Name	Baby Of CHINTALA RAJASREE	**UHID**	VIH-00190817
Father/Guardian	Mr MOHAMMED MUKARRAMUDDIN	**Age/Gender**	1 Y 2 M 1 D/Male
Address	H NO:6-7-95/A,OLD BOWENPALLY, Bowenpally, Hyderabad, Telangana, INDIA, 500011		
IP No	IP-00060304	**Admission Date**	10-06-2026
Ref Doctor	Self	**Discharge Date**	11-06-2026

DISCHARGE SUMMARY

Consultant:
Dr. JYOTI BOTHRA
DNB, MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGERY & UROLOGY

Diagnosis: Ileocolic Intussusception

Surgical Procedure: Hydrostatic reduction of intussusception done on 10.06.2026

History: Baby Of CHINTALA RAJASREE is a 1 Y 2 M 1 D boy presented with history of excessive cry, multiple episodes of blood stained jelly like loose stools since 1 day prior to admission. For the above complaints, he was admitted at Rainbow Children's Hospital for surgical management.

Previous Investigations: Ultrasound abdomen done on 10.06.2026 was suggestive of ileocolic intussusception, mesenteric lymphadenopathy.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. Heart rate was 130/min, BP 90/60 mmHg and RR - 30/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Neurologically, he was conscious and oriented. Other systemic examination was normal.

Weight on admission : 8.7 kgs.

Management: He was admitted in the ward and was started on intravenous fluids and intravenous antibiotics.

His complete blood picture showed Hb 8.7 gm%, WBC count of 16,200 cells/cumm, platelet count of 4.11 lakhs/cumm. Serum electrolytes showed Na - 137 mmol/L, K - 4.5 mmol/L, Cl - 104 mmol/L.

Surgical Procedure: Hydrostatic reduction of intussusception done on 10.06.2026

Operative Notes :

- Foley's No 18 inserted per rectum and inflated.
- Urograffin + NS instilled from a height of 3ft under pressure.
- Reduction of intussusceptum confirmed under C-ARM and USG.
- Colon decompressed.

Post Operative notes : Post operative period was uneventful. He was started orally on liquid feeds which he accepted and tolerated well. Repeat ultrasound abdomen done on 11.06.2026 was normal.

During the ward stay, his vitals were regularly monitored. As the child remained hemodynamically stable, he is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:

1. Diet as advised.
2. Syp. Amoxicillin + Potassium Clavulanate (5ml/200mg), 4ml 12th hourly (after food) for 4 days (Refrigerate after reconstitution).
3. Oral enterogermina, 1 mini bottle 12th hourly for 5 days.
4. Kindly consult with Dr. Jyoti Bothra, Consultant Pediatric Surgeon, if required in OPD with prior appointment (This consultation will be charged).

In case of fever

Syrup. Paracetamol (5ml/240mg), 2.5ml if required for fever > 100*F/ pain (maximum 6th hourly).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of Emergency for increasing breathing difficulty, dullness or high fever, Contact 040-42462200 Extn: 2010 (or) 7337357870.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.Sameera

Typist : Kalyan

Registrar/Resident/C.M.O

Dr. JYOTI BOTHRA

DNB, MCh (Pediatric Surgery), FMAS

SENIOR CONSULTANT PEDIATRIC SURGERY & UROLOGY

TSMC/FMR/02962

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
040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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

PatientName	: Baby Of CHINTALA RAJASREE	**Inpatient No.**	:	IP-00060304
Age/Gender	: 1 Y 2 M 0 D/ Male	**Admit Date**	:	10-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :10-06-2026 16:08
HEMOGLOBIN (Colorimetry)	**8.7**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	4.31	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**26.0**	**VOL%**	L	33 - 49
MCV (Calculated)	**60.4**	**fL**	L	70 - 86
MCH (Calculated)	**20.2**	**pg/cells**	L	23 - 31
MCHC (Calculated)	33.4	g/dL		30 - 36
RDW-CV (Calculated)	15.9	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	411	10^9/L		150 - 450
MPV (Calculated)	7.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	16.20	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**61**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**30**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	8	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : ANISOCYTOSIS WITH MICROCYTIC / HYPOCHROMIC, PENCIL CELLS(+) WBC: TC NORMAL WITH NEUTROPHILS SHOWING TOXIC GRANULES PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :10-06-2026 16:08
SODIUM (Direct ISE)	137	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	104	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Baby Of CHINTALA RAJASREE

1 Y 2 M 1 D

Male

IP-00060304

VIH-00190817

JYOTI BOTHRA

R26-009366

11-06-2026 12:22 PM

11-06-2026 01:38 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size and echotexture, No obvious focal lesions.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :

Right kidney : 59 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 55 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.
No ascites / lymphadenopathy. No evidence bowel wall thickening /edema.

