Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Name: ---- ----------

UHID 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
4/6/26	8AM	ER	OT	Lam
4/6/26	10:20 am	OT	(114)	

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/6/26	Evac Probe	8:30Am	8:50Am	3086801	[illegible]
	Coblitator charges.				
	Cross checked	by	Kalpana	5/6 @	5AM.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	IV placement	1	3087086	Lam
	PAC	1	3086780	Lam
	Cross checked by Gealpang		5/6 @ 5AM.	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Gealpang.		

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D
Dr. VIDYASAGAR DUMPALA

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SURGERY DETAILS

Date : 4/6/26

Patient Name: Baby. Sreeramu Srichythra Date of Birth: 19-9-2014 Age: 11yrs

Gender: Female Ward : OT UHID No.: 053201

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

Name of the Surgery : Coblation Adenotonsillectomy

Time in : 8:23 Am Time Out : 9:00 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Vidya Sagar. D	OT charges
2. Anaesthetist	: Dr. Vineetha	Cobulator charges
3. Assistant Surgeon	: -	Start time:- 8:30 AM
4. OT Technician	: Br. Rakesh	End time:- 8:50 AM
5. Circulating Nurse	: Sr. Meghana / Sr. Maria	Order no:- 3086801
6. Assistant Nurse	: Sr. Vanitha	

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

Signature of the Surgeon

Meghana
Signature of Circulating Nurse

Order No: 3086792 / 3086793 Order by: Sr. Sheeba

Adenotonsillectomy 37921.

pkg – 31300.

no medicals – ~~[illegible]~~ 10213.

ALHA – 1000.

mod – 1600

Diet – 1700

insup – 1000

Evacprobe – 27758

74152 78531

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Ref. No. F/CONB/SUR/OT/02

Adenotonsillectomy ✓ on

CONSUMABLES OF OT

4/6/26

Patient Name : Age : ....
Gender :
Date : 04/06/26

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Circulating Staff : Sr. Maria Technician : Br. Rakesh

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
~~ET tube~~ RAE 6.0 cuffed		1	Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		2				Vaccum Suction Set		
05 cc		3	Gloves PF 8+7	1+1		Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		1	NG tube no 6		2	Koochies (S)		
RL		•	Cautery Pencil					
NS : 10ml/100 ml/500ml/1000ml	1+	1	Koochies			Evac Probe new		1
vein-o-line 100cm		1	Ointments					
[illegible]		[illegible]	Suction Catheter			Proto gocene		2
~~Fentanyl~~			Cap. Mask	[illegible]				
Morphine			Gauze Pack		[illegible]			
Ketamine			Mop Pack					
Propofol		2	~~Steristrip~~ - Alkesorb		1			
Rocuronium		1	Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate		1	Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage 6 inch		1			
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Vidyasagar D Anaesthesiologist Dr. Vineetha Nurse Vanitha OT Technician

Order No. : 3086797 Ordered by : [signature]

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060222	**Ward**	N 0 GF-EMERGENCY
Patient Name	Baby SREERAMU SRICHYTHRA	**Bed Name**	ER 101
Age/Sex	11 Y 8 M 16 D / Female	**Order No**	0003086797
Date	04/06/2026 08:50	**Prescription No**	PRIP-1289834
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	04/06/2026 08:51
UHID	VRCH.0000053201		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	BANDAGE # 6 INCH	Muttu	GENERAL	BG23	10/27	1	20.62	20.625
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	2	28.13	56.26
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
6	ENCORE MICROPTIC GLOVES-8 PF	ANSEL	H	260200611T	02/29	1	128.00	128.00
7	EVAC70XTRAHPWITHINTEG RATEDCABLE-E	ARTHOCARE	C	220IO75	10/28	1	27,758.00	27,758.00
8	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	7	10.00	70.00
9	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
10	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A0101I6	12/30	2	63.00	126.00
11	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
12	JUSTIN SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
13	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	2	69.10	138.20
14	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		235040261NLZA	09/30	10	23.43	234.30
16	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
17	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
18	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
19	RAE ORAL WITH CUFF TUBE-6.0	RUSCH		440E25G1707	06/30	1	1,525.00	1,525.00
20	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
21	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	7	10.00	70.00
22	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
23	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D0103I5	03/31	1	464.00	464.00
						Total :	**33,660.75**	**34,644.97**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Printed Time : 04-06-2026 10:59

