

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No: -----
 Date of Admission: -----
 Room / Bed No: ----- Ward: -----

IP-00060319
 Baby Of RAPOL ESHWARI
 1-06-2026
 0 Y 0 M 0 D 19 H (M)
 Dr. SURENDER RAO DUSA

----- Consultant : ----- Dept : -----
 ----- Date of Discharge : ----- Time: -----
 ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	4:05 PM	OT	NICU	[Signature]
12/6/26	7:15 PM	NICU →	214	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Jyothi Botla	11/6/26	3089309	[Signature]
2.	Dr. Md. Abdul Khalid	12/6/26	3089503	[Signature]
3.	Dr. Mustazakamal	12/6/26	3089501	[Signature]
4.	Cross checked done by Sr. Anusha 14/6/26			
5.	Dr. Sruthi	15/6/26	3090642	[Signature]
6.	Dr. Jyothi	15/6/26	3091155	[Signature]
7.	Dr. Jyothi	15/6/2026	3091162	[Signature]
8.	Dr. Sruthi	17/6/2026	3091157	[Signature]
9.	For cross checked by Dr. Jyothi 17/6/2026			
10.	Sai Krishna	18/6/26	3091634	[Signature]

Dr. Md. Abdul Khalid


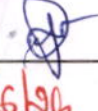

3092062

[Signature]

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/6/26	CBP, PT/Aptt, Blood grouping	26020039 ✓	[Signature]
	Blood culture	26020040 ✓	[Signature]
	CUE	26020041 ✓	[Signature]
	Urine culture	26020042 ✓	[Signature]
	VBG, RBS - 48	26020043 ✓	[Signature]
	ABG, RBS - 85 mg/dl	26020045 ✓	[Signature]
	X-Ray	26069390	[Signature]
	RBS	26020076 ✓	[Signature]
12/6	CBP, CRP, s/e calcium, urea, creatinine	26020105 ✓	[Signature]
	SBR	26020106 ✓	[Signature]
12/6	USG Abd, MCOUG	26009422 ✓	[Signature]
	2D Echo	26009420 ✓	[Signature]
12/6	ABG, RBS	26020198 ✓	[Signature]
12/6	ABG, RBS	26020236 ✓	[Signature]
13/6	ABG, RBS	26020237 ✓	[Signature]
13/6	CBP, s/e, CRP, urea, creatinine, calcium, SBR	26020249 ✓	[Signature]
		26020222 ✓	[Signature]
13/6	RBS	26020322 ✓	[Signature]
14/6	CBP, CRP, s/e, SBR	26020339 ✓	[Signature]
14/6	ABG, RBS	26020358 ✓	[Signature]

PROCEDURE

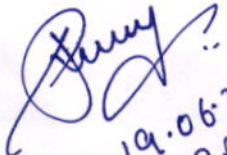
Date	Procedure	Quantity	Order No.	Signature
11/6/26	IV placement Catheterisation	①	3089222	
12/6/26	PAC	①	3089529	
Cross checked done by Sr. Achuk 14/6/26				
19/6/26	IV placement	①	3090462	
Cross checked by Sr. Owen 17/6/26				
18/6/26	AABR	1	3091635	E

ANY OTHER INFORMATION

Date: 19.06.2026

Time: 8Am

Prepared By: MEnay

<p>Staff Nurse</p> <p><i>Padmg</i></p>	<p>Shift / Ward</p> <p> 19.06.2026 8Am</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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DAILY INVESTIGATION SHEET

Patient Name ^{11H-00205821} Jaby Of RAPOL ESHWARI ^{IP-00060319}
 1-06-2026 0 Y 0 M 0 D 19 H (M)
 Age : ^{Jr. SURENDER RAO DUSA} No. :



Date	Investigation	Waru	Signature	Io.	Received Date & Signature
15/6/26	CBP, CRP, S/E, SBR	NICU	sy	260202102	
15/6/26	RBS	NICU		26020403	
<i>Cross checked done by Sr. Achah 15/6/26</i>					
15/6/26	urea, creatinine.	NICU		26020481.	
16/6	RBS	NICU	sy	26020522	✓
17/6	Urea, creatinine, S/E	NICU	sy	26020604	✓
	Bicarbonate				
	RBS			26020608	✓
<i>Cross checked done by Sr. Achah 17/6/26</i>					
	CRP, CRP, Sm. Electrolyte	2nd floor	CT	26020883	
	RBS	3rd floor		26020841	
	RBS			26020736	
19/6/26	USG Abdomen			26009817	

(V)

Patient Name : _____

Registration No.: _____

Pres
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
11/6/26	1.00	RBS - 4PM - 48 mg/dl	<i>[Signature]</i>	26020043
	2.00	RBS - 5PM - 88 mg/dl	<i>[Signature]</i>	26020045
	3.00	RBS - 11PM - 120 mg/dl	<i>[Signature]</i>	26020076
12/6	4.00	RBS 5AM - 113 mg/dl	<i>[Signature]</i>	26020106
12/6	5.00	RBS - 5PM - 106 mg/dl	<i>[Signature]</i>	26020198
12/6	6.00	RBS - 11PM - 84 mg/dl	<i>[Signature]</i>	26020286
13/6	7.00	RBS - 7AM 83 mg/dl	<i>[Signature]</i>	26020287
13/6	8.00	RBS 8PM 80 mg/dl	<i>[Signature]</i>	26020322
14/6	9.00	6AM RBS - 83 mg/dl	<i>[Signature]</i>	26020358
15/6	10.00	6AM RBS - 74 mg/dl	<i>[Signature]</i>	26020403
	11.00	<i>Cross checked done by Dr. Acharya</i>		15/6/26
16/6	12.00	6AM RBS - 83 mg/dl	<i>[Signature]</i>	26020524
17/6	13.00	6AM RBS - 72 mg/dl	<i>[Signature]</i>	26020608
	14.00	<i>Cross checked by Dr. Acharya</i>		17/6/26
18/6	15.00	6AM RBS - 81 mg/dl	<i>[Signature]</i>	26020736
19/6/24	16.00	6AM RBS - 51 mg/dl	<i>[Signature]</i>	26020841
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

19/06/2026
MORNING
1st FLOOR

ULTRA SOUND ABDOMEN REQUEST FORM

VIH-00205821 IP-00060319
Baby Of RAJOL ESHWARI
11-06-2026 0 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA

PATIENT NAME :

DATE:



LIVER : Normal in size ^{5cm} 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 ^{3.5L} and echotexture.

PANCREAS : Normal in size ^{pan uninv} and echotexture. MPD not dilated. No calcification noted.

KIDNEYS : Right kidney : ³⁹ mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi. ^{APPD 2.5mm}

Left kidney : ⁴⁰ mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi. ^{APPD - 2.5mm}

URINARY BLADDER : Distended well and appears normal. ^{Wall thickness - 2.6mm}
No ascites / Lymphadenopathy. No evidence bowel wall thickening / edema.

IMPRESSION: ~~No obvious sonological abnormality in abdomen.~~

Rest unremarkable

Suggested clinical correlation.

- ① Increased wall thickness of urinary bladder
- ② Post voidal residue - 6mm ± mobile internal echoes
- ③ Prominent bilateral renal pelvis
- Rt APPD - 2.5mm
- Lt APPD - 3.5mm
-- Suggested follow up imaging after 2 wks

^{File}
DR MOHD ABDUL KHALID MD, DNB.

DR V. MAHIDHAR (MD)

DR VAISHNAVI REDDY B (MD)

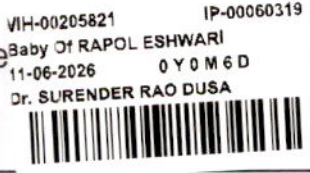
(Consultant Radiologist)

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name: **Baby Of RAJOL ESHWARI**
 11-06-2026 0 Y 0 M 6 D (M)
 Dr. SURENDER RAO DUSA
 Ward:

IP.No:
 DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	-	-	
2	Discharge Summary	2	-	-	
3	Nursing Initial assessment form	1	-	-	
4	Patient Transfer Forms	2	-	-	
5	In-patient Medical Record	4	-	-	
6	Doctors Progress Sheets	8	-	-	
7	Nurses Progress notes	5	-	-	
8	Consultation Sheets	3	-	-	
9	General Consent for Treatment	1	-	-	
10	Consent for Surgery <i>Formula Feed</i>	1	-	-	
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent. <i>nicu</i>	+	-	-	
16	Consent for Special Procedure	2	-	-	
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	1	-	-	
24	Nurses Clinical Presentation				
25	TPR & BP chart	6	-	-	
26	Intake and Output chart (fluid Chart)	3	-	-	
27	Drug Chart (Regular prescription)	3	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	<i>Humpy Dumpty (Jam)</i>	4	-	-	
	<i>pain (Jam)</i>	3	-	-	
	<i>Paracetamol (Jam)</i>	3	-	-	
	<i>Phenobarbitone (Jam)</i>	3	-	-	
	<i>ephen (Jam)</i>	10	-	-	
	<i>Intensive Care Unit</i>	2	-	-	
	Total No. of Pages				

15 pages

Signature and Date : *[Signature]*

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060319

Admit Date : 11-Jun-2026

Admit Time : 05:07 PM UHID : VIH-00205821

Patient Details :

Patient Name : Baby Of RAPOL ESHWARI

Age : 0 D

Guardian : Mr T PRABHAKAR

DOB : 11-06-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : HNO-9-6-63/2 ANJALIAH NAGAR Hasmatpet
Hyderabad Telangana INDIA 500009

Phone No : 8790058002

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : NICU

Bed No : NICU 248

Ward Name : N 2F-NICU I

Room No : NICU 248

Admission Type : First Visit

Contact Details :

Name : Mr T PRABHAKAR

Relationship : Father

Contact Address : HNO-9-6-63/2 ANJALIAH NAGAR Hasmatpet
Hyderabad Telangana INDIA 500009

Phone No : 8790058002 / 7730016822

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :


Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

PATIENT TRANSFER FORM

Patient Name / I.P. No. VIH-00205821 IP-00060319 Baby Of RAPOL ESHWARI 11-06-2026 0 Y 0 M 4 D (M) Dr. SURENDER RAO DUSA		Date & Time of Admission 11/06/22 @ 8.30 PM	Date & Time of Transfer Order 17/6/26 @ 7.35 PM
		Transfer ordered by Dr. Surender Rao.	Reason for Transfer Baby is scbth.
From Unit NICU - I	To Unit 217	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 48	Number of Imaging films 3	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diapers	3
2.	Baby wipes	1
3.	D / water	56
4.	Inj. Piperacillin	2
5.	Vitamin D3 oral	1
6.	Aptamil	1

Shifting Summary / notes written by Doctor :

Dr. Surender Rao.

Name & Signature of Person who is Transferring Rohit 17/6/26 @ 7.35 PM.	Name of Person Ordered Transfer Dr. Surender Rao.
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Patient & Clinical records received by :

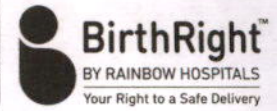
Rohit


Date & Time of Patient Received: 17/6/26 @ 7.35 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

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00205821 IP-00060319 Baby Of RAPOL ESHWARI 11-06-2026 0 Y 0 M 1 D Dr. SURENDER RAO DUSA 		Date & Time of Admission 11/06/26 @ 5:7pm	Date & Time of Transfer Order 12/06/26 @ 4:00PM
		Transfer Ordered by Dr. Shilpa/or vineetha	Reason for Transfer postoperative care
From Unit OT	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 52	Number of Imaging Films UBG -1 USG -1 ABG -3 x-ray -1	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.			
2.			
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 sr. Ruby.p		Name of Person Ordered Transfer Dr. shilpa.	
Patient & Clinical Records Received by : Dr. prasanna			
Date & Time of Patient Received : 4.05pm			

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

#H-00205821 IP-00060319
 Baby Of RAPOL ESHWARI
 1-06-2026 0 Y 0 M 0 D 19 H (M)
 Dr. SURENDER RAO DUSA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Eshwari R Age : Father's Name : Age :
 Date of Birth : 24-05-1990 Date of Admission : UHID No. :
 NICU Consultant : Dr. S. Rao Referring Consultant : Dr. Abina
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : R/o Eshwari Mother's Blood Group : 'O' Positive
 Gender : M F Blood Group : Birth Weight (gms) : 2.32 kg Length (cms) :
 Date of Birth : 11/06/26 Time of Birth : 2:43:52 PM OFC (cms) :
 Place of Birth : Dist V.K.P. Estimated Gesth Age : 33+4 wk.

