : ________

Heart Sounds : S1 S2 (+)

Any murmur : No

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

Per Abdomen :

Inspection ________

Palpation : No organomegaly

Ausculation : ________

Spine: ________ External Genitelia : ________

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

Pediatric Multiorgan History & Physical Examination

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition : (N)

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR (N)

Superficials :

Plantars

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic :

K/c/o. Pan hypopitutairsm.

Planned - Diag Lap + B/L Orchidopexy

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

PAC- done.
(S/E) done 5/6/26.
(CBP, TSH) done OPD.
GRBS ✓
VBG ✓

⇒ 6h fasting (Pre op).

Noted By Prabir

Planned Management :

- IV fluids. (overnight) (from 3AM)
- Endocrinology Reffera.
- THISONE 5mg ¼ - ¼ - ¼.
- (from night dose. IV Hydrocortison)
- NPO from 3AM. & start
- IV fluids.

Syorm (SOS)

NB Prabir

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-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Krishy Patwari.

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 4:40pm	c/s/by, Dr. Anuch / Dr. pritch	
	K/c/o Panhypopituirism	
		Informed Dr Muktha.
	vital - stal	
	Activity good	Plan
	GRBI 94mg/dl	
		– Diag Lap + B/L Orchidopexy. Tm mng.
		– NPO from 3AM
		IV fluid from 3AM
		– Give Night
		T. Hionis dose as regul
		– Before shifting
		Give Inj Hydrocortisone 50mg iv as Induction
		f/b ↓
		15mg iv/oral Q6hly 1-2 day
		↓
		tapa. with in 2-3 day.
		– T. thyronorm after OT Tommor mng dose.

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		– 6hr. fast before Sx.
		– ⓣ VBG.
		– ct BUDECORT Inhal 1puff 100mcg H/s OD @ [11pm] as Regular
	[signature]	N/B Sandhya

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6 7Am	C/S/B Dr Pranav / Dr. Sreeghan	
	K/c/o Pan Hypopituitarism, Now for Diagnostic Laproscopy + B/L Orchidopexy	
	No fever	Plan
		1) NPO :- 5Am
	No fresh issues	2) Shift to OT on call
	Tab Thyronorm - given	3) Inj Hydrocort - (50mg) - 1V before OT
	child alert	Changed to 25mg < 10 PM, 10 AM
	Vitals stable	
		4) Inj Hydrocort -> 15mg / q8H (Post OT) for 1-2 days
		Later taper over 2-3 day
		5) Nebs before OT as advised by anesthetist
		6) Monitor vitals
		Pranav

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

(P.T.O)

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

..ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 9:30 AM	S/B Dr. Pritesh	
	D Panhypopituitarism	
	For Diagnostic laparoscopy + Orchidopexy	Plan
	CNS - S1 S2 ⊕	Inj. Hydrocortisone
	RS - BLL - AEE ⊕	25mg IV stat @ 10:30 AM, before shifting
	P/A - Soft	
	Conscious	IV fluid @ 20 ml/h DNS
	Thyronorm tablet given	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	N/B - Supriya 10:40 AM @ 11/6/26

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26. 12 45 pm.	c/i/by Dr Anuha	
	k/c/o panhypopituitarism	post sx (B/L orchidopexy)
	vital stable.	- check GRBS after 2 hour (2 45 pm).
	HR = 140 (crying)	- [Inj Hydrocortisone 25mg IV Before d/s (plan)] w/H - To ask c Dr Leena.
	SpO2 = 100% RA.	
	Bp =	
		- shift to ward (once child takes feeds) & active.
		- Monitor vitals.
		- stop IV fluids (1/2m) once he takes feeds.
	[signature]	

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 .... Signature ....

Docu. No. : RCH /FRM / CLINICAL / 118

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

REGULAR PRESCRIPTIONS

Weight. 9.19 kg Ward. ....

DRUG : AUGMENTIN				Date / Time	11/6
Dose	Route	Frequency	Start Date		
270 mg	IV	BD	11/6	11AM	DI
Name & Signature of the Doctor Starting the Drugs: Dr Mukta / Dr Samir					
				11pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : INJ AUGMENTIN				Date / Time	
Dose	Route	Frequency	Start Date		
270	IV	BD	11/6		
Name & Signature of the Doctor Starting the Drugs: Dr Mukta					stop
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : PARACETAMOL				Date / Time	11/6
Dose	Route	Frequency	Start Date		
100mg	IV	TID	11/6	1:30 AM	DT
Name & Signature of the Doctor Starting the Drugs: Dr Samir					change
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : CROSIN DS SYP				Date / Time	
Dose	Route	Frequency	Start Date		
3 ml	PO	TID.	11/6.		
Name & Signature of the Doctor Starting the Drugs: [signature]					
Additional Instructions: (240mg/5ml)					
Daily Doctor's Endorsement by a Sign					

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

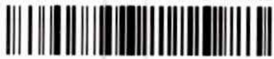
Name: ....

Weight: .... kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/6	11 AM	HYDROCORTISONE	25mg	IV	[signature]	[signature]	[signature]
11/6	3 pm	HYDROCORTISONE TAB.	15mg	PO	[signature]	[signature]	[signature]

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE



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

	Date ► Time ▼		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
② 11/6/26	~10:30 AM Before shift OT	Inj Hydocortisone	25mg iv Induction dose	iv	Af	[signature] 10:10 AM
10/6/26	11pm	BUDECORT	100mcg 1puff	inhal	Af	[signature]
10/6/26	10pm	T. Hydocortisone 5mg 1/4 tab	1/4th tab po	po.	Af	Stop.
10/6/26	10pm	Inj. HYDROCORTISONE	25mg	IV	for Dr. Samir [signature]	[signature]
③ 11/6/26	10:30AM	NEB. BUDECORT	1 resp (0.5mg)	Neb	[signature]	[signature]
④ 11/6/26	10:30AM	NEB. LEVOLIN	0.63	Neb.	[signature]	[signature]
① 11/6/26	8AM	T. THYRONORM	25mcg	oral c sips of water	[signature]	[signature]

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

I.V. FLUIDS CHART

Weight. 9.19 Ward. ....