HIMAYATHNAGAR Emergency 040 - 48873000 | BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516 | HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300 | KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100 | SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200 | KONDAPUR Emergency 040 - 4246 2400 | L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333 | NANAKRAMGUDA Emergency 040-69313233
1800 2122 www.rainbowhospitals.in

Baby Of CHINTALA RAJASREE

1 Y 2 M 1 D

Male

IP-00060304

VIH-00190817

JYOTI BOTHRA

7416782819

R26-009366

11-06-2026 12:22 PM

11-06-2026 01:38 PM

Impression

No obvious sonological abnormality in abdomen.

Rest unremarkable. No evidence of intussusception
Suggested clinical correlation.

11/00/2026
AFTERNOON
FIRST FLOOR

ULTRA SOUND ABDOMEN REQUEST FORM

PATIENT NAME :

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

DATE:

LIVER : Normal in size and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS : Right kidney : 59 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 55 mm. Normal in size and echotexture and shows smooth contour.
No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.
No ascites / Lymphadenopathy.No evidence bowel wall thickening /edema.

IMPRESSIONL:No obvious sonological abnormality in abdomen.

Rest unremarkable , No e/o intussception.

Suggested clinical correlation.

~~DR MOHD ABDUL KHALID MD, DNB.~~

~~*DR V. MAHIDHAR (MD)*~~

DR VAISHNAVI REDDY B (MD)

(Consultant Radiologist)

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow® Children's Hospital | BirthRight by Rainbow Hospitals

Patient Name : VIH-00190817 IP-00060304 Baby Of CHINTALA RAJASREE 10-04-2025 1 Y 2 M 1 D (M) Dr. JYOTI BOTHRA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	02	–	–	
4	Patient Trasfer Forms	02	–	–	
5	In-patient Medical Record	03	–	–	
6	Doctors Progress Sheets	02	–	–	
7	Nurses Progress notes	02	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
	Conset for Surgery	1	–	–	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1			
20	Anaesthesia notes(Pre Anaesthesia & Post)	2			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	1			
23	Operation Theatre notes	01	–	–	
24	Nurses Clinical Presentation				
25	TPR & BP chart	2			
	Intake and Output chart (fluid Chart)	2			
27	Drug Chart (Regular prescription)	3			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart				
31	Diabetic chart				Ok
32	Nutritional Review chart	1			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Others	12			
	Total No. of Pages	41			

Signature and Date : Bhavana C 11/6/25

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060304 **Admit Date** : 10-Jun-2026 **Admit Time** : 03:35 PM **UHID** : VIH-00190817

Patient Details :

Patient Name	: Baby Of CHINTALA RAJASREE	**Age**	: 1 Y 2 M 0 D
Guardian	: Mr MOHAMMED MUKARRAMUDDIN	**DOB**	: 10-04-2025 03:23 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO:6-7-95/A,OLD BOWENPALLY Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 7416782819/ 9573382903
		E-mail	: na123@gmail.com

Admission Details :

Bed Type	: SHARED WARD	**Bed No**	: ER 103	**Ward Name**	: N 0 GF-EMERGENCY
Room No	: ER 103	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr MOHAMMED MUKARRAMUDDIN	**Relationship**	: Father
Contact Address	: H NO:6-7-95/A,OLD BOWENPALLY Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 7416782819 / 9000454064

Signature

Doctor Details :

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

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D
Dr. JYOTI BOTHRA (M)

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Wt - 8.7kg
Ht - 70cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Rajasree Age : 1yr Gender: ☑ Male ☐ Female

Date : 10/6/26 Time of Arrival : 3:21Pm

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: 97.6°F PR: 130b/m BP: Crying RR: 36b/m SpO2: 99%

Chief Complaints: Came for Surgery (Hydrostatic reduction)

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance ☑ Normal ☐ Sick Looking	Circulation / Colour ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time : 3:24Pm

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 : Sr. Leena

Signature of Triage Nurse : [signature]

Date & Time : 10/6/26 @ 3:24Pm

Patient Name : B/O. CHINTALA RAJASREE UHID : VIH-00190817 IPD : IP-00060304 Gender : Male Age : 1 Y 2 M 0 D

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 3:25pm

Chief Complaints: Came for Surgery (Hydrostatic reduction RBS: ....

