

ACTIVITY

VIH-00205009 IP-00060290
Baby JENESSA ROSE RAPELLI (F)
05-10-2025 0 Y 8 M 5 D
Dr. JYOTI BOTHRA

IG

Name: ---

UHID No: ---

Consultant: ---

Dept: *pediatric*

Date of Admission: *10/6/26* Time: --- Date of Discharge: --- Time: ---

Room / Bed No: *07* Ward: *07* Suggested Billable bed type: ---


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>10/6/26</i>	<i>10:25 AM</i>	<i>ER</i>	<i>Room (138)</i>	<i>[Signature]</i>
<i>10/6/26</i>	<i>3:45 PM</i>	<i>OT</i>		

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6/26	Implant	①	3089229	shu
	PAC	①	3088632	shy
Cross checked by  13/6/26				

ANY OTHER INFORMATION

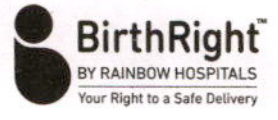
Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward <i>Elizabeth PTO</i>	Billing Assistant	Billing Supervisor
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Patie
 VIH-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI
 05-10-2025 0 Y 8 M 5 D (F)
 Dr. JYOTI BOTHRA



SURGERY DETAILS

Date : 10/6/26

Patient Name: Baby · Jenessa Rose · R Date of Birth: 5/10/25 Age: 8m

Gender: F Ward : OT UHID No.: 205009

Date of Surgery: 10/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : PSARP

Time in : 11:05 AM

Time Out : 2:40 Pm³⁰
2:30 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Jyoti Bothra</u>	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Madhav.</u>	
3. Assistant Surgeon		
4. OT Technician	<u>Tech. Rakesh</u>	
5. Circulating Nurse	<u>Sr. Maria</u>	
6. Assistant Nurse	<u>Bs. Ratan P. Shepa</u>	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3088790/91

Order by: Bhanu



CONSUMABLES OF OT PSARP

VIH-00205009 IP-00060290
Baby JENESSA ROSE RAPELLI
05-10-2025 0 Y 8 M 5 D (F)
Dr. JYOTI BOTHRA

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

Age :

Time :

Circulating Staff : S. mane Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3.5 cuffed		1	Major Pack 5003	1	1	Inj. Vit. K		
LMA			Sutures 2317		2	Cord Clamp		
ECG leads : A/P/N			5050		1	Suction Catheter		
HME filter : A/P/N			4844+5085		7	Feeding Tube		
Syringe 10 cc	5	5	2437		1	Vaccum Suction Set		
05 cc	4	4	Glaves 2303		1	Surgical Gloves		
02 cc			PR6+6 1/2		2	Gauze Pack		
01 cc			S.G. 7+7 1/2		1	Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N		1	Surgical blade NO 15	1	1	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml		3	Koochies			proto gown		2
NS : 10ml/100 ml/ 500ml/1000ml		8	Ointments					
High pressure extn (200ml)		1	Suction Catheter			D-water 10ml		3
Fentanyl exactastop		1	Cap. Mask		7			
Morphine Nasopharyngeal (16)		1	Gauze Pack		1	Deemalle pen		1
Ketamine			Mop.Pack		1			
Propofol		1	Steristrip AlleroB		1			
Rocuronium		1	Underpad					
Glycopyrolate		1	Draw Sheet					
Myopyrolate		2	Abgel					
Ondansetron			Foleys Catheter NO 8		1			
Pencan 25g/Spinal Needle 22 (head sygen)		1	Urobag		1			
Bupivacine 0.25%		1	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm 8582		1			
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet D/A		3			
Tab. Misoprost : 200 mg			Betadine Solution					
myopyrolate		1	Microshield		1			
Tirocan 24G		1	Cotton Balls					
Dextrose 250		1	Latex Gloves					
O ₂ mask (P)		1	Ramdione Scrub					
			Saral					

Surgeon Dr Jyoti Bothra Anaesthesiologist Dr madhav Nurse Sheepa / Ratan OT Technician Rakesh
 Order No. : 3088833 Ordered by : Bhavani

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060290	Ward	N 0 GF-EMERGENCY
Patient Name	Baby JENESSA ROSE RAPELLI	Bed Name	ER 101
Age/Sex	0 Y 8 M 5 D / Female	Order No	0003088833
Date	10/06/2026 15:30	Prescription No	PRIP-1290625
Payor	SELPAY	Dispensed Date	10/06/2026 15:36
UHID	VIH-00205009		

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	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
4	CAUTERY PENCIL (ADVANCE)	The Advanced cadomed	GENERAL	24070610B	08/27	1	1,153.00	1,153.00
5	DERMARK PEN ROMSON	ROMSONS	GENERAL	G25I010300	08/28	1	331.00	331.00
6	DEXTROSE IV 25 % 100 ML BOTTLE	Aculife Health Care Pvt.Ltd(Nirilif	H	IC261315	08/27	1	21.37	21.37
7	DISPOSABLE APRONS STERILE XL	Mediblu		26050203	04/28	3	120.00	360.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
9	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	I2254341	10/28	3	2.58	7.74
11	Encore Microptic gloves-6.5		H	2510072605	10/28	2	117.00	234.00
12	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
13	ET TUBE - 3.5 MM REBELLE			OET25F25	04/30	1	330.00	330.00
14	EXXACTA-STOP COCK ROMSONS		GENERAL	GG26B010183	01/31	1	226.00	226.00
15	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	7	10.00	70.00
16	FOLEYS CATHETER 8FR POLYMED	RUSCH	GENERAL	2512642E	04/30	1	383.00	383.00
17	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26020225	01/31	1	449.00	449.00
18	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
19	INTROCAN 24G	Bbraun Medical PvtLtd		24L16G8912	10/29	1	225.00	225.00
20	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
21	MERSILK 3-0 NW 5003 (5002)	ETHICON SUTURES-J&J C1		V5003	02/30	1	288.00	288.00
22	MERSILK 3-0 NW 5085	ETHICON SUTURES-J&J C1		V4009	10/29	1	195.00	195.00
23	MERSILK 4-0 NW 5050 (5049)	ETHICON SUTURES-J&J C1		V3005	02/28	1	224.06	224.062
24	MONOCRYL 5-0 CUTTING Y844G	ETHICON SUTURES-J&J		11080M6	03/30	1	1,652.00	1,652.00
25	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	1	949.00	949.00
26	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
27	NASOPHARYNGEAL TUBES 16	RUSCH	GENERAL	KMEZ3A2B99	12/27	1	211.88	211.88
28	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		26AR001	03/29	10	23.43	234.30
29	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	3	44.93	134.79
30	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
31	OXYGEN NASEL CANNULA (PEAD)	Polymed		K25L040093	11/30	1	255.00	255.00
32	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510292407	10/27	1	1,195.00	1,195.00

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-00060290	Ward	N 0 GF-EMERGENCY
Patient Name	Baby JENESSA ROSE RAPELLI	Bed Name	ER 101
Age/Sex	0 Y 8 M 5 D / Female	Order No	0003088833
Date	10/06/2026 15:30	Prescription No	PRIP-1290625
Payor	SELPAY	Dispensed Date	10/06/2026 15:36
UHID	VIH-00205009		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
34	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
35	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
36	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
37	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
38	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)		25J9072M	09/30	1	91.00	91.00
39	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	VYGON		271025AG	10/30	1	302.00	302.00
40	SURGEONS CAP	Mediblue	General	VI03062026	12/30	7	10.00	70.00
41	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
42	SURGICAL BLADE 15	Surgeon	GENERAL	160625	05/30	1	7.67	7.67
43	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	R01260908	12/28	1	175.00	175.00
44	UROBAG (ADULT) - URODYNE		GENERAL	K26B050109	01/31	1	395.00	395.00
45	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
46	VICRYL 2-0 VP 2317	ETHICON SUTURES-J&J C1		TT5025	03/30	2	888.00	1,776.00
47	VICRYL 5-0 VP 2303	ETHICON SUTURES-J&J C1		T5012	08/30	1	584.00	584.00
						Total :	15,119.60	17,417.69