		...sition 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
11/6/26.	3AM	IV fluids DNS. (from 3AM)	iv	36 ml/h	[signature]	[signature] [signature]			[signature] [signature]
11/6/26	9:30 AM	(Full M) DNS	iv.	20 ml	[signature]	[signature] [signature]			[signature] [signature]

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

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

Shifting From: ....ER.................... Shifted to: ....Ward....................

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. Anusha....................

Date & Time : ....10/6/26 @ 5PM....................

Nurse Name & Signature: ....Brabin....................

Date & Time : ....10/6/26 @ 5PM....................

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

306

Blood group - O+ve

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

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

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology: USG : ....

X-Ray:..

ECHO: ....

CT: ....

MRI ....

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient

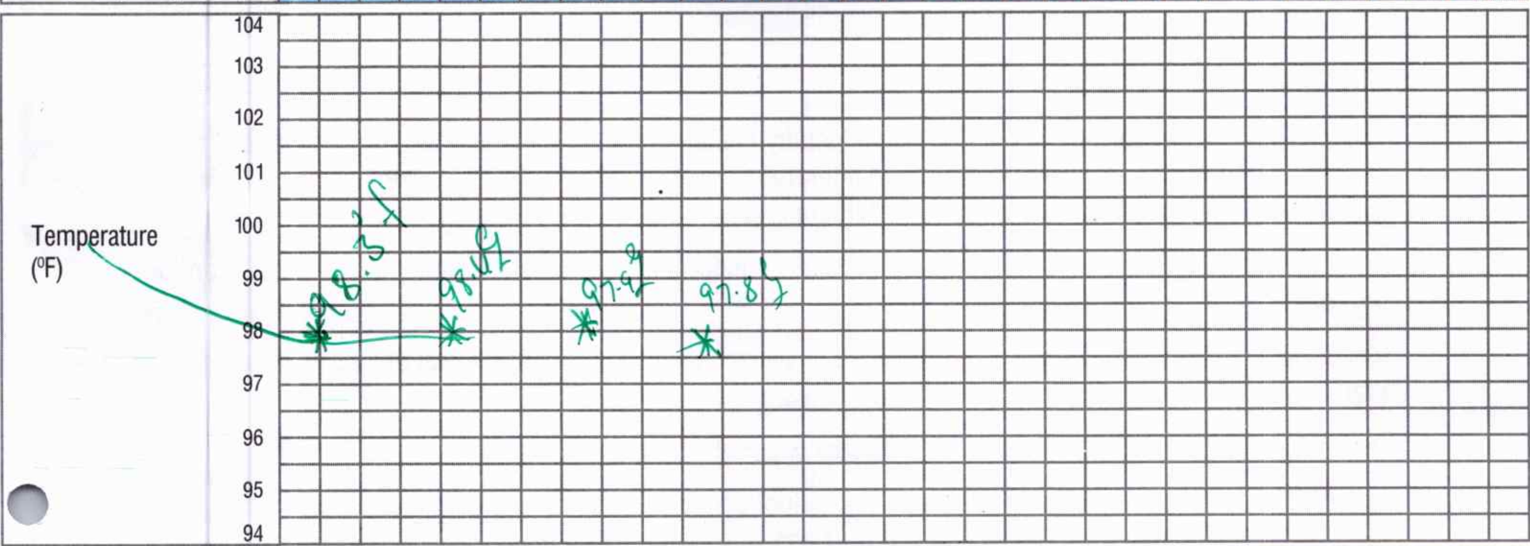
CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

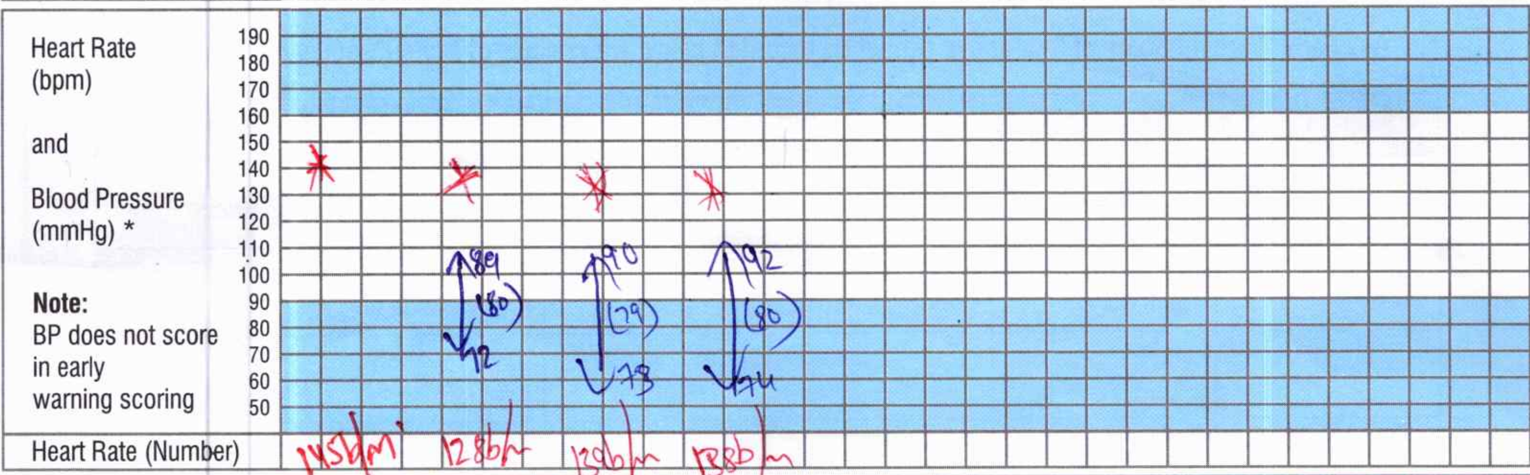
WARNING SCORE: CHILDREN'S UNIT

Date: 10/6/26 Time: 6PM | 10PM | 9AM | 6AM

Doctor/Nurse/Family Concern?