Height : 70 cm Weight 8.7 kg 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 Family

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

Time of Initial assessment completed by ER Nurse : 3:27pm

Patient Name : B/O. CHINTALA RAJASREE UHID : VIH-00190817 IPD : IP-00060304 Gender : Male Age : 1 Y 2 M 0 D

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

Inj. Augmentin Test dose given @ 4:18Pm

Time	Nursing Notes
3:21PM	* pt Came to ER from Dr. Jyothi mam OPD
3:22PM	* vitals checked and Recorded
3:28PM	* ER Doctor seen the pt & Admission intimation given
3:35PM	* Admission Done
4PM	* IV placement Done
4:10PM	* samples collected & sent to lab
4:40PM	* pt shifted to O.T

last NPO - 1PM (Breast fed)
2:40PM - water given

Samples collected by: Sr. Hema — Time: 4PM
Samples sent by : Sr. Hema — Time: 4:10PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4:15PM	Inj. BusCopan	IV	4mg	[signature]	[signature]
4:18PM	Inj. Dexamethasone	IV	4mg	[signature]	[signature]
4:45PM	inj. Amoxicillin	IV	4.5mg.	[signature]	[signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 129b/M BP: Crying CFT: <3sec	Shift - out from ER to: O.T
RR: 29b/M SPO₂: 99%	Time of Shift - out: 10/6/26 @ 4:40
GCS: 4.5.6 Temperature: 98°F	Handover given to: Sr. Prasoona (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : Sr. Architha Signature of the Nurse : [signature]

Date & Time : 10/6/26 @ 4:40pm.

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

VIH-00190817 IP-00060304 Baby Of CHINTALA RAJASREE 10-04-2025 1 Y 2 M 0 D (M) Dr. JYOTI BOTHRA	Date & Time of Admission 10/6/26@3:35PM	Date & Time of Transfer Order 10/6/26@ 4:40
Treating Consultant Name	Transfer Ordered by Dr. Viswaja	Reason for Transfer Admission
From Unit ER	To Unit O.T	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	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 OP file given

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
Sr. [signature]	Dr. Viswaja

Patient & Clinical Records Received by : Dr Praveena

Date & Time of Patient Received : 10/6/26 @ 4:40 pm

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

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

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

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00190817 IP-00060304 Baby Of CHINTALA RAJASREE 10-04-2025 1 Y 2 M 0 D (M) Dr. JYOTI BOTHRA	10/6/26 @ 3:35pm	10/6/26 @ 6:30pm.
	Transfer Ordered by	Reason for Transfer
	Dr. Srnidhara	Post op Care
From Unit	To Unit	Information to Attendant
OT	137	Yes ✓ ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ✓ ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Prasoone	Dr. Srnidhara.

Patient & Clinical Records Received by : Sreekanth

Date & Time of Patient Received : 10/6/26 @ 6:45pm

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

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

UHID ID:

Department:

Consultant:

Pediatric Multiorgan History & Physical Examination

Name : B/o Rajashree Age/Sex 1yr / Male

Information given by: mother. Relationship

Chief Presenting Complaints & Duration (Chronologically)

C/o Red jelly like stools
since yesterday night

History of present illness :

child presented c̄ c/o
Excessive cry + loose stools - multiple episodes
since yesterday night
↓
loose, watery stools
2 episodes of Blood stained Jelly like stools
↓
USG ⇒ ileocolic intussusception
admitted for Hydrostatic reduction
SOS - laparoscopic reduction.

NPO for solids since - 12:30pm } today
liquids since - 3pm.

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

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

10/6/26

USG : Ileocolic intussusception
mesenteric lymphadenopathy

Birth & Neonatal History:

FT/LSCS/ 3.2kg / CCAB / No NICU stays

3 yrs.

Birth & Socio Economic History:

About Father :
About Mother : } class III
Any additional Information :

Developmental History :

appropriate for age in all domains

Immunization History :

Received upto date vaccination

(P.T.O.)

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.7 kg (Centile ______)

On Examination :

Temperature : 97.6°F Pulse Rate : 130/min B.P. crying SPO2 99%.

Resp.rate and type of breathing : 30 b/m.

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-).