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060222	**Ward**	N 0 GF-EMERGENCY
Patient Name	Baby SREERAMU SRICHYTHRA	**Bed Name**	ER 101
Age/Sex	11 Y 8 M 16 D / Female	**Order No**	0003086798
Date	04/06/2026 09:13	**Prescription No**	PRIP-1289835
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	04/06/2026 09:13
UHID	VRCH.0000053201		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
						Total :	**460.00**	**460.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060222 **Admit Date** : 04-Jun-2026 **Admit Time** : 06:05 AM **UHID** : VRCH.0000053201

Patient Details :

Patient Name	: Baby SREERAMU SRICHYTHRA -	**Age**	: 11 Y 8 M 16 D
Guardian	: Mr MR SREERAMU SREENIVASU	**DOB**	: 19-09-2014
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 1-1,CHERIAL WARANGAL OPP GOVT JR COLLAGE,, Mgm Hospital Warangal Telangana INDIA 506007	**Phone No**	: 9949561178
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr MR SREERAMU SREENIVASU **Relationship** : D/O

Contact Address : H NO 1-1,CHERIAL WARANGAL OPP GOVT JR COLLAGE,, Mgm Hospital Warangal Telangana INDIA 506007 **Phone No** : 9949561178

Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR DUMPALA **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : Baby. SREERAMU SRICHYTHRA - UHID : VRCH.0000053201 IPD : IP-00060222 Gender : Female Age : 11 Y 8 M 16 D

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

wt:-29.7 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Sri Chythra Age : 11Y Gender: ☐ Male ☑ Female

Date : 4/6/26 Time of Arrival : 5:54 Am

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: 98.2°F PR: 102/M BP: 105/70 (82) RR: 17b/M SpO_2: 99%

Chief Complaints: patient come to surgery Adenotonsillectomy

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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:00 Am

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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 4/6/26 @ 6:00 Am

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

Patient Name : Baby. SREERAMU SRICHYTHRA - UHID : VRCH.0000053201 IPD : IP-00060222 Gender : Female Age : 11 Y 8 M 16 D

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/6/26 Time of arrival : 6:01 Am

Chief Complaints: patient Come to surgex Adenotonsillectomy RBS: —

Height : — Weight : 29.7kg 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

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 fam:/y

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 [brother]

Time of Initial assessment completed by ER Nurse : 6:5Am

Patient Name : Baby. SREERAMU SRICHYTHRA - UHID : VRCH.0000053201 IPD : IP-00060222 Gender : Female Age : 11 Y 8 M 16 D

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

Time	Nursing Notes
5:54AM	✿ patient Come to ER
5:56AM	✿ vital Checked & Recorded
6:00AM	✿ Doctor seen the patient Adviced Admission
6:15AM	✿ Admission process done
7:20AM	✿ Iv placement done
	✿ last food :- 10:00pm
	✿ last water :- 10:00pm
	✿ patient saffed to OT

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

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

No.

Condition of patient at time of shift - out :	Details of Shift - out
HR: 102b/M BP: 102/66(72) CFT: 2sec	Shift - out from ER to: OT
RR: 17b/M SPO$_2$: 100-/.	Time of Shift - out: 4/6/26 @8AM
GCS: 15/15 Temperature : 98.2°F	Handover given to: SR. PRASOONA
Pain Score: "0"	(Nurse's Name) BY. SABIR
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement

Name of the Nurse : Sabir Signature of the Nurse :

Date & Time : 4/6/26 @ 8am

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VRCH.0000053201 IP-00060222 Baby SREERAMU SRICHYTHRA 19-09-2014 11 Y 8 M 16 D (F) Dr. VIDYASAGAR DUMPALA	4/6/26 @ 6:04Am	4/6/26 @ 8AM
	Transfer Ordered by Dr. Ganesh	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 23	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
Samuel / Lou	Dr. Ganesh

Patient & Clinical Records Received by : Ravoone

Date & Time of Patient Received : 4/6/26 @ 8am

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VRCH.0000053201 IP-00060222 Baby SREERAMU SRICHYTHRA 19-09-2014 11 Y 8 M 16 D Dr. VIDYASAGAR DUMPALA	4/6/26 at 06:05 AM.	4/6/26 at 10:20 AM.
	Transfer Ordered by Dr. Vineetha	Reason for Transfer post opp care
From Unit OT	To Unit Room (114)	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.	Oxygen Mask	(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. prasoona	Dr. Vineetha

Patient & Clinical Records Received by : Manasa

Date & Time of Patient Received : 4/6/26 @ 10:30AM

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

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Adenotonsilectomy

Arrival Time: 10:30 AM Mode of Arrival: By walk Admitting From: ☐ ER ☐ OPD ☐ Direct OT

Allergy / Adverse Reaction No Body Weight: 29.7 Kg

Height: ..... cm

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

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

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 29.7 Length: — Head Circumference (< 2 years): Nil

Temp.: 98.8°F HR: 96 b/m RR: 26 b/m BP: 106/66(76)

Pain Score: 0 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 09 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

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

Character of Pain Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..family..