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

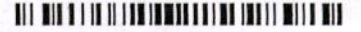
Pharmacist Name : RUBY FLORENCE VELPULA

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

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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-00060290	Ward	N 0 GF-EMERGENCY
Patient Name	Baby JENESSA ROSE RAPELLI	Bed Name	ER 101
Age/Sex	0 Y 8 M 5 D / Female	Order No	0003088835
Date	10/06/2026 15:38	Prescription No	PRIP-1290626
Payor	SELPAY	Dispensed Date	10/06/2026 15:39
UHID	VIH-00205009		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		TT5035	04/30	1	663.00	663.00
Total :							663.00	663.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

ADMISSION SHEET

Registration Details :

Admission No : IP-00060290 Admit Date : 10-Jun-2026 Admit Time : 07:10 AM UHID : VIH-00205009

Patient Details :

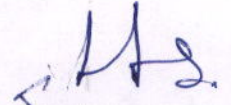
Patient Name : Baby JENESSA ROSE RAPELLI Age : 0 Y 8 M 5 D
Guardian : Mr SURENDER DOB : 05-10-2025 01:00 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : MALKAJGIRI Malkajgiri Hyderabad Telangana Phone No : 9676153753/ 8143153753
INDIA 500047 E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : ER 101 Ward Name : N 0 GF-EMERGENCY
Room No : ER 101 Admission Type : First Visit

Contact Details :

Name : Mr SURENDER Relationship : D/O
Contact Address : MALKAJGIRI Malkajgiri Hyderabad Telangana Phone No : 9676153753
INDIA 500047


Signature

Doctor Details :

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

Payment Details :

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

Patient Name : Baby. JENESSA ROSE RAPELLI UHID : VIH-00205009 IPD : IP-00060290 Gender : Female
 Age : 0 Y 8 M 5 D

VIH-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI
 03-10-2025 0 Y 8 M 5 D (F)
 Dr. JYOTI BOTHRA



Wt:- 6.75kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Bto Rohini Age : 7 months Gender: Male Female

Date : 10/6/26 Time of Arrival : 7:05 am

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 96.7 F PR: 129b/m BP: 95/71(79) RR: 28b/m SpO₂: 98%

Chief Complaints: cto baby came for surgery anterior Saenital Anosetoplasty

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:10 am

Communicable Disease Triage Screening

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

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

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Revathy

Signature of Triage Nurse : _____

Date & Time : 10/6/26 @ 7:10 am

Patient Name : Baby. JENESSA ROSE RAPELLI UHID : VIH-00205009 IPD : IP-00060290 Gender : Female
Age : 0 Y 8 M 5 D

VIH-00205009 IP-00060290
Baby JENESSA ROSE RAPELLI
05-10-2025 0 Y 8 M 5 D (F)
Dr. JYOTI BOTHRA



Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 7:11am Sagittal anoxetoplasty
Chief Complaints : do baby came for surgery Anesthesia RBS :
Height : 68cm Weight : 6.75kg BMI : Head Circumference (<2 years)
Allergies: Yes No Medications Blood Transfusion Food Other:
If yes, identify
Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Frequency Duration

RISK FOR FALL:
 If patient is < 6 years
tick below fall risk intervention directly
 If Patient is > 6 years
Assess the below parameters
History of Falling: within past 3 months Yes No
Ambulatory Aids:
• Wheelchair Yes No
• Uses furniture for support Yes No
Gait/Transferring:
• Bedrest / immobile Yes No
• Weak Yes No
• Impaired Yes No
Mental Status: Forgets limitations Yes No
IF YES FOR ANY CATEGORY = RISK FOR FALLING
Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected
 Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria
Nutritional Screening: No Abnormalities Detected
 Underweight
 Overweight
 Feeding Problem
 Special diet
 Special feeding method
Inform consultant for positive criteria

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: (Date/Time):
Social History: Lives With Parents
Siblings in household Yes No (if yes How Many?)
Time of initial assessment completed by ER Nurse : 7:14am

Patient Name : Baby. JENESSA ROSE RAPELLI UHID : VIH-00205009 IPD : IP-00060290 Gender : Female
 Age : 0 Y 8 M 5 D

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

Time	Nursing Notes
7:05 AM	⇒ Baby came to ER
7:10 AM	⇒ Vitals checked and recorded
7:15 AM	⇒ Doctor has seen the Baby
7:10 AM	⇒ Admission done
	⇒ NPO from midnight 2:30am :- milk
7:30 AM	⇒ IV placement done
7:35 AM	⇒ Blood sample collected and sent to lab
10:25 AM	⇒ Baby shifted to

Samples collected by: } SK. Shantha kumar
 Samples sent by: }

Time: }
 Time: } 7:30 AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 129b/m RR: 25b/m GCS: 15/15 Pain Score: Repeat RBS (if applicable):	BP: crying CFT: 23/12 SPO ₂ : 98% Temperature: 97.2 F
	Shift - out from ER to: OT Time of Shift - out: 10/6/26 @ 10:25 Handover given to: Sr. vanitha (Nurse's Name) by Achille

Tick as applicable: MLC LAMA BROUGHT DEAD


Procedures done with details (if any):

IV placement done

Name of the Nurse: Achille Signature of the Nurse: A

Date & Time: 10/6/26 @ 10:25 AM

PATIENT TRANSFER FORM

Patient Name / I.P. No. VIH-00205009 IP-00060290 Baby JENESSA ROSE RAPELLI 05-10-2025 0 Y 8 M 5 D (F) Dr. JYOTI BOTHRA 		Date & Time of Admission 10/6/26 @ 7:10 am	Date & Time of Transfer Order 10/6/26 @ 3:45 pm
		Transfer ordered by Dr. Madhav	Reason for Transfer Post Op Care
From Unit 01	To Unit 138	Information to attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films	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.	Oxygen Mask	1.	
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor : Dr. Jyoti			
Name & Signature of Person who is Transferring Dr. Maria		Name of Person Ordered Transfer Dr. Madhav	
Patient & Clinical records received by : Sreekanth			
Date & Time of Patient Received: 10/6/2026 @ 3:45 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



PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00205009 IP-00060290
Baby JENESSA ROSE RAPELLI
08-10-2025 0 Y 8 M 5 D (F)
Dr. JYOTI BOTHRA

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

pain during passing stools

History of present illness :

→ Pain while passing stools in form of straining & crying gradually increasing

→ Took conservative treatment for 1 month but no response. So now posted for anterior sagittal anorectoplasty

Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

LSCS / 3 kg / CSAR / No perinatal issues

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional information : _____

Developmental History :

Appropriate

Immunization History :

Completed

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) _____ (Centile _____)

Anteriorly placed anus

On Examination :

Temperature : 96.7 F Pulse Rate : 139/min B.P. 95/77 SPO2 98% on room air

Resp. rate and type of breathing : 28/min

Rash NO

Lymphadenopathy NO

Oedema : NO

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : Bluish

Air entry & breath sounds : _____

Any addes sounds : NO

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

Cardiovascular System :

Inspection of precordium : S1S2 (P)

Heart Sounds : _____

Any murmur : NO murmur

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

Per Abdomen :

Inspection Soft

Palpation : _____

Ausculation : NO RLM

Spine : _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 16

Cranial Nerves : 12

Motor System:

Nutriton : _____

Tone: 12 Power good Ak movement

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Anteriorly placed anus
now come for
anterior sagittal anorectoplasty



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

Planned Management

_____ ✓
- CBC ✓
- USG abdomen @ 9:30 AM
X

_____ → NPO since 2:30 AM
_____ → IV fluids

noted by shanthi
to b @ 8:15 AM

Signature of the Doctor: MLK
Name of the Doctor: Dr. Nitesh
Date & Time: _____

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

VIH-00205009 IP-00060290
Baby JENESSA ROSE RAPELLI
05-10-2025 0 Y 8 M 5 D (F)
Dr. JYOTI BOTHRA



(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>6/6/25</u> <u>11:00 pm.</u>	<u>D/w Dr. Pratik mam</u>	
		<u>Adv:</u>
		- Continue NPO
		- Continue IVF
		- 10ml Betadine in
		500ml NS - flush - P/R.
		- Check Diaper and heels