Respiratory System :

Inspection (any s/o distress) : (N)

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

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : (N)

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : intact

Motor System:

Nutriton : (N)

Tone: (N) Power 4/5 all limbs.

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (-)

Reflexes : +

DTR +

Superficials:

Plantars flexor

Sensory System : +

Bladder / Bowel : ↑ Bowel movement

Clinical Summary & Diagnostic:

Ileocolic intussusception
↳ admitted for Hydrostatic reduction
(SOS - laparoscopic reduction)

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complication.

Desired goals of the treatment : To treat current condition

Planned Labs:

CBP ✓
S/E ✓
PAC

Planned Management

1) NPO
2) shift to OT.

Noted by
S.V. [illegible]
10/6/26 @ 3:30pm

Signature of the Doctor: [signature]
Name of the Doctor: [illegible]
Date & Time: 10/6/26

Signature of the Consultant: [signature]
Name of the Consultant:
Date & Time:

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/D/w Dr. Jyothi mam.	
10/6/26 11:00pm		Adv
		– Continue IVF.
		– Allow clear liquids.
	Dr. prathar.	– U/u Abd – Hm.
		Noted by Subhen 10/6/26 @ 11Pm

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 9:00AM	C/B Resident	
	Dx: Ileocolic Intussusception.	
	S/p: Hydrostatic reduction of intussusception.	
	on clear liquids + mother fed him milk.	
	H/o - Adenitis.	
	O/E	
	Child Alert, Active	
	Vitals stable	Plan
	CVS: S1 S2 (+)	
	RS: BLAE (+)	→ plan for USG Abdomen today.
Dr. pravin	P/A: soft	
	CNS: NAD	→
		Continue clear liquids.
		- Continue IVF.
		- Inj. Augmentin - 8th hrly IV.
	Bothra	- Inj. Buscopan - 8th hrly IV.
		Noted by Bevanika 11/6 @ 2pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11.6.26 1:30 PM	S/B Dr. Jyoti	
	Ileocolic Intussusception	
	O/E child - stable	
	CRT < 3 sec.	
	afebrile	
	H/L - NAD	
	P/A - soft	
		Plan
		→ Start solids
		→ Probiotic
	[signature] (Dr. Sameera)	→ Discharge today
	[signature]	
		Noted by Beronika 11/6 @ 3pm

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

(P.T.O)

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

..JRSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Ileocolic Intussusception			Any Infection: ☐ Yes ☑ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure: Hydrostatic Reduction			Post OP Day: —			
BACKGROUND	Date / Shift	10/6/26 Evening	10/6 E	10/6/26 E	10/6/26 Night	11/6/26 M	
	Medical Condition (Any special condition to be noted):	Nil	—	Nil	Nil	Nil	
	Diet:	NPO	Liquids	Liquid	Clear liquid	Clear Liquid	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	98.6F.	98.6F	97.6F	98.6F	
	Res:	29b/m	24b/mt	28b/m	31b/mt	28b/m	
	SpO_2:	99%	98%	99%	99%	99%.	
	Pulse:	128b/m	120b/mt	119b/m	120b/mt	115b/m	
	BP:	Crying	90/60 mmHg	Crying	Crying	95/60	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	14	15	15	14	14	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	—	—	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	NPO	Liquids	Liquids	Clear liquid	Clear Liquid	
	Critical Lab Test / Values:	Nil		—	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	dependent	dependent	
Post Operative Procedure Special Orders:		Nil	only clear liquids	clear liquids	Nil	Nil	
Handed Over By Name :		Sangeetha	Aroon	Sreelath	Subham	Benorika	
Signature / ID :		[illegible]	[illegible]	607317	[illegible]	018727	
Date:		10/6/26	10/6/26	10/6/26	11/6	11/6/26	
Time:		@ 5pm	@ 6:40pm	@ 8pm	@ 8 Am	@ 2pm	
Taken Over By Name :		Aroon	Sreelath	Subham	Benorika		
Signature / ID :		[illegible]	607317	[illegible]	018727		
Date:		10/6/26	10/6/26	10/6/26	11/6/26		
Time:		@ 5pm	@ 6:40pm	@ 8pm	@ 8am		

Noted by Benorika 11/6 @ 2pm

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

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

NURSING SHIFT HAND OVER FORM

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

Section	Item						
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Rainbow Children's 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 : Baby Of CHINTALA RAJASREE	Age : 1 Y 2 M 0 D	Gender : Male
UHID :VIH-00190817	I.P. NO. 00060304	WEIGHT :