Temperature (ºF): 98.3 F | 98.4 F | 97.9 F | 97.8 F



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

	6PM	10PM	9AM	6AM
Blood Pressure		89/42 (80)	90/73 (79)	92/74 (80)
Heart Rate (Number)	145 b/m	128 b/m	136 b/m	138 b/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	30 b/m	31 b/m	30 b/m	30 b/m
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99%	99%	99%	99%
Conscious Level: Normal				
Conscious Level: Altered				
GCS *				
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient S

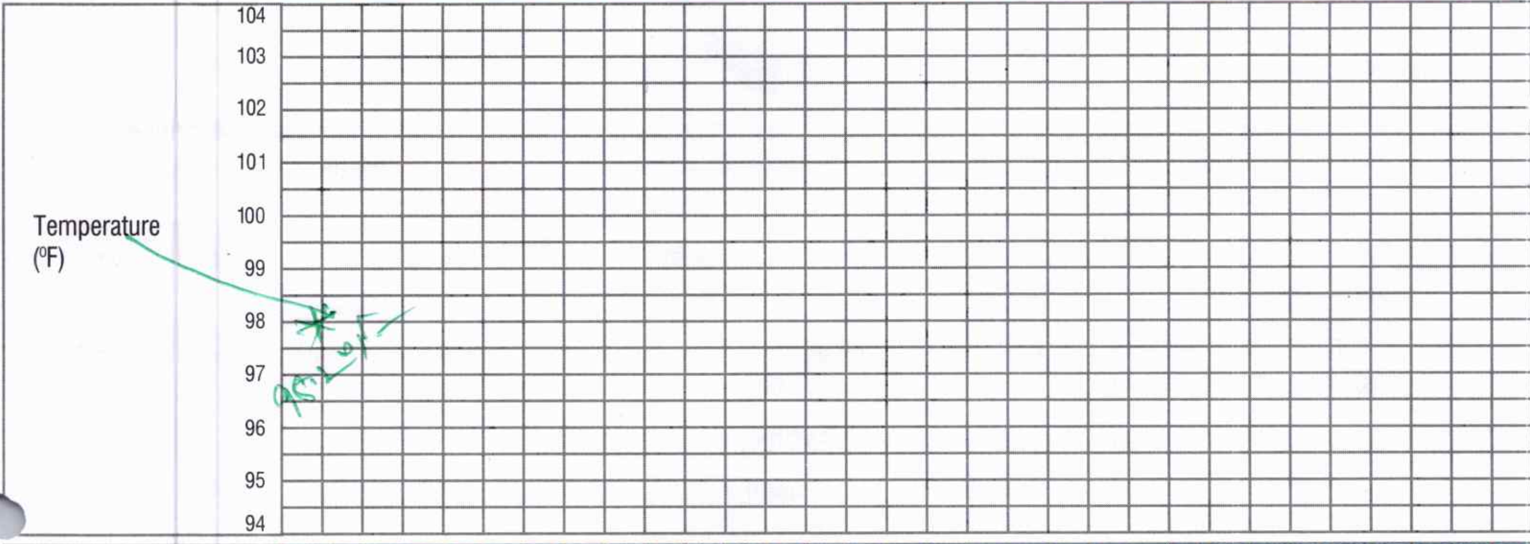
LINICAL / 124

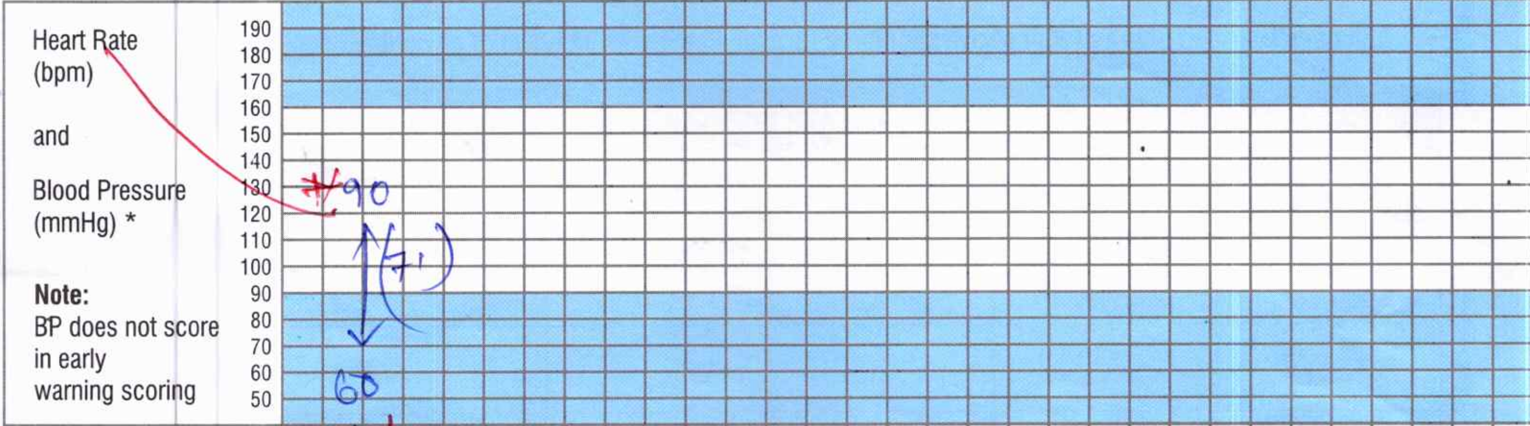
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