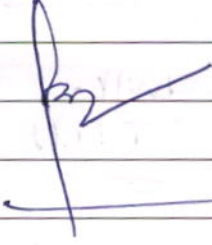

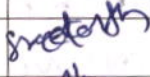
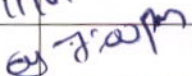
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	<u>Cl/IB Resident</u>	
9:00 AM	Dis: Antepartum	
	C/P → posterior sagittal Anorectoplasty.	
	Herceptin @ 10:15pm (102.45).	
	on MPO.	
4/0-150ml.	Paused Abact. 3 hrs.	
	<u>o/a</u>	
	Chel irritabile	<u>Plan</u>
	Vitalabile	→ Continue MPO.
Dr. Marchese	CV: SIM ⊕	kill us hrs.
	M: NIAC ⊕	- Continue IVF
	P/A: belt	
	CN: WAD.	- Check diaper and baby -
		- Scty



4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11.6.26 3.00PM	S/P <u>Reginivan</u> Interpel anal.	
	S/P: <u>Posterior Sagittal Anorectoplasty</u> POD-1	
	NPO	
	o/e child awake	
	CRT < 34°C	
	afebrile	
	CUS - 93%	Plan
	RS - BA (+)	→ Suty bath twice daily
	P/A - soft	→ T-tact ointment
	urinary catheter in situ	over perianal area
	wound healthy	→ Vitak 4" healy
	 (Dr. Sameer)	
	noted by  on 11/6/26 	

VH-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI
 05-10-2025 0Y8M6D (F)
 Dr. JYOTI BOTHRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/25 11:00am	<p><u>Cl/B Rudent</u> Dis: Antepart Anus. S/P → portuwar lagnitel Anorectoplasty.</p>	
1/6 → 0.9cc/kg/hr.	<p>Temp spike @ 9pm (100.5°) paund/hols 5-6times.</p>	
<p><u>fell over c/m</u> <u>Remove. stay c/m</u> <u>Plan c/m</u></p>	<p><u>0/2</u> chud Alert, Active vitals table CNS: L1/2 (+) M: BLA (+) P/A: well CNS: NAD.</p>	<p><u>Plan</u> - Milk - <u>BP + #</u> <u> #</u> → NO solids - <u>steril liquids.</u> <u>felt liquids</u> hitz bath twice daily. - Monitor - <u>Im (+).</u></p>
	<p>Noted By manisha 12/6/25 @ 2pm</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/20		
6:00 PM		
		Plan
		- Allow orally from now ↓ Solids Now
		- Plan for d/c T/m.
		- Sup. Augmentin
		- Sup paracetamol Drops.
		→ o/c
		→ (A) x (rd)
		local nitro
		thact ointm
		Dolav powder
		(X) week.
		o hegnis detabre.
		↓

noted by
 sneekath on
 12/6/20 @ 6pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>13/6/26</u>	<u>CLUB Resident</u>	
<u>10:50 AM</u>	Dri: Antepoid Anus	
	S/P: postvor lapital Anorectoplasty.	
	2 fewer miles 10:10pm, 3:30 AM. (100.5'f) (100.9'f)	
<u>Dr. Prabhakar</u>	<u>o/e</u> Chud Alert & Active vital stable CUS: 120 M: BLAC P/A: felt CAL: NAD	<u>plan</u> - plan for dle today.
Noted by Rnd @ 11:50 AM 13/6/26		→ <u>Othraun-metr</u> ↓ → <u>Add entyon</u> ↓ → <u>Keep @ 120</u>

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	12/6/24 DAY-1			13/ DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-						
Signature of the Nurse				ME	J	DC							

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature :sadiya..... Name :Sadiya.....

Signature of Ward In Charge :

Signature :Elizabeth..... Name :Elizabeth.....

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 JENESSA ROSE RAPELLI	Age : 0 Y 8 M 5 D	Gender : Female
UHID : VIH-00205009	I.P. NO. 00060290	WEIGHT :
Surgeon : Dr.. JYOTI BOTHRA	Asst surgeon : Dr -	
Anaesthetist : Dr Madhav	OT Nurse : S/N Ratan, Sheepa,	
Surgical Procedure :: Posterior Sagittal Anorectoplasty		
Indications for Surgery : Anteposed Anus		
Anaesthesia - GA		
PRE-OPERATIVE PREPARATION- Betadine skin preparation		
OPERATIVE NOTES: Findings: Perineal Fistula posterior to the fourchette Procedure notes: <ul style="list-style-type: none">- Foleys Catheterisation done- Jack -knife prone position- Proposed neoanus marked with the help of muscle stimulator- Midline vertical incision from posterior border of neoanus to the fourchette- Above findings noted- Rectum dissected and mobilised away from the vagina.- Rectal length achieved with division of neurovascular bands division- Anoplasty done with vicryl 5-0- Incision closed in layers		
POSTOPERATIVE ORDERS <ul style="list-style-type: none">· Nil by mouth for 1 hour· Inj Piptaz 700mg 8hrly· Inj Paracetamol 100 mgs IV Q8H· I/V 1/2 DNS 25ml/hr till further advice· Vitals chart		

Consultants Surgeon's Name
Signature

Dr. JYOTI BOTHRA

Date : 10/6/26

Consultant Surgeon's

Time :

2:45pm



Rainbow Children's Medicare Ltd.

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POSTOPERATIVE ORDERS <ul style="list-style-type: none">· NBM till further orders· Inj Piptaz 700mg 8hrly· Inj Paracetamol 100 mgs IV Q8H· I/V 1/2 DNS 25ml/hr till further advice· Vitals chart		

Consultants Surgeon's Name
Signature

Dr. JYOTI BOTHRA

Date : 10/6/26

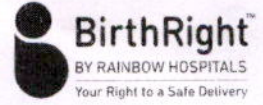
Consultant Surgeon's

Time :

SJM



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Genessa Rose Rapelli Gender: Male Female Age : 8 mths
 UHID No : 60290 Date : 10/6/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Posterior Sagittal Anorectoplasty
 upon
 (Name of the Patient) Genessa Rose Rapelli

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

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

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

Infection, Bleeding

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Gopi Botthor

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

Patient Attendant :
 Signature : _____
 Name : Surender R.
 Relationship with Patient: Father
 Date & Time : 10/6/26 @ 10:55 AM

Witness :
 Signature : K. Rohini
 Name : K. Rohini
 Date & Time : 10/6/26 @ 10:55 AM

Doctor (who is taking the consent) :
 Signature : _____
 Name : Dr. Gopi Botthor
 Date & Time : 10/6/26, 11 AM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby of Rohini (Jenessa Rose) Age: 7m20d Sex: F UHID No: VH-00205009
 Date: 9/6/26 Time: 1:30pm Proposed Operation: ASARP
 Diagnosis: Anteriorly placed Anus.
 B.P / CRT: 99/52 mmHg HR: 129bpm Weight: 6.8kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: Creat: Total Bill: HCV: 2D Echo:
 Plate: Na: Dir. Bill: Blood group: Stress/Angio:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: SGOT/SGPT:

Allergies: NCDA

Medical History: CVS: (-) FT, LSCS, BWT: 3kgs, CIAB, No NICU admissions
 RESP: No Active / Recent UET Diabetes: (-) Development - (+) till age
 CNS: Vaccinated till date
 Renal:
 Hepatic / GE: Physical Activity: active child.
 Others:

Past Anaesthetic History: Nil.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
 Lungs: Bk AE (+) clear
 Heart: S2 (+)
 CNS: NAD
 Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: caudal space - accessible.