Surgeon : Dr.. JYOTI BOTHRA	**Asst surgeon :** Dr —
Anaesthetist : Dr SUNIDHARA	**OT Nurse :** S/N Sheela, Maria.
Surgical Procedure :. Hydrostatic reduction of intussusception	
Indications for Surgery : Ileocolic Intussusception	
Anaesthesia - GA	

PRE-OPERATIVE PREPARATION-
Betadine skin preparation

OPERATIVE NOTES:
- Foley's No 18 inserted per rectum and inflated.
- Urograffin + NS instilled from a height of 3ft under pressure.
- Reduction of intussusceptum confirmed under C-ARM and USG.
- Colon decompressed.

DISCHARGE ORDERS
- Clear liquids only
- Inj Augmentin 250mg hrly
- Inj Buscopan 1ml mgs IV Q8H
- 1/v 1/2 DNS 35ml/hr
- Vitals chart

Consultants Surgeon's Name
Dr. JYOTI BOTHRA
Date : 10/6/26

Consultant Surgeon's Signature
Time : 5:30pm.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Jyoti Bothra
Asst. Surgeon : —
Anaesthetist : Dr. Vineetha / Sruthi
Scrub Nurse : Sheeja / Maria.

Age : 1yr Gender : Male
Surgery Name : Orchidopexy
Date : 10/6/26 In-time : 5:15pm Out-time : 5:30pm

Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 5:10PM

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: 5:15pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No (Hydrocele Reduction)

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☑ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : [signature]

Name : Sr. Prasoona.

Before Patient Leaves Operating Room

SIGN OUT Time: 5:30pm

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. Jyoti Bothra.

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : B/o. Chintala Rajashree Gender: ☑ Male ☐ Female Age : 1yr

UHID No : 190817 Date : 10/6/26

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)

Hydrostatic Reduction SOS Laparoscopic Reduction of Intussusception upon (Name of the Patient) B/o Rajashree

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

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 Jyoti Bothra

Consentee :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : CH. Rajasree

Name : CH. Rajasree

Relationship with Patient: MOTHER.

Date & Time : 10/6/26 @ 5pm

Witness :

Signature : [signature]

Name : Mukarram.

Date & Time : 10/6/26.

Doctor (who is taking the consent) :

Signature : [signature]

Name : DR. Jyoti Bothra

Date & Time : 10/6/26 @ 5pm

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

PRE - OPERATIVE CHECK LIST

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

Date : 10/6/26

Patient ....Age : 1yr ......Gender : ☐M ☐F

Blood Group : ....UHID: ....................I.P. No. ....

Planned Surgery : Hydrostatic reduction Surgeon : Dr. Jyoti Bothra

Anesthetist : ....Date & Time of Operation : ....

Tick appropriate boxes :

To befilled by Nurse Incharge / Senior Nurse :

S.No.	Instructions	YES	NO
1	Weight checked and recorded ? 8.7 kg	☑	☐
2	Is the patient fasting for over 6 hours pre-operatively ?	☑	☐
3	Check pre-OP investigations & results (CBP, Blood Group, BT, CT, PT/APTT Viral Screening , CXR etc) Discuss with Registrar / Consultant	☑	☐
4	Enema given / Bowel Preparation	☐	☑
5	Remove all ornaments, etc and sterile gown given	☑	☐
6	Is Blood arranged as required ?	☐	☑
7	If Blood has been ordered - is Blood bag read ?	☐	☑
8	IV Cannula to be placed / IV Fluids if indicated	☑	☐
9	Pre Anesthetic consultation with anesthesiologist	☑	☐
	Pre medications given ? (Sedative / etc)	☐	☑
11	Skin Preparation	☐	☑
12	Surgery consent / High Risk consent taken by surgeon ? (Consent should be taken by the operation Surgeon only)	☑	☐
13	Other (if any)	☑	☐

NOTE : If any of above is ticked "No" Discuss with the registrar / consultant immediately

Date : 10/6/26 Time : 3:30 Pm

Jyothi
Signature of Nurse in-charges

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: B/o Chintala Rajasree Age: 1yr2m Sex: Male UHID.No :

Date: 10/06/26 Time: 3:35pm Proposed Operation: Hydrostatic Reduction sos laparoscopic Reduction

Diagnosis: Ileocolic Intussusception.