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 38yr Ht : 158 Wt : 81 kg BMI : Married Life : 4yr. LMP : 19/10/25 EDD : 26/7/26.

Conception : Spontaneous or with Rx : Spontaneous.
 Booked at what GA : Unbooked ; Previous are at Dr Himanshu Sharma, Ing. Retamethas
 Last Scans Details : 11/6/26 - SCUT 33+4 Cephalic EFW 2460g. 1 Severe oligo 12mg @ 9/6/26 4pm one
Moderate Bil Renal Pelvicectasis | Loss of cm | Echogenic cystic | Enlarged keyhole bladder | fetal movement
↑ Resistance | TT Immunization and Iron / Folic Acid | Success

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs	H/o GDM/ pre GDM/ on diet or insulin
Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No	Controlled or not, recent values, HbA1 values :
If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Compliance with Rx :
H/o PIH (after 20 weeks) / PE	Scans : LGA, TIFFA , Fetal Echo :
How many Drugs / Doses / Since how long :	H/o Hypothyroidism : when diagnosed ? Medication?
H/o value of recent BP recording, proteinuria, edema,	Any other Chronic Medical Problems, when detected
oliguria, any investigations (LFT, platelet count) :	drugs ?
IUGR - when detected :	(Anemia, SLE, Jaundice, CHD, Heart Disease)
Doppler (Increased Resistance / ADEF / REDF / <u>Abnormal Doppler</u>	Infection : H/O, Fever
Redistribution in MCA) / Ductus Venosus : <u>↑ Resistance</u>	(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)
AFI : <u>Anhydramnios (< 1cm)</u>	UTI : when : Any culture :

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

G: P: A: L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
		Primi.				

PERINATAL HISTORY

Treating Obstetrician : Dr. Alarna Hospital : REH VSP Inborn Outborn

Duration of Labour First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication : Specify the reason : <u>Anhydrominos Doppler</u> Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : <u>yes</u> Resuscitaion : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cord ABG : Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : <u>Ⓢ</u>)
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NEONATAL RESCUSTION DETAILS

APGAR SCORE

Gestational Age : 33 + 6 wks Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>5/10</u>	<u>7/10</u>	<u>9/10</u>

Resuscitation			
Minutes	1	5	10
Oxygen		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0.1-0.9 (5)	< 0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



aby delivered via ces in Vx
wearing presentat MBL (P)
table
Delayed cord clamping was done
for 30 se
↓
secretions cleared
↓
Delivery room CPAP started PIP was given
PEEP - 6 FOR 2 min
P.O. - 30 s
↓
At 5 min → tone & spontaneous

Investigation details in previous Hospital :

movements (P)
↓
meatix cup continued
↓
cup & toe improved
SpO₂ - 85-95 on
CPAP
HR > 100

Feeding History :

Shifted to N/w
N/w, Antinatal Dental Anomolies.
And, discussion (P)

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

Crp - weak
 Tone (N) Spine
 Activity - Limbs movement (P)

VITALS : Temperature : 36.8°C HR : 150-160b/min RR : 55-60b/min NIBP : CFT : <3ft

Color of the extremities : Acrocyanosis (P)

Jaundice : Pallor : SpO2 : 95-95% CPAP

Anthropometry : Birth Weight : 2.3kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :
 Fontanelles : AF @ level
 Sutures :
 Shape / Moulding :
 Edema / Bruising :
 Size - (H.C.) :

Facies :
 (Any Facial Dysmorphism) no dysmorphism

NECK and CLAVICLES :
 Range of Motion :
 Asymmetry : (N)
 Masses :

EYES :
 Symmetry :
 Red Reflex :
 Discharge :] not checked

EARS, NOSE MOUTH and THROAT :
 Ear set / Shape :
 Periauricular Pits / Tags :
 Nasal shape / Patency :
 Palate :
 Gums :
 Lips :
 Tongue :



Sex :

Position of Nipples and Number : 2 in (N) at peak

ABDOMEN and UMBILICUS :

Shape :
 Organomegaly : ? Distended palpable bladder (P)
 Bowel Sounds :
 Umbilical Stump : 2A+1V (P)
 Discharge :

GENITALIA :

Labia / Hymen :
 Testicles/penis : not distended ; female genitalia / sheath
 Anus : (P) open (N)

HERNIAL ORIFICES

Free

TRUNK and SPINE :

(N)

SKIN LESIONS :

-

EXTREMITIES :

Fingers / Toes : 10F+10T (P) Arms / Legs :
 Deformities : Mobility :
 Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 45-60/min (P) SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) : 5-6 / 10

Mention if baby is on : Hood box CPAP Ventilator

Settings : PEEP (6)

SpO₂ : 96% in Auscultation : RAE (P) Breath Sounds : NUB (P) Added Sounds : -

Cardiovascular System :

HR : 140-160/min BP : Precordial Activity : (N)

Femoral Pulses : (A) Murmurs : -

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Distended at center
 Palpation : 2 clunk belly (P)
 Palpable masses : ? palpable bladder
 Abdominal girth :
 Hernia orifice : None Not checked
 Anal Patency : (P)
 Umbilical Cord : 2A+1V (P)
 First urine passed : ? not passed
 Meconium passed : (P) passed

Pat/H-00205821

Baby Of RAJOL ESHWARI

IP-00060319

1-06-2026

0 Y 0 M 0 D 19 H (M)

Jr. SURENDER RAO DUSA



Nervous

ensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *BL equivocal* DTR :

ATNR :

Any Congenital Anomalies :

Diagnosis : *MPT 133+4 w/ Em. 4g/ mch/ ciAB/ RD / ? Outlets / ^{brnny} obstr / ^{unoperty} obstr*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : *Dr. Anirudh (or Harish)*

Date & Time : *11/6/2026 10 AM*

Consultant :

Signature : *[Signature]*

Name : *Dr. Surender Rao*

Date & Time : *11/6/2026 10 AM*

11H-00205821
Baby of RAJOL ESHWARI
1-06-2026
IP-00060319
0 Y 0 M 0 D 19 H (M)
Dr. SURENDER RAO DUSA

DISCHARGE

- Information given by: Friend
- Will patient require transportation arrangements to go home: Yes No NA
- Will Physiotherapy require at home: Yes No NA
- Is home medical equipment anticipated: Yes No NA
- Is home oxygen therapy anticipated: Yes No NA
- Breastfeeding Yes No NA
- Formula Feed Yes No NA
- Are dressing needs at home anticipated: Yes No NA
- Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

.....

.....

.....

.....

.....

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.....

.....

.....

Screenings done during NICU Stay :

- NSG :
- Hearing Screen :
- ROP :
- TFT :
- NP2 :

Discharge Details:

Neonatal Condition at Discharge:

.....

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11H-00205821 IP-00060319
 Baby Of RAJOL ESHWARI
 1-06-2026 0 Y 0 M 0 D 19 H (M)
 Mr. SURENDER RAO DUSA


Feeding: Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening
 program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis: *← Left to NICU* *CRBS*

← CPAP - FiO₂ - 25% PEEP - 6 *u/s mg/dl*

← CRP, PT/PTT/INR; UBG, CUE, CRP, Blood c/s *↳ give D10 BONUS @ 2ML/kg*

← CPR *Repeat CRBS after 1 hr*

- CRBS - 6th hrly prefeed b/m u/s by

- TFR - force 1kg/day (10% DEX LOSS)

- Pediatric surgeon consultation.

Noted by
Sherry
11/6/26
@Gpu

Doctor Signature:

Doctor Name:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 5:20 PM	<p>CDW DR. Shrothi' mad</p> <p>→ ABG → If metabolic acidosis give bicarbonate correction w/ B-P monitoring.</p> <p>→ TMT Piploz - Normal disc as of now</p> <p>→ Creatinine pre & post fulguration f dose</p> <p>→ Don't remove catheter after fulguration</p> <p>→ Potassium monitoring.</p>	
		<p>Noted by Sherry 11/6/26 @Sfpu</p>
9 PM	<p>- Baby has hematuria - - cat issue - colour - pink. - HR - 72/42 (57) - Resp. Distress → reduced. - NO retractions</p>	
		<p>↓ 1) Remove CPAP - keep RA if not maintaining keep 2F₂ 2) NP₂ - (Tm) 3) AR4 (Tm)</p>

Noted by Rajeswar
 11/6/26 @ 9:30 PM

MH-00205821 IP-00060319
 baby Of RAPOL ESHWARI
 1-06-2026 0 Y 0 M 0 D 19 H (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

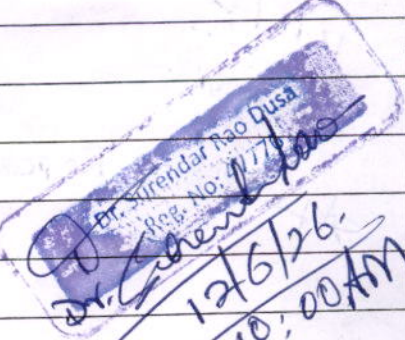
Date & Time	Progress Notes	Doctor's Order
12Am	urine output - 185 ml over 8hrs. Input - 77 ml	
	↓	
	1) IV - 100 cc / day. 2) NS bolus - 10ml / kg 3) Ifo - 6th hrly ↳ in 6hrs →	
	urine output > 70 cc replace.	
2 amp.		noted by [Signature] 12/6 @ 12Am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26, 9 AM	1240L Mod. Pt (33+4) → 8x lower urinary tract obstruction / PUV	JDI - CAP
	issues - hematuria - polyuria - last 6ms U/O - 80ml.	
	wt - 2.3kg I/O - 146 / 265 ml U/O - 7.1 cefepim S/O - 1 time GRT	of - Neurotoxic on RA
		C/A - good Cx - S1 (+) R/S - SAC (+) P/A - soft
	Plas - target SpO ₂ > 90% - target MAP > 33. - IV - 100 cefepim day - 10% dextrose - I/O - 6th mlp → urine output > 70 ml - replace the deficit excess. - inf foley - trace urine c/s, blood c/s - 2D Echo - U/G abdomen - trace PAE - fulgation surgery today - MCVG today flb surgery.	urinary catheter in situ.