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: formula bottle feed - 6hrs Explained.
 1. DVT Prophylaxis: Breast milk - 4hrs
 2. NIL ORAL Water / ORS 2 Hours
Others 6 Hours
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient parents
 5. Other Instructions: CBP on cancellation

Signature: [Signature] Name: Dr. Brunda



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 140/min B.P / CRT: 67/41 (50) SpO₂: 100% R.R: 28/min Last Feed: >6h

Pre-OP Diagnosis: Anterior Anorectal Malformation Operation: Anterior Sagittal Anoplasty Date: 10/02/26

Surgeon: Dr. Jyoti Anaesthesiologist: Dr. Madhav / Dr. Vineeta Technician: Rakesh

TIME	N ₂ O (AIR/O ₂) LPM	HALO /SO /SEVO	DRUGS	RO ₂ (L/min)	ETCO ₂	ECG	Temperature	Urine Output	Fluids	Blood
11:30	60	3%	MIDAZOLAM 0.3mg	100	42	CR	36.2		50 ml/h	
11:35	60	3%	FENTANYL 10mcg	100	41	CR	36.2			
11:40	60	3%	PROPOFOL 10mg	100	41	CR	36.2			
11:45	60	3%	ROCURONIUM 3.5mg	100	42	CR	36.2			
11:50	60	3%		100	42	CR	36.2			
12:00	60	3%		100	42	CR	36.2			
12:10	60	3%		100	42	CR	36.2			
12:20	60	3%		100	41	CR	36.2			
12:30	60	3%		100	41	CR	36.2			
12:40	60	3%		100	41	CR	36.2			
12:50	60	3%		100	41	CR	36.2			
1:00	60	3%		100	41	CR	36.2			
1:10	60	3%		100	41	CR	36.2			
1:20	60	3%		100	41	CR	36.2			
1:30	60	3%		100	41	CR	36.2			
1:40	60	3%		100	41	CR	36.2			
1:50	60	3%		100	41	CR	36.2			
2:00	60	3%		100	41	CR	36.2			
2:10	60	3%		100	41	CR	36.2			
2:20	60	3%		100	41	CR	36.2			
2:30	60	3%		100	41	CR	36.2			
2:40	60	3%		100	41	CR	36.2			
2:50	60	3%		100	41	CR	36.2			
3:00	60	3%		100	41	CR	36.2			
3:10	60	3%		100	41	CR	36.2			
3:20	60	3%		100	41	CR	36.2			
3:30	60	3%		100	41	CR	36.2			
3:40	60	3%		100	41	CR	36.2			
3:50	60	3%		100	41	CR	36.2			
4:00	60	3%		100	41	CR	36.2			

Tazobactam
 Antibiotic
 PIPERACILLIN
 Suppository 670mg T

Blood Loss

NOTES

LAB Values

GRBS: 105 mg/dl @ 11:30 AM.

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>RUL</u> <input checked="" type="checkbox"/> Art Site: <u>Bleed</u> <input checked="" type="checkbox"/> EKG Lead: <u>3 leads</u> <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Prone + litho</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input checked="" type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input checked="" type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input checked="" type="checkbox"/> Other Times: Anaes Start: <u>11:05 AM</u> OP Start: <u>11:40 AM</u> OP End: <u>2:35 PM</u> Leave OR: _____ Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input checked="" type="checkbox"/> IV: <u>24 LR</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>3.5</u> at <u>10</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>ROCURONIUM</u> <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>(1)</u> Attempts: <u>(1)</u> Difficulty Why? _____ <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: _____ <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Caudal Others: _____ Position: <u>litho</u> Site: <u>Sacral hiatus</u> Needle Size: <u>22 G (18)</u> Depth: _____ Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: <u>0.5ml 0.25%</u> Bolus: <u>Bupivacaine</u> Infusion: _____ Block Level: _____ Comments: _____ Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other <input checked="" type="checkbox"/> Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: _____ Signature of the Doctor: <u>Dr. Madhav</u>
---	--	--	---

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Baby of Rohini (Jenessa Rose) Age : 7m Gender : Male Female
 UHID NO: VH-00205009 Surgeon Name: Dr. Jyoti Bhatnagar
 Anaesthesiologist : Dr. Madhav
 Operative procedure planned : Anterior Sagittal Anorectoplasty

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 anaesthetics 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 : lauryngospasm
 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 Baby of Rohini (Jenessa Rose) the above mentioned operation / Diagnostic / Therapeutic procedures Anterior Sagittal anorectoplasty

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 : [Signature]

Name : Suresh

Relationship with Patient: Father

Date & Time : 9/6/26, 1:30pm

Witness :

Signature : K. Rohini

Name : K. Rohini

Date & Time : 9/6/26, 1:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

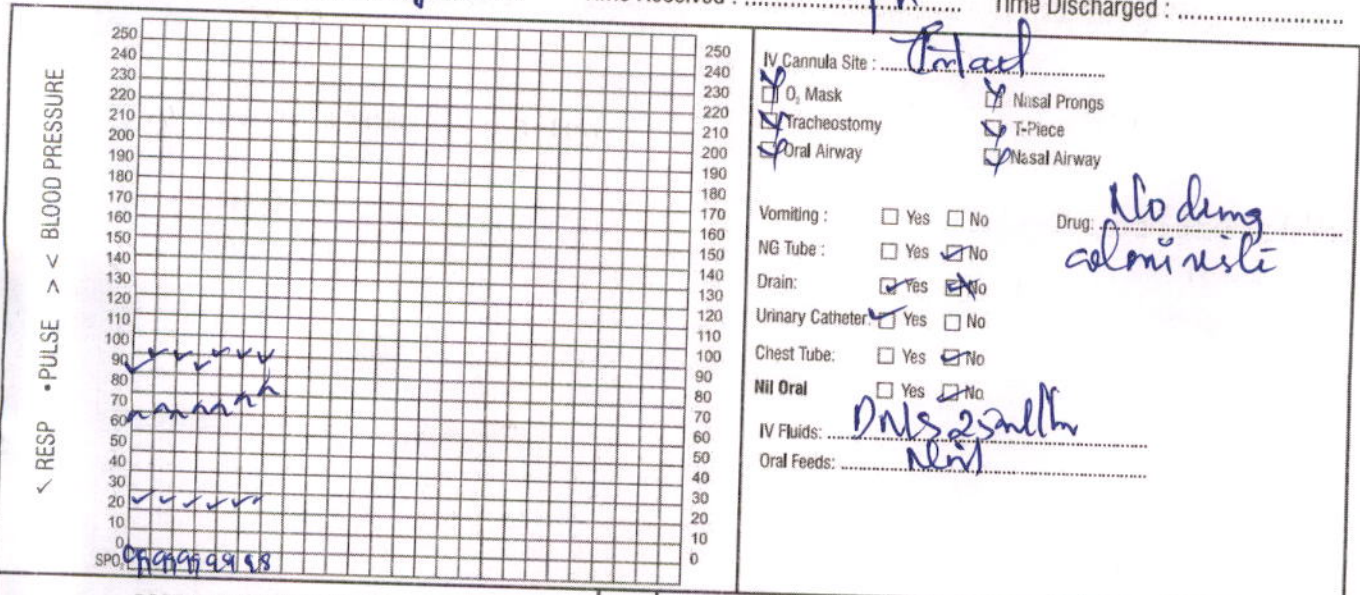
Name : Dr. Brunda

Date & Time : 9/6/26, 1:30pm



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: B. Arif Time Received: 2:50pm Time Discharged:



IV Cannula Site: Distal
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting: Yes No
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral: Yes No
 IV Fluids: DNS 25ml/hr
 Oral Feeds: Nil
 Drug: No drug administered

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	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apnoea = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 1 = 0	COLOR	2	2	2	2	
TOTAL		8	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6/24	3pm	2	-	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name: Dr. Vinetha
 Anaesthesiologist Signature: [Signature]
 Date & Time: 10/6/24 @ 3pm
 PACU Nurse Name: Sr. Prasadine
 PACU Nurse Signature: [Signature]
 Date & Time: 10/6/24 @ 3pm

Reassessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post surgical patient, patient with chronic pain, patient with severe pain
 a. Every 2 hours for first 24 hours
 b. After 24 hours every 4 hours
 c. Prior to pain relieving intervention
 d. With in 30-60 minutes after pain relief intervention
 Transferred to Unit by (PACU): Sr. Prasadine
 Date & Time: 10/6/24 @ 3pm

VIH-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI (F)
 05-10-2025 0 Y 8 M 8 D
 Dr. JYOTI BOTHRA



Sticker



Department of Anaesthesiology EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by
 Doctor Signature:
 Doctor Name:
 Date and Time :

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby JENESSA ROSE RAPELLI	Age :	0 Y 8 M 5 D
IP No:	IP-00060290	Sex:	Female
Consultant:	Dr. JYOTI BOTHRA	Ward/Bed No:	N 0 GF-EMERGENCY/ER 101

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

Patient, be deemed advisable or necessary.

