

ACTIVIT

VIH-00205728 IP-00060349
Master SYED MUSTAFA
28-03-2026 0 Y 2 M 18 D (M)
Dr. JYOTI BOTHRA

G

Name: ---



UHID No : ----- IP NO : ----- Consultant : ----- Dept : *paediatric*

Date of Admission : *15/6/26* Time : *8:42 AM* Date of Discharge : ----- Time: -----

Room / Bed No : *ER* Ward : *OT* Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>15/6/26</i>	<i>10:05 AM</i>	<i>ER</i>	<i>OT</i>	<i>[Signature]</i>
<i>15/6/26</i>	<i>5:30 PM</i>	<i>OT</i>	<i>138</i>	<i>[Signature]</i>

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
15/6/26	CBP creatfnew	26020422	slm.
	Cross checked by	Sedys 12/6	

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060349 Admit Date : 15-Jun-2026 Admit Time : 08:42 AM UHID : VIH-00205729

Patient Details :


Patient Name : Master SYED MUSTAFA Age : 0 Y 2 M 18 D
Guardian : Mr SYED JUNAID DOB : 28-03-2026 02:35 PM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : MALLEYPALLY, HYDERABAD Mehdiapatnam Phone No : 9885081836/
Hyderabad Telangana INDIA 500028 E-mail : na@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 SYED JUNAID Relationship : S/O
Contact Address : MALLEYPALLY, HYDERABAD Mehdiapatnam Phone No : 9885081836 / 9866618836
Hyderabad Telangana INDIA 500028

Signature 

Doctor Details :

Doctor Name : Dr. JYOTI BOTHRA Specialisation : PEDIATRIC SURGERY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

Patient Name : Mast. SYED MUSTAFA UHID : VIH-00205729 IPD : IP-00060349 Gender : Male Age : 0 Y 2 M 18 D

VIH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 18 D (M)
 Dr. JYOTI BOTHRA



wt :- 5.5kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Syed Mustafa Age : 2 months Gender : Male Female
 Date : 15/6/26 Time of Arrival : 7:52 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: 97.5 F PR: 130 bpm BP: 80/60 (to) RR: 28 bpm SpO₂: 100%

Chief Complaints: do baby came for surgery laproscopic pyeloplasty

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening	
--	--	--	--	--	--

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

Signature of Parent / Guardian
 Triage Completion Time : 7:56 am

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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: _____
- 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 : Revathy
 Date & Time : 15/6/26 @ 7:56 am

Signature of Triage Nurse : Revathy G

Patient Name : Mast. SYED MUSTAFA UHID : VIH-00205729 IPD : IP-00060349 Gender : Male Age : 0 Y 2 M 18 D

VIH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 18 D (M)
 Dr. JYOTI BOTHRA




NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/6/26 Time of arrival : 7:57 am Pyeloplasty
 Chief Complaints : child came for surgery laproscopic (LP) RBS : -
 Height : Weight : 5.5kg 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 parents
 Siblings in household Yes No (if yes How Many?)
 Time of Initial assessment completed by ER Nurse : 8:01 am

Patient Name : Mast. SYED MUSTAFA UHID : VIH-00205729 IPD : IP-00060349 Gender : Male Age : 0 Y 2 M 18 D

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

Time	Nursing Notes
7:52am	* Pt came to ER
7:56am	* vitals checked and recorded
	* Doctor has seen the patient
	* Admission done
	* NPO from morning 7am 15/6/26
	* IV placement done, Blood samples collected and sent to lab
	* pt shifted 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
— Nil —					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 141b/m BP: 82/61(68) CFT: 13ml	Shift - out from ER to: OT
RR: 26b/m SPO ₂ : 99%	Time of Shift - out: 15/6/26 @ 10:05 AM
GCS: 15/15 Temperature: 97.9F	Handover given to: Sr. Masrifa
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):


IV placement done

Name of the Nurse : Sr. Lena Signature of the Nurse : *[Signature]*

Date & Time : 15/6/26 @ 10:05am

PATIENT TRANSFER FORM




VIH-00205729 IP-00060349 Master SYED MUSTAFA 28-03-2026 0 Y 2 M 18 D (M) Dr. JYOTI BOTHRA 		Date & Time of Admission 15/6/26 @ 8:42 AM	Date & Time of Transfer Order 15/6/26 @ 10:05 AM
Treating Consultant Name		Transfer Ordered by DR. Viswaja	Reason for Transfer for admission
From Unit ER	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (21)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? apply given to	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	— Nil —		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring shauki/shu		Name of Person Ordered Transfer DR. Viswaja	
Patient & Clinical Records Received by : maia			
Date & Time of Patient Received : 15/6/26 10:05 AM			

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

Patient Name / I.P. No. VIH-00205729 IP-00060349 Master SYED MUSTAFA 28-03-2026 0 Y 2 M 18 D Dr. JYOTI BOTHRA 		Date & Time of Admission 15/6/26 @ 8 ⁴⁵ AM	Date & Time of Transfer Order 15/6/26 @ 5:30 PM
		Transfer ordered by Dr. Santha	Reason for Transfer Post Op Care.
From Unit OT	To Unit 138	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 26	Number of Imaging films nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Neonatal Nasal Probes	1	
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor : Dr. Jyoti Bothra			
Name & Signature of Person who is Transferring Dr. Mania		Name of Person Ordered Transfer Dr. Santha	
Patient & Clinical records received by : manisha			
Date & Time of Patient Received: 15/6/26 @ 5:30 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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00205729 IP-00060349

Master SYED MUSTAFA

28-03-2026 0 Y 2 M 18 D (M)

Dr. JYOTI BOTHRA

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Syed Mustafa Age/Sex 2 months / male

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

PO Antenatally diagnosed (L) PUJ Obstruction.

History of present illness :

Child brought by parents with
H/O Antenatally diagnosed (L) PUJ obstruction.

↓
Investigation
USG : Enlarged (L) kidney + moderate hydronephrosis.
& Ballooning of renal pelvis

(R) Right kidney
✓ Significant PUJ obstruction on left side +
gross hydronephrosis.

↓
ECScan s/o - left PUJ obstruction
admitted for left laparoscopic pyeloplasty

NPO for milk since 4am in morning today



Pediatric multiorgan History & Physical Examination

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

Non significant

Birth & Neonatal History:

LSCS / FT / 2.7kg / CSAB / NO NICU stay



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} class III

Developmental History :

Appropriate for age in all domains

Immunization History :

Recd upto date vaccinations

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Master SYED MUSTAFA
28-03-2026 0 Y 2 M 18 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 5.5 kg (Centile _____)

On Examination :

Temperature : 97.5 F Pulse Rate : 130/min B.P. 80/69 SPO2 100%
Resp. rate and type of breathing : 28/min

Rash ⊖
Lymphadenopathy _____
Oedema : ⊖
Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : ⊖
Air entry & breath sounds : R/LAE ⊕
Any addes sounds : NO
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : ⊖
Heart Sounds : S1S2 ⊕
Any murmur : NO
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection ⊖
Palpation : SOFT
Auscultation : BS ⊕
Spine : ⊖ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____



paediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : intact 15/15

Cranial Nerves : intact

Motor System:

Nutrition : _____

Tone: _____ Power 4/5 all limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : NO.

Reflexes : +

DTR +

Superficials: +

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

left PUJ obstruction I

laparoscope left pyeloplasty



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: TO prevent complications.

Desired goals of the treatment: to treat current condition

Planned Labs:

CBP ✓
S. creatinine ✓

Planned Management

1) NPO
2) shift to OT on call.

NPO for 18gmd (milk) since 4 AM morning

noted by shanthe 15/6/26 @ 9:06 am

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: Dr. Nishwaja

Name of the Consultant:

Date & Time: 15/6/26

Date & Time:

Faint handwritten notes at the bottom of the page.