Dr. Suresh


 Dr. Surender Rao Dusa
 Reg. No. 17715
 12/6/26
 10:00 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>anaesthesia Handover notes (OT to NICU)</p>	
<p>12/06/26 8:40pm</p>	<p>D: urinary outlet obstruction. procedure done: cystoscopic fulguration + circumcision.</p> <p>✓ Baby premedicated with Inj. MIDAZOLAM 0.05 mg. i.v. + Inj. PROPOFOL 6mg. i.v.</p> <p>✓ Caudal Anaesthesia given with 1 cc 0.25% BUPIVACAINE + 1 cc NORMAL SALINE.</p>	
<p>vitals: PR - 136/min BP - 51/32 mmHg SpO₂ - 100% CVC - 816 ⊕ MD - 41.5 ⊕, clear ENS - Active eng ⊕</p>		<p>✓ Baby had brief period of Apnea after surgery SpO₂ - 70% and ventilated with Bag & mask and SpO₂ - 100% improved.</p> <p>✓ shifted to NICU with O₂ Blinder via face mask with stable vitals.</p>
		<p>Dr. op. Chaitin</p>
<p>12/06/26 8:30pm</p>		<p>noted by Sr. Harsh 12/06 6pm</p>
<p>M. V. V.</p>	<p>✓ Report APG @ 8:30 PM → start feed - 5ml x 3hrly (1ml each feed)</p>	

3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	DOL-2/42-HOL/MODPT (33+u) → PMA 33+5/.	
6 AM	Lower PUB/RPS - CAP 1. POD-2 Circumcision,	
	Cystoscopy & Puvolve fulguration	
	<u>Issues</u> : - Hemolysis, Poyuro.	
	T.Wt -	OLE - Normothermic
	Ilo - 240/245	on RA
	Ulo - 4.4	CIT/A - Good
	Slo - 2 ferris	CVS - SILE (F)
	CRBS - 83	RAS - BAE (F)
		PR - soft.
		Urinary catheter in situ
	<u>Plans</u>	
	- Target SpO ₂ > 90%	
	- Target MAP > 33	
	- IV - 100cc/kg/dy - 10% dextrose (Feed - 14ml T3ml x 3)	Each feeds
	- Ilo - 6th hrly → urine output > 70ml - replace the excess 1/2 NS.	
	- Inj Piproz - 22 (D) Inj Ampic (TIF - 30ml x 2hrly)	
	- Trace urine clots, Blood - f	
Chond.	- EC AIF NTI today	
	- Ilo chx wly, vitals monitoring	
	- Plan to remove urinary catheter after 3 days.	
	↳ If any issues regarding catheter in inform my bi mom.	
		CBP / T/m CRP / T/m SE SBR

Dr. Surender Rao Dusa
 13/6/26
 10:50 AM

VIH-00205821 IP-00060319

Baby Of RAPOL ESHWARI

11-06-2026 0 Y 0 M 1 D

Dr. SURENDER RAO DUSA


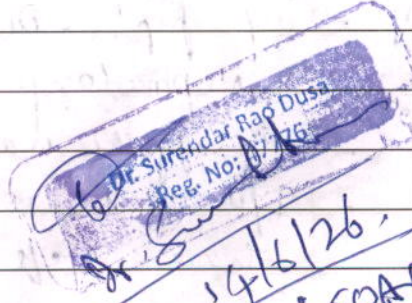


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>SPM</u>	<p><u>Resident</u></p> <p>Baby seen</p> <p>wt 2.3kg</p> <p>GA 800d</p> <p>DDF - on going.</p> <p>u/o - 80ml/in 6hr.</p> <p>→ <u>plu</u></p> <p>SBR</p> <p>SIE</p> <p>CSO</p> <p>CRP</p> <p>JM</p> <p>Noted by Sr. Summary 13/6/26 @ SPM</p>	
<u>13/6/26</u>	<p><u>Dr. John</u></p> <p><u>Dr. John</u></p> <p>of clo PU valve pelguez?</p> <p>dp - 5ml/kg/hr</p> <p>Hemabecii ↓</p> <p><u>Adv:</u></p> <p>Repeat labs on Monday</p> <p>for radiu</p> <p>- Nephro opinion</p>	<p>Noted by Sr. Summary 13/6/26 @ SPM</p>

4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 8 AM	DDL-3 / Mod PT (33+4 Wks) → 33+6 wks PMA / PUV → PUV fulguration + circumcison + cystoscopy / (POD-3) / PDS, CPAP Issues - Nil.	
	T-Wt = I/O - 290 / 250. U/O - 4.4 ml/kg/h S/O - 4 times GRPS - 83 mg/dl.	Normothermic SV @ HA. C/T/A - good CR - S/O PS - BAE P/A - soft (D) urinary catheter Ins/hr. Red color urine
	Plan: Target SpO ₂ > 90%. Target MAP > 33. TV - 140 ml/kg/day oral feeds. I/O - 6 times If U/O > 7ml Replace Excess & 1/2 NS. (D) 2ij Piptaz. eBP, CRP, SE, SBR t/m. Monitor vitals. Inform dsr.	
	 D. Vishal	Noted by Summary file  14/6/26 10:50 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26		
8AM	Du / Mod P1 (33+4) → 34 wks PMAf Rdc - CAPP /	
	PUV - cystoscopy & fulguration POD#4.	
	- CRP is decreasing, Platelets improved	
	T. wt.	O/E - Normochemic
	2fo - 220/150ml	on RA
	U/O - 2.6 cefepim	C/A - good
	S/O - 6 times	Tolerating oral feeds
	C/RBC.	Ces - 1.5 (+)
		R/S - 1.4 (+)
		Urinary cathete - in situ
	<u>Plas</u>	
	- Target $SpO_2 > 90\%$.	
	- Target MAP > 34	
	- Oral demand feeds	
Blood eff -	- ing pipitaj - Du	
Asthma	- Nephrology opinion today.	
No growth	- Dr. Jyothi nam consultation	
	- 2fo SpO_2 monitor.	same sample via, cat.
	- trace s/c, urine c/c	
Dr Pathyas		
	Both	
	Remove catheter / m.	
		Noted by Cheryl

Dr. Surender Rao Dusa
 Reg. No. 47776
 15/6/26
 10:50 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 8 AM	Day 5 / mod PT (34+4wks) → PUV- cystoscopy & fulguration & Circumcision Issues - High Sodium.	34+1wks PMA / PDS - CPAP / POD #5 / Hyponatremia. Suspected sepsis.
	P-wt - 2 kgs T/O - 220/145 U/O - 2.6ml/Kg/hr. S/O - 7 times. CRBS - 83mg/dL	Normothermic SV @ RA C/T/A good tolerating oral feeds. CVS - Sp2P P/S - BAEP
	Plan:- Target SpO2 >90 Target MAP >34. oral demand feeds.	
	A/S DS Eij Pipitz (Plan for 7-10 days). for 7 days Remove urinary catheter, urine US - 24hrs no growth. RP2 on 17/6/26. (Wednesday). If HCO3 < 18 add oral supplements USG Abdomen before discharge (document diaphragm) Spovidex prophylaxis on discharge w/t Hyperkalemia, dehydration. monitor vitals.	
	S/O charting - evi'b care tomorrow. - vit D today.	

Noted by
 Dr. Shrawani
 16/6/26

Dr. Surender Rao Dusa
 Reg. No: 47776
 16/6/26

10:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26		
6 AM	D6 / Mod PT (33+4) → 34+2 wks PMAf RDS - CPAP from cystoscopy & fulguration, circumcision POD #6 / hypernatremia / suspected sepsis.	
	T. wt - 1.98 kg (↓ 20 gm) SpO ₂ - 270 / 150 ml U/O - 3.1 cc/kg/hr S/O - 5 times GRES - 72 mg/dl	O/E - Normothermic on RA C/A - good C/S - S/S (P) R/S - SAE (P) P/A - soft passing urine. wound - healthy
	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Target SpO₂ > 90% - Target MAP > 34 - Oral demand feeds - Trace RP₂ - inform Dr. Shanthi man - if UO < 1.5 - start oral bicarb. - in 3 pipette - D6/D₂ - at the time of discharge → Tab cephalosin (Spoidex) prophylaxis - void care. - shift to room. - T-band out - USA add before discharge. - ONSA at a later date (8/yr) by notes 	<p><i>[Signature]</i> 17/6/26 @ 10:30 AM</p> <p><i>[Signature]</i> 17/6/26 10:55 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	<u>Shift summary</u>	
	day 6 / med PT / 33 ⁺⁴ → 34 ⁺² who PMA / RDS - CPAP / PUV - apnoea & valve fulguration, circumcision / RD#6 / hypernat / suspected sepsis.	
	baby is now hemodynamically stable & at good oral intake & good healing of operative site.	
	Adv -	
	Shift is monitor.	
	2nd shift - D#7 → cont. till 7/11 7PM	
	1st Cephalosporin (Spoidex) from 19/6/26	
	T-tube out	
	AABR.	
	USG abd before d/s.	
	DMSA on flap.	
	AABR.	
	monitor urine output q6h. (inform if VO < 14 ml in 6 hrs)	
	Noted by Vase 17/6/26 @ 6 PM.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026	D 7 / Mod PT (33+4) - Puv - Cytoscopy & fulguration, Circumcision. POD # 7 / Hypernatremia / Susp Sepsis	2.32kg - Bond → 34+3 / RDS - CPAP /
1.98 ↓ 50g → (1.93kg)	urine - passed. C/A/A - Good no R/D no regurgitation pulses - OK vitals - @	plan
	CUS CUS / RS / @ PR	- DMSA on flap - USA Abdomen & kidneys & bladder b/d/c - Spiridex to start from 19/6. - piptoz ask to stop
	→ Stop AP → Discharge TM → CBP, CRP, S/E T/M - USG Abdomen T/M	

VIH-00205821

IP-00060319

Baby Of RAPOL ESHWARI

11-06-2026

0 Y 0 M 6 D

(M)

Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
18/6/26 3 PM	D#1 mod PT (33+4) → 34+3 PMA / RDI-CPAP / PVR-cystoscopy & fulguration, Circumcision post #7 / Hyponatremia / Suspected sepsis.	
	o/f Baby wern GTA good CRT c/sec. CUR-SI (+) P/I - BAE (+) P/A - ropt	
		plan
		1) Use O ₂ drops
		2) TBact oint
		3) DMCA on dlup
		4) CRP, CRP, c/e T/m
		5) USG abdomen T/m
		6) Discharge T/m.
		7) Tab. cephalexin (Sporidex) T/m 18/6/26.
		8) Monitor UD 6 th H (inform pt UD c/ptmt in shw)
		9) Pcp Pcp → next dose.

M. S. S. S.

noted by
18/6/26
@SP

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9AM	<u>U&B Resident</u>	
	Dg / MODPT / 33+4 → 34+4 Wk / RDS / CPAP / PUW / cystoscopy / fulgure / circumcisi / hypernatremia / suspected sepsis	
	O/E Bab warm GIT / Agood CRT C384 U&S 13.2 @ P-B / LAB @ RA - 27	<u>Plan</u> - USG Abdo today - Tab cephalexin today - Planned discharge
	CRP - 1	
	Hb - 16.2	
	PLT - 3.71	
	TLC - 16.92	- Discharge
		- SPORIDEX drops
		- Flu on Monday
		- Vaccination on Flu
		- DBF + EBM + Formula milk
		- T-BACT ointment for LA.

Dr. Surender Rao
 19/6/26
 10:50AM

Noted by padma 19/6/26 @ 11AM

CONSULTATION FORM

VH-00205821 IP-00060319
Baby Of RAJOL ESHWARI
11-06-2026 0 Y 0 M 4 D (M)
Dr. SURENDER RAO DUSA

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



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : Dr. Sruthi Barla
Date : 15/6/26 Hour : 6pm

Hospital : VRCH
Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : 15/6/26 Time : 6pm By Dr. Sruthi Barla

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

40. BOD
POV of Fulguration
Cr - 0.9 (Post).
No Post Obst diabetes
currently
(No Polyuria)
Bicarb - Ok.

Adv

1) Can remove urine
Catheter 72 hrs
post op.

2) IV piptaz x 7-10
days.

3) IVF 1/3rd
to consider
↑ 48 hrs.

WE - (N)
C/S - Neg.