B.P / CRT: H.R: 146/m. Weight: 8.7kg. ASA Physical Status: ☑1 □2 □3 □4 □5

SpO2: 98%

Laboratory Data:

Hgb: 8.7	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 16.2	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 4.1 L	Na: 137	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K: 4.5	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	USG - 1. Ileocolic intussusception 2. Mesenteric lymphadenopathy
INR:	Mg++:	Amylase:	TSH	
	Cl-: 104	SGOT/SGPT:	Allergies: NKDA.	

Medical History: CVS: No active cardio respiratory complaints.

RESP: Diabetes:

CNS: H/o Red jelly like stools since yesterday night. LCCS / FT / no NICU admission / BWt - 3.2kg / CIAB / Immunised till date.

Renal:

Hepatic / GE:

Others: | ⊝.

Physical Activity: Active child.

Past Anaesthetic History: -

Physical Exam: paediatric airway.

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

Lungs: B/L AE (+), clear.

Heart: S1 S2 (+).

CNS: Active.

Pregnant: □ Yes □ No ☑NA Venous Access Site: accessible. Spine Exam for regional:

Anaesthetic Plan: □ MAC ☑ REGIONAL ☑ GA-ETT □ LMA

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

Banana & mother milk - @ 12.40 pm
Water - @ 3.00 pm

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:
   - CRP after cannulation.

Signature: [signature] Name: DR. M. VINEETHA

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

ANAESTHESIA CHART

Pre Induction Assessment:

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

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

H.R: 120/min B.P / CRT: 82/60 mmHg SpO2: 100% R.R: 30/min Last Feed: 3 pm water

Pre-OP Diagnosis: Intussuception Operation: Hydrostatic Reduction Date: 10/06/26.

Surgeon: Dr. Jyothi Anaesthesiologist: Dr. Sunidhara / Dr. Vineetha Technician: Mr. Rakesh

TIME	5.15	(30)
N_2O /AIR /O_2 LPM		
HALO /ISO /SEVO		
Drugs:		
MIDAZOLAM	0.4 mg	
FENTANYL	14 mcg	
PROPOFOL	15 mg + 15 mg	
FIO_2 / SaO_2	100	
$ETCO_2$	35	
ECG	SR	
Temperature	36.7	
Urine Output		
Fluids / Blood		

Antibiotic
Suppository
Blood Loss
NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240)
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 3 lead
☑ 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: 5.15 Pm
OP Start: 5.18 Pm
OP End: 5.25 Pm
Leave OR: 5.30 Pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional c̄ drugs.

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why?

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: DR. M. VINEETHA
Signature of the Doctor: [signature]

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : B/o Chintala Rajasree. Age : 1 yr Gender : Male ☐ Female ☐

UHID NO: VLH 00190817 Surgeon Name: Dr. Jyoti Botha.

Anaesthesiologist : Dr. Vineetha

Operative procedure planned : Hydrostatic Reduction SOS Laparoscopic Reduction.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Desaturation, 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 B/o Chintala Rajasree the above mentioned operation / Diagnostic / Therapeutic procedures Hydrostatic Reduction SOS Laparoscopic Reduction.

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

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

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

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

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : CH. Rajasree

Name : CH. Rajasree

Relationship with Patient: MOTHER

Date & Time : 10 JUNE 2026

Witness :

Signature : [signature]

Name : M.Meera

Date & Time : 10/6/26

Doctor (who is taking the consent) :

Signature : [signature]

Name : DR. M. VINEETHA

Date & Time : 10/06/26.

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr Prasoona Time Received : 5:35 pm. Time Discharged : ....

RESP • PULSE ^ v BLOOD PRESSURE (chart, 0–250)

SPO2: 97 98 97 97 98

IV Cannula Site : Rt ant

☑ 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: No drug administer

IV Fluids: Nil
Oral Feeds: Water @ 6pm.

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0		ACTIVITY	1	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0		CIRCULATION	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS	1	1	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0		COLOR	2	2	2	2	2	
		TOTAL	8	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	5:40 pm	0/Score	—	[signature]

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

Anaesthesiologist Name : Dr. Sunnidhara.
Anaesthesiologist Signature: [signature]
Date & Time: 10/6/26 @ 6pm

PACU Nurse Name : Sr Prasoona
PACU Nurse Signature: [signature]
Date & Time: 10/6/26 @ 6pm

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

Transferred to Unit by (PACU): Sr Prasoona
Date & Time: 10/6/26 @ 6 pm.