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 2:30 PM	C/IB Resident	
	C/O recovery - 1 hr.	
	Vomiting 2 episodes - after feeds.	
	0/2	
	Chelitis irritable.	
	4/0 → Adequate.	- Adv
	Pericardial lucency (Ant).	- Inj-paracetamol - 4mg - Inj-H ₂ O
	Practin.	noted by Saeed on 16/6/2026 @ 6:00 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 8:30pm	<p><u>CL/B Resident</u></p> <p>S/P → developmental psychopathy. pop-1.</p>	
4/0 - 300ml. 2.5cc/kg/hr.	<p>- 3rd pindur Vomiting - after feeding. ↓ MB/AP Non blood stained. Contar - milk.</p>	
	<p><u>0/2</u></p> <p>Chud is intable. Vitamintable CUXIN ⊕ M: Blac ⊕ P/A = self C.V. NAD</p>	<p><u>Plan</u></p>
Dr. Manish	<p>Boles</p>	<p>- Continue IV - pop - study. - Tig-pipt 2. 01</p>
		<p>Noted by Manisha 16/6/26 @2pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B. Resident</u>	
17/10/26 9:20 AM	<p>② PUJ obstruction S/P - LAP. pyeloplasty - PDD - 2</p>	
	<p><u>O/E</u> child active</p>	
	<p>NO. UOMETAP</p>	
	<p>Entiremnee</p>	
	<p>Vitals stable</p>	
	<p>CVS - S1S2 (+)</p>	
	<p>RI - RAE (+)</p>	
	<p>PI - RPT</p>	
		Plan
		<p>1) Ins paptaz D2</p>
		<p>2) Pw/PCM. → (STOP)</p>
		<p>3) Urinary catheter IML</p>
		<p>4) S/S - oral pcm. drops</p>
		<p>Remove catheter Tm 7AM plan d/c after that</p>

O/P : 3-8cc/yr/hr
(Reddish clr).

~~monitored~~

Syp Augmentin x 7 days

Ab Syp

SPORIDEX x 6 bulbs

AS stent removal after bulbs (2nd wk of Aug)
Dressing removal after

Noted by Manisha

fz

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 2pm	<p>S/R. Resident</p> <p>① PUJ obstruction</p> <p>S/p - lap - pyeloplasty - POD - 2</p> <p>o/e</p> <p>Child active</p> <p>Feeding well</p> <p>Vitals stable</p> <p>CUS - GSG (+)</p> <p>eps - RAE (+)</p> <p>P/A - SHT</p>	
U/O : 3.3 cc/kg/hr.		<p><u>Plan</u></p> <ol style="list-style-type: none"> 1) Paj peptaz D 2) oral pcm drops - 8ds 3) Remove urinary catheter T/m 7Am. 4) Plan discharge T/m. 5) Dressing removal T/m.
	<p>noted by Beekath on 17/6/26 @ 6:00pm</p>	

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 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 20 D (M)
 Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Sp/B Resident	
18/3/26 10:30 AM	<p>Ⓛ) POF Ophthalmology</p> <p>Sp: Lap. pyeloplasty DS</p> <p>O/E</p> <p>Child alert</p> <p>Euthermic</p> <p>Vital stable</p> <p>CVS - 110 (H)</p> <p>RI - 100 (P)</p> <p>RA - soft</p>	
		Plan
	<p>O/O 4.9 cc/kg/hr.</p> <p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p>	<p>Reg Rate 12</p> <p>Oral pen drop - 4x</p> <p>D/S Today</p> <p>Dressy remove today</p>
	<p>Noted by Dr. Jyoti Bothra</p> <p>21/3/26</p> <p>18/3/26</p>	

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Must. Syed Mustafa Gender: Male Female Age : 2 months
 UHID No : 205729 Date : 15/6/26

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)

left- laparoscopic Pyeloplasty
 upon Syed Mustafa
 (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

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

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

Infection, Bleeding

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: Dr. Syed Javed

Consentee :
 Signature :
 Name :
 Date & Time :

Patient Attendant :
 Signature : Syed Javed
 Name : Syed Javed
 Relationship with Patient : Father
 Date & Time : 15/6/26, 10:40 AM

Witness :
 Signature : Syed Javed
 Name : Syed Javed
 Date & Time : 15/6/26, 10:40 AM

Doctor (who is taking the consent) :
 Signature : [Signature]
 Name : Dr. Syed Javed
 Date & Time : 15/6/26, 10:40 AM

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 Master SYED MUSTAFA
 26-03-2026 0 Y 2 M 18 D (M)
 Dr. JYOTI BOTHRA



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 15/6/26

To Be Filled In By Assigned Nurse:

Department: ER Duration of Procedure: 3 hours 55 mins

Name of Surgeon: DR. Jyoti Bothra Date of Admission: 15/6/26

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

		Staff Signature
1.	Antibiotic given prior to surgery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of the Antibiotic: <u>2mg Piprac</u>	<i>[Signature]</i>
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>[Signature]</i>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Tympanic (Goal: 36-37°C)	<i>[Signature]</i>
4.	Name of doctor or staff administering the antibiotic: <u>Dr. Rakesh</u> Date & Time of antibiotic administration: <u>15/6/26 @ 11:00 AM</u> Date & Time procedure started: <u>15/6/26 @ 10:55 AM</u>	<i>[Signature]</i>

- 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

Rainbow Children's Medicare Ltd.

3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station
Karkhana Main Road, Kakaguda, Secunderabad - 500009.

Tel : +91-40-4246 2200, 2789 5050, 2789 6060.

GST: 36AABCR4014M1ZE email: vrchbilling@rainbowhospitals.in

CIN: L85110TG1998PLC029914 www.rainbowhospitals.in



OPERATION THEATER NOTES

Patient's Name : Master SYED MUSTAFA	Age : 0 Y 2 M 18 D	Gender : Male
UHID : VIH-00205729	I.P. NO. 00060349	WEIGHT : 5.5kgs
Surgeon : Dr.. JYOTI BOTHRA	Asst surgeon : Dr —	
Anaesthetist : Dr Saritha	OT Nurse : S/N - Sheeja, Ratan	
Surgical Procedure : LAPROSCOPIC PYELOPLASTY		
Indications for Surgery : Left pelvi ureteric junction obstruction		
Anaesthesia - GA		
PRE-OPERATIVE PREPARATION- Betadine skin preparation		
OPERATIVE NOTES Three port laparoscopy- 5mm umbilical port 3mm port in epigastric and LIF Findings: Dilated renal pelvis with narrow PUJO Procedure notes: 1. Transmesentric window created and PUJO dissected 2. Pelvis hitch stich taken with 4-0 Prolene 3. PUJ dismembered and ureter spatulated along the lateral border 4. Pelvi ureteric anastomosis done with 5-0 vicryl over a 3Fr /12 cms DJ stent 5. Hemostasis confirmed 6. Ports closed in layers 7. Foley's catheterisation done Post Op Orders: -No NBM - I/V Piptaz 500mgs tid - I/V PCM 75mgs tid - R/W sos		

Consultants Surgeon's Name

Dr. JYOTI BOTHRA

Date : 15/6/26

Consultant Surgeon's Signature

Time : 3pm



SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Jyoti
 Asst. Surgeon : Dr. Santha
 Anaesthetist : Dr. Sheema
 Scrub Nurse : Dr. Sheema

Patient Name :
 UHID No. :
 Date : 15/02

VIH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 18 D
 Dr. JYOTI BOTHRA

Gender :
 Name : Dr. S.S.P.M.