Consultant :
Name : DR. SRUTHI Signature : Sruthi Date & Time : 15/6/2026
6pm

NOTE : If more space is required use another consultation sheet as continuation

4) After 24 hrs

17/6/2026

RP₂

of $HCO_3 < 18$

we will add oral supplements

5) USG abdomen on day of discharge.

6) Spovidex prophylaxis on discharge.

7) Watch for Hypokalaemia

luti

8) DMSA at a later date

CONSULTATION FORM



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : Dr. Jyothi
Date : 11/6/26 Hour : 6pm

Hospital : VRCH
Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : 11/6/26 Time : 6pm By : Dr. Jyothi

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

S/B Dr. John

- Many thanks for ref.
- Case capsule noted.
- Today MICH, ANIC ^{seed} Keyhole bladder post op retained bladder
Catheterisation done with IFENIOL, sent for
Adv: Start antibiotics, Baseline inv,
Nephro opinion,
USG Abd, MCOG c/m sus & interventions

Consultant : Dr. Jyoti Botley Signature : _____ Date & Time : 11/6/26 5pm

NOTE : If more space is required use another consultation sheet as continuation

APTAMIL
PRETERM

CONSENT FOR FORMULA FEEDS



Patient Name : Blo Eshwari Age : 2D Gender : Male Female

UHID No : 205821 Reg. No. : 60319 Department : NICU Date : 13/6/26

I Mr / Mrs. : Rapolu Jaya aged 31 years, hereby declare that I have

admitted my son / daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

11/6/26 I hereby give consent for formula feed for my child. Doctors have explained me

about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : Jaya

Name : Rapolu Jaya

Relationship with Patient : Aunty

Date & Time : 13/6/26 @ 9PM

Witness :

Signature : Shushathi

Name : Sh

Date & Time : 13/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Shrikanth

Date & Time : 13/6/26 @ 9PM



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. లిజిస్ట్రేషన్ నెం.: విభాగము

తేదీ

నేను శ్రీ / శ్రీమతి వయస్సు సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

CONSULTATION FORM



Doctor Name : Dr. Jyoti

Date : 12/06/26 Hour : 2PM

Hospital : NRCH

Type of Referral : Emergency (within one hr.)

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Referred for : Opinion Co-Management

Date : 12/6/26 Time : 2PM By : 2:30PM

Transfer of care

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

M.D.

Report of Findings and Recommendations :

S/B Dr Jyoti

- Many thanks for ref

- Case capsule noted

ANC Δ seed BLK HUM

MCUG s/o PU valves \pm VUSO

Adv: Plan PAC & Cystoscopy + PU valve fulguration + Cocoonation

R/w sus

Consultant:

Name : Dr Jyoti Bhat Signature : [Signature] Date & Time : 12/6/26 2PM

NOTE : If more space is required use another consultation sheet as continuation

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby Of RAPOL ESHWARI	Age :	0 Y 0 M 0 D 16 H
IP No:	IP-00060319	Sex:	Male
Consultant:	Dr. SURENDER RAO DUSA	Ward/Bed No:	N 2F-NICU I/NICU 248

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.

...tient, be deemed advisable or necessary.

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

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

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

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

te:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature: *[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: *R. Jaya*

Relationship: *Sister*

Date: *11/6/2026*

Wittness Name: *fafa*

Wittness Signature: *[Signature]*

Time: *05-07pm*

Patient Address:

HNO-9-6-63/2 ANJIAH NAGAR
Hasmatpet Hyderabad Telangana
INDIA 500009

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o eshwari Gender: Male Female

UHID No : 1161 Department : Ward Date : 11/6/2020

I Rajesh Jeyar S/D/W/O Satyam

Here by give consent for procedure of : Urinary catheterisation

For my patient, Named : Ms. Eshwari

The doctors have clearly explained to me that the procedure has following possible complications:

Urinary tract Infection, trauma

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: M. Sameera

Patient Attendant :
Signature : Jaya
Name : Jaya
Relationship with Patient: Aunty
Date & Time : 11/6/20 @ 8pm

Witness :
Signature : Sherly
Name : Sherly
Date & Time : 11/6/20 @ 8pm

Doctor (who is taking the consent) :
Signature : Sameera
Name : D. Sameera
Date & Time : 11/6/20 @ 8pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

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నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

Informed Consent for Surgery or Special Procedure

Patient Name : B/O Rupal Eshwari Age : 1 days
 Gender : M UHID No. 60319 IP No. 60319

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)

Cystoscopy + PU valve fulguration + Circumcision
 on _____ (Name of the Patient) B/O Eshwari

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and/or diagnostics performed. I recognize 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 the Surgeon, Anaesthesiologist 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 and consent to the performance of the operation or procedure.

Consentee:
 Signature : _____
 Name : _____
 Date & Time : _____
 Signature : _____
 Date & Time : _____

Relative
 Signature : [Signature]
 Name : M. Prakash
 Relationship with patient : Father
 Name of Doctor : _____
 Date & Time : _____

Witness:
 Signature : [Signature]
 Name : M. Lakshman
 Date & Time : 12/06/26

12/6/26, 2pm

**CONSENT FOR ADMISSION
IN NEONATAL INTENSIVE CARE UNIT**



Name: Blo eshwari Age: 1B Gender: Male Female

UHID.No: 1058N Date: 11/6/2020

I Rapali Jaya S/o, D/o, W/o Satyam hereby declare that our patient Mr. / Ms. Ms. Eshwari who is related to me as mother is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 11/6/20

The doctors have explained to me in a language understood by me that my child has following health related issues :

Prematurity, lower urinary tract obstruction
Respiratory Distress

The doctors have clearly explained to me that my patient B/o Eshwari during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o Eshwari

in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :
Signature : [Signature]
Name : Jaya
Relationship with Patient: Aunt
Date & Time : 11/6/20 @ 5pm

Witness :
Signature : [Signature]
Name : Sherly
Date & Time : 11/6/20 @ 5pm

Doctor (who is taking the consent) :
Signature : [Signature]
Name : D. Sam...
Date & Time : 11/6/20 @ 5pm

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) సమ్మతి పత్రం



రోగి పేరు వయస్సు లింగం పు ప్తీ

యు.హెచ్.ఐ.డి బి

నేను ని

అనే బాలుడు / బాలిక యొక్క బికిళ్ళ మేరకు రేయిస్టి బిల్డన్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో చేరేటట్లు చేయమని కోరుకుంటున్నాను.

నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల బికిళ్ళ బిధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రిల్ లైన్ వెన్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇంసర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైన్నప్పటికీ, వైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి / బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి

మా బాలుడు / బాలిక నవజాత శిశువు ఇంటెన్సివ్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో బిధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా బికిర్ బికిళ్ళ బిధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలుగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్.ఐ.సి.యు. లో ఉన్నప్పుడు జరుగు బికిళ్ళ బిధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషెంట్ ను తగిన విధంగా బికిళ్ళ చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ను ఇన్టీన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్) సాక్షి

సంతకము సంతకము

పేరు పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) తేదీ మరియు సమయము

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పేరు

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : S/O Rapol Kshwani Age : 1 day Gender : Male Female

UHID NO: VH-00205821 Surgeon Name: Dr. Jyoti Kotera

Anaesthesiologist : Dr. Vincente

Operative procedure planned : Cystoscopic fulguration + Circumcision

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, Bone marrow, lung infection

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 S/O Rapol Kshwani the above mentioned operation / Diagnostic / Therapeutic procedures Cystoscopic fulguration + Circumcision

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 anaesthesiologist 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 : S. Prashakar

Name : Dr. S. Prashakar

Relationship with Patient: Self

Date & Time :

Witness :

Signature : Dr. S. Srinivas

Name : Dr. S. Srinivas

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. M. VINAYAK

Date & Time : 12/06/26.

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: B/o Kapot Gschuzari Age: 1 day Sex: Male UHID No: VH-00205821

Date: 12/06/20 Time: 12:25 PM Proposed Operation: cystoscopic fulguration + circumcision

Diagnosis: UOI from out let obstruction

B.P / CRT: 88/55 H.R: 144/m Weight: 2.32 kg ASA Physical Status: 1 2 3 4 5

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Laboratory Data:

Glucose: <u>113</u>	Protein:	HIV:	X-Ray:
Urea: <u>24.8</u>	Alb:	HBS Ag:	ECG:
Creat: <u>(1.0)</u>	Total Bill: <u>2.55 0.1</u>	HCV:	2D Echo:
Na: <u>137</u>	Dir. Bill: <u>0.1</u>	Blood group: <u>O positive</u>	Stress/Angio:
K: <u>5.4</u>	LDH:	T3:	Other:
Ca++: <u>11.4</u>	Alk phos:	T4:	
Mg++:	Amylase:	TSH:	
Cl-: <u>105</u>	SGOT/SGPT:		

Allergies: None

USG: moderate BL Hydro
 no stones
 nephrosis
 cortical
 thinning
 renal
 parenchyma

Medical History: CVS:

RESP: Clear Diabetes:

CNS: Antenatal Preterm / 33 weeks / severe oligohydramnios

Renal: renal anomalies BW: 2.32 kg / GA 34 / CPAP after birth - SpO2 95% / HR 100

Hepatic / GE:

Others: fast 24 hr / input 146 ml / output 7.1 cc/kg/hr Physical Activity: Active baby

Past Anaesthetic History:

Physical Exam: paediatric airway

Airway: MP 1 2 3 4 Mouth Opening:

Mentohyoid Distance:

Neck: (h) Teeth:

Lungs: clear

Heart: SB (+)

CNS: Active child

Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE	FAM
<u>INJ. PIPAZ</u>	<u>250 mg</u>	<u>given today</u>

Pre-Oper



ANAESTHESIA CHART



Pre Induction Assessment: 2.58pm

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 145/min B.P/CRT: 48/30/74 SpO₂: 100% R.R: 30/min Last Feed:

Pre-OP Diagnosis: Urinary Outlet Obstruction Operation: Cystoscopic Fulguration Date: 12/06/26

Surgeon: Dr. Jyoti Kulkarni Anaesthesiologist: Dr. Sushant D. Vaidya Technician: Dr. Rakshita M. Vaidya

TIME	N ₂ O	AIR	O ₂	LPM	HALO	ISO	SEVO	Drugs	Antibiotic
3:05	50	50	50	50				MIDAZOLAM 0.05mg	PIPERACILLIN TAZOBACTAM Suppository
3:10	50	50	50	50				PROPOFOL 6mg	
3:15	50	50	50	50					
3:20	50	50	50	50					
3:25	50	50	50	50					
3:30	50	50	50	50					
3:35	50	50	50	50					
3:40	50	50	50	50					
3:45	50	50	50	50					
3:50	50	50	50	50					
3:55	50	50	50	50					
4:00	50	50	50	50					

FD, SaO ₂	100	100	100	100
ETCO ₂	35	35	35	35
ECG	SR	SR	SR	SR
Temperature	36.5	36.5	36.5	36.5
Urine Output				

Fluids: 10% DEXTROSE 9.6ml/kg + CALCIUM + MV2 + 10ml 10ml 10ml

Notes: AMBU was not fitting and could not be made to work. Baby breathing spontaneously. Face mask connected. Shift with...