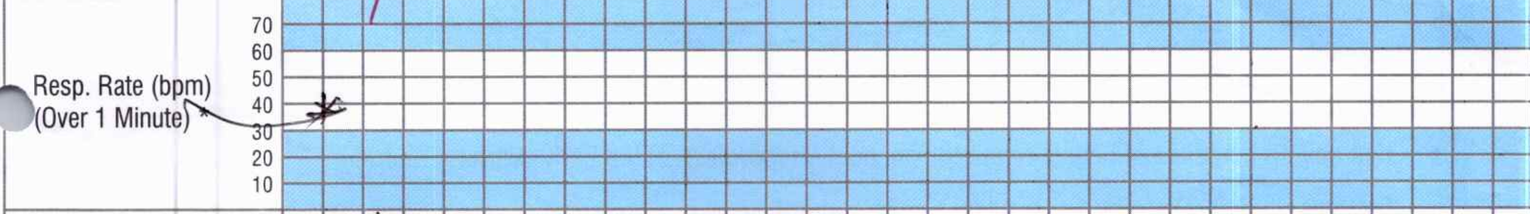
Date: 11/6/26 Time: 10

Doctor/Nurse/Family Concern? AN





Heart Rate (Number) 126b/m



Resp Rate (Number) 36b/m

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		99%
Conscious Level	Normal	
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		[illegible]

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Sticker

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

FLUID CHART

Sheet No. : ....

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

Date	Time	Nature of Fluid	Intake Route			Output 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											
10/6/26	06:00 pm				ER							
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm		Milk									
10/6/26	10:00 pm	0								✓		
	11:00 pm		Milk	0	NA			NA			0	
	12:00 am											
	01:00 am		Milk									
Total Intake :						Total Output :						
	02:00 am	0										
	03:00 am		Milk	36ml								
	04:00 am			36ml		NA				✓		
11/6/26	05:00 am	DNS		36ml				NA			0	
	06:00 am			36ml								
	07:00 am			36ml								
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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							
11/6/25	08:00 am	↑		36ml								
	09:00 am		N	36ml								
	10:00 am	D	BM	20ml								
	11:00 am	N										
	12:00 pm	S										
	01:00 pm	↓										
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI (M)
23-07-2025 0 Y 10 M 18 D
Dr. MUKTA SUBHASH WAGHMARE

NURSING CARE RECORD

Date: 10/6/26

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							
Afternoon	6PM – 8PM	→ Assess the patient general condition → monitor vitals → maintain I/O → plan tomorrow morng surgery	6PM – 8PM	→ Assessed the baby condition → monitored vitals → maintained I/O → plane surgery tomorrow mrng	→ Baby is stable	→ plan Diag Lap + B/L orchidopexy T/m → NPO from 3:am → continue IV fluids from 3:am → Before shifting to O.T inj hydrocort to give	[signature]
Night	8pm – 8Am	– Assess the pt condition – monitor vitals & I/O chart – drug as per chart – plan for surgery T/m		– Assessed the pt condition – monitored vitals & I/O chart – charged as per chart → plan surgery Today	Baby is stable	→ Recheck vitals → NPO 3AM started → IVF 3AM started	[signature]

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient

NURSING CARE RECORD

Date: ....

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							
Afternoon							
Night							

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

BRADEN 'Q' SCALE

				Date :	10/6/26	10/6/4		
				Time :	6AM	N1		
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		
"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.	4	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.	4	4		
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.	4	4		
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."	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	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		
				TOTAL SCORE	28	23		
				Evaluator's Name	[signature]	[signature]		

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/6/26	30 6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/6/26	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ 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		
				☐ 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:

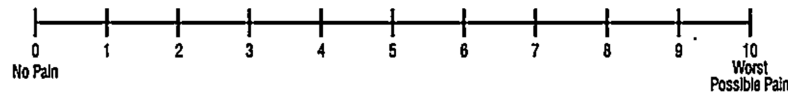
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Wong - Baker (Pediatrics) Above 7 Years

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (10/6/26)			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							
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			0							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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			–							
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			–							
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			–							
			Signature of the Nurse			[signature]							

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 : .... Name : ....

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

Patient Sticker

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	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										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
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										
		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 : .... Name : ....

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patie

NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
Surgery / Procedure:	Post OP Day:	

Section	Date / Shift	10/6/26	10/6/26 N				
BACKGROUND	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:	98.3°F	98°F				
	Res:	35 b/m	36 b/m				
	SpO_2:	99%	99%				
	Pulse:	140 b/m	141 b/m				
	BP:	–	87/70				
	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 :		sandhya	[illegible]				
Signature / ID :		[signature]	[signature]				
Date:		10/6/26	11/6/26				
Time:		8pm	8Am				
Taken Over By Name :		[illegible]					
Signature / ID :		[signature]					
Date:		10/6/26					
Time:		8pm					

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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:							

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

	Date & Time of Admission	Date & Time of Transfer Order
	10/6/26 @ 3:59 pm	10/6/26 @ 5 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Anusha	Admission
From Unit	**To Unit**	**Information to Attendant**
CR	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20		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
Prabin	Dr. Anusha

Patient & Clinical Records Received by : Sr. Sandhya

Date & Time of Patient Received : 10/6/26 @ 6 pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

	Date & Time of Admission	Date & Time of Transfer Order
	10/6/26 @ 3:59pm	11/6/26 @
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mukta	Dr. Anusha	Laprioscopy
From Unit	**To Unit**	**Information to Attendant**
306	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
10	–	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
Supriya	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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: BABY KRISHAY PATWARI Age: 10m Sex: MALE UHID.No : HNH-11691

Date: 8/6 Time: 1245pm Proposed Operation: Diag. lap + B/L orchidopexy

Diagnosis: B/L UDT.