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".

Note:

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

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill 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: *Mr. Surinder*

Relationship: *FATHER*

Date: *16/6/26*

Wittness Name: *[Signature]*

Wittness Signature: *[Signature]*

Patient Address:

MALKAJGIRI Malkajgiri Hyderabad
Telangana INDIA 500047

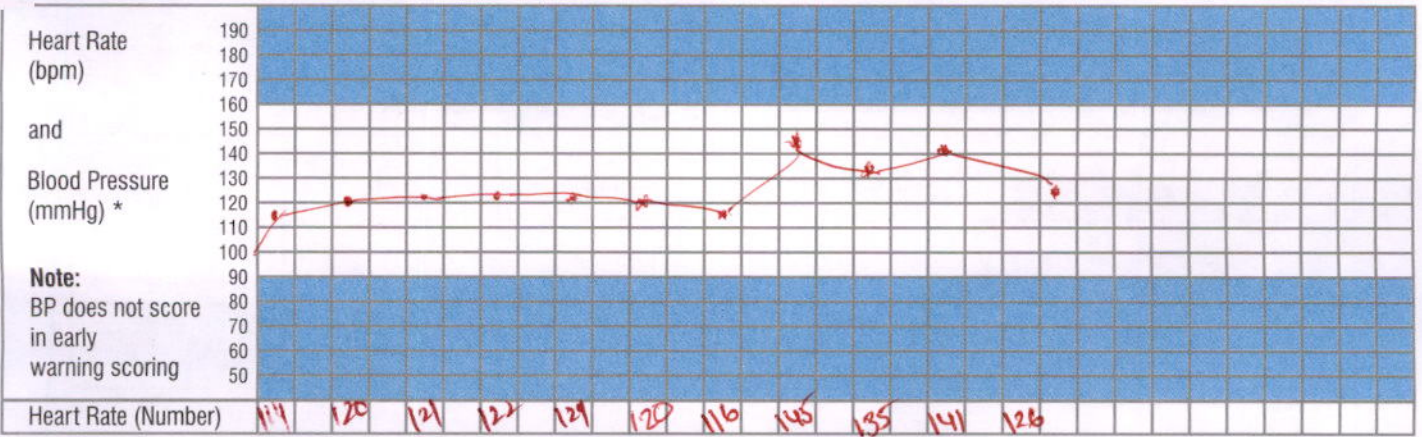
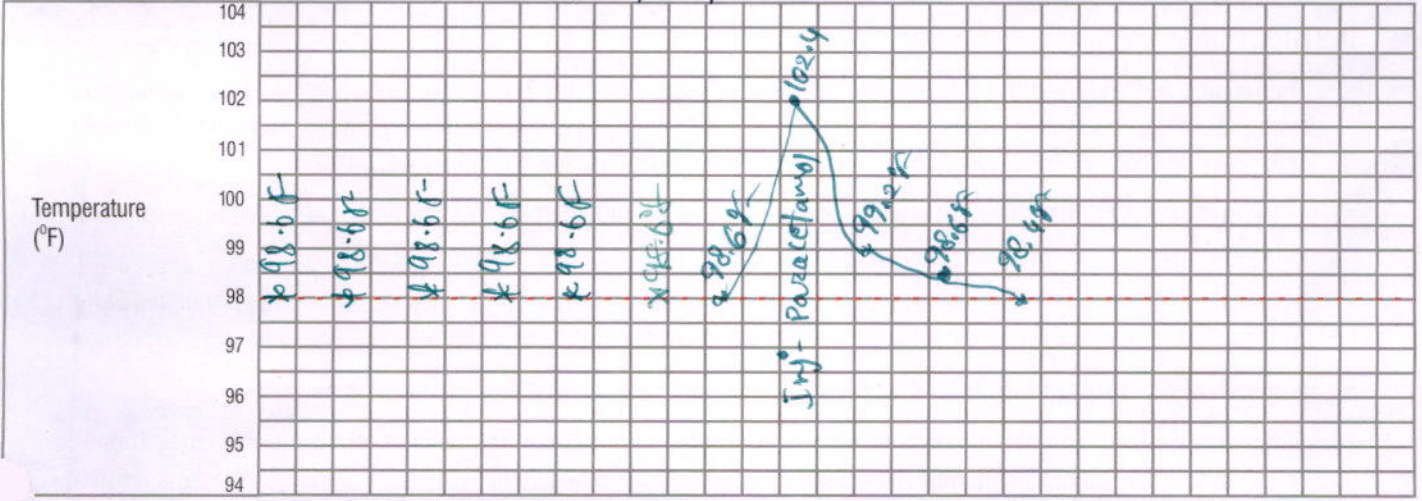
Time: *7:10*



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/6/26 Time: 11 12 1 2 3 5 7 10:15 11:35 12 6

Doctor/Nurse/Family Concern? P PM PM PM AM AM AM



Heart Rate (Number) 111 120 121 122 121 120 116 145 135 141 126



Resp Rate (Number) 21 20 22 24 24 26 30 35 40

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	96 97 98 97 97 98 97 99 99 99 100	
Conscious Level	Normal	Altered
GCS *	5 5 4 5 5 5 5 5 5 5 5	

TOTAL SCORE	
Number of shaded boxes	0 0 0 0 0 0 0 1 0 0 0
Pain Score	0 0 0 0 0 0 0 0 0 0 0
Observer's Initials	J J J J J SK SK SK SK SK