LAB Values: ABG, GABG, Others

Equipment Checked and Functional: BP Cuff Site: DL EKG Lead Temp Site FIO₂ Monitor Agent Monitor Pulse Oximeter Capnograph Ventilator Nerve Stimulator

Position: Litterotomy Pressure Points Checked

Eye Care: Oint Tape Padding Awake

Temp: FME Fluid Warmer Cling Film OH Warmer Hugger's Cotton Wool Other

Times: Anaes Start: 3:00 PM OP Start: 3:10 PM OP End: 4:10 PM Leave OR: 4:00 PM

Anaesthesia: GA C AMBU Monitored Anaesthesia Care Regional

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

Induction: IV Inhal Pre O₂ RSI Others

Mask: Mask SGA AMBU-01 Airway Oral Nasal

ETT#: at cm

Oral: Oral Nasal Cuff

Tracheostomy: Topical

Drug: PROPOFOL

Awake: Awake Direct Vision

Video Laryngoscopy: Video Laryngoscopy Stylette / Bougie

Fiberoptic: Fiberoptic

Blade #: Attempts:

Difficulty Why?

Regional: Bilat = BS Semi-Closed Circle Closed Circle Other

Extremity: Spinal Epidural Pudal

Others:

Position: Left lateral

Site: Sacral hiatus

Needle Size: 25G Depth:

Paresthesia: Yes No

Catheter at skin: cm

Drug Name & Conc: 0.25% BUPIVACAINE + 1cc NORMAL SALINE

Bolus:

Infusion:

Block Level:

Comments:

Transportation to: NICU PACU ICU Other

Relaxant Reversed: Yes No NA

Name of the Doctor: DR. M. VIJAYAKRISHNA

Signature of the Doctor:

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP < PULSE > BLOOD PRESSURE	250		250
	240		240
	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
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	70		70
	60		60
50		50	
40		40	
30		30	
20		20	
10		10	
0		0	

IV Cannula Site :

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

- 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

Transferred to Unit by (PACU):

Date & Time:

SURGICAL SAFETY CHECKLIST

VIH-00205621 IP-00060
 Baby Of RAPOL ESHWARI
 11-06-2026 0 Y 0 M 1 D
 Dr. SURENDER RAO DUSA



Surgeon : Dr. Jyoti Bhatia

Asst. Surgeon :

Anaesthetist : Dr. Shilpa / Dr. Umesh

Scrub Nurse : Sr. Mania / Sr. Kuber

Age : 1 D Gender : Male

Surgery Name : Cystoscopy + PU fulguration + circumcison

Date : 12/6/26 In-time : 2:55 PM

Out-time : 4:05 PM



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>2:55 PM</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)?	
<input checked="" type="checkbox"/> 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>[Signature]</u>	
Name : <u>DR. M. VIJAYAKRISHNA</u>	

TIME OUT	Time: <u>3:00 PM</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 <u>R. Eshwari</u>	
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Cystoscopy</u>
Anticipated Critical Events <u>PU fulguration Hematuria Circumcison</u>	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>30 mint</u> <u>5 ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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>Preoperative Apnea</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>[Signature]</u>	
Name : <u>Amib</u>	

SIGN OUT	Time: <u>4:00 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 checked="" 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>[Signature]</u>	
Name : <u>Dr. Jyoti Bhatia</u>	

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 RAPOL ESHWARI	Age : 0 Y 0 M 1 D	Gender : Male
UHID : VIH-00205821	I.P. NO. 00060319	WEIGHT :2.32kg
Surgeon : DR JYOTI BOTHRA	Asst surgeon : Dr	
Anaesthetist : Dr Shilpa	OT Nurse : S/N <i>Br. Rajan & Sr. Maria</i>	
Surgical Procedure :.Cystoscopy+P U Valve Fulguration+ Circumcision		
Indications for Surgery : Bladder Outlet Obstruction with PU valves		
Anaesthesia - GA		
PRE-OPERATIVE PREPARATION- Betadine skin preparation		
OPERATIVE NOTES: Findings: <i>Severely</i> trabeculated bladder, turbid urine, Posterior urethral valve present Procedure notes: - Neonatal Cystoscope used - Above findings noted - Pu valve fulguration done with Bugbee - Veru montanum seen after fulguration and supra pubic pressure - IFT No 7 used and catheterisation done Circumcision done. Anaesthesia Uneventful recovery.		
POSTOPERATIVE ORDERS 1.Nil by mouth for 1 hour 2.Continue I/v antibiotics as per chart. 3.Vitals chart		

Consultants Surgeon's Name

Signature

Dr.JYOTI BOTHRA

Date :

12/06/26

Consultant Surgeon's

Time :

[Signature]



Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 13/6/22

VIH-00205821
Baby Of RAPOL ESHWARI
11-06-2026 0 Y 0 M 1 D (M)
Dr. SURENDER RAO DUSA



IP-00060319

NURSES ASSESSMENT CHART



Diagnosis : PT-33 f 4 weeks Weight : 2.32 kgs Chart No. : ①

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	155	145	158	150	145	150	140	132	130	138	139	142	140	156	150	160	165	160	148	169	160	161	146	150	
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90	37	41	50	41	40	35	40					43	42	38	39	54	48	36						
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60									62	68	67	62	70	67	77	70	64	85	74	82	69	67	65	84	64
2-INCOMPREHENSIBLE SOUND	50									↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
1-NONE	40									↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	35									57	52	50	49	51	41	64	54	66	65	60	71	50	57	62	49	
MOTOR	30									42	39	40	41	47	37	51	45	37	55	57	64	43	53	50	42	
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20	70	56	79	58	72	67	74																		
1-NONE	18																									
	16	1	1	1	1	1	1	1		38	39	42	47	45	42											
	14	56	51	58	49	55	49	61																		
	12	1	1	1	1	1	1	1																		
	10	40	44	47	45	45	40	53																		
O2																										
SPO2										99	98	97	97	93	94	95	96	97	99	91	95	98	92	94	93	94
RBS										-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION										-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY										-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU										A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse : Sheryl

Morning Shift : Sheryl

Evening Shift : Surendera @ 2pm

Night Shift : @ 8pm

14/6/22 @ 8pm

Ref No. F/INPR/19

VIH-00205821
Baby Of RAPOL ESHWARI
11-06-2026 0 Y 0 M 1 D (M)
Dr. SURENDER RAO DUSA

IP-00060319

Patient Name :

I.P. No

Date : 14/6/26 Diagnosis : PT - 33+4 wks Weight : 2.32 kg Chart No. : ①

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	150	144	157	142	151	142	144	145	125	147	159	150	147	144	135	140	137	144	140	125	120	125	130	132	
BLACK - RESP	105	190																								
GREEN - TEMP	104	180	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130																								
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90																								
5-ORIENTED		80																								
4-CONFUSED		70																								
3-IN APPROPRIATE WORDS		60	62	57	62	61	57	52	42	73	60	72	78	85	71	81	69	77	80	68	67					
2-INCOMPREHENSIBLE SOUND		50	↑	↑	↑	↑	↑	↑																		
1-NONE		40																								
	35		57	58	40	60	40	50	53	40	56	54	67	62	73	54	60	60	52	52						
MOTOR		30																								
6-OBEYS		28																								
5-LOCALISES PAIN		28	39	40	42	40	29	29	27	46	41	46	49	59	51	69	44	50	47	42	45					
4-WITHDRAWS		24																								
3-FLECTION		22																								
2-EXTENSION		20																								
1-NONE		18																								
	16		32	38	30	28	32	20	38	42	35	50	63	54	42	46	49	44	20	55	55	38	64	29	35	39
	14																									
	12																									
	10																									
O2			RIA	RIA	RIA	RIA	RIA	RIA	RIA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
SPO2			99	100	99	100	99	100	99	99	95	94	95	93	94	94	92	96	93	90	92	89	92	93	96	94
RBS			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Sr. Sumanjali

Morning Shift : Sumanjali
14/06/26
@ 2pm

Evening Shift : Sherry
14/6/26
@ 8pm

Night Shift : Sany
15/6/26
@ 8am

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 15/6/26 Diagnosis : PT 33+4 weeks Weight : 2.32 Chart No. : 13

VIH-00205821 IP-00060319
Baby Of RAPOL ESHWARI
11-06-2026 0 Y 0 M 1 D
Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200																									
BLACK - RESP	105	190	132	118	152	129	132	136	134	145	140	139	146	154	139	125	120	125	151	126	119	126	123	164	150	134
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	136	
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90	61	29	23	44	35	42	56	52	52	45	57	36	36	33	43	35	24	51	49	60	48	24	66	32
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50	75	90		66	74	87	67	72	74	90	81	84	81	80	72	87	88	74	86			76		71	72
1-NONE	40																									
	35																									
MOTOR	30																									
6-OBEYS	28	56	78		57	55	68	51	60	60	68	74	64	53	61	51	76	65	56	65			58		53	59
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20	46	71		53	46	57	43	53	54	56	74	52	44	49	44	70	55	42	54			48		43	51
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2																										
SPO2		92	99	98	91	98	96	96	97	96	90	97	93	92	96	96	100	92	100	97	95	98	91	94	94	
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse :

Morning Shift : *Sudha*
15/6/26
RPM

Evening Shift : *Rishi*
15/6/26
@ 8PM

Night Shift : *Sy*
16/6/26
@ 8am

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 16/5/26 Diagnosis : PT 33+4 wks Weight : 2.85 Chart No. : 4

VIH-00205821 IP-00060319
Baby Of RAPOL ESHWARI
11-06-2026 OYOM 1 D
Dr. SURENDER RAO DUSA



NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210	134	155	185	120	124	138	126	129	130	129	156	130	134	136	132	133	129	129	125	130	125	152	125	137
RED - PULSE	200																								
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80	29	39	39	46	34	34	23	39	52	52	27	30	40	42	39	43	40	43	53	40	25	26	30	32
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	45	78	71	50	73	71	79	87	68	91	85	69	66	65	80	80	71	63	66	66				
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20	59	52	60	63	52	60	55	72	52	62	56	50	49	49	58	50	62	50	49	48		53		52
1-NONE	18																								
	16																								
	14	51	37	40	48	40	38	46	66	43	48	46	41	43	42	45	40	55	43	41	44		48		48
	12																								
	10																								
O2																									
SPO2		94	91	99	100	96	98	100	99	95	95	93	94	92	92	93	100	98	98	96	95	96	95	94	96
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift : *[Signature]*
16/6/26 @ 2pm

Evening Shift : *[Signature]*
16/6/26 @ 8pm

Night Shift : *[Signature]*
17/6/26 @ 8am

VIH-00205821 IP-00060319
 Baby Of RAPOL ESHWARI
 11-06-2026 0 Y 0 M 4 D (M)
 Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

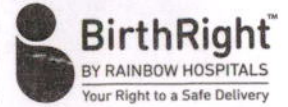
Patient Name :



I.P. No

Date : 17/6/26 Diagnosis : PT 33 wks Weight : 1.98kg Chart No. : 5

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210	137	133	140	141	148	142	145	152	149	152	154	157	152	142	152	170	140	142	15	142	140	145	141	140
RED - PULSE	200																								
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.7	98.7	98.6	98.2			98.7				98.2	
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96	98.6																							
VERBAL	95	98.6	98																						
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50	42	44	49	52	58	60	52	45	38	48	52	33	32	40	33	47	40	50	40	42	45	45	42	40
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28		71	78	70	67	84	65	71	66	61	71													
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24		55	60	61	55	63	51	57	49	52	60													
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18		47	50	51	51	54	43	48	39	49	53													
	16																								
	14																								
	12																								
	10																								
O2																									
SPO2		100	100	100	90	95	93	95	91	91	90	91	97	95	99	98	99	98	99	98	98	99	99	99	99
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	D	D	D	D	D	D	D	D	D	D

Signature of the Nurse :

Morning Shift : *[Signature]*
 17/6 @ 2PM

Evening Shift : *[Signature]*
 17/6/26 @ 8PM

Night Shift : *[Signature]*
 17/6/26 @ 8AM



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-00205821 IP-00060319
 Baby Of RAPOL ESHWARI
 11-06-2026 0 Y 0 M 6 D (M)
 Dr. SURENDER RAO DUSA