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

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

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 : ....

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 10/6/26

To Be Filled In By Assigned Nurse:

Department: CR Duration of Procedure : 15mins

Name of Surgeon: Dr. Jyoti Bothra Date of Admission : 10/6/26

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:	[signature]
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	[signature]
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Tympanic (Goal: 36-37°C)	[signature]
4.	Name of doctor or staff administering the antibiotic: .... Date & Time of antibiotic administration: .... Date & Time procedure started: 10/6/26 @ 5:45pm.	[signature]

- 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 Hospital

BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of CHINTALA RAJASREE**	**Age :**	**1 Y 2 M 0 D**
IP No:	**IP-00060304**	**Sex:**	**Male**
Consultant:	**Dr. JYOTI BOTHRA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 103**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: MOHAMMED MUKARRAMUDDIN

Relationship: Father

Date: 10/06/26

Time: 03.35PM

Wittness Name: [illegible]

Wittness Signature:

Patient Address:
H NO:6-7-95/A,OLD BOWENPALLY
Bowenpally Hyderabad Telangana
INDIA 500011

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

Patient S

ICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6/26

Time:	5	6	10	1	3	5	7
Doctor / Nurse / Family Concern?	pm	pm	PM	AM	AM	AM	AM
Temperature (°F)	98.6F	98.6F	98.6F	98.6F	98.6F	98.0F	98.4F
Heart Rate (Number)	120	122	121	129	131	124	119
Resp Rate (Number)	20	24	28	31		35	
Resp Distress Mod/ Severe							
Resp Distress None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	98	99	96	97	98	99	100
Conscious Level Normal	N	N	N	N	N	N	N
Conscious Level Altered							
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	M	M	SK	SK	SK	SK	SK

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

Heart Rate (bpm) and Blood Pressure (mmHg) * 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 (bpm) Over 1 Minute) * scale: 70, 60, 50, 40, 30, 20, 10

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

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

Patient Sticker

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)

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/26 Time:	9	11	1
Doctor / Nurse / Family Concern?	am	am	pm
Temperature (°F)	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Heart Rate (Number)	112	115	110
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	30	25	31
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99	100	98
Conscious Level — Normal	N	N	N
Conscious Level — Altered			
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	B	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 Bavonika 11/6/28 @ 3pm

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

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

Patient Sticker

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- Detailed actions are described according to increasing Early Warning Score.
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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

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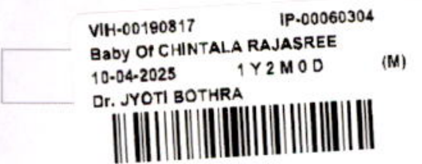
I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory 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)



FLUID CHART

Sheet No. : ......1......................

10/6/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm			½DNS								
	09:00 pm			35ml								
	10:00 pm			35ml						✓		
10/6	11:00 pm		water	35ml							P	Subha 10/6
	12:00 am			35ml						✓		
	01:00 am			35ml								
Total Intake :		175ml				Total Output :						
	02:00 am			35ml								
11/6/26	03:00 am		water	35ml						✓		Subha
	04:00 am			35Ml							P	11/6/26 @7AM
	05:00 am			35Ml								
	06:00 am			35Ml								
	07:00 am			35Ml						✓		
Total Intake :		210ml				Total Output :						

Total 24 hrs. Intake	385 ml

Total 24 hrs. Output	4times

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Dr. JYOTI BOTHRA

FLUID CHART

Sheet No. : ....(2)...........

11/6/26

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 Thrombophlebitis Score	Sign. Nurse
11/6/26												
	08:00 am			35ml								
	09:00 am		water	35ml						✓		
	10:00 am			35ml								Benarika
	11:00 am		coconut water	35ml							0	11/6
	12:00 pm											
	01:00 pm									✓		@2pm
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 :**						

Noted by Benarika 11/6 @2pm

Total 24 hrs. Intake	

Total 24 hrs. Output	

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10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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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: .....O.T.....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vishwaja / [signature]

Date & Time : 10/6/26 @ 3:20Pm

Nurse Name & Signature: Sr. hema [signature]

Date & Time : 10/6/26 @ 3:20Pm

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

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Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

VIH-00190817 IP-00060304
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Dr. JYOTI BOTHRA