B/P / CRT: .... H.R: .... Weight: 9.2 ASA Physical Status: ☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.3	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	29/5 ECG:
WBC: 9620	5/6 Creat:	Total Bill:	HCV:	(2D Echo): (N) heart good vent fun
Plate: 264	Na: 139	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K: 4.6	LDH:	T3	Other:
PTT:	Ca++: 4	Alk phos:	F T4 1.52 (N)	
INR:	Mg++:	Amylase:	TSH 0.01	
	Cl -: 106	SGOT/SGPT:	**Allergies:**	

Medical History: ~~CVS~~ : K/C/O PAN-HYPOPITUTARISM → ON REGULAR ENDO FOLLOWUP.

RESP : H/o measles pneumonia in March 2026 Diabetes : not known

CNS : wheeze c̄ sev. respiratory distress.

Renal :

Hepatic / GE : Physical Activity: active

Others : Birth + adopted / Immunised / milestones achieved.

Past Anaesthetic History: -nil-

Physical Exam: alert / active.

Airway: MP 1 (2) 3 4 Mouth Opening: ok Mentohyoid Distance: ✓ Neck: (N) Teeth: 2 lower jaw teeth

Lungs : BAE (+) clear

Heart: S1+S2+ MD.

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE
THYRONORM	25mg
HISONE	5mg 1/4 — 1/4 — 1/4
(HYDROCORTISONE)	
D3 / BUDECORT DAILY USE	

100mcg.

Pre-Operative Instructions:

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

- (CAPL) (TSH) / CARMS / on VBG on Cannulation
- Stress dose steroid to be given preop - intraop - postop. ✓
- NEBULISATION TO CONTINUE → Budecort / Levolin
- TO CONTINUE T. Thyronorm.

Signature: .... Name: DISHANI INAYATH

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: adequate

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

H.R: 124/m	B.P / CRT: 87/38	SpO_2: 99%	R.R: 21/m	Last Feed: >6 hours formula

Pre-OP Diagnosis: B/L UDT. Operation: Diag Lap + B/L orchidopexy. Date: 11/6

Surgeon: Dr. MW Anaesthesiologist: Samin / Vineetha Technician: Pallavi

TIME	11 AM	30	12 PM	30
N_2O / AIR / O_2 LPM	LP 1L/min >> →			
HALO / ISO / SEVO	MAC 0.9 ~~→			
Drugs:				
PROPOFOL	10 mg + 10 mg + 5 mg			
MIDAZOLAM	0.4 mg iv			
FENTANYL	10 mcg + 10 mcg iv			
ROCURONIUM	5 mg + 1 mg			
PARACETAMOL	130 mg			
HYDROCORTISONE	20 mg iv			
GLYCOPYRROLATE 90 mcg + NEOSTIGMINE 0.6 mg iv.				
FIO_2 / SaO_2	100, 100, 100, 100, 100			
$ETCO_2$	38, 38, 38, 38, 38			
ECG	SR, SR, SR, SR, SR			
Temperature	← 38.7 → →			
Urine Output				
Fluids: DNS 0.9	36 ml/hr ~~→			
Blood: NS	→ 20 → 10			

Antibiotic: AUGMENTIN 270 mg

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

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP ☐ Cuff Site: (L) LL
☐ Art Site:
☑ EKG Lead 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: 11 AM
OP Start: ↓
OP End:
Leave OR: 12 pm.

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G (L) UL
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA
☑ Airway ☑ Oral ☐ Nasal
ETT# 3.5 at 10 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM

☐ Awake ☐ Direct Vision
☑ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 1 Attempts: Q1
Difficulty Why? —

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☑ Caudal
Others:
Position: (L) Lateral
Site: Caudal Space. LM technique
Needle Size: 20G. Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc: 10 ml of 0.25% BUPIVACAINE
Bolus:
Infusion:
Block Level: - adq -
Comments:

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

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

✓ RESP •PULSE V ^ BLOOD PRESSURE

250, 240, 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10, 0, SPO_2

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	MINUTES 60	MINUTES 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 relfving 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:..

HNH-00011591 IP26-00006554
Baby KRISHAY PATWARI
23-07-2026 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 Left Right	Maternal		FHR	Comments
				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 : ....

BirthRight™ BY RAINBOW HOSPITALS Your Right to a Safe Delivery | Rainbow® Children's Hospital It takes a lot to treat the little.

OPERATION THEATER NOTES

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 19 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

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

Surgeon :	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure : Dig Lap + B/L orchiopexy (open)

Indications for Surgery : ~~B/L~~ (R) palpable testis. (L) non palpable.

Date :	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

Dig Lap done. - Both vas & vessels entering internal ring. No mullerian structure.

B/L Inguinal exploration done.

- (R) Testis in inguinal region - very small. ~1x1 cm

- (L) testis in upper scrotum 0.5 x 0.5 cm.

Both testis fixed in scrotum.

Incision closed in layers.

POST - OPERATIVE ORDERS :

→ Can be started on diet

→ Rest as per PICU.

– Syp. CROCIN - DS (240/5ml) 3ml TID.