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>10:45 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>Dr. Santha / Dr. Vineetha</u>	
Name : <u>Dr. Santha / Dr. Vineetha</u>	

Before Skin Incision >>

TIME OUT	Time: <u>10:55 AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Left Lap Pyeloplasty</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	<u>Pyeloplasty</u>
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>alone, 2 1/2 hrs, 5ml</u>
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	<u>None</u>
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>Dr. Mania</u>	
Name : <u>Dr. Mania</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>2:50 PM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>Dr. Jyoti Bothra</u>	
Name : <u>Dr. Jyoti Bothra</u>	

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Macter Syed Mustafa Age: 2M Sex: Male UHID No: VHA-00205729

Date: 10/06/26 Time: 1:05 PM Proposed Operation: Laparoscopic left pyeloplasty

Diagnosis: Left PUJ obstruction

B.P / CRT: 89/63 H.R: 135/m Weight: 5.24 kg ASA Physical Status: 1 2 3 4 5

SpO₂: 99% on RA

Laboratory Data:

Hgb: <u>9.7</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>9600</u>	Creat: <u>0.2</u>	Total Bill:	HCV:	2D Echo:
Plate: <u>C.LL</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	DSR → <u>(N) Right kidney & ballooning of renal p</u>
INR:	Mg++:	Amylase:	TSH:	↳ <u>significant PUJ obstruction</u>
Cl-:	SGOT/SGPT:			↳ <u>left side & good hydronephrosis</u>

Allergies: NICDA

Medical History: CVS: no active cardio respiratory complaints

RESP: Diabetes:

CNS: LCR / FT / Bwt - 2.7 kg / Immunized till date /

Renal: nil significant CIAB / no NICU admissions

Hepatic / GE: Physical Activity: active child

Others: Diagnosed & (N) PUJ obstruction antenatally

Past Anaesthetic History:

Physical Exam: cardiac normal

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

Lungs: clear

Heart: clear

CNS: Active

Pregnant: Yes No NA

Venous Access Site: accessible Spine Exam for regional: nil
candul spine - none

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No
parents

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL Water / ORS 2 Hours / explained
 Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:
 CBP on cannulation
 I. creatinine

Signature: [Signature] Name: DR. M. VINAYATHA



ANAESTHESIA CHART



PRE-INDUCTION ASSESSMENT:

Change in Patient Condition: Yes No **Fasting Status:** Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

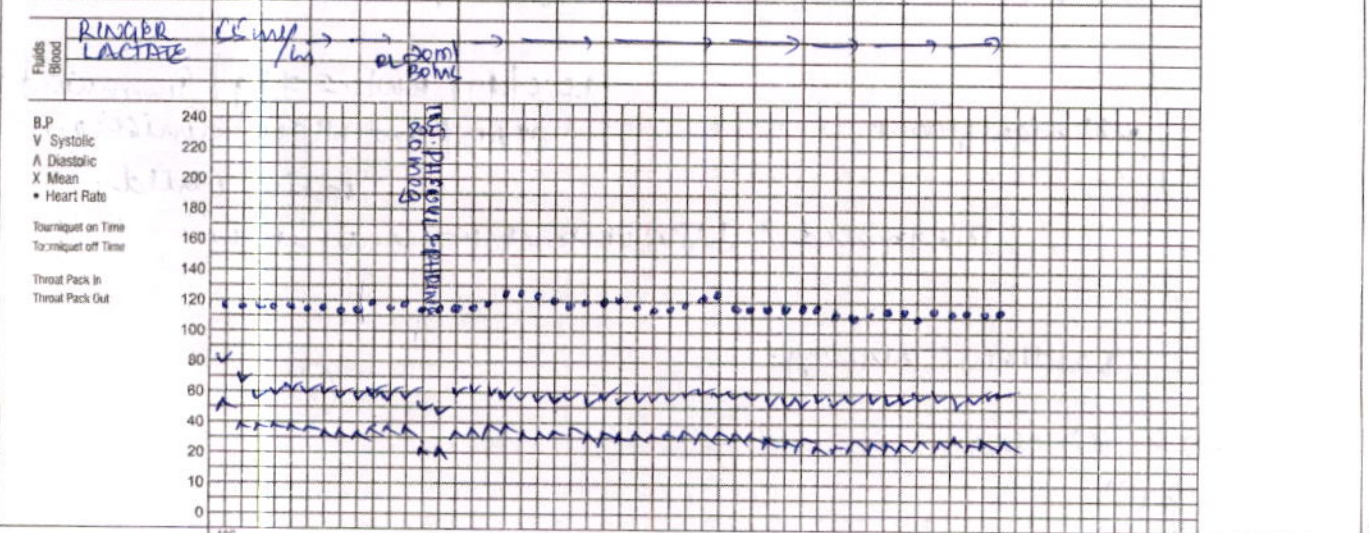
H.R: 129/min B.P/CRT: 80/54/119 SpO₂: 100% R.R: 24/min Last Feed:

Pre-OP Diagnosis: Left PUD Obstruction Operation: Laparoscopic Pyloroplasty Date: 15/06/26

Surgeon: Dr. Jyoti Bothra Anaesthesiologist: Dr. Smita Dr. Vinay Technician: Mr. Rakesh

TIME	N ₂ O	FAIR	O ₂	LPM	HALO	SO	SEVO	Drugs
10:45	100	100	100	100	100	100	100	MIDAZOLAM 0.5mg FENTANYL 10mcg PROPOFOL 10mg/kg ROCURONIUM 2mg + 2mg

NO.	SpO ₂	ETCO ₂	ECG	Temperature	Urine Output
100	100	35	CR	36.2	
101	100	37	CR	36.2	
102	100	37	CR	36.1	
103	100	38	CR	36.1	
104	100	36	CR	36.2	
105	100	37	CR	36.2	
106	100	37	CR	36.1	
107	100	37	CR	36.1	
108	100	37	CR	36.1	
109	100	37	CR	36.1	
110	100	37	CR	36.1	
111	100	37	CR	36.1	
112	100	37	CR	36.1	
113	100	37	CR	36.1	
114	100	37	CR	36.1	
115	100	37	CR	36.1	
116	100	37	CR	36.1	
117	100	37	CR	36.1	
118	100	37	CR	36.1	
119	100	37	CR	36.1	
120	100	37	CR	36.1	



LAB Values

GRBS: 108 mg/dl @ 1:00 PM

Equipment Checked and Functional

BP Cuff Site: DOL

Art Site: 3vad

EKG Lead

Temp Site

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Lateral

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: 10:55 AM OP Start: 11:15 AM OP End: 2:50 PM Leave OR:

Anaesthesia: GA Monitored Anaesthesia Care Regional

Line (Size & Location): CVP ART IV: ROL, 24G IV: IV:

Induction: IV Inhal Pre O₂ RSI Others

Mask SGA Airway Oral Nasal

ETT# 3 at 9 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: ROCURONIUM

Awake Direct Vision Video Laryngoscopy Stylette / Bougie Fiberoptic

Blade# 0 Attempts: 01

Difficulty Why?

Bilat = BS Semi-Closed Circle Closed Circle Other

Regional: Extremity Spinal Epidural Caudal

Others:

Position: Left lateral

Site: Sackel Hiath

Needle Size: 22 G Depth:

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc: 0.2% BUPIVACAINE bcc

Bolus:

Infusion:

Block Level:

Comments:

Transportation to PACU ICU Other

Relaxant Reversed Yes No NA

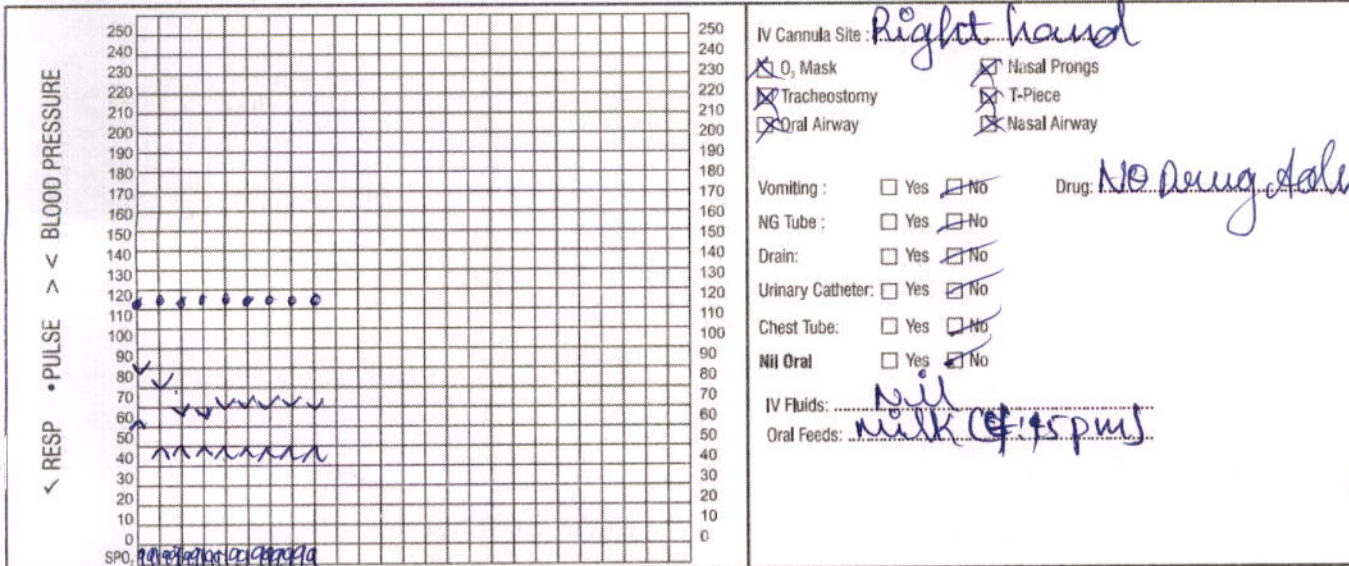
Name of the Doctor: DR. M. VINAYKATHA

Signature of the Doctor:



POST-ANESTHESIA CARE UNIT RECORD

Received in PACU by: Sri. Vanitha Time Received: 2:55 pm Time Discharged:



IV Cannula Site: Right hand
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting: Yes No Drug: NO Drug administered
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: nil
 Oral Feeds: milk @ 4:50 pm

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntarily or on command = 2 Able to move 2 extremities voluntarily or on command = 1 Able to move 0 extremities voluntarily or on command = 0 ACTIVITY	1	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0 RESPIRATION	2	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 CIRCULATION	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS	1	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR	2	2	2	2	2	
TOTAL	8	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/6/26	3:15 pm	0	—	<u>Muf.</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name: DR. M. VINISETHA

Anaesthesiologist Signature: [Signature]

Date & Time: 15/6/26 @ 4 pm

PACU Nurse Name: Sri. Vanitha

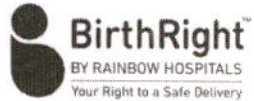
PACU Nurse Signature: [Signature]

Date & Time: 15/6/26 @ 4 pm

Transferred to Unit by (PACU): Sri. Vanitha

Date & Time: 15/6/26 @ 4 pm

VIH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 18 D (M)
 Dr. JYOTI BOTHRA



Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

Handwritten signature and notes in blue ink.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Maher Syed Mustafa Age : 2M Gender : Male Female

UHID NO: VIII - 00205729 Surgeon Name: Dr. Jyoti

Anaesthesiologist : Dr. Vineetha

Operative procedure planned : left laparoscopic pyloroplasty

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 and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others : Dehydration, Bronchospasm, Laryngospasm

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Maher Syed Mustafa the above mentioned operation / Diagnostic / Therapeutic procedures left-laparoscopic pyloroplasty.

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 anaesthesia.

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 deputized 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 : Syaf.
Name : Syed Junaid
Relationship with Patient: Mother
Date & Time : 10/June/26

Witness :

Signature : Javeriya Khan
Name : Javeriya Khan Mother
Date & Time : 10/June/26

Doctor (who is taking the consent) :

Signature : [Signature]
Name : DR. M. VINBETHA
Date & Time : 10/06/26

VIH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 18 D (M)
 Dr. JYOTI BOTHRA



ICH/FRM / CLINICAL / 124

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

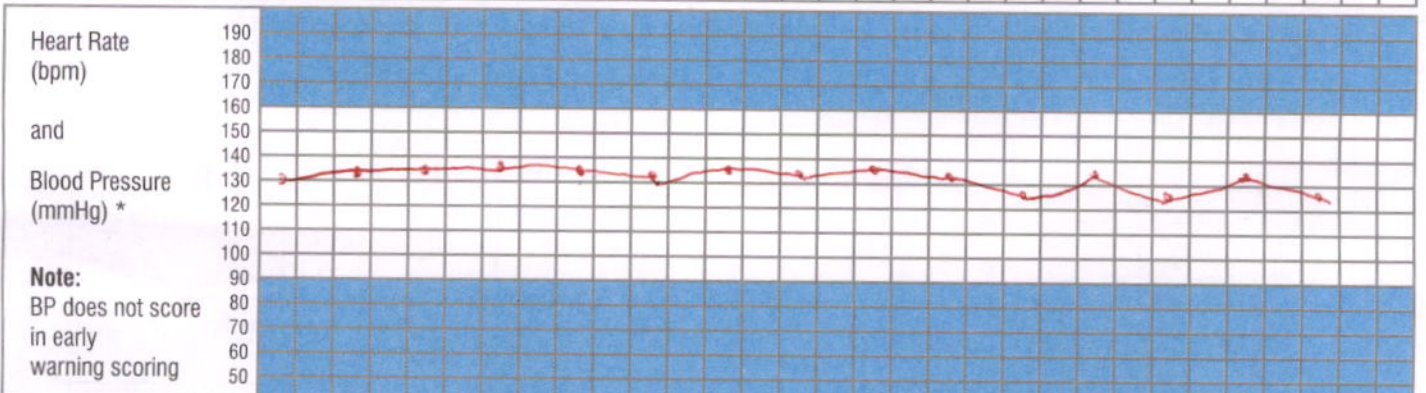
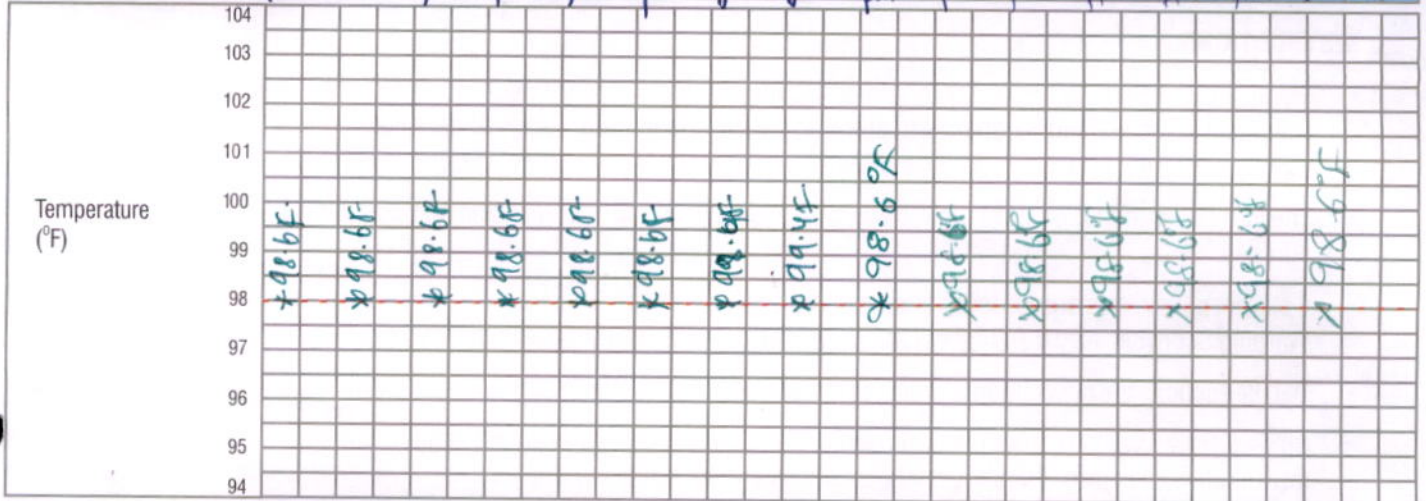
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