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

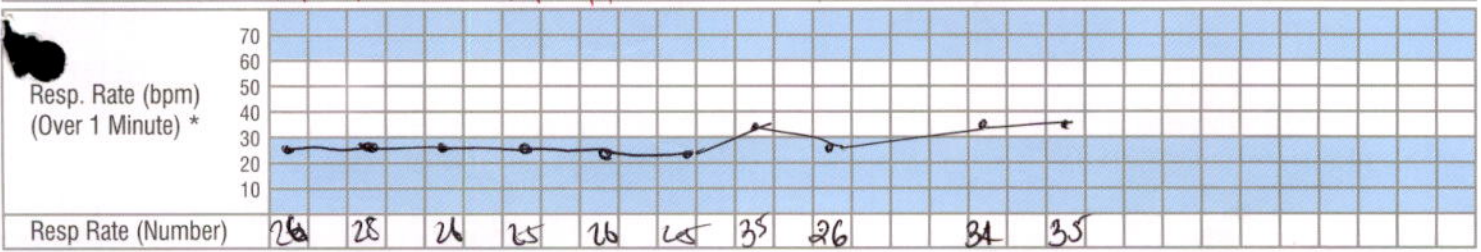
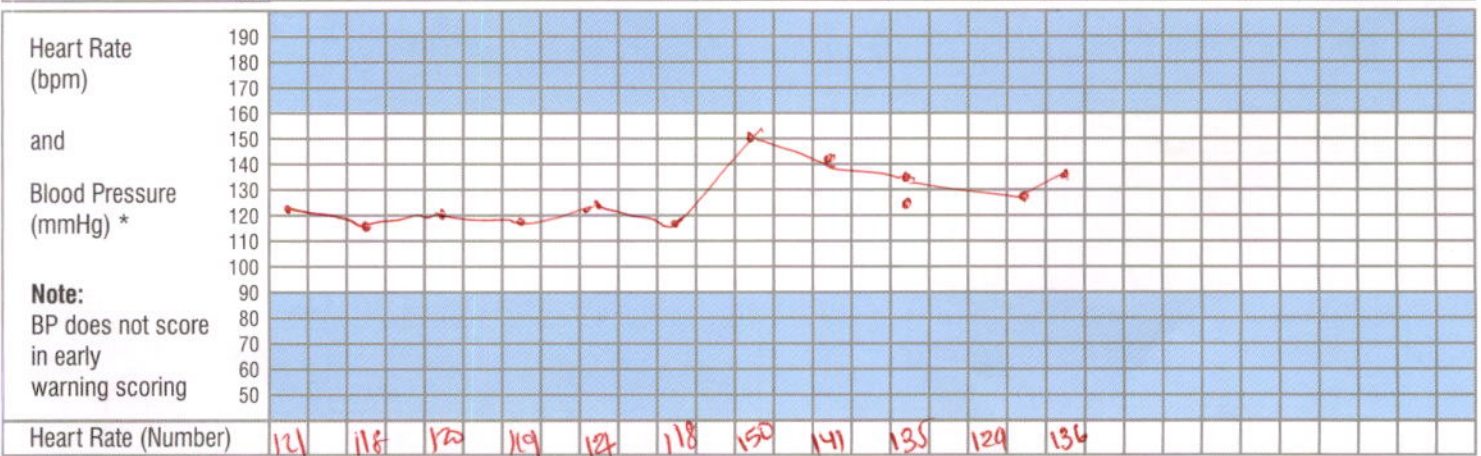
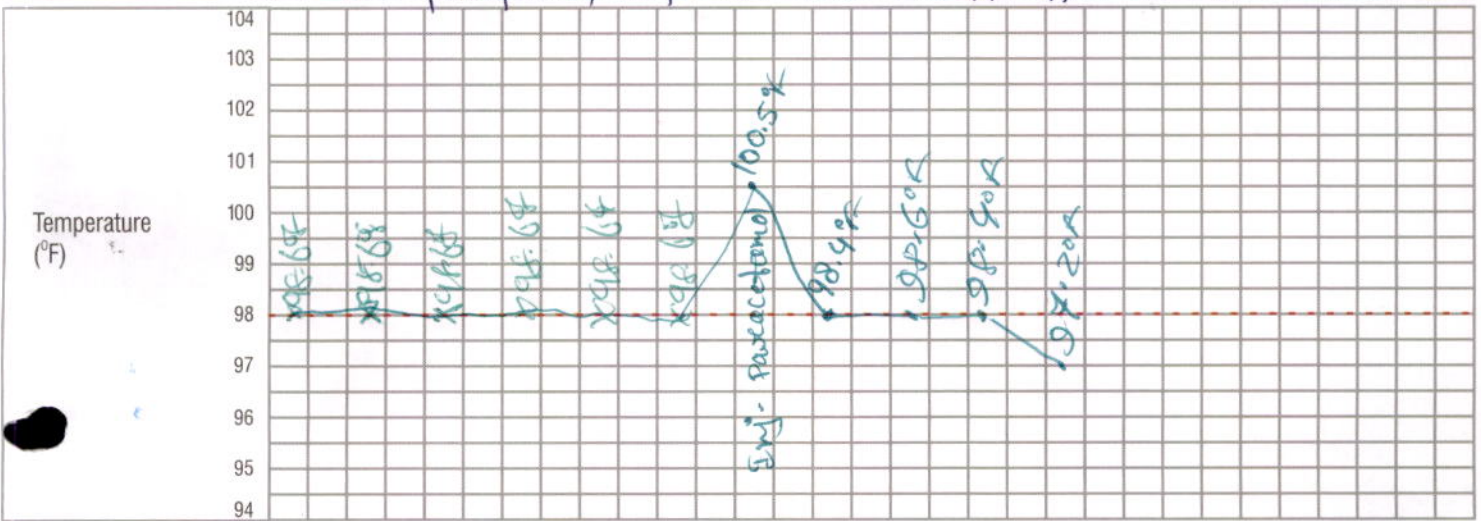
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: <u>11/6/25</u> Time: <u>9</u> <u>11</u> <u>1</u> <u>3</u> <u>5</u> <u>7</u> <u>9</u> <u>12</u> <u>2</u> <u>4</u> <u>6</u>
Doctor/Nurse/Family Concern? <u>Am</u> <u>Am</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>Am</u> <u>Am</u> <u>Am</u> <u>Am</u>



Heart Rate (Number)	121	118	120	119	127	118	150	141	135	129	134
Resp Rate (Number)	26	28	26	25	26	25	35	26	34	35	
Resp Distress	N	N	N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min)											
O ₂ Saturations (%)	98	98	99	98	99	100	99	96	97	99	100
Conscious Level	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE	0	0	0	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	J	J	J	J	J	J	SK	SK	SK	SK	SK

ACTIONS	Score 1 : Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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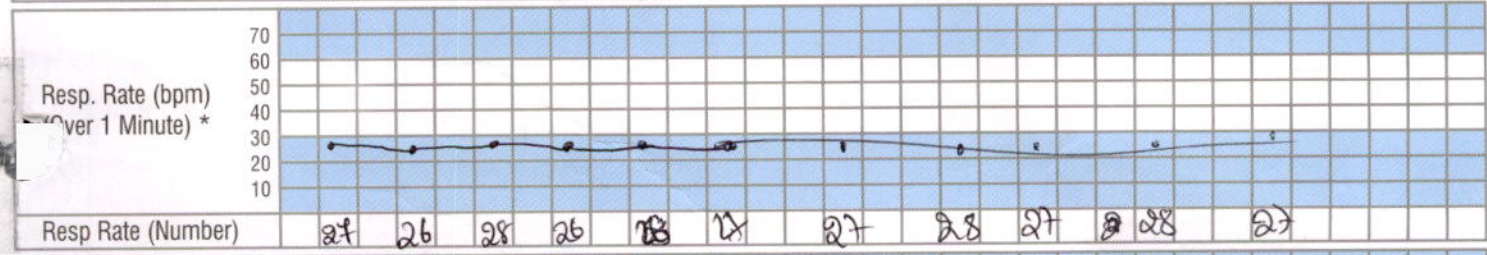
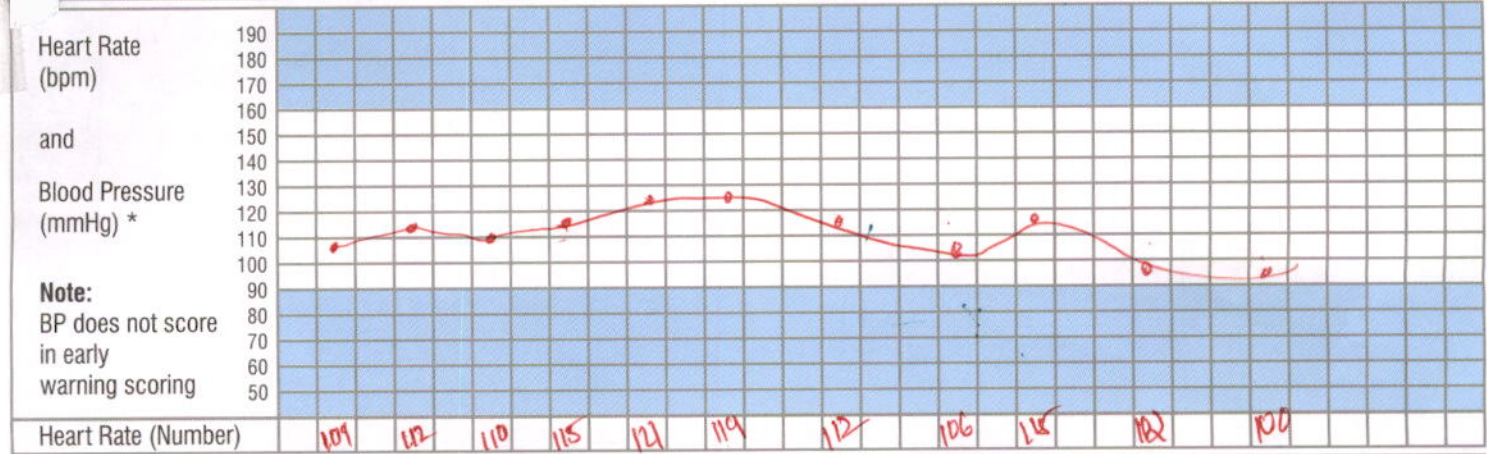
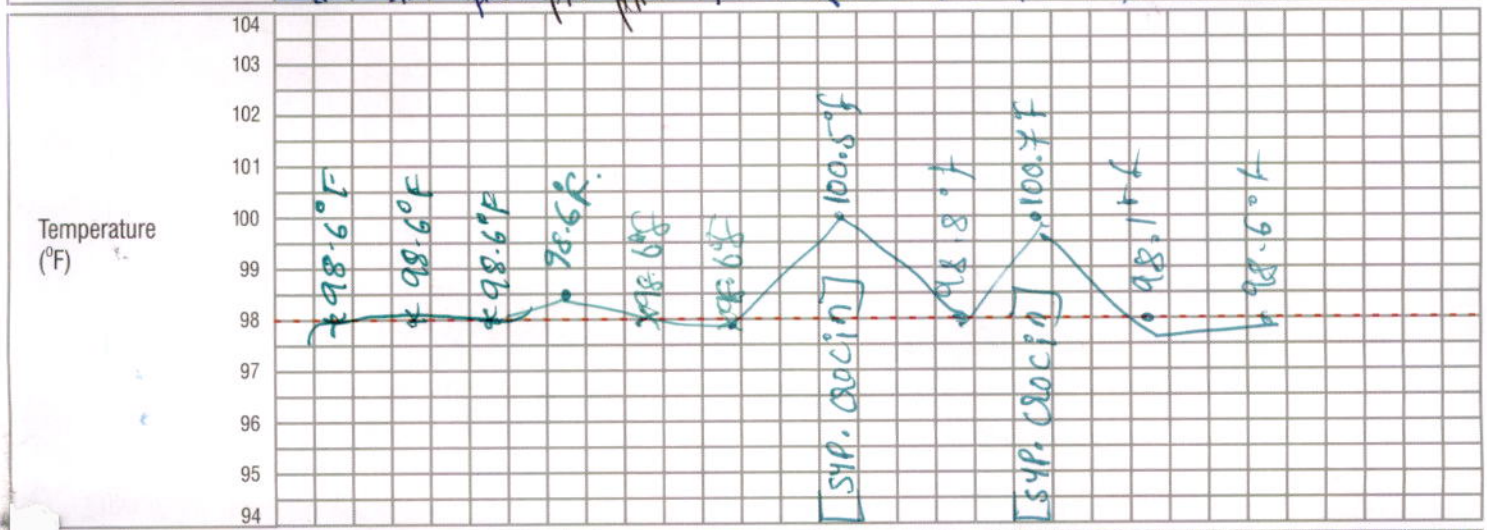
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/6/26	Time: 9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9:10 PM	1 AM	3:30 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am