– T - BACT Oint - LA OD x 7 day

R/V on Tuesday

D Mukta

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 11/6/26. Time : 12:20pm.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Mukta
Asst. Surgeon : Dr.
Anaesthetist : Dr-Samir
Scrub Nurse : Sr- sandhya.

Patient Name : HNH-00011691 IP26-00006
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 19 D (M)
Dr. MUKTA SUBHASH WAGHMARE
UHID No. :
Date :

Gender : M

me :

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: 11:19am

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, 1hr Anticipated Blood Loss? 5ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA
  Syndrome baby ICU.

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 : Puja @ 11:19am

Name : Puja

Before Patient Leaves Operating Room

SIGN OUT Time: 12pm

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

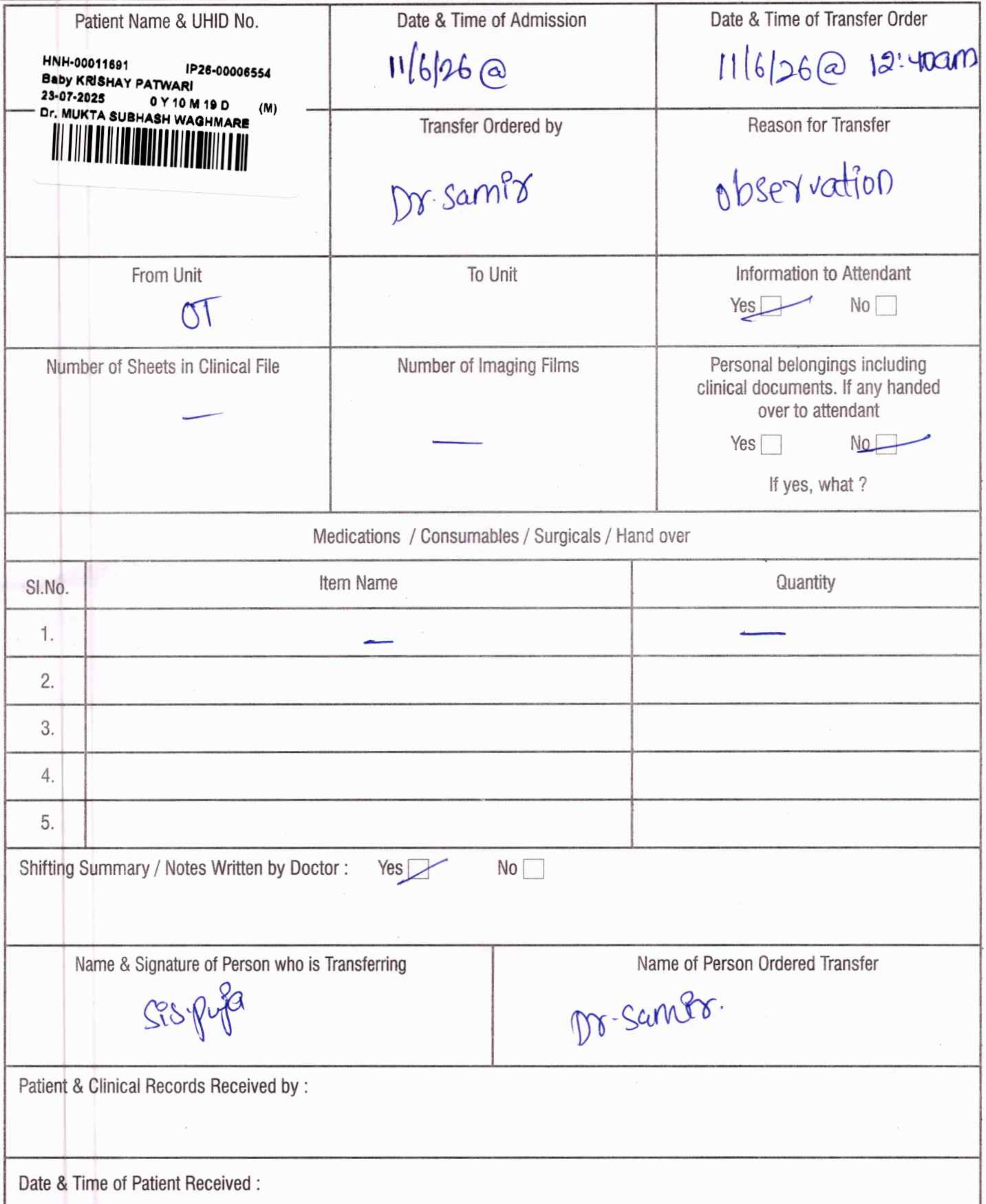
Signature : [signature]

Name : [signature]

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00011691 IP26-00006554 Baby KRISHAY PATWARI 23-07-2025 0 Y 10 M 19 D (M) Dr. MUKTA SUBHASH WAGHMARE	11/6/26 @	11/6/26 @ 12:40am
	Transfer Ordered by Dr. Samir	**Reason for Transfer** observation
From Unit OT	**To Unit**	**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
Sis. Puja	Dr. Samir.

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

Docu. No. : RCH /FRM / CLINICAL / 102

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient Name : .... Gender: ☐ Male ☐ Female Age : ....

UHID No : .... Date : 11/6/26

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)

Dig Lap c̄ B/L orchiopexy

upon Krishay
(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.

(2) sided inguinal exploration if needed. functionality of testis explained.

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: Krishay

Consentee :

Signature : ....

Name : ....

Date & Time : ....