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

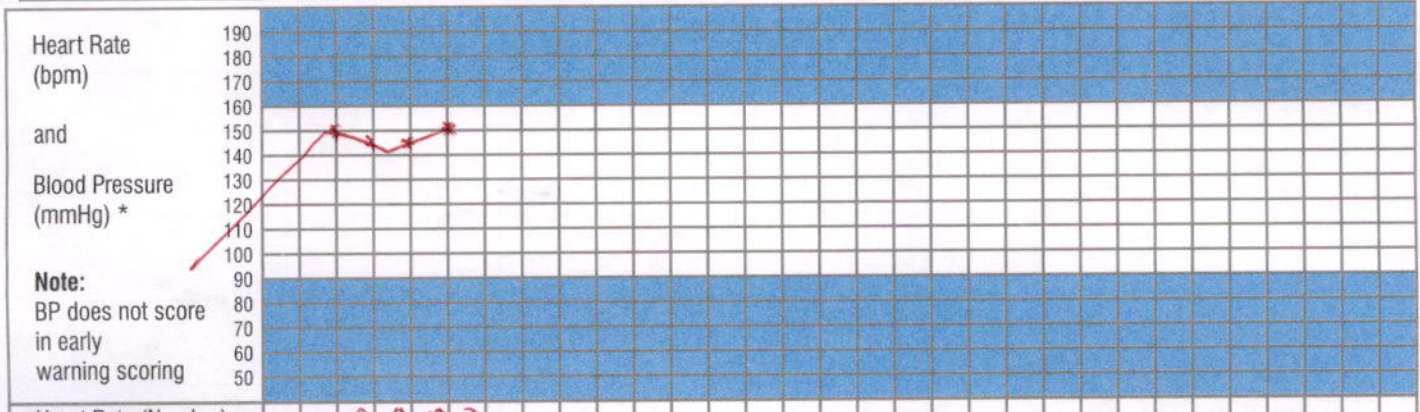
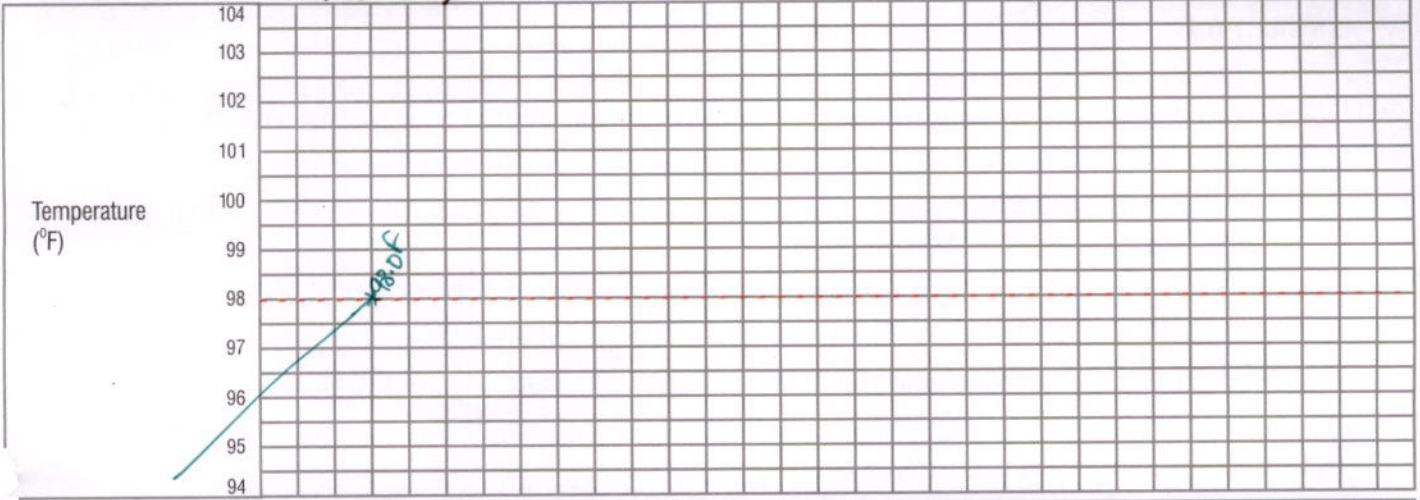
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



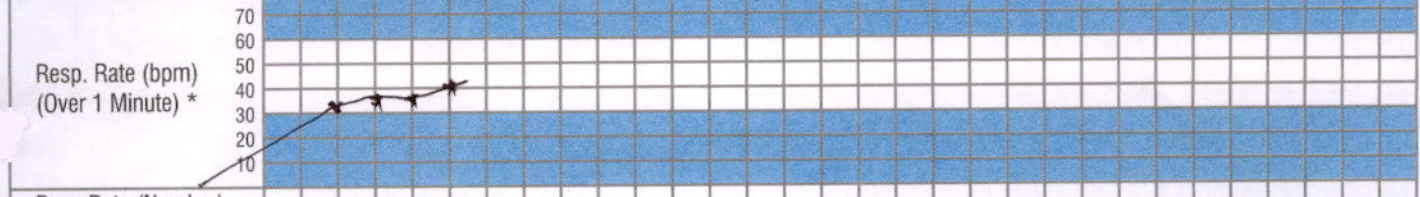
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/6/26 Time: 8 9 10 11

Doctor/Nurse/Family Concern? P P P P



Heart Rate (Number) 150 145 148 152



Resp Rate (Number) 35 38 38 42

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered C C C C

GCS * 15 15 15 15

TOTAL SCORE Number of shaded boxes 0 0 0 0

Pain Score 0 0 0 0

Observer's Initials P P P P

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

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

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.
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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

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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)

FLUID CHART

Sheet No. : 3

13/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			5.9							0	
	09:00 am			5.9							0	
	10:00 am	Aptam		5.9	17ml					45ml	0	
	11:00 am			5.9							0	
	12:00 pm			5.9							0	
	01:00 pm	Aptam	25ml	5.9							0	
Total Intake :			77.4 ml			Total Output :					45 ml	
	02:00 pm			5.9							0	
	03:00 pm			5.9							0	
	04:00 pm	Aptam	25ml	5.9						80ml	0	
	05:00 pm			5.9							0	
	06:00 pm	Aptam	20ml	STOP							0	
	07:00 pm										0	
Total Intake :			62.7 ml			Total Output :					80ml	
	08:00 pm	Aptam	25ml								0	
	09:00 pm									65ml	0	
	10:00 pm	Aptam	20ml								0	
	11:00 pm										0	
	12:00 am	Aptam	25ml								0	
	01:00 am										0	
Total Intake :			20ml			Total Output :					65ml	
	02:00 am	Aptam	25ml								0	
	03:00 am										0	
	04:00 am	Aptam	20ml							60ml	0	
	05:00 am										0	
	06:00 am	Aptam	25ml								0	
	07:00 am										0	
Total Intake :			290ml			Total Output :					60ml / 250ml	

Total 24 hrs. Intake 125.0 ccs/kg/day

Total 24 hrs. Output 4.4 ccs/kg/hr

218.4
 12 ccs/kg/day
 12 ccs/kg per 24 hours

Shirley
 13/6/26
 Sumanyali
 13/6/26
 @4pm

14/6/26
 80ml

VIH-00205821 IP-00060319
 Baby Of RAPOL ESHWARI
 11-06-2026 0 Y 0 M 1 D (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : 2.....

14/6/26

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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
<i>14/6/26</i>	08:00 am	<i>Aptamil</i>	<i>25ml</i>								0	<i>Sumanjali 14/6/26 @ 2pm</i>
	09:00 am					<i>✓</i>			<i>60ml</i>	0		
	10:00 am	<i>Aptamil</i>	<i>20ml</i>							0		
	11:00 am	<i>EBon</i>	<i>5ml</i>				<i>✓</i>			0		
	12:00 pm									0		
	01:00 pm	<i>Aptamil</i>	<i>20ml</i>				<i>✓</i>			0		
Total Intake :			<i>70</i>			Total Output :					<i>60ml 60ml</i>	
	02:00 pm										0	<i>Shreya 14/6/26 @ 8pm</i>
	03:00 pm	<i>Aptamil</i>	<i>30ml</i>				<i>✓</i>		<i>25ml</i>	0		
	04:00 pm									0		
	05:00 pm									0		
	06:00 pm	<i>Aptamil</i>	<i>25ml</i>							0		
	07:00 pm									0		
Total Intake :			<i>55ml</i>			Total Output :					<i>25ml</i>	
	08:00 pm										0	<i>Sushanti 15/6/26 @ 8am</i>
	09:00 pm	<i>Aptamil</i>	<i>25ml</i>				<i>✓</i>		<i>35ml</i>	0		
	10:00 pm									0		
	11:00 pm									0		
	12:00 am	<i>Aptamil</i>	<i>25ml</i>							0		
	01:00 am									0		
Total Intake :			<i>50</i>			Total Output :					<i>25ml</i>	
	02:00 am										0	<i>Sushanti 15/6/26 @ 8am</i>
	03:00 am	<i>Aptamil</i>	<i>20ml</i>				<i>✓</i>		<i>20ml</i>	0		
	04:00 am									0		
	05:00 am									0		
	06:00 am	<i>Aptamil</i>	<i>25ml</i>							0		
	07:00 am									0		
Total Intake :			<i>220ml</i>			Total Output :					<i>150ml</i>	

Total 24 hrs. Intake ⇒ *94.8 ccl/kg/day*

Total 24 hrs. Output ⇒ *2.6 ccl/kg/hr*

VIH-00205821 IP-00060319

Baby Of RAPOL ESHWARI

11-06-2026 0 Y 0 M 1 D

Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : 3

15/6/26

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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am	Aptamil 25ml								25ml	0	Shruti 15/6/26 @ 8pm
	10:00 am										0	
	11:00 am										0	
	12:00 pm	Aptamil 30ml				✓					0	
	01:00 pm										0	
Total Intake : 55 ml					Total Output : 25 ml							
	02:00 pm										0	Rishi
	03:00 pm	FBM 25ml				✓				40ml	0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	Aptamil 25ml				✓					0	
	07:00 pm										0	
Total Intake : 50 ml					Total Output : 40 ml							
	08:00 pm	FBM 25ml				✓				40ml	0	Sushanti 16/6/26 @ 8am
	09:00 pm									40ml	0	
	10:00 pm										0	
	11:00 pm	FBM 25ml				✓					0	
	12:00 am										0	
	01:00 am										0	
Total Intake : 60					Total Output : 40							
	02:00 am	Aptamil 25ml				✓					0	Sushanti 16/6/26 @ 8am
	03:00 am									40ml	0	
	04:00 am										0	
	05:00 am	Aptamil 30ml				✓					0	
	06:00 am										0	
	07:00 am										0	
Total Intake : 220ml					Total Output : 145ml							

Total 24 hrs. Intake ⇒ 97.8 cc/kg/day

Total 24 hrs. Output ⇒ 2.6 cc/kg/hr



FLUID CHART

Sheet No. : 3

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	spramul	30ml				✓				0	Sushanti 16/6/26 @ 2 pm
	09:00 am								25ml	0		
	10:00 am	Aptamil	25ml						12 ml	1		
	11:00 am	DBF								0		
	12:00 pm	TEBM	25ml				✓		15 ml	0		
	01:00 pm									0		
Total Intake :			80ml			Total Output :					42ml	
	02:00 pm	DBF + EBM	15ml						25ml	0	Sushanti 16/6/26 8 pm	
	03:00 pm									0		
	04:00 pm	DBF + EBM	15ml							0		
	05:00 pm						✓		20ml	0		
	06:00 pm									0		
	07:00 pm	EBM	35ml							0		
Total Intake :			65ml			Total Output :					45ml	
	08:00 pm									0	Sushanti 17/6/26 @ 2 am	
	09:00 pm									0		
	10:00 pm	EBM	30ml				✓		10ml	0		
	11:00 pm									0		
	12:00 am	Aptamil	30ml						18ml	0		
	01:00 am									0		
Total Intake :			60ml			Total Output :					28ml	
	02:00 am									0	Sushanti 17/6/26 @ 2 am	
	03:00 am	Aptamil	35ml				✓		20ml	0		
	04:00 am									0		
	05:00 am									0		
	06:00 am	Aptamil	30ml						15ml	0		
	07:00 am									0		
Total Intake :			270ml			Total Output :					150ml	