Resp Distress	Mod/ Severe	None / Mild	N	N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	98	99	98	99	99	100	97	98	97	97	98
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE	Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM

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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)

BAH-00624983 IP-00060317
 Master NAMPALLY MAHADEV
 13-04-2025 1 Y 1 M 30 D (M)
 Dr. PREETHAM KUMAR



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

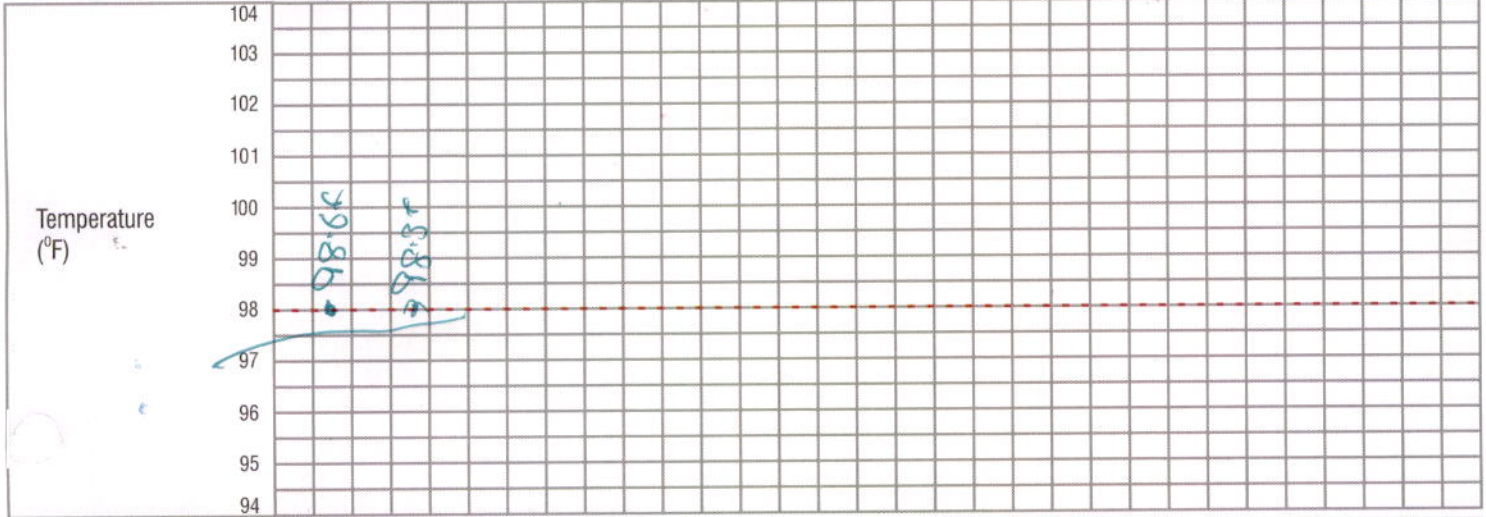
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 03/6/24 Time: 2 1

Doctor/Nurse/Family Concern? M M



Heart Rate (bpm)	190
	180
	170
	160
and	150
	140
Blood Pressure (mmHg) *	130
	120
	110
	100
Note:	90
BP does not score	80
in early	70
warning scoring	60
	50
Heart Rate (Number)	98 100

...sp. Rate (bpm) (Over 1 Minute) *	70
	60
	50
	40
	30
	20
	10
Resp Rate (Number)	28 28

Resp Distress	Mod/ Severe
	None / Mild
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	

Conscious Level	Normal	98 98
	Altered	
GCS *		15 15

TOTAL SCORE	
Number of shaded boxes	0 0
Pain Score	0 0
Observer's Initials	/ /

Noted by Nurse
 11:50 AM
 BK

ACTIONS	Score 1 : Continue normal observation by staff nurse
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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-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI
 05-10-2025 0 Y 8 M 5 D (F)
 Dr. JYOTI BOTHRA



10

FLUID CHART

Sheet No. : 10

10/6/26

- 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												
	09:00 am												
	10:00 am												
	11:00 am		NBM + RT + 7A m										
	12:00 pm		NBM										
	01:00 pm		NBM										
Total Intake :						Total Output :							
10/6	02:00 pm		NBM										
	03:00 pm												
	04:00 pm			25ml									
	05:00 pm			25ml									
	06:00 pm			25ml									
	07:00 pm			25ml									
Total Intake : 100ml						Total Output :							
10/6	08:00 pm			25ml									
	09:00 pm		NBM	25ml									
	10:00 pm												
	11:00 pm			25ml									
	12:00 am		NBM	25ml			✓						
	01:00 am			25ml									
Total Intake : 125ml						Total Output :							
11/6	02:00 am		NBM	25ml			✓						
	03:00 am			25ml									
	04:00 am		NBM	25ml									
	05:00 am			25ml			✓						
	06:00 am		NBM	25ml									
	07:00 am						✓			150ml			
Total Intake : 125ml						Total Output :							

Total 24 hrs. Intake 350ml

Total 24 hrs. Output



FLUID CHART

Sheet No. : (2)

11/6/26

- 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 Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
11/6/26	08:00 am			25 ml								Subhan 11/6/26 at 2pm
	09:00 am	N		25 ml								
	10:00 am			25 ml								
	11:00 am	O		25 ml								
	12:00 pm	O		25 ml								
	01:00 pm			25 ml								

Total Intake : 150ml

Total Output :

11/6/26	02:00 pm			25 ml							Subhan 11/6/26 at 8am
	03:00 pm	N		25 ml							
	04:00 pm			25 ml							
	05:00 pm	O		25 ml							
	06:00 pm	O		25 ml							
	07:00 pm			25 ml							
									50ml		

Total Intake : 150ml

Total Output :

11/6/26	08:00 pm			25 ml							Subhan 11/6/26 at.
	09:00 pm	N		25 ml							
	10:00 pm			25 ml							
	11:00 pm	O		25 ml							
	12:00 am	O		25 ml							
	01:00 am			25 ml							