Patient Attendant :

Signature : Paritosh

Name : Paritosh Patwari

Relationship with Patient: Father

Date & Time : 11/6/26 10:50 AM

Witness :

Signature : [signature]

Name : Madhuri Patwari

Date & Time : 11/6/26 10:50 AM

Doctor (who is taking the consent) :

Signature : [signature]

Name : [signature]

Date & Time : 11/6/26

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

wt - 9.19 kg

GRBS - 94 mg/dl

EMERGENCY ROOM TRIAGE FORM

Patient's Name : krishay patwari Age : 10 month **Gender:** ☑ Male ☐ Female

Date : 10/6/26 Time of Arrival : 4 P.M.

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: .... PR: .... BP: .... RR: .... SpO_2: ....

Chief Complaints: c/o Come for Surgery

INITIAL PHYSIOLOGICAL CATEGORIZATION	**INITIAL PHYSIOLOGICAL STATUS**
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea	☑ 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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 4:04 PM

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 : Anuska Signature of Triage Nurse : [signature]

Date & Time : 10/6/26 @ 4:08pm

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

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 4 PM

Chief Complaints: C/O RBS: 94 mg/dl

Height : 67.5cm Weight : .... BMI : .... Head Circumference (<2 years) ....

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

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/ Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character —— ☐ Location —— ☐ Frequency —— ☐ Duration ——

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

	Yes	No
History of Falling: within past 3 months	☐	☑
Ambulatory Aids:		
• Wheelchair	☐	☑
• Uses furniture for support	☐	☑
Gait/Transferring:		
• Bedrest / immobile	☐	☑
• Weak	☐	☑
• Impaired	☐	☑
Mental Status: Forgets limitations	☐	☑

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 : 4:04 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals

Samples collected by: /

Time: /

Samples sent by : /

Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 120 b/m BP: .... CFT: 2 sec RR: .... SPO_2: 95% GCS: 15/15 Temperature : 98 F Pain Score: 8/10 Repeat RBS (if applicable):	Shift - out from ER to: ward Time of Shift - out: 5 P.M Handover given to: .... (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

....

Name of the Nurse : Prabir

Signature of the Nurse : [signature]

Date & Time : 18/6/20 @ 4:04 P.M

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient Name : Age : 10m Gender : Male ☑ Female ☐

UHID NO: .... Surgeon Name: Dr. Mukta Waghmare

Anaesthesiologist : Dr. Damini Enayath

Operative procedure planned : Diagnostic lap +/- B/L orchidopexy

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 : Endocrine dysfunction / delay recovery / postop ICU care /

Comments : ventilation (cd)

- 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 (circled) .... 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 : Paritosh

Name : Paritosh Patwari

Relationship with Patient: Father

Date & Time : 11/6/26 10:45 Am

Witness :

Signature : madhuri

Name : Madhuri Gaokar

Date & Time : 11/6/26 @ 10:45 AM

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Zamir Inayat

Date & Time : 11/6 at 1040am

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☑ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 11/6 Time: 1230pm

Name of the Surgery: Diagnostic lap + B/L orchidopexy

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

IV Fluids type / amount used using surgical procedure: DNS.

Input 36 ml Output – ml Blood Loss – ml

Blood Transfusion if any -nil-

Any intra operative event: -nil-

On arrival to PICU ✓ / NICU / MICU / WARD:

Temp: (N) HR: 124/m RR: 20/m BP: 89/63 CRT: <2 secs.

Peripheries: warm SpO$_2$: 99%

Drains: nil

ET Tube: ☑ Cuffed ☐ Uncuffed

Size of ETT: 3.5 Length of Fixation of ETT: 10

Surgeon's Notes: ☑ Yes ☐ No

Time of Arrival to Unit: 1240 pm

Handover given by:

Anesthesiologist's Name Dr Sanni

Signature: [signature]

Date & Time: 11/6 at 1240pm

Handover taken by:

Doctor's Name

Signature:

Date & Time:

Docu. No: RCH /FRM / CLINICAL / 159

HNH-00011691 IP26-00006554
Baby KRISHAY PATWARI
23-07-2025 0 Y 10 M 18 D (M)
Dr. MUKTA SUBHASH WAGHMARE

306

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/6/26 Time: 5:45pm

Weight: 9.19 Kg Centile: 10th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 98 Kcal/Kg/day Protein: 1.6 gms/Kg/day

Diet Recommendations: (Pan hypopituitalism) Soft and bland diet with liquids, stage ...

Re-Assesment: No Goitrogen foods Cabbage, Cauliflower, peas, tofu, brocolli, Soya

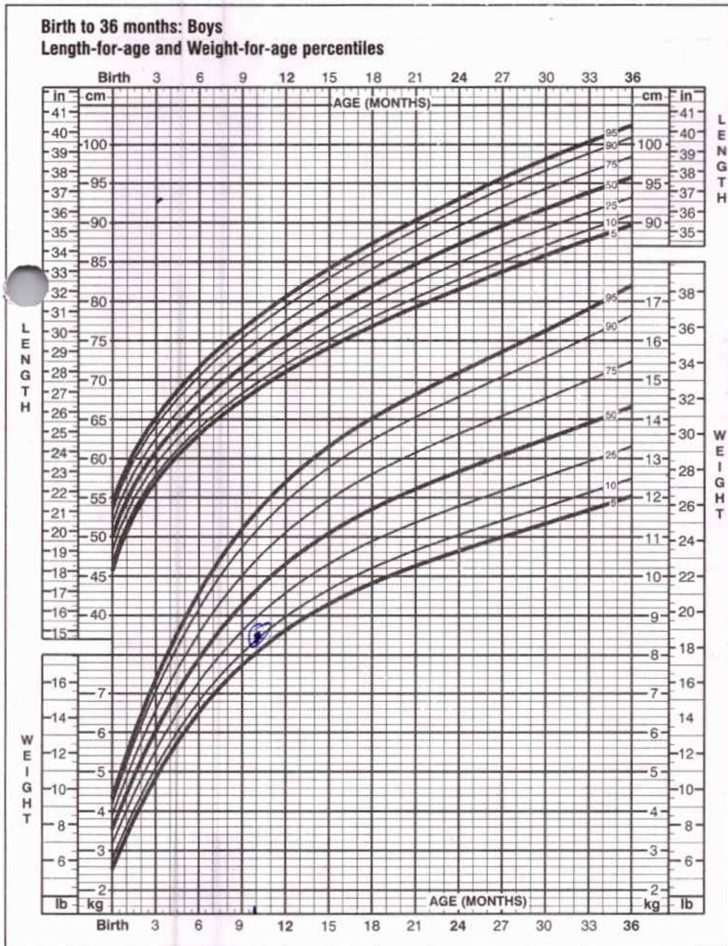
Food Allergies: No Ragi Veg/~~Non-veg~~ Eakg