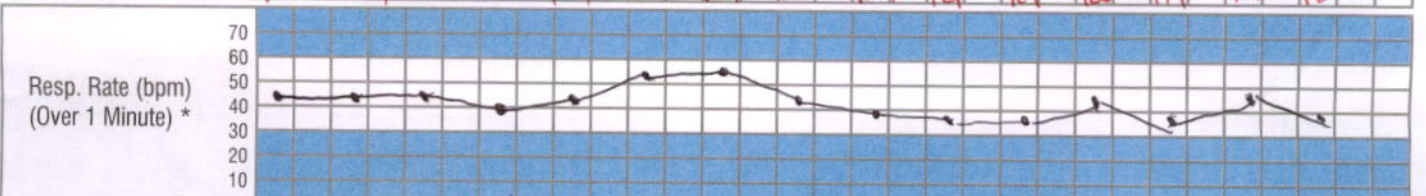
Date: 15/6/26 Time: 10 11 12 1 2 3 4 5 7 9 11 1 2 5 7

Doctor/Nurse/Family Concern? *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN*



Note:
 BP does not score in early warning scoring

Heart Rate (Number) 120 121 122 123 124 122 121 120 124 121 119 120 119 121 120



Resp Rate (Number) 46 47 46 46 46 46 46 46 53 54 40 30 29 27 31 27 26 20

Resp Mod/ Severe Distress None / Mild N N N N N N N N N N N N N N N N

Receiving O₂ (l/min) O₂ Saturations (%) 98 99 100 100 99 98 100 100 100 99 98 100 98 100 98

Conscious Level Normal / Altered N N N N N N N N N N N N N N N N

GCS * 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15

TOTAL SCORE
 Number of shaded boxes 0 0 0 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 0 0 0
 Observer's Initials *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN* *PN*

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

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

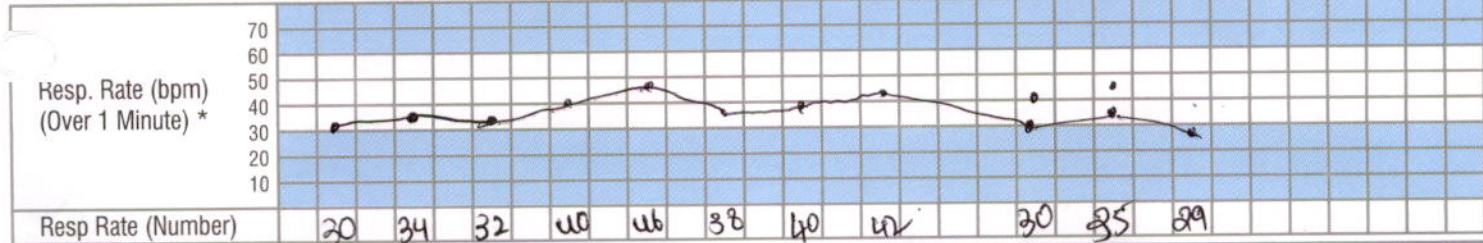
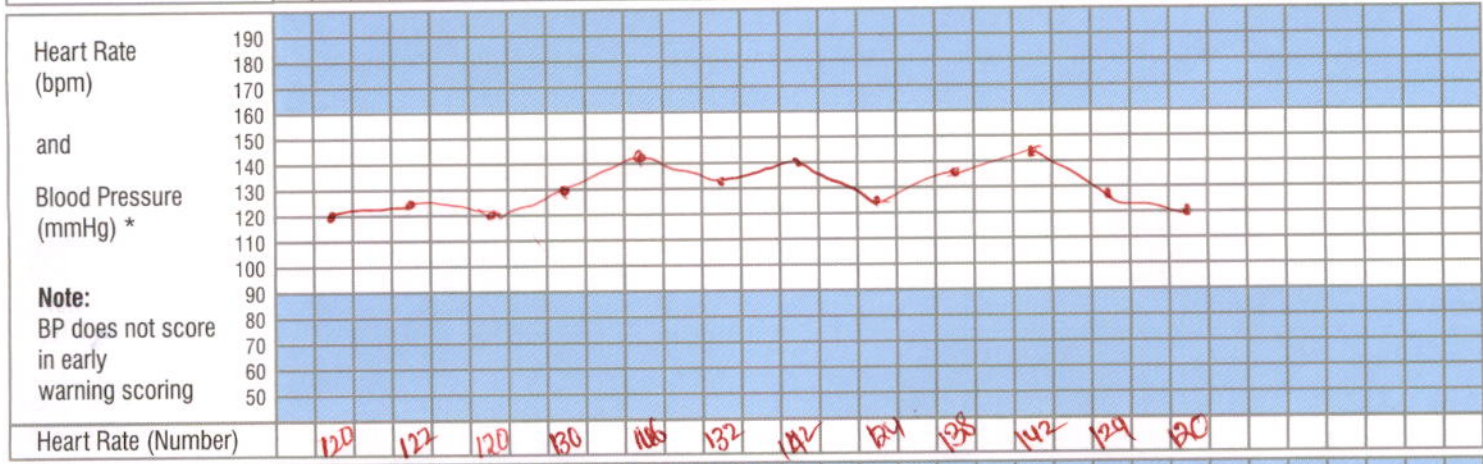
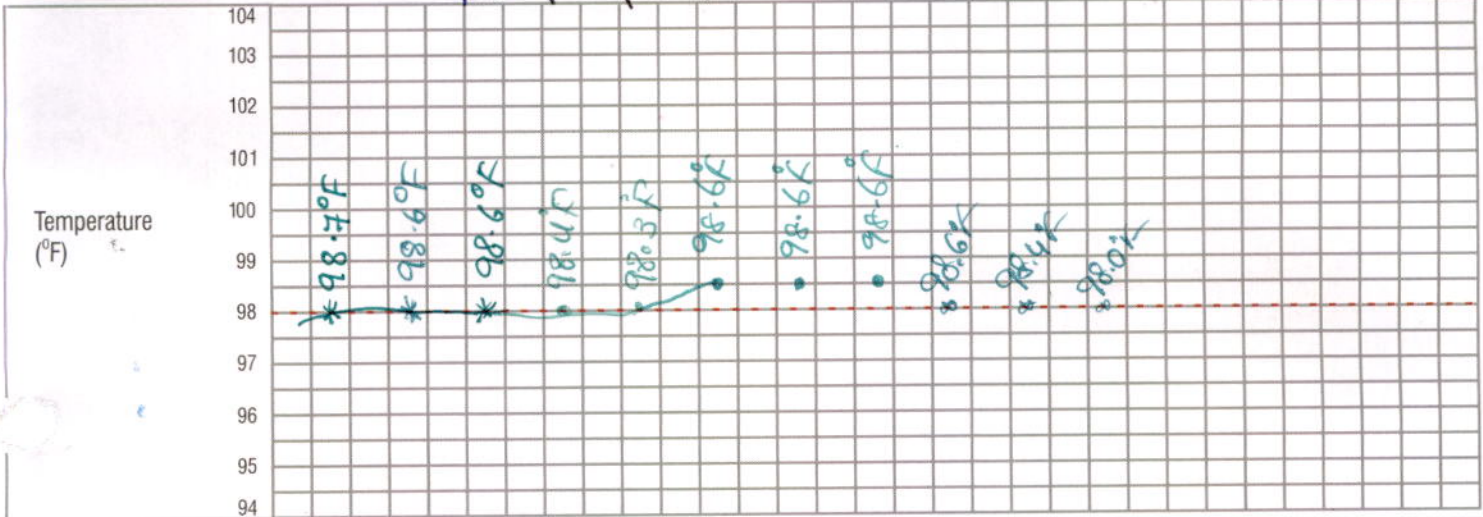
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: <u>16/6/26</u> Time: <u>9</u> <u>11</u> <u>1</u> <u>3</u> <u>5</u> <u>7</u> <u>9</u> <u>11</u> <u>1</u> <u>4</u> <u>7</u>
Doctor/Nurse/Family Concern? <u>Am</u> <u>Am</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>Am</u> <u>Am</u> <u>Am</u>