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..01..

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..mother..

Nurse's Name: ..manasa.. Date: ..04/6/26.. Time: ..10:45AM.. Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

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Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Name : Age/Sex

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Snoring & mouth breathing x 1 month
- mouth breathing

History of present illness :

Recurrent cold & cough c̄
mouth breathing & snoring] 1 month

Now Come for Surgery

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Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

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

6months - AGE

Birth & Neonatal History:

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

(N) in all domains.

Immunization History :

upto date -

(P.T.O.)

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Baby SREERAMU SRICHYTHRA
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Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____(Centile _____)

On Examination :

Temperature : _____ Pulse Rate :_____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash_____

Lymphadenopathy_____

Oedema :_____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds :_____

Any murmur :_____

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

Per Abdomen :

Inspection_____

Palpation :_____

Ausculation :_____

Spine :_____ External Genitelia : _____

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

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Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

(N)

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

_____

Adenotonsillectomy

_____

_____

_____

(P.T.O.)

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Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

To remove adenoids

Desired goals of the treatment :

Planned Labs:

CBP, PAC

Planned Management

Adenotonsillectomy
U GA
coblation
assisted.

Noted by - Sabin
4/6/26 8am

Signature of the Doctor: [signature]
Name of the Doctor: CH. GANESH
Date & Time: 4/6/2026

Signature of the Consultant: [signature]
Name of the Consultant: DR D Vidyasagar
Date & Time: 4.6.26. 8Am.

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Dr. VIDYASAGAR DUMPALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 5:00pm	c/s/B Resident	
	Dx:- Adenotonsillitis &	
	POD-0.	Underwent Sx → Adenotonsillectomy.
	Orally tolerating well. on clear liquids.	No complaint of pain.
		O/E
	H/o-Afebrile.	Child Alert & Active
		CVS: S1S2(+)
		RS: B/L AE(+)
		P/A: soft
		CNS: NAD
Dr. [signature]		Plan
		- CST
		- w/f bleeding episodes
		- Allow soft diet (from diet)
		- Inform (NO).
		Noted by Manisha 4/6/26 @8pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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OPERATION NOTES

Surgeon : DR. D Vidyasagar.	Asst. Surgeon : -
Pre-Operative Diagnosis: Adenotonsillitis.	
Surgical Procedure : Coblation Adenotonsillectomy	
Indications for Surgery : Grade 3 Tonsils Grade 2 Adenoids	
Date : 4/6/2026	Start Time : 8.23 Am / End Time : 9:00 Am
Post Operative Diagnosis: -do-	
Peri-Operative Complications: -	
Amount of Blood Loss: -	Blood Transfused (in ML) -
Name and Number of Surgical Specimen sent for examination: —	

Operation Notes: Child placed in Rose position, mouth gag applied and secured to bipod stand. Coblation ADENOTONSILLECTOMY done. Hemostasis achieved.

Findings: Adenoids Grade 2; Tonsils Grade 3.

9AM

Post OP orders:

NBM for 2hrs followed by icecream/juices: Soft diet from Night

- Inj: TAXIM – O. 100mg/5ml 5ml x BD x 1Week.
- Sp: CALPOL – 250mg/5ml 5ml x BD x 5days
- Sp: MUCAINE GEL 5ml x TID x 1Week
- NASIVION – P nasal spray 2puffs x BD x 1Week & STOP.
- NASOCLEAR SALINE SPRAY 2puff x TID x 15 Days.
- Sp: BEVON 5ml xOD x 1month

c/o 1Week.

Name of the Surgeon: .....

Signature of the Surgeon: .....

Date & Time: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vidyasagar
Asst. Surgeon : —
Anaesthetist : Dr. Brunda / Dr. Vineetha
Scrub Nurse : Sr. Vanitha

Patient Name
UHID No. :
Date : 4/1

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D
Dr. VIDYASAGAR DUMPALA

1 yrs. Gender : Female
Time : 9:00 Am

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 8:20 Am

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 : [signature]
Name : DR. M. VINEETHA

Before Skin Incision ➤ ➤

TIME OUT Time: 8:23 Am

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) Baby S. Srichythra ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure – Adenotonsillectomy ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? None / 30 mins / 1ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Broncho Spasms, laryngospasm
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Mrs
Name : Meghana

Before Patient Leaves Operating Room

SIGN OUT Time: 9:00 Am

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 : DR. D. Vidyasagar.