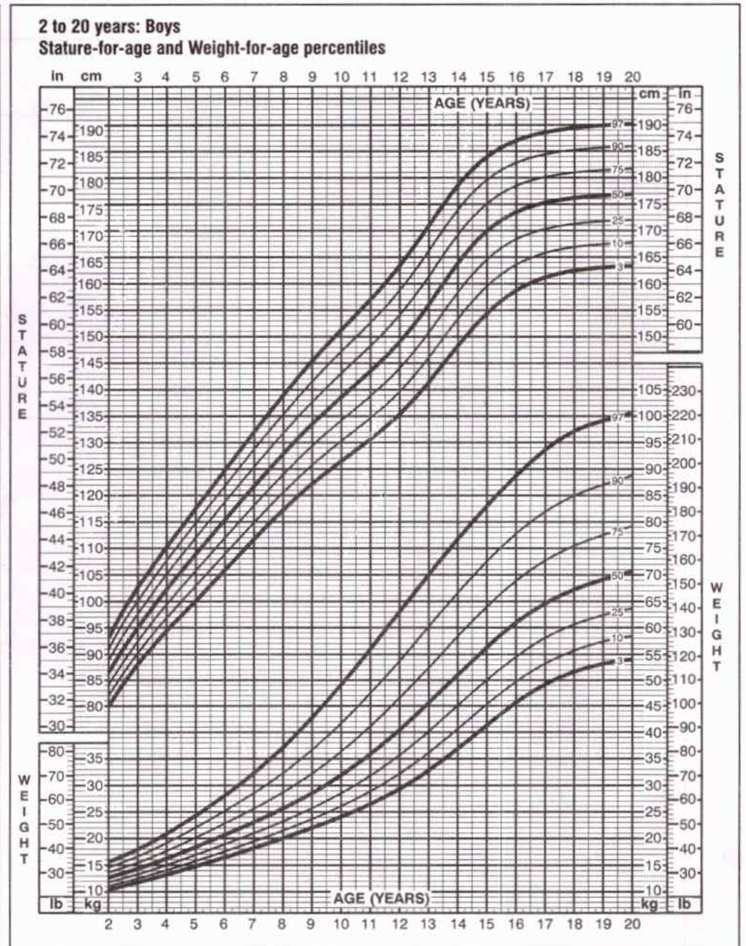
Diagnosis: Pan hypopituitalism

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: mother

GROWTH CHART (BOYS)





Dietician's Name: Syeda Sobiya Zaheer

Dietician's Signature: Sobiya

Daily Notes:

26-0000 205933

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: BABY KRISHAY PATWARI	Age: 04 10 M	Gender: M
UHID No: HNH - 00011691 IP No: IP26-00006554	Date: 11/6/26	Time: 7:56 Am
Diagnosis: DIAGNOSTIC LAP ORCHEOPEXY		WARD : OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr Amir

Doctor Registration No: 67929

Signature: [signature]

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

IP Registration No: IP26-00006554 **Date:** 11/6/26

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

1.	Name : BABY KRISHAY PATWARI	Remarks
2.	Complete postal address (with contact number, if any)	21-1-557/1 OLD CITY HYD
3.	Brief description of the illness	DIAGNOSTIC LAP ORCHEOPEXY
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
11/6/26	FENTANYL	ONE Amp	[signature]	

Dispensed by (Name & ID No.): Sona (018442) Signature: ....

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

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

D. Mukta Sulakh.

ESTIMATION SLIP

Date: 8/6/26 UHID / IP No.: HNH-000 11691 Sl No. 4144

Name of Patient: KRISHAY PATWARI Age: 10m Gender: M

Father's / Husband's Name: Mr PARITOSH Corporate / Occupation:

Address: Old city Hyd. Phone: 8019196152 Email:

Procedure / Plan: Dos: 11/6/26

MODE OF PAYMENT: ☐ SELF ☑ TPA: HDFC ☐ GIPSA: OTHER

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges (Per Day)				12000/day						
Doctor's Fee (Per Day)					1 day stay					
L. Tax (Per Day)										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	1,50,000 Appox
O.T. Consumables	Subject to approval by TPA / Insurance Company
Instrument Charges	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra. As per actual - Not Included in Estimation

Equipment Charges				
Monitor:	Oxygen:		Infusion pump / Syringe pump:	
Ventilator:	Conventional:	HFO-SLE 5000:	HFOSensormedix:	
Photo therapy:	Single Surface:	Double surface	Triple Surface	

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	As per actual - Not Included in Estimation
Packages	(If cash 1,00,000 at
Others	admin)
Initial Minimum Deposit	10,000 /- advance

REMARKS

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

DECLARATION

I ______ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of the after discharge time I promise to settle the claim with the hospital

Paritosh

Signature of the Client | Signatory Relationship | Signature of the financial Counselor