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N					
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99	99	99	98	99	98	98	99	95	100	98	100
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	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		M	M	M	SK	SK	SK	SK	SK	SK	SK	SK	SK

ACTIONS	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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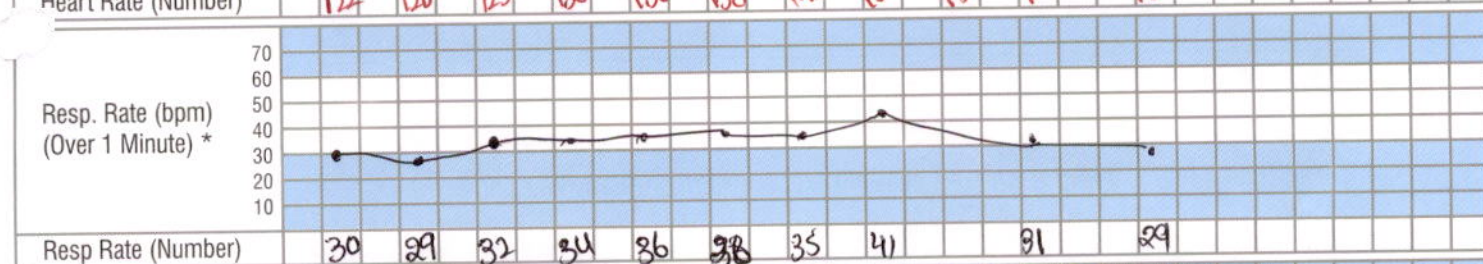
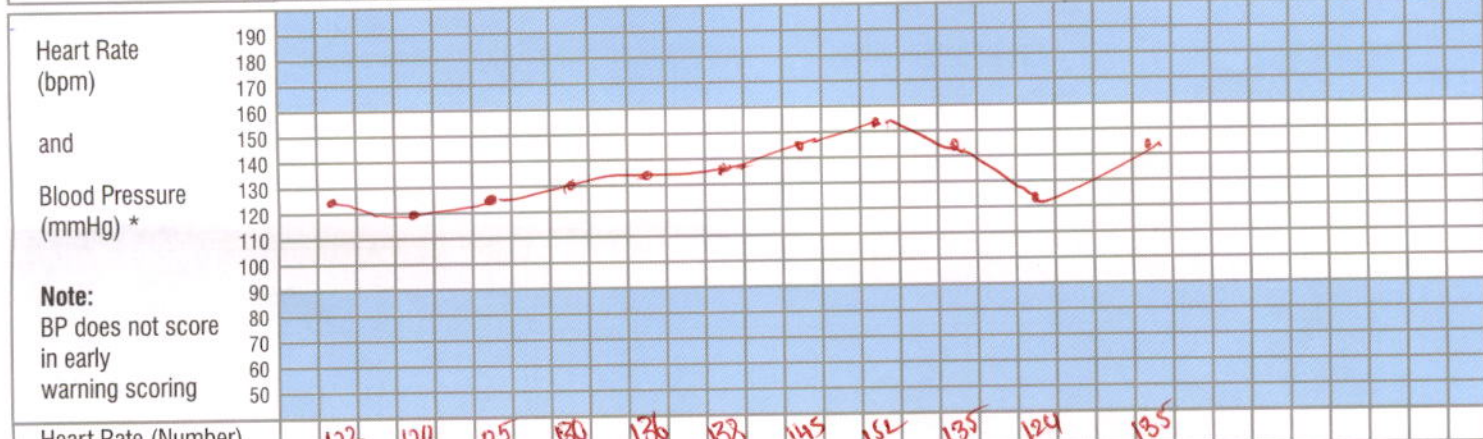
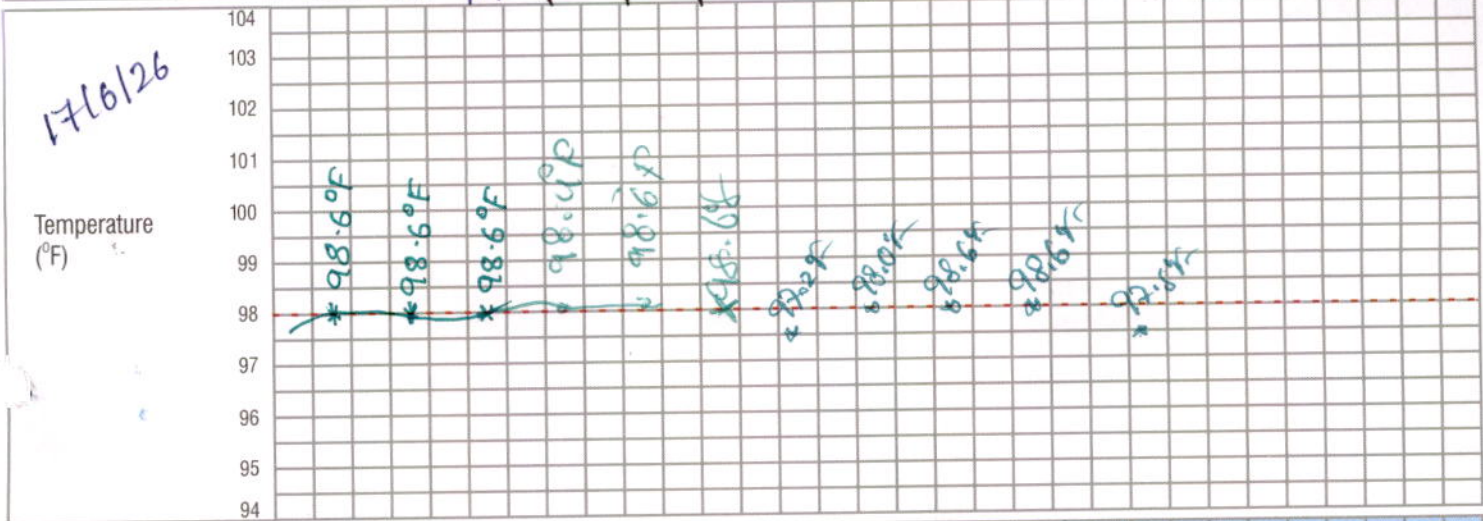
INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	9	11	1	3	5	7	9	11	2	5	2
Doctor/Nurse/Family Concern?		AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	98	99	99	98	99	99	97	99	99	98
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15
TOTAL SCORE	Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0
Observer's Initials		M	M	M	B	B	B	SK	SK	SK	SK

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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)

VH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 20 D (M)
 Dr. JYOTI BOTHRA