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Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 4/6/26

To Be Filled In By Assigned Nurse:

Department: ER Duration of Procedure : 46 mins

Name of Surgeon: Dr. Vidyasagar Dumpala Date of Admission : 4/6/26

Bundle Care Criteria: (Tick (√) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☐ Yes ☐ No ☐ Single Dose Antibiotic Or ☐ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☐ Yes ☐ No Name of the Antibiotic: Inj. Cefotaxim 1gm	
2.	Hair Removal ☐ Yes ☑ No If Yes: ☐ Surgical Clipper Department where Hair Removed: ☐ Ward ☐ Operating Room ☐ Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: Tech. Rekh Date & Time of antibiotic administration: 04/6/26 @ 8 am. Date & Time procedure started: 04/06/26 @ 8:23am	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Srichaitra Age: 11yrs Sex: f UHID.No: VRCH 000UD.53201

Date: 03/06/26 Time: 01:30pm Proposed Operation: Adenotonsillectomy.

Diagnosis: Adenotonsillar Hypertrophy.

B.P / CRT: 98/74 H.R: 92/m Weight: 30 Kgs. ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.3	Glucose: Nb	Protein:	HIV: NR	X-Ray:
PCV:	Urea: 14	Alb:	HBS Ag: NR	ECG:
WBC: 5200	Creat: 0.4	Total Bill:	HCV: NR	2D Echo:
Plate: 2.97L	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
PT: 2.30 CT: 5.30	Cl-:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: (-) Snoring (+).

RESP:

Diabetes: (-)

CNS:

Renal:

Hepatic / GE:

Physical Activity: Good.

Others:

Past Anaesthetic History: nil Significant.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs: BAE (+) clear.

Heart: S1 (+) S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site: (+) 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:

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:

CBP on Cannulation.

Signature: Name: Dr P Madhav

VRCH.0000053201 IP-00060222
Baby SREERAMU SRICHYTHRA
19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

ANAESTHESIA CHART

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Pre Induction Assessment: 8·20 AM.

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Adequate.
Physical Status: ☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed
H.R: 125/min	B.P / CRT: 84/48 mmHg SpO₂: 100%	R.R: 16/min. Last Feed:

Pre-OP Diagnosis: Adenotonsillar Hypertrophy. Operation: Adenotonsillectomy Date: 04/06/26

Surgeon: Dr. Vidya Sagar Anaesthesiologist: Dr. VM/Dr. MP Technician: Mr-Rakesh

TIME	8·15	(30)	(45)	9·00 (15)
N_2O / AIR / O_2 / LPM	50%	>>	>>	
HALO / ISO / SEVO	1%	>>	>>	
Drugs:				
MIDAZOLAM	1mg			
PROPOFOL	60mg			
FENTANYL	60mcg			
ROCURONIUM	15mg			
DEXAMETHASONE	2mg			
PARACETAMOL	450mg			
FIO_2 / SaO_2	100	100		
$ETCO_2$	35	36		
ECG	SR	SR		
Temperature	35.7			
Urine Output				
Fluids / Blood: DL	300ml/hr →			