Total 24 hrs. Intake ⇒ 136.3 ccl/kg/day

Total 24 hrs. Output ⇒ 3.1 ccl/kg/hr



FLUID CHART

Sheet No. : 4 17/6/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
											0	17/6/26 @BB
	08:00 am	ADAMI	30ml							0		
	09:00 am					✓			20ml	0		
	10:00 am	DBF + EBM	30ml							0		
	11:00 am									0		
	12:00 pm								15ml	0		
	01:00 pm	DBF	30ml							0		
Total Intake :			90ml			Total Output :					35ml	
	02:00 pm	EBM	30ml				✓		10ml	0	17/6/26 @BB	
	03:00 pm									0		
	04:00 pm	EBM	30ml						15ml	0		
	05:00 pm									0		
	06:00 pm	EBM	20ml				✓		20ml	0		
	07:00 pm									0		
Total Intake :			85ml			Total Output :					45ml	
	08:00 pm	EBM	30ml								17/6/26 @BB	
	09:00 pm											
	10:00 pm	EBM	30ml				✓		✓			
	11:00 pm											
	12:00 am	DBF	25ml						20ml			
	01:00 am											
Total Intake :			85ml			Total Output :						
	02:00 am	DBF	30ml				✓				17/6/26 @BB	
	03:00 am								✓			
	04:00 am											
	05:00 am	EBM	25ml									
	06:00 am								✓			
	07:00 am	EBM	30ml									
Total Intake :			85ml			Total Output :						

Total 24 hrs. Intake 345ml

Total 24 hrs. Output 20ml

FLUID CHART

Sheet No. : 4 18/6/26 18/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
18/6/26	08:00 am		EBM (30ml)										Asha 18/6/26 @ 2pm
	09:00 am												
	10:00 am		EBM (30ml)										
	11:00 am												
	12:00 pm		EBM (25ml)										
	01:00 pm												
Total Intake :						Total Output :						23ml	
18/6/26	02:00 pm		EBM (30ml)										Asha 18/6/26 @ 2pm
	03:00 pm									06ml			
	04:00 pm		EBM (30ml)										
	05:00 pm												
	06:00 pm		EBM										
	07:00 pm												
Total Intake :						Total Output :						10ml	
18/6/26	08:00 pm												Asha 18/6/26 @ 2pm
	09:00 pm		EBM										
	10:00 pm												
	11:00 pm		EBM										
	12:00 am												
	01:00 am		EBM								15ml Urine		
Total Intake :						Total Output :						15ml	
19/6/26	02:00 am												Asha 19/6/26 @ 2pm
	03:00 am		EBM								10ml		
	04:00 am												
	05:00 am		EBM										
	06:00 am												
	07:00 am		EBM								10ml		
Total Intake :						Total Output :						20ml	

Total 24 hrs. Intake 111ml

Total 24 hrs. Output 74ml



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: Shifted to:

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	INT PIPERACILIN TAZOBACTAM	2g/0.6g	IV	TWICE DAILY		<input type="checkbox"/> C <input type="checkbox"/> DC
2	VITAMIN D3 MORS	0.5 ml	ORAL	ONCE DAILY		<input type="checkbox"/> C <input type="checkbox"/> DC
3	T-BACT OINTMENT	600	6th hourly	6		<input type="checkbox"/> C <input type="checkbox"/> DC
4	T-BACT OINTMENT		LOCALLY APPLY	6th hourly		<input type="checkbox"/> C <input type="checkbox"/> DC
5						<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. Sarasha*

Date & Time : 17/6/26 @ 6:30 PM

Nurse Name & Signature : *Aksh*

Date & Time : 17/6/26 @ 7:15 PM

MH-00205821
 baby of RAPOL ESHWARI
 1-06-2026
 Dr. SURENDER RAO DUSA
 IP-00060319
 0 Y 0 M 0 D 19 H (M)



DRUG CHART

Date of Admission: 11/6/26 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 : <u>INJ PARACETMOL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
	<u>IV</u>	<u>SOS</u>	<u>13/6</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>		<u>13/6</u>																		
Additional Instructions:																				
<u>10-15mg/kg/dose</u>																				

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/6	5 PM	INS D ₁₀ BOLUS	2 ML/KG.	I.V	[Signature]	Shruti Prasan
11/6	5 PM	INS B ₅ BOLUS	10 ML/KG	I.V	[Signature]	Shruti Prasan
12-6-26	12:00 AM	NORMAL SALINE BOLUS	10 ml/kg	IV OVER 1/2 hr	[Signature]	Rajesh Chavhan
12-6-26	12:30 AM	NORMAL SALINE BOLUS	10 ml/kg	IV OVER 1/2 hr	[Signature]	Rajesh Chavhan
12/06	3:35 PM	NORMAL SALINE BOLUS	10ml	IV	[Signature]	[Signature]
12/06	2:00 PM	INS. PIPERACILLIN TAZOBACTAM	200mg	IV	[Signature]	[Signature]
12/06	4 PM	NORMAL SALINE BOLUS	10 ML/KG	I.V OVER 30 MINS	[Signature]	[Signature]
18/6	4 PM	RL	10 ML	IV OVER 6 HR	[Signature]	Sumanjal Umair

Signature

VERIFIED BY : NAME

No. of sheets
 12/6/26
 226



(O+ve)

RESULT SHEET

Date	11/6/26	12/6/26	13/6/26	14/6/26	15/6/26	17/6/26
Time	6pm	8PM	8AM	6:20 AM	1	8 AM
Hb	15.2	16.8	15.6	13.8	14.0	
PCV	41.9	44.5	41.8	36.7	37.6	
RBC	4.01	4.34	4.13	3.70	3.83	
WBC	17.73	23.19	19.56	16.29	15.97	
N/L	51.2/41.7		72.1/19.3	59.1/27.0	52.8/31.6	
Platelets	242	210	109	242	268	
CRP		9.0	25	17	10	
ESR						
PCT						
RBS						
Na		137	144	151	150	149
K		5.4	4.5	4.7	4.4	5.5
Cl		105	112	120	119	117
Ca/Mg	11.4	11.4	10.1			
Phosphate						
Urea		24.8	22.9		44.	54.1
Creatinine		1.0	1.1		0.9	0.7
ALP						
SGPT						
SGOT						
T.Bill/Conj		5.5 ^{0.1} _{5.4}	9.8 ^{DPT} _{9.8} ^{9.8} _{0.2}	4.7 ^{0.1} _{4.6}	6.9 ^{0.1} _{6.8}	
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	18/1.2					
APTT	45					
CSF Protein / Sugar						

Date	11/6/26					
Time	8pm					
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	3-5					
CUE - RBC Cells	Nil					
CUE Colour	pale yellow					
Appearance	Clear					
Blood	Absent					
Stool Pus Cell						
OVA / Cyst						
Occult Blood	17/6/26					
Bicarbonate	ND					

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



ESTIMATION SLIP



Date: 12/06/26 UHID/IP No.: 114-205821 Sl. No.: 28882

Name of Patient: Blo Raponi Ishwari Age: NB Gender: M

Father's / Husband's Name: Mr. T prabhakar Corporate/Occupation: Doctor

Address: Bowenpally Phone: 9515153371 Email:

Procedure/Plan: Cystoscopy Funguration + Circumcision DOS:

MODE OF PAYMENT: SELF TPA: CASH GIPSA: OTHER

TARIFF INFORMATION: Dr. Jyoti bathra.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges									
Doctor's Fee									
L. Tax									
PARTICULARS			AMOUNT (₹)						
Surgeon's / Anesthetist's Fee / O.T Charges			2,06,000/-						
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 :		Oxygen:		Infusion Pump/Syringe Pump:				
	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			Recovery - 2,000/-						
Others									
Initial Minimum Deposit			3,20,000/-						

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, Thorocoscopic, 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 T. Dushala 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: T. Dushala Signatory Relationship: Signature of the Financial Counselor: S. Dushala



SURGERY DETAILS

Date : 12/6/26

Patient Name: Baby of RAPOL ESHWARI Date of Birth: 11-07 Age: 1 Day

Gender: male Ward: OT UHID No.: 205821/60319

Date of Surgery: 12/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Cystoscopy + PU valve fulgura + Circumcision

Time in : 3:00 PM

Time Out : 4:00 PM

	NAME	AMOUNT
1. Surgeon	Dr. Pyoti Bhatia	OT-charges
2. Anaesthetist	Dr. Shilpa / Dr. Vineetha	-
3. Assistant Surgeon	-	Cystoscopy charges
4. OT Technician	Mr. Rakesh / Vaishnavi	3:10pm - 4:50pm
5. Circulating Nurse	Sr. Manimala	3089628
6. Assistant Nurse	Br. Ratan / Sr. Manis	

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: 3089625 / 3089626

Order by: Ruby F



CONSUMABLES OF OT

Cystoscopy
PVC Fulguration

VIH-00205821 IP-00060319
Baby Of RAPOL ESHWARI
11-06-2026 0 Y 0 M 1 D
Dr. SURENDER RAO DUSA

Age :



Time :

Circulating Staff : *Dr Ruby P. Manimale* Technician : *Rakesh*

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>Amby bag (used)</i>		0	Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N			<i>9915-w</i>	✓	1	Suction Catheter		
HME filter : A/P/N	✓	1				Feeding Tube		
Syringe 10 cc	✓	5				Vaccum Suction Set		
05 cc	✓	6	Gloves <i>PPG 764pp</i>	✓	2	Surgical Gloves		
02 cc			<i>Sar 6 1/2 / 65cc</i>	✓	2	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		
Cautery Plate : A/P/N	✓	1	Surgical blade <i>15</i>	✓	1	Surgical Blade # 20		
IV set	✓	1	NG tube <i>7.0</i>	✓	1	Koochies (S)		
RL			Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml	✓	2	Koochies			<i>Used Mette (P) 1</i>		
<i>Rev to Penta 2 (A.25G)</i>	✓	1	Ointments					
<i>Osmask (P)</i>	✓	1	Suction Catheter					
Fentanyl			Cap. Mask	✓	8			
Morphine			Gauze Pack	✓	2			
Ketamine			Mop Pack	✓	1			
Propofol	✓	1	Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet <i>Alleva</i>	✓	1			
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter <i>6.0</i>	✓	1			
<i>Preced</i> Pencan-25g/Spinal Needle 22	✓	1	Urobag	✓	1			
Bupivacine 0.25%		0	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban <i>DIApex</i>	✓	2			
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					
Tab. Misoprost : 200 mg			Betadine Solution	✓	1			
<i>Dewalt scone</i>	✓	1	Microshield	✓	1			
			Cotton Balls					
			Latex Gloves		0			
			Ramdione Scrub					
			Saral					

Surgeon *Dr. Jyoti K. P. M.* Anaesthesiologist *A. Shilpa / Dr. Vineta* Nurse *Ratan / Mani's* OT Technician *Rakesh*
 Order No. : *3089643* Ordered by : *Ruby P.*