REGULAR PRESCRIPTIONS

Weight. 8.7 kg. Ward. O.T

DRUG : Inj. AMOXICILLIN & K CLAVULANATE				Date / Time	10/6	11/6
Dose	Route	Frequency	Start Date	6 AM		
250mg	IV	8thly	10/6/2			
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth				2 PM		
Additional Instructions: 30mg/kg/dose.				10 PM		
Daily Doctor's Endorsement by a Sign						

10/6/2025 6pm

DRUG : Inj. BUSCOPAN				Date / Time	10/6	11/6
Dose	Route	Frequency	Start Date	6 AM		
4mg.	IV	8thly	10/6/2			
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth				2 PM		
Additional Instructions: 0.5mg/kg/dose.				10 PM		
Daily Doctor's Endorsement by a Sign						

10/6/2025 6pm

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

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

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE (M)
10-04-2025 1 Y 2 M 0 D
Dr. JYOTI BOTHRA

Weight. 8.7kg Ward. O.T

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6	4:13 pm.	INJ. DEXAMETHASONE (0.5mg/kg)	4mg	IV	[signature]	Sugathri
10/6	4:45 pm.	INJ. AMOXICILLIN + CLAVULANATE (30mg/kg/dose)	260mg	IV	[signature]	Sugathri
10/6	4:15 pm.	INJ. BUSCOPAN (HYOSCINE BUTYL BROMIDE)	4mg	IV	[signature]	Sugathri

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

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Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

I.V. FLUIDS CHART

Weight. 8.7 kg. Ward. O.T

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6/2	7:40pm	IVF - 1/2 DNS	IV	35	[illegible]	[illegible] / [illegible]	11/6		[illegible] / [illegible]

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

VIH-00190817 IP-00060304
Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

RESULT SHEET

Date	10/6/26					
Time	16:08					
Hb	8.7					
PCV	26.0					
RBC						
WBC	16.20					
N/L						
Platelets	411					
CRP						
ESR						
PCT						
RBS						
Na	137					
K	4.5					
Cl	104					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

ESTIMATION SLIP

Date: 10/06/26 UHID/IP No.: VIH-190817 Sl. No.: 28880

Name of Patient: B/o Rajasree Age: 1yr Gender: M

Father's / Husband's Name: Mr. Mukram Corporate/Occupation:

Address: Bowenpally Phone: 7416782819 Email:

Procedure/Plan: Hydrostatic Reduction DOS:

MODE OF PAYMENT: ☐ SELF ☑ TPA: Medi Assi ☑ GIPSA: National ☐ OTHER

TARIFF INFORMATION: Dr. Jyoti bothra

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges					12 Noon to				
Doctor's Fee					12 Noon Billing				
L. Tax	9000		12,000						

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	1,06,000/-
O.T Consumables	10,000/- Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	As per actual – Not Included In Estimation

Equipment Charges				
Monitor: 1,500/-	Oxygen:		Infusion Pump/Syringe Pump: 900/-	
Ventilator	Conventional:	HFO-SLE 5000:	HFO-Sensormedix:	
Phototherapy	Single Surface:	Double Surface:	Triple Surface:	

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual – Not Included In Estimation
Package: NHA - 2,000/-	IDF - 1,500/- MRD - 250/- Diet 1,000/Day
Others: consultant	2,500/Day. 5% D.A, 5% hsf.
Initial Minimum Deposit: 25,000/-	

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of 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.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. 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 | Signatory Relationship | Signature of the Financial Counselor

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Baby Of CHINTALA RAJASREE
10-04-2025 1 Y 2 M 0 D (M)
Dr. JYOTI BOTHRA

ACTIV... NG

Name: -

UHID No . ---------- IP No : ---------- Consultant : ---------- Dept : Pediatrics

Date of Admission : 10/6/26 Time : 3:35 PM Date of Discharge : ---------- Time: ----------

Room / Bed No : O.T Ward : O.T Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	4:40	ER	O.T	[signature]
10/6/26	6:40pm	OT	134	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	CBP, Electrolytes	26019915	[signature]
	USG Abd	26009366	[signature]
	Goso checked by	Colpang	11/6 @ 2pm.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/6	Infusion pump.	8pm	11/6 2pm	3089188	[illegible]
	Cross checked by [illegible]			11/6 @ 2pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/6/26	Iv Placement	1	3089186	[signature]
10/6/26	PAC	1	3088848	[signature]
	Cross checked by Kalpang (10@ 2pm)			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[signature] Kalpang.		