Antibiotic: CEFOTAXIM 1gm

Suppository: DICLOFENAC 25mg PR

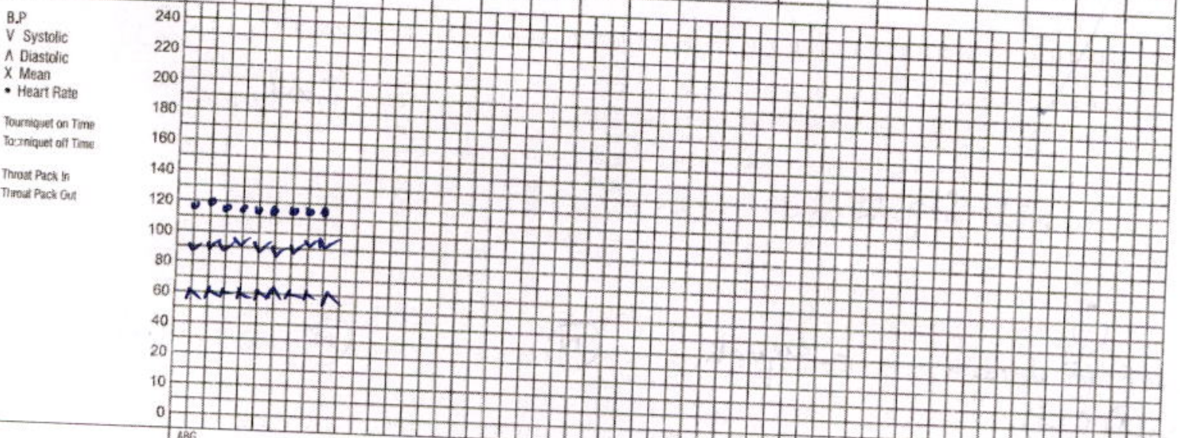
Blood Loss

NOTES

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

Tourniquet on Time / Tourniquet off Time

Throat Pack In / Throat Pack Out



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (R) UL
☐ Art Site:
☑ EKG Lead 3lead
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 8:23 AM
OP Start: 8:35 AM
OP End: 8:50 AM
Leave OR: 9:00 AM.

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA SOUTH POLE
☐ Airway ☐ Oral ☐ Nasal
ETT# 6 at 18 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 1
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. M. VINEETHA
Signature of the Doctor: [signature]

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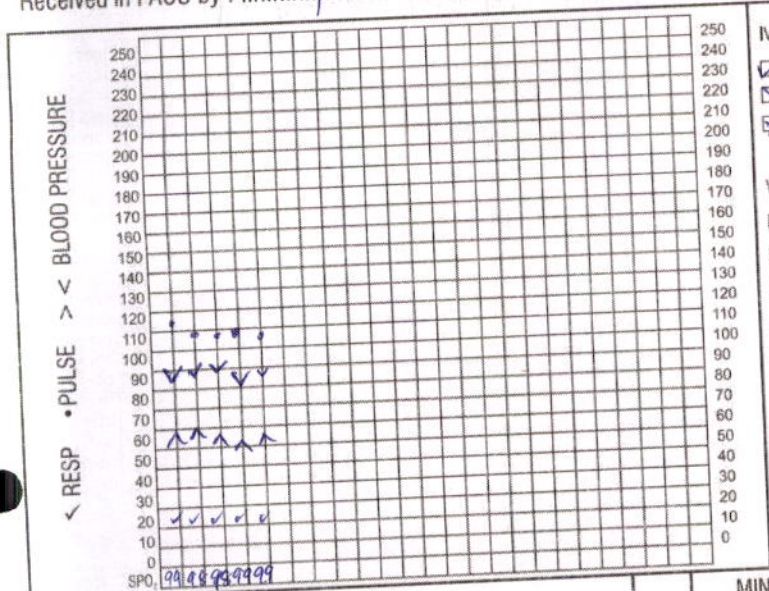
POST-ANAESTHESIA UNIT RECORD

Received in PACU by : Prasoona Time Received : 9:10 Am Time Discharged : .....



IV Cannula Site : Left hand

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

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

Drug: Nodeng administered

IV Fluids: Nil
Oral Feeds: Water @ 9:30 am

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	2	2	2	2
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2	2
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2	2
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	1	2	2	2
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2	2
	TOTAL	8	9	10	10	10

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
4/6/26 am	9:05 Prasoona	0 Score	—	Prasoona

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

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

Anaesthesiologist Name : Dr. Madhav / Dr. Vineetha
Anaesthesiologist Signature:
Date & Time: 4/6/26 @ 10 am

PACU Nurse Name : Prasoona
PACU Nurse Signature: Prasoona
Date & Time: 4/6/26 @ 10 am

Transferred to Unit by (PACU): Prasoona
Date & Time: 4/6/26 @ 10 am

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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Dr. VIDYASAGAR DUMPALA

FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/6/26 Time:	8 Am	9 Am	10 Am	1 Pm	3 pm	5 pm	7 pm	9 Pm	11 Pm	1 Am	3 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?													
Temperature (°F)	98.6F	98.6F	98.6F	98.3°F	98.6F	98.6°F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	112/70	114/70	110/69	106/64		109/(63)		95/67				100/(70)/53	
Heart Rate (Number)	112	98	89	96	100	103	108	79	81	84	90	95	
Resp. Rate (bpm) Over 1 Minute) *													
Resp Rate (Number)	19	20	24	25	25	25	24	22	24	22		26	
Resp Distress: Mod/ Severe													
Resp Distress: None / Mild													
Receiving O_2 (l/min)													
O_2 Saturations (%)	98	99	99	99	98	99	99	98	99	98	99	98	
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N	N	
Conscious Level: Altered													
GCS *	15	15	15	15	15	15	15	15	15	15	13	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	M	M	M	M	[illegible]	[illegible]	[illegible]	B	B	