Doc. No. : RCH/ FRM / CLINICAL / 124

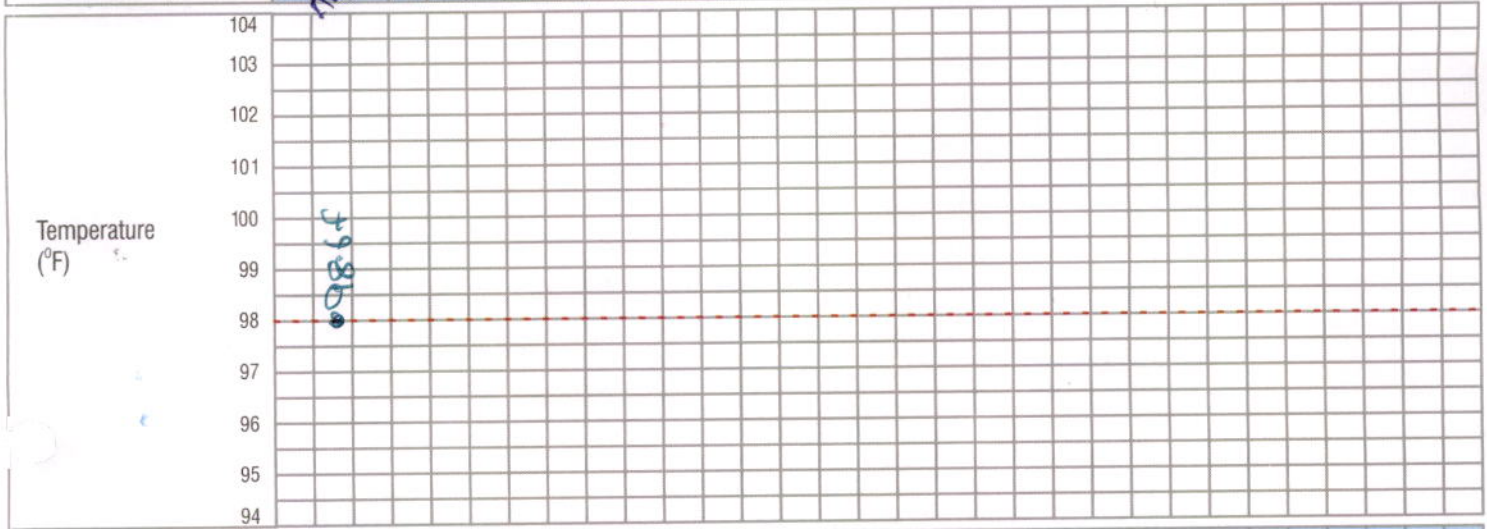
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/26 Time: 9

Doctor/Nurse/Family Concern? *M*



Heart Rate (bpm) and Blood Pressure (mmHg) *
 Note: BP does not score in early warning scoring
 Heart Rate (Number) *30*

Resp. Rate (bpm) (Over 1 Minute) *
 Resp Rate (Number) *48*

Resp Distress Mod/ Severe None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%) *28*
 Conscious Level Normal Altered
 GCS * *15*

TOTAL SCORE
 Number of shaded boxes
 Pain Score
 Observer's Initials *Y*

ACTIONS
 NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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- 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

*Noted by Nurse
 @ 10AM
 18/6/26*

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)



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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
13/6/26			Mouth	I.V	N.G									
	08:00 am													
	09:00 am													
	10:00 am		NBm + RL 55ml/hr									0	Ref	
	11:00 am		NBm									0	Ref	
	12:00 pm		NBm									0	Ref	
	01:00 pm		NBm								0	Ref		
Total Intake :						Total Output :								
15/6/26	02:00 pm		NBm									0	Ref	
	03:00 pm		NBm: 4.45pm										0	Ref
	04:00 pm													
	05:00 pm													
	06:00 pm		DBM											
	07:00 pm									100ml	100ml			
Total Intake :						Total Output :								
14/6	08:00 pm		DBM											
	09:00 pm													
	10:00 pm													
	11:00 pm		DBM											
	12:00 am													
	01:00 am		DBM							300ml	300ml			
Total Intake :						Total Output :								
16/6	02:00 am													
	03:00 am		DBM											
	04:00 am													
	05:00 am													
	06:00 am		DBM											
	07:00 am									100ml	100ml			
Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output 300ml

FLUID CHART

Sheet No. : 2

16/6/26

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
16/6/26	08:00 am	DBM										} Manisha 16/6/26 @2pm
	09:00 am											
	10:00 am	DBM										
	11:00 am											
	12:00 pm	DBM										
	01:00 pm									110ml		
Total Intake :					Total Output :							
16/6/26	02:00 pm											} Anetia 16/6 @8pm
	03:00 pm	DBM										
	04:00 pm											
	05:00 pm	DBM										
	06:00 pm											
	07:00 pm	DBM								200 ml		
Total Intake :					Total Output :							
16/6/26	08:00 pm											} Susha 16/6 @4m
	09:00 pm	DBM										
	10:00 pm											
	11:00 pm											
	12:00 am	DBM										
	01:00 am									100ml		
Total Intake :					Total Output :							
16/6/26	02:00 am	DBM										} Susha 16/6 @8am
	03:00 am											
	04:00 am	DBM										
	05:00 am											
	06:00 am	DBM										
	07:00 am									100ml		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output 510ml (3.8cc/kg/hr over 24 hours)

VIH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 19 D (M)
 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. : (3)

1716126

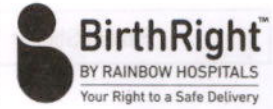
- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
17/6/26	08:00 am		DBM									} Manisha 17/6/26 @ 2pm	
	09:00 am												
	10:00 am		DBM										
	11:00 am												
	12:00 pm		DBM										
	01:00 pm								150ml				
Total Intake :						Total Output :							
17/6/26	02:00 pm		DBM									} Sneekant 17/6/26 @ 8pm	
	03:00 pm												
	04:00 pm		DBM										
	05:00 pm												
	06:00 pm		DBM										
	07:00 pm								200ml				
Total Intake :						Total Output :							
17/6/26	08:00 pm		DBM									} Subh 17/6 @ 11am	
	09:00 pm												
	10:00 pm		DBM						100ml				
	11:00 pm												
	12:00 am		DBM										
	01:00 am												
Total Intake :						Total Output :							
18/6/26	02:00 am		DBM									} p	
	03:00 am												
	04:00 am		DBM										
	05:00 am												
	06:00 am		DBM						200ml				
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output 650ml (4.9 cc/kg over 24 hours)

VH-00205729 IP-00060349
 Master SYED MUSTAFA
 28-03-2026 0 Y 2 M 20 D (M)
 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. : 4

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
18/11	08:00 am												
	09:00 am		D 50ml										} Order @ 9 am 18/11/20
	10:00 am		x										
	11:00 am		D 50ml										
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: OT

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR.

Date & Time : 15/6/26 @ 8:27AM

Nurse Name & Signature : charlie/shu

Date & Time : 15/6/26 @ 8:27AM

DRUG CHART

Date of Admission: 15/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : PARACETAMOL DROPS				Date Time
Dose	Route	Frequency	Start Date	
0.7ml	PO	AS required	17/6	
Doctor's Signature		Valid Period	Pharm.	
		max 6 hrs		
Additional Instructions: 1ml = 100mg 15mg/kg/dose if temp > 100F excess only				
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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
15/06	11:00 AM	INJ. PIPERACILLIN TASOBACTAM	600 mg (AFTER TEST DOSE)	IV	[Signature]	Raksha [Signature]
15/06	4:30 PM	INJ PARACETAMOL	80 mg	IV	[Signature]	Krishna Kishan
16/06/24	2 AM	Inj. PARACETAMOL	75 mg	IV	[Signature]	Gayatri Sady
16/06/24	6:30 AM	Inj. ONDANSERON	1 mg	IV	[Signature]	Gayatri Lalita

VERIFIED BY : [Signature]



ESTIMATION SLIP



Date: 10/06/26 UHID/IP No.: V114-205729 Sl. No.: 28879

Name of Patient: Mast Syed Mustafa Age: 2M Gender: M

Father's / Husband's Name: Mr. Syed Junaid Corporate/Occupation:

Address: Mallapally Phone: 9885081836 Email:

Procedure/Plan: Lsp @ pyroplasty DOS:

MODE OF PAYMENT: SELF TPA: (Asst) GIPSA: OTHER

TARIFF INFORMATION: Dr. Jyoti bothra

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	1	3	12 Noon to						
Doctor's Fee			12 Noon Billing						
L. Tax	790								

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	2,25,000/-
O.T Consumables	10,000/- Subject to approval by TPA/Insurance Company
Instrument Charges	8,000/- Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	As per actual - Not Included In Estimation
Equipment Charges	Monitor: 1,500/- Ventilator: Conventional: Phototherapy: Single Surface: Oxygen: Infusion Pump/Syringe Pump: 900 HFO-SLE 5000: Double Surface: HFO-Sensormedix: Triple Surface:
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual - Not Included In Estimation
Package	MRO - 2,500/- Consultant 2500/day
Others	Rec - 2,000/- 5-D-A 576/-
Initial Minimum Deposit	2,80,000/-

- REMARKS :**
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - 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.
 - 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.
 - Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
 - 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.
 - 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.
 - During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
 - 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.
 - 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.
 - Tariffs are subject to revision.
 - 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 time after discharge, I promise to settle the claim with the hospital.