Total Intake : 150ml

Total Output :

12/6/26	02:00 am			25 ml							Subhan 12/6 at 7am
	03:00 am	N		25 ml							
	04:00 am			25 ml							
	05:00 am	O		25 ml							
	06:00 am	O		25 ml							
	07:00 am			25 ml							

Total Intake : 100ml

Total Output :

Total 24 hrs. Intake	550ml	Total 24 hrs. Output	150ml
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FLUID CHART

Sheet No. :

12/6/26

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		
12/6/26	08:00 am		N	25ml								} marks 12/6/26 @ 2pm
	09:00 am		P	25ml								
	10:00 am		O	25ml								
	11:00 am			25ml								
	12:00 pm		DBM	25ml					25ml			
	01:00 pm			25ml								
Total Intake :			130ml			Total Output :						
12/6	02:00 pm											} Shreebas 12/6/26 @ 5pm
	03:00 pm											
	04:00 pm											
	05:00 pm		Milk									
	06:00 pm											
	07:00 pm		DBM									
Total Intake :						Total Output :						
12/6	08:00 pm											} marks 12/6
	09:00 pm		DBM						urine motion			
	10:00 pm											
	11:00 pm											
	12:00 am		DBM						22ml			
	01:00 am											
Total Intake :						Total Output :						
13/6	02:00 am											} marks 13/6 @ 7:10
	03:00 am											
	04:00 am		DBM									
	05:00 am											
	06:00 am											
	07:00 am		DBM							urine motion		
Total Intake :						Total Output :						

Total 24 hrs. Intake	
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Total 24 hrs. Output	
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VIH-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI
 05-10-2025 0 Y 8 M 8 D (F)
 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. :

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						✓			5ml	1	13/6/26 11:50am 13/6/26	
	09:00 am	DBM					✓				0		
	10:00 am						✓				1		
	11:00 am	DBM					✓			23ml	1		
	12:00 pm						✓				1		
	01:00 pm	DBM									1		
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm											13/6/26 11:50am 13/6/26	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

VIH-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI (F)
 05-10-2025 0 Y 8 M 8 D
 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. :

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

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



DRUG CHART

Date of Admission: 10/16/26 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 :				Date Time																
Dose	Route	Frequency	Start Date	↓																
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date	↓																	
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

DRUG :				Date Time																		
Dose	Route	Frequency	Start Date	↓																		
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions:																						

VERIFIED BY : Name _____ Signature _____

REGULAR PRESCRIPTIONS

Weight. 6.75kg Ward. OT



AS per Doctor order
 Rajyabarni 10/6/20

DRUG : <u>INJ. PIPERACILLIN + TAZOBACTAM</u>				Date/Time	10/6	11/6	12/6
Dose	Route	Frequency	Start Date	6			
700mg	IV	stat	10/6/20	AM			
Name & Signature of the Doctor Starting the Drugs:				2 PM			
Dr. prabhakar				10			
Additional Instructions:				10 AM			
100mg/kg/day							
Daily Doctor's Endorsement by a Sign							

Rajyabarni 10/06/20

DRUG : <u>INJ. PARACETAMOL</u>				Date/Time	10/6	11/6	12/6
Dose	Route	Frequency	Start Date	6			
100mg	IV	stat	10/6/20	AM			
Name & Signature of the Doctor Starting the Drugs:				2 PM			
Dr. prabhakar				10			
Additional Instructions:				10 AM			
10-15mg/kg/day							
Daily Doctor's Endorsement by a Sign							

Dr. Jyoti Bathra
 Chitra 11/6/20

DRUG : <u>T-BACT OINTMENT</u>				Date/Time	11/6	12/6	13/6
Dose	Route	Frequency	Start Date	6			
	LA	12 hourly	11/6	AM			
Name & Signature of the Doctor Starting the Drugs:							
Dr. Sameera							
Additional Instructions:				6 PM			
OVER PERIANAL AREA							
Daily Doctor's Endorsement by a Sign							

Dr. Jyoti Bathra
 Chitra 12/6/20

DRUG : <u>Syr. Amoxicillin + Clavulanic Acid</u>				Date/Time	12/6/20
Dose	Route	Frequency	Start Date	10	
3ml	PO	12 hourly	12/6/20	AM	
Name & Signature of the Doctor Starting the Drugs:					
Dr. prabhakar					
Additional Instructions:				10 PM	
5ml/200mg 20mg/kg/day					
Daily Doctor's Endorsement by a Sign					



Patient Name : **JENESSA ROSE RAPELLI** .P. No. Sheet No. Wards Weight (kg) **6.75kg**

REGULAR PRESCRIPTIONS

Dr. J. J. J. Chithrao 12/6/26

DRUG : CROCIN DEOPS				Date
Dose	Route	Frequency	Start Dt.	Time
1ml	PO	8key	12/6/26	am
Name & Signature of the Doctor starting the Drugs: Dr. Prakash				10 PM
Additional Instructions: 1ml/100mg 10-15ml/kg/day				10 PM
Daily Doctor's Endorsement by a Sign.				

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

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

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

Rainbow
 VIH-00205009 IP-00060290
 Baby JENESSA ROSE RAPELLI (F)
 05-10-2025 0 Y 8 M 8 D
 Dr. JYOTI BOTHRA

Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

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

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

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

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



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6	8:20 AM	NEOTONIC ENEMA	20ml	PR	[Signature]	[Nurses]
10/06	11:20 AM	INJ. PIPERACILON TAZOBACTAM	670 mg	IV	[Signature]	[Nurses]
10/06	2:15 PM	INJ. PARACETAMOL	100 mg	IV	[Signature]	[Nurses]
12/6/22	4 PM	PARACETAMOL DRPM (1mg/100mg)	0.4mg	P/O	[Signature]	[Nurses]

Check 10/6/22
 Rajesh 10/6/22
 Pulis
 Gayatri Kalpana
 12/6/22

VERIFIED BY: Name Signature

I.V. FLUIDS CHART

Weight: 6.75 kg Ward: OT



Position of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)		Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6	10/6 DNS	IV	25	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6	11:00 am RINGER LACTATE	IV	70ml/hr	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6/2	4:30 pm IVF - 1/2 DNS	IV	25ml/hr	[Signature]	[Signature]	10/6	[Signature]	[Signature]

Signature
VERIFIED BY : Name



ESTIMATION SLIP



Date: 08/06/26 UHID/IP No.: 111-205009 Sl. No.: 28873

Name of Patient: Blo Rohini (Jenessa Rose) Age: 07M Gender: F

Father's / Husband's Name: Mr. Surrender Corporate/Occupation: PM

Address: Maikalgiri Phone: 9676153753 Email: 10/30/1/30

Procedure/Plan: ASARP DOS: 10/06/26

MODE OF PAYMENT: SELF TPA: CASH GIPSA: OTHER

TARIFF INFORMATION: Dr. Jyoti Bhatnagar

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	1	3	12 Noon to						
Doctor's Fee			12 Noon Billing						
L. Tax	7900		12900						
PARTICULARS			AMOUNT (₹)						
Surgeon's / Anesthetist's Fee / O.T Charges			1,87,000/- 217/-						
O.T Consumables			15,000/- Subject to approval by TPA/Insurance Company						
Instrument Charges			Not Covered by TPA/Insurance Company						
Pharmacy, Consumables & Investigations			As per actual - Not Included In Estimation						
Equipment Charges	Monitor: 1500/-		Oxygen:		Infusion Pump/Syringe Pump: 900/-				
	Ventilator	Conventional:	HFO-SLE 5000:		HFO-Sensormedix:				
	Phototherapy	Single Surface:	Double Surface:		Triple Surface:				
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.			As per actual - Not Included In Estimation						
Package	NHA - 1,000/-		MRD - 2,500/-		Consultant - 2,500/day				
Others	Rec - 2,000/-		5/- DA 5/-/h						
Initial Minimum Deposit			2,00,000/-						

REMARKS: 25-3/- 3 to 35/-

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

DECLARATION

I Surrender 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: Surrender Signatory Relationship: Signature of the Financial Counselor: [Signature]