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / Blood Pressure scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

Noted by Beena 5/6 @ 8am

ACTIONS		
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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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19-09-2014 11 Y 8 M 16 D (F)
Dr. VIDYASAGAR DUMPALA

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FLUID CHART

Sheet No. : 1

4/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
4/6/26	08:00 am		NBM +RL+ 800ml/hr								0	Ba
	09:00 am		NBM later @ 9:30am, Ice cream.								0	
	10:00 am										0	
	11:00 am		Ice cream							✓	I	Manasa 4/6 @1pm
	12:00 pm										0	
	01:00 pm		Juice								I	
Total Intake :						Total Output :						
4/6/26	02:00 pm		Ice cream								I	Manisha 4/6/26 @8pm
	03:00 pm									✓	I	
	04:00 pm											
	05:00 pm		Juice								0	
	06:00 pm										I	
	07:00 pm									✓	I	
Total Intake :						Total Output :						
	08:00 pm		Rice								I	Sreekanth 05/6/26 @8Am
	09:00 pm		water							✓		
	10:00 pm											
	11:00 pm											
	12:00 am									✓	0	
	01:00 am										I	
Total Intake :						Total Output :						
	02:00 am									✓		
	03:00 am		water									
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Noted by Bhargavi 5/6/26 @ 3am

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

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DRUG CHART

Date of Admission: 4/6/26 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 ..... Signature .....

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REGULAR PRESCRIPTIONS

Weight. 30 kg Ward. .....

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

DRUG : SYP. CEFEXIME	Dose	Route	Frequency	Start Date	Date / Time
	7 ml	PO	12 hrly	4/6	4/6 10AM
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera					
Additional Instructions: (5ml - 100 mg) x 1 week. 5 mg/kg/dose					10PM CDW
Daily Doctor's Endorsement by a Sign					

DRUG : SYP. PARACETAMOL	Dose	Route	Frequency	Start Date	Date / Time
	9 ml	PO	12 hrly	4/6	4/6 10AM
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera					
Additional Instructions: (5ml - 250 mg) 15 mg/kg/dose					10PM CDW
Daily Doctor's Endorsement by a Sign					

DRUG : SYP. MUCAINE GEL	Dose	Route	Frequency	Start Date	Date / Time
	5 ml	PO	8 hrly	4/6	4/6 6AM
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera					2PM
Additional Instructions:					10PM CDW
Daily Doctor's Endorsement by a Sign					

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 30 kg Ward ....

DRUG: NASIVION-P NASAL SPRAY				Date ▸ Time ▾	4/6
Dose	Route	Frequency	Start Dt.		
2 puffs	P/N	12th hrly	4/6	10PM	
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera					
Additional Instructions: OXYMETAZOLINE				10AM	EJW
Daily Doctor's Endorsement by a Sign					

DRUG: NASOCLEAR SALINE SPRAY				Date ▸ Time ▾	4/6
Dose	Route	Frequency	Start Dt.		
2puffs	P/N	8th hrly	4/6	6PM	
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera				2PM	
Additional Instructions:				10PM	EJW
Daily Doctor's Endorsement by a Sign					

DRUG: SYP. BEVON				Date ▸ Time ▾	4/6
Dose	Route	Frequency	Start Dt.		
5 ml	PO	ONCE DAILY	4/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera				2PM	
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					

VERIFIED BY Name Signature

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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				

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

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

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

VARIABLE DOSE DRUG : / Route / Start Date / Name & Signature of the Doctor / Additional Instructions:	Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
04/06	8.22AM	INJ. CEFOTAXIM (AFTER TEST DOSE)	1gm	IV		Meghna Rakesh
04/06	8.25AM	INJ. DEXAMETHASONE	3mg	IV		Meghna Rakesh
04/06	8.26AM	SUPP. DICLOFENAC	25 mg	PR		Meghna Rakesh
04/06	8.30 AM	INJ PARACETAMOL	450 mg	IV		Meghna Rakesh

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I.V. FLUIDS CHART

Weight. ..... 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
04/06	8:20 AM	RINGER LACTATE	IV	300 ml/hr		Mrs Rakesh	04/06		Mrs Rakesh

Signature .....

VERIFIED BY : Name .....