**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-00060319	Ward	N 2F-NICU I
Patient Name	Baby Of RAPOL ESHWARI	Bed Name	NICU 248
Age/Sex	0 Y 0 M 1 D / Male	Order No	0003089649
Date	12/06/2026 16:54	Prescription No	PRIP-1291036
Payor	SELF PAY	Dispensed Date	12/06/2026 16:55
UHID	VIH-00205821		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
3	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	1	103.95	103.95
4	DISPOSABLE APRONS STERILE XL	Mediblue		26050203	04/28	2	120.00	240.00
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
7	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261294	02/29	1	61.31	61.31
8	Encore Microptic gloves- 6.5		H	2510072605	10/28	2	117.00	234.00
9	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
10	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260502	04/29	8	10.00	80.00
11	FOLEYS CATHETER 6FR UROCATH		GENERAL	G25K120051	10/30	1	411.00	411.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	2	123.00	246.00
13	H.M.E FILTER (NEO)1441	Intrasurgical		332509698	04/30	1	708.00	708.00
14	INFANT FEEDING TUBE-7	ROMSONS	GENERAL	G26B010270	01/31	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	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	1	949.00	949.00
18	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261790	02/29	2	93.94	187.88
19	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	72I9O38	06/30	3	16.14	48.42
20	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
21	PREGELLED (CORTAUTRY) PLA NEONATAL	The Advanced cadiomed	GENERAL	02503140802	03/27	1	1,518.75	1,518.75
22	REVOTAZ INJ 2.25 GM 20ML	Alkem Laboratories Ltd.	H	25444732	11/27	1	204.61	204.61
23	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
24	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
25	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	VYGON		030725AG	07/30	1	302.00	302.00
26	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	8	10.00	80.00
27	SURGICAL BLADE 15	Surgeon	GENERAL	160625	05/30	1	7.67	7.67
28	UROBAG (ADULT) - URODYNE		GENERAL	K26B050109	01/31	1	395.00	395.00
29	UROMETER (PEAD)	Polymed		G16532	05/28	1	602.64	602.64
30	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	1	739.00	739.00
31	VICRYL RAPIDE 5-0 9915W	ETHICON SUTURES-J&J C1		AW6665	04/30	1	885.00	885.00



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INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060319	Ward	N 2F-NICU I
Patient Name	Baby Of RAPOL ESHWARI	Bed Name	NICU 248
Age/Sex	0 Y 0 M 1 D / Male	Order No	0003089649
Date	12/06/2026 16:54	Prescription No	PRIP-1291036
Payor	SELPAY	Dispensed Date	12/06/2026 16:55
UHID	VIH-00205821		

Total :	9,666.89	10,823.43
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Name	Baby Of RAPOL ESHWARI	UHID	VIH-00205821
Father/Guardian	Mr T PRABHAKAR	Age/Gender	0 Y 0 M 6 D/Male
Address	HNO-9-6-63/2 ANJIAH NAGAR, Hasmatpet, Hyderabad, Telangana, INDIA, 500009		
IP No	IP-00060319	Admission Date	11-06-2026
Ref Doctor	SELF	Discharge Date	

SHIFTING SUMMARY

Consultant:

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS

Co- Consultant:

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

Diagnosis:

Moderate Preterm (33+4 weeks)/AGA/Baby Boy/MSL
Respiratory Distress Syndrome - CPAP
Suspected Sepsis
Hypernatremia
Neonatal Hyperbilirubinemia

Bladder Outlet Obstruction with PU valves

**Surgical Procedure: Cystoscopy + P U Valve Fulguration+ Circumcision
done on 12.06.2026**

Name	Baby Of RAPOL ESHWARI	UHID	VIH-00205821
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Chronological age: 6 days

PMA: 34+2 weeks

History : Baby Of RAPOL ESHWARI is a moderate preterm (33+4 weeks) / AGA / baby boy of birth weight 2.32 kgs, born to primi mother delivered by Emergency Lower Segment Cesarean Section (Indication: Anhydrominos / abnormal dopplers/ increased resistance in umbilical artery)) on 11.06.2026 at 02:43 pm. Baby had weak cry immediately after birth. Apgar scores were 5, 7 & 9 at 1, 5 & 9 minutes respectively. Baby poor respiratory efforts after birth, for which delivery room CPAP was given after which baby's tone and spontaneous movements were improved. In view of respiratory distress, prematurity baby was admitted to Rainbow Children's Hospital, Karkhana, for further management.

Maternal History : Mrs. RAPOL ESHWARI is a 38 years old primi mother with marital life of 4 years. Non consanguineous marriage. Mother's blood group is "O" Positive. Expected delivery date: 26.07.2026

G1 : Present pregnancy, spontaneous conception.

She had regular antenatal checkups and antenatal scans. AFI doppler scan done on 11.6.2026- SLIUF, 33+4 weeks, cephalic, AFI- largest pool 0cm(severe oligohydramnios), moderate bilateral renal pelviectasis, loss of corticomedullary differentiation in kidneys, echogenic cystic renal cortex, enlarged key hole bladder, Umbilical artery doppler - 93% intermittent increased resistance flow, MCA normal CPR<1%, fetal movements- sluggish. There was no history of Urinary tract infection / Abortions / Premature Rupture of Membranes/ diabetes / Hypertension / Thyroid / Cardiac / Renal abnormalities. She received calcium, iron supplementation and TT prophylaxis.

On examination: At the time of admission, baby was euthermic and maintaining saturations on CPAP. His heart rate was 150/min, respiratory rate

Name	Baby Of RAPOL ESHWARI	UHID	VIH-00205821
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was 60/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were appropriate for gestational age. There were no obvious external congenital anomalies.

Weight on Admission :2.32 kgs

Weight on Discharge :__ kgs

Head circumference :__ cms

Length :__ cms

Baby blood group : "O" Positive (Blood group to be repeated after 4 months)

Investigations: Enclosed.

Management: Respiratory Distress Syndrome - CPAP: Baby was nursed in thermoneutral environment. His initial arterial blood gas showed pH 7.16, pCO₂ 76.1 mmHg, pO₂ 31 mmHg, HCO₃ 20.7 mmol/L, BE -1.6 mmol/L. His initial chest x-ray was normal. In view of respiratory distress baby was continued on CPAP. His CPAP settings were optimized according to serial ABGs and chest x-rays. As baby's respiratory distress settled, baby was weaned off from CPAP to room air after 6 hours. At present, baby is maintaining saturations at room air.

Suspected sepsis: He was screened for sepsis and was started on IV fluids, IV antibiotics after sending blood culture. His initial hemogram showed hemogram 15.2 gm%, white blood cells count 17,730 cells/cumm, platelet count 2.42 lakhs/cumm. NP1 at 24 hours showed hemoglobin 16.8 gm%, white blood cells count 23,190 cells/cumm, platelet count 2.10 lakhs/cumm. C. Reactive protein 9.0 mg/L. Serum electrolytes showed serum sodium - 137 mmol/L, serum potassium - 5.4 mmol/L, chloride - 104 mmol/L, serum calcium 11.4 mg/dl, blood urea 24.8 mg/dl, serum creatinine 1.0 mg/dl. Coagulation profile showed PT 18 sec, INR 1.2, APTT 45 sec. CUE showed 3-5 pus cells, 2-4 epithelial cells. Blood culture sent at the time of admission was sterile. Urine

Name	Baby Of RAPOL ESHWARI	UHID	VIH-00205821
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culture was sterile after 24 hours. IV antibiotics stopped after 7 days.

Last hemogram done on 15.06.2026 showed hemoglobin 14.0 gm%, white blood cells count 15,970 cells/cumm, platelet count 2.68 lakhs/cumm. C. Reactive protein 10 mg/L. Last serum electrolytes done on 17.06.2026 showed serum sodium - 149 mmol/L, serum potassium - 5.5 mmol/L, chloride - 117 mmol/L. Blood urea 54.1 mg/dl and Serum creatinine was 0.7 mg/dl. Sodium bicarbonate was 20 mmol/L.

**Bladder Outlet Obstruction with PU valves - Surgical Procedure:
Cystoscopy + P U Valve Fulguration+ Circumcision done on**

12.06.2026: Ultrasound abdomen done showed urinary bladder is empty with catheter in situ, marked increase in bladder wall thickness, moderate bilateral hydronephrosis with cortical thinning, increased echogenicity of bilateral renal parenchyma. MCUG done was suggestive of bladder shows trabeculations with neurogenic morphology, posterior urethra is relatively dilated with linear filling defect in the distal aspect, Imaging features of posterior urethral valve, no demonstrable vesicoureteric reflux, significant post voidal residue. Baby was seen by Dr. Jyoti Bothra, Consultant Pediatric Surgeon who planed for Cystoscopy + P U Valve Fulguration+ Circumcision.

Operative Notes:

Findings: Severely trabeculated bladder, turbid urine, Posterior urethral valve present

Procedure notes:

- Neonatal Cystoscope used
- Above findings noted
- Pu valve fulguration done with Bugbee
- Veru montanum seen after fulguration and supra pubic pressure
- IFT No 7 used and catheteriztion done
- Circumcision done.

Name	Baby Of RAPOL ESHWARI	UHID	VIH-00205821
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- Anesthesia Uneventful recovery.

Post Operatively: Post operative period was uneventful. Initially baby was kept NPO and was continued on IV fluids. Post operatively, baby was seen by Dr. Sruthi Balla, Consultant Pediatric Nephrologist who advised to continued IV antibiotics and IV fluids, to start oral supplements HCo3 <18, to do Ultrasound abdomen on day of discharge, Sporidex prophylaxis on on discharge, watch for hyperkalemia and to do DMSA at a later date.

Hypernatremia: On day 3 of life baby had hypernatremia (151 mg/dl) for which appropriate fluid correction was given. Baby's serum electrolytes were monitored regularly. Last serum sodium was 149 mmol/L.

Neonatal Hyperbilirubinemia : Baby developed jaundice on day 3 of life with serum bilirubin of 9.8 mg/dl with direct fraction of 0.2 mg/dl and indirect fraction of 9.6 mg/dl for which double surface phototherapy was started. His serum bilirubin was regularly monitored and phototherapy changed accordingly. His last serum bilirubin done on 15.06.2026 was 6.9 mg/dl with direct fraction of 0.1 mg/dl and indirect fraction of 6.8 mg/dl which does not come under phototherapy range hence, phototherapy was stopped.

Feeding : Baby was kept initially NPO, and post operatively after 6 hours, once hemodynamically stable, he was started on OG feeds, which were increased gradually. Baby reached on full OG feeds on day- 3 of life. Oral feeds were started on day- 3 of life, which he accepted and tolerated well. At present, baby is on demand oral feeds, which he is accepting and tolerating well.

Name	Baby Of RAPOL ESHWARI	UHID	VIH-00205821
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2D Echo:

Date	Day of life	Impression:
12.06.2026	2	Situs, Solitus , Levocardia, Small PDA left to right Shunt, PFO left to right Shunt, Good Biventricular Function, Left Arch , No CoA

MCUG

Date	Day of life	Impression:
12.06.2026	2	Bladder shows trabeculations with neurogenic morphology, posterior urethra is relatively dilated with linear filling defect in the distal aspect, Imaging features of posterior urethral valve, no demonstrable vesicoureteric reflux, significant post voidal residue

Ultrasound Abdomen:

Date	Day of life	Impression:
12.06.2026	2	Urinary bladder is empty with catheter insitu, markend increase in bladder wall thickness, moderate bilateral hydroureteronephrosis with cortical thinning, increased echogenicity of bilateral renal parenchyma

Thyroid Function Test

Date	T3 (80-275)	T4 (5.41-17)	TSH (0.72-11)