Signature of the Client: Syed Junaid
Signatory Relationship: _____
Signature of the Financial Counselor: _____

Patient

VIH-00205729 IP-00060349
Master SYED MUSTAFA
28-03-2026 0 Y 2 M 18 D
Dr. JYOTI BOTHRA



SURGERY DETAILS

Date: 15/6/26
 Patient Name: Mast. Syed Mustafa Date of Birth: 28/3/26 Age: 2 months
 Gender: Male Ward: OT UHID No.: 205129
 Date of Surgery: 15/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery: left laparoscopic Pyeloplasty

Time in: 10:55 AM

Time Out: 2:50 PM

	NAME	AMOUNT
1. Surgeon	Dr. Jyoti Bothra	OT-charges
2. Anaesthetist	Dr. Vineetha / Dr. Santha	
3. Assistant Surgeon	-	Laparoscopic charges
4. OT Technician	Teeh. Rakesh	11:10 AM - 2:40 PM
5. Circulating Nurse	Sr. Mani	3090587
6. Assistant Nurse	Sr. Sheeja / Patan / Bhavani	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3090514 / 3090515

Order by: Ruby P

Handwritten notes at the top of the page, including the word "Introduction" and some illegible text.

Handwritten notes in the middle section, possibly starting with "The first part of the..."

Large handwritten notes at the bottom of the page, including a diagram or flowchart.

3090548/55

CONSUMABLES

Patient Na

Gender

Date

VIH-00205729

IP-00060349 CONB/SUR/OT/02

Master SYED MUSTAFA

28-03-2026

0 Y 2 M 18 D

Age :

Dr. JYOTI BOTHRA



15/6/26

OF OT Kap. Pyeloplasty

Rakesh

Circulating Staff : Mania Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 35 cuffed		1	Major Pack General	1		Inj. Vit. K		
LMA			Sutures 2303	2		Cord Clamp		
ECG leads : A/P/N	1		849	2		Suction Catheter		
HME filter : A/P/N	1		2437	1		Feeding Tube		
Syringe 10 cc	5					Vaccum Suction Set		
05 cc	6		Gloves PF65 + 78	2+2		Surgical Gloves		
02 cc			S-g-7 + 8 1/2	2+2		Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N	1		Surgical blade NO 11	2		Surgical Blade # 20		
IV set	1		NG tube NO 8	1		Koochies (S)		
RL	1		Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml	1		Koochies					
3 way stopcock	1		Ointments			D-J-stem 3F 12cm	1	
midatax	1		Suction Catheter					
Fentanyl 0.2 mask (P)	1		Cap. Mask	1		D-water 10ml	3	
Morphine Relipara	1		Gauze Pack	2				
Ketamine Transpare	1		Mop Pack	1				
Propofol	1		Steristrip	1				
Rocuronium	1		Underpad					
Glycopyrolate	1		Draw Sheet					
Myopyrolate myostigmine	2		Abgel					
Ondansetron	1		Foleys Catheter NO 8	1				
Pencan 25g/Spinal Needle 22 (Pead V-jon)	1		Urobag	1				
Bupivacine 0.25%	1		Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban	5				
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set	1				
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet	1				
Tab. Misoprost : 200 mg			Betadine Solution	1				
High pressure exteatin	1		Microshield	1				
microspike	1		Cotton Balls					
			Latex Gloves	10				
			Ramdione Scrub					
			Saral					

Dr. Jyoti B
Surgeon

Dr. Smita
Anaesthesiologist

Dr. Sheela/Ratna/Bharani
Nurse OT Technician

Order No. : 3090548 / 3090552 / 3090591 Ordered by : Ruby

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-00060349	Ward	N 0 GF-EMERGENCY
Patient Name	Master SYED MUSTAFA	Bed Name	ER 101
Age/Sex	0 Y 2 M 18 D / Male	Order No	0003090548
Date	15/06/2026 15:48	Prescription No	PRIP-1291390
Payor	SELPAY	Dispensed Date	15/06/2026 16:04
UHID	VIH-00205729		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
4	E.C.G LEADS	Philips	GENERAL	528825	04/27	1	792.00	792.00
5	Encore Microptic gloves-6.5		H	26020Q44IT	02/29	4	117.00	468.00
6	ENCORE MICROPTIC GLOVES-7.5 PF	ANSEL		250200381T	02/28	2	117.19	234.375
7	ET TUBE 3.5 CUFFED RUSCH			40E24M1074	11/29	1	365.00	365.00
8	EXXACTA-STOP COCK ROMSONS		GENERAL	GG26B010183	01/31	1	226.00	226.00
9	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	8	10.00	80.00
10	FOLEYS CATHETER 8FR POLYMED	RUSCH	GENERAL	22512642E	04/30	1	359.00	359.00
11	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
12	H.M.E FILTER (NEO)1441	Intrasurgical		332509698	04/30	1	708.00	708.00
13	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26030294	02/31	1	449.00	449.00
14	INFANT FEEDING TUBE-8	ROMSONS		GG26A010560	12/30	1	63.00	63.00
15	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
16	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
17	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
18	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
19	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	1	949.00	949.00
20	MYOSTIGMIN INJ 1ML	NEON LABORATORIES LTD	H	KP017027	08/28	2	5.33	10.66
21	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
22	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
23	PREGELLED (CORTAUTRY) PLA NEONATAL	The Advanced cadiomed	GENERAL	02503140802	03/27	1	1,518.75	1,518.75
24	PROLENE 4-0 NW 849	ETHICON SUTURES-J&J	C1	V4002	12/28	2	428.00	856.00
25	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
26	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252O93	11/27	1	737.08	737.08
27	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	1	69.39	69.39
28	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
29	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
30	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
31	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	VYGON		030725AG	07/30	1	302.00	302.00
32	STERI-STRIP 1 2*4IN. (R1547)	3M HEALTHCARE	GENERAL	3476X7	10/30	1	230.50	230.50
33	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	8	10.00	80.00

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

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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-00060349	Ward	N 0 GF-EMERGENCY
Patient Name	Master SYED MUSTAFA	Bed Name	ER 101
Age/Sex	0 Y 2 M 18 D / Male	Order No	0003090548
Date	15/06/2026 15:48	Prescription No	PRIP-1291390
Payor	SELPAY	Dispensed Date	15/06/2026 16:04
UHID	VIH-00205729		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
34	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	2	7.67	15.34
35	TRANSPORE 1 INCH	3M HEALTHCARE	GENERAL	R02261120	01/31	1	199.66	199.66
36	UROBAG (ADULT) - URODYNE		GENERAL	K26B050109	01/31	1	395.00	395.00
37	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
38	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		T5046	08/30	1	663.00	663.00
39	VICRYL 5-0 VP 2303	ETHICON SUTURES-J&J C1		T5012	08/30	2	584.00	1,168.00
Total :							12,567.69	14,703.19

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

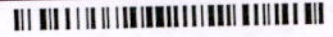
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Telangana.



INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060349	Ward	N 0 GF-EMERGENCY
Patient Name	Master SYED MUSTAFA	Bed Name	ER 101
Age/Sex	0 Y 2 M 18 D / Male	Order No	0003090552
Date	15/06/2026 16:02	Prescription No	PRIP-1291392
Payor	SELPAY	Dispensed Date	15/06/2026 16:06
UHID	VIH-00205729		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
2	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	1	103.95	103.95
3	DISPOSABLE APRONS STERILE XL	Medibblue		26051207	04/28	5	120.00	600.00
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254604	11/28	3	2.58	7.74
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
Total :							478.96	1,174.99

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI