

ACTIVITY REI

VIH-00203162 IP-00060323
Baby JUWERIYA MAJID
15-07-2025 0 Y 10 M 28 D (F)
Dr. JYOTI BOTHRA



Name: -----

UHID No : -----

--- Consultant : ----- Dept : -----

Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	10:15 AM	ER	OT	<i>[Signature]</i>
12/6/26	3:25 pm	OT	Room (112)	<i>[Signature]</i>

Cross Consultation Visit

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

VIH-00203162 IP-00060323
Baby JUWERIYA MAJID
15-07-2025 0 Y 10 M 28 D (F)
Dr. JYOTI BOTHRA



SURGERY DETAILS

Date : 12/6/26

Patient Name: Baby Juweriya Majid Date of Birth: 15-07-2025 Age: 10 months

Gender: Female Ward: OT UHID No.: 203162

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

Name of the Surgery: Laparoscopic (L) Pyeloplasty + GA

Time in: 10:50 Am Time Out: 2 pm

	NAME	AMOUNT
1. Surgeon	Dr. Jyoti Bothra	OT charges
2. Anaesthetist	Dr. Vineetha - / Dr. Shilpa	-
3. Assistant Surgeon	-	Laparoscopic charges
4. OT Technician	Br. Rakesh / Sr. Vaishnavi	11 Am - 1:45 pm
5. Circulating Nurse	Sr. Maria	3089592
6. Assistant Nurse	Br. Ratan / Sr. Sheeba / Sr. Bhavani	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3089549 / 3089550

Order by: Reby

CONSUMABLES
OF OT
Supply list
2/10



Circulating Staff : Dr. Manimala Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (4.0)m cuffed		1	Major Pack General kit		1	Inj. Vit. K		
LMA			Sutures 849		1	Cord Clamp		
ECG leads : 4 leads		4	5003			Suction Catheter		
HME filter : A/P/N		1	2437 / 5331		1	Feeding Tube		
Syringe 10 cc		5	2303		2	Vaccum Suction Set		
05 cc		5	Gloves 6 (PF) + 6 (1/2 PF)		3+2	Surgical Gloves		
02 cc		3				Gauze Pack		
01 cc		1				Syringe 1 ml / 2 ml		
Cautery Plate : A/P/N		1	Surgical blade 11 NO		1	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			Dis Stent [3cm/12cm]		1
Relipara		1	Ointments					
Hein-o-lint (100cm)		1	Suction Catheter					
Fentanyl High pressure ext		1	Cap. Mask		1	Lox Pery		1
Morphine exact stop code		1	Gauze Pack		2			
Ketamine			Mop Pack		1	SD D. Watson		1
Propofol		1	Steristrip		1			
Rocuronium		1	Underpad					
Glycopyrolate		1	Draw Sheet					
Myopyrolate neostigmine		2	Abgel					
Ondansetron		1	Foleys Catheter		1	D/w 10ml		1
Pencan 25g/Spinal Needle 22 (Recd v. m)		1	Urobag Allegomb		1			
Bupivacine 0.25%		1	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage Urobag		1			
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		2			
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		1			
Q. mask (P)		1	Microshield		1			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Jyoti Bothra Anaesthesiologist Dr. Vineetha Nurse Bro. Rakan / Mrs. Sheela / Mrs. Bhavani OT Technician
 Order No. : 3089558 / 3089584 Ordered by : R. B.

**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-00060323	Ward	N 0 GF-EMERGENCY
Patient Name	Baby JUWERIYA MAJID	Bed Name	ER 102
Age/Sex	0 Y 10 M 28 D / Female	Order No	0003089584
Date	12/06/2026 14:47	Prescription No	PRIP-1290997
Payor	SELPAY	Dispensed Date	12/06/2026 14:48
UHID	VIH-00203162		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	6	28.13	168.78
3	DSYRINGE 50 ML LUER SLIP NIPRO	NIPRO	GENERAL	26A07K22	12/30	1	204.38	204.38
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
6	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	77160326	02/28	4	34.64	138.56
7	ET TUBE - 4.0 CUFFED (WELCO LIFE)			2511222	10/28	1	891.00	891.00
8	EXXACTA-STOP COCK ROMSONS		GENERAL	GG26B010183	01/31	1	226.00	226.00
9	FOLEYS CATHETER 16FR POLYMED	Polymed		2513170E	04/30	1	248.00	248.00
10	H.M.E FLITER (PAED)-1831	Intrasurgical	GENERAL	26030337	02/31	1	818.00	818.00
11	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26020225	01/31	1	449.00	449.00
12	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
13	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
14	MYOSTIGMIN INJ 1ML	NEON LABORATORIES LTD	H	KP017027	08/28	1	5.33	5.33
15	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	72I9O38	06/30	1	16.14	16.14
16	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
17	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	25022724O	02/28	1	1,050.00	1,050.00
18	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
19	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252O93	11/27	1	737.08	737.08
20	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
21	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
22	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	VYGON		030725AG	07/30	1	302.00	302.00
Total :							7,059.69	7,434.56

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060323
Patient Name Baby JUWERIYA MAJID
Age/Sex 0 Y 10 M 28 D / Female
Date 12/06/2026 14:13
Payor SELFPAY
UHID VIH-00203162
Ward N 0 GF-EMERGENCY
Bed Name ER 102
Order No 0003089558
Prescription No PRIP-1290985
Dispensed Date 12/06/2026 14:14

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	DOUBLE J STENT 3 FR 12 CMS	Blue neem		BD240617	05/27	1	1,406.00	1,406.00
5	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261294	02/29	1	61.31	61.31
6	Encore Microptic gloves- 6.5		H	2510072605	10/28	2	117.00	234.00
7	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	3	128.00	384.00
8	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	VI02012026	12/99	8	10.00	80.00
9	FOLEYS CATHETER 8FR POLYMED	RUSCH	GENERAL	22512642E	04/30	1	359.00	359.00
10	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	2	123.00	246.00
11	GENERAL SURGICAL KIT (MEDITAKE)		H	MT0105026	04/29	1	1,950.00	1,950.00
12	MERSILK 2-0 NW 5331 (5333)	ETHICON SUTURES-J&J C1		V3008	10/28	1	181.88	181.875
13	MERSILK 3-0 NW 5003 (5002)	ETHICON SUTURES-J&J C1		V5003	02/30	1	288.00	288.00
14	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	1	949.00	949.00
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
16	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
17	PROLENE 4-0 NW 849	ETHICON SUTURES-J&J C1		V4002	12/28	1	428.00	428.00
18	STERI-STRIP 1 2*4IN. (R1547)	3M HEALTHCARE	GENERAL	3476X7	10/30	1	230.50	230.50
19	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	8	10.00	80.00
20	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
21	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
22	UROBAG (ADULT)- URODYNE		GENERAL	K26B050109	01/31	1	395.00	395.00
23	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	2	739.00	1,478.00
24	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		T5046	08/30	1	663.00	663.00
25	VICRYL 5-0 VP 2303	ETHICON SUTURES-J&J C1		T5012	08/30	2	584.00	1,168.00



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INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060323	Ward	N 0 GF-EMERGENCY
Patient Name	Baby JUWERIYA MAJID	Bed Name	ER 102
Age/Sex	0 Y 10 M 28 D / Female	Order No	0003089603
Date	12/06/2026 15:28	Prescription No	PRIP-1291014
Payor	SELPAY	Dispensed Date	12/06/2026 15:28
UHID	VIH-00203162		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254604	11/28	1	2.58	2.58
Total :							2.58	2.58

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Receiver Name

Pharmacist Name : RUBY FLORENCE VELPULA
 Authorized Signature

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Total : 9,890.49
 12,060.36

IP No	IP-00060323	Ward	N 0 GF-EMERGENCY
Patient Name	Baby JUWERIYA MAJID	Bed Name	ER 102
Age/Sex	0 Y 10 M 28 D / Female	Order No	0003089558
Date	12/06/2026 14:13	Prescription No	PRIP-1290985
Payor	SELPAY	Dispensed Date	12/06/2026 14:14
UHID	VIH-00203162		

INPATIENT ISSUES AGAINST ORDERS



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,
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 Telangana.



ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060323

Admit Date : 12-Jun-2026

Admit Time : 09:20 AM UHID : VIH-00203162

Patient Details :

Patient Name : Baby JUWERIYA MAJID

Age : 0 Y 10 M 28 D

Guardian : Mr MOHAMMED ABDUL MAJID

DOB : 15-07-2025 01:00 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : H.NO.195,BESIDE LALA SHAH GROUND,
KARKHANA,SECUNDERABAD Akbar Road
Hyderabad Telangana INDIA 500009

Phone No : 8328383374/ 7065743241

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

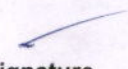
Contact Details :

Name : Mr MOHAMMED ABDUL MAJID

Relationship : D/O

Contact Address : H.NO.195,BESIDE LALA SHAH
GROUND,KARKHANA,SECUNDERABAD Akbar
Road Hyderabad Telangana INDIA 500009

Phone No : 8328383374


Signature

Doctor Details :

Doctor Name : Dr. JYOTI BOTHRA

Specialisation : PEDIATRIC SURGERY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 200000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

Patient Name : Baby. JUWERIYA MAJID UHID : VIH-00203162 IPD : IP-00060323 Gender : Female Age : 0 Y

10 M

VIH-00203162 IP-00060323
 Baby JUWERIYA MAJID
 15-07-2025 0 Y 10 M 28 D (F)
 Dr. JYOTI BOTHRA



wt - 9.5 kg
 ht - 75 cm
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Juwariya Majid Age : 11M

Date : 12/6/2025 Time of Arrival : 9:16 AM

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

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.6 F PR: 115 bpm BP: 95/55 RR: 28 bpm SpO₂: 98%

Chief Complaints: Pt came for surgery Laproscopic Lt pyeloplasty

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

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

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.
 * CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: Ayesha
 Triage Completion Time : 9:20 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?
 If yes, State Location: _____ Yes No
- 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 : Sabir
 Date & Time : 12/6/2025 @ 9:20 AM

Signature of Triage Nurse : [Signature]

Patient Name : Baby. JUWERIYA MAJID UHID : VIH-00203162 IPD : IP-00060323 Gender : Female Age : 0 Y 10 M 28 D

VIH-00203162 IP-00060323
Baby JUWERIYA MAJID
15-07-2025 0 Y 10 M 28 D (F)
Dr. JYOTI BOTHRA



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/6/25 Time of arrival : 9:21 AM

Chief Complaints : Came for surgery Laproscopic pyeloplasty RBS: _____

Height : 75cm Weight : 9.5kg BMI : _____ Head Circumference (<2 years) : _____

Allergies: Yes No Medications Blood Transfusion Food Other: _____

If yes, identify _____

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

Character _____ Location _____ Frequency _____ Duration _____

RISK FOR FALL:

If patient is < 6 years
tick below fall risk intervention directly

If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

• Wheelchair Yes No

• Uses furniture for support Yes No

Gait/Transferring:

• Bedrest / immobile Yes No

• Weak Yes No

• Impaired Yes No

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected

Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

Underweight
 Overweight
 Feeding Problem
 Special diet
 Special feeding method

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: _____ (Date/Time): _____

Social History: Lives With Parents

Siblings in household Yes No (if yes How Many?) _____

Time of Initial assessment completed by ER Nurse : 9:24 AM

Patient Name : Baby. JUWERIYA MAJID UHID : VIH-00203162 IPD : IP-00060323 Gender : Female Age : 0 Y
10 M 28 D

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

Time	Nursing Notes
9:16A ^m	patient came to ER
9:17A ^m	check vitals & record.
9:20A ^m	Doctor seen the baby.
9:24A ^m	Advice Admission
9:25A ^m	Admission Process done.
9:45A ^m	iv cannulation done.
	Last solid food & liquid at 3A ^m .
	Pt shifted to OT.

Samples collected by: }
Samples sent by: } Samuel

Time: }
Time: } 9:45A^m

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: 113b/m BP: 96/58 CFT: -	Shift - out from ER to: OT
RR: 29b/m SPO ₂ : 98%	Time of Shift - out: 10:15A ^m
GCS: 15/15 Temperature: 98.6F	Handover given to: sis - Mariga
Pain Score: 0	(Nurse's Name) Bro - sabin
Repeat RBS (if applicable):	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):
iv cannulation done.

Name of the Nurse : sabin Signature of the Nurse : 
Date & Time : 12/06/26 @ 10:15A^m



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: lt Hydronephrosis
Arrival Time: 8:20pm **Mode of Arrival:** wheel chair **Admitting From:** ER OPD Direct
Allergy / Adverse Reaction: nil **Body Weight:** 9.5 Kg
Height: 75 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>nil</u>	<u>nil</u>

Family History: nil

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

If yes please list,

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

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

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

Observations: Weight: 9.5 kgs Length: 75cm Head Circumference (< 2 years):

Temp.: 98.6 F HR: 115 bpm RR: 30 BP: 100/50/66

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

Fall Risk Assessment: Yes No **Score:** 14 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score) 20 (Document in the Braden Q Assessment Sheet)

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

Character of Pain **Location** **Frequency** **Duration**

FUNCTIONAL SCREENING: No Abnormalities Detected
 Mobility Problem Walking Problem
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormalities Detected
 Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With *Family*

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

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

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

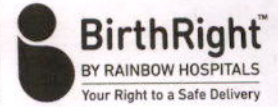
Patient Rights & Responsibilities: Yes No


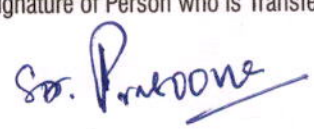
Information given to *mother, father*

Nurse's Name: *Bevonika* Date: *12/1/20* Time: *4pm*

Signature *Brij*

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00203162 IP-00060323 Baby JUWERIYA MAJID 15-07-2025 0 Y 10 M 28 D (F) Dr. JYOTI BOTHRA 		Date & Time of Admission 12/6/26 @ 9:20 AM	Date & Time of Transfer Order 12/6/26 @ 3:25 pm.
		Transfer Ordered by Dr. Vineetha	Reason for Transfer post opp care
From Unit OT	To Unit Room (112)	Information to Attendant Yes <input checked="" 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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <div style="text-align:right; margin-top:10px;"> Dr. Vineetha </div>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Vineetha	
Patient & Clinical Records Received by : <div style="text-align:center; margin-top:10px;"> Sr. Bevanika </div>			
Date & Time of Patient Received : 12/6/26 @ 3:30 pm			

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

Unavailable Bed

Nurse not Available

Available Bed not ready

MEMORANDUM FOR THE RECORD

DATE: 1/15/54
TO: SAC, NEW YORK
FROM: SAC, PHOENIX

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

(S) [Illegible]

4. [Illegible]

5. [Illegible]

[Illegible]


6. [Illegible]

7. [Illegible]

8. [Illegible]

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00203162 IP-00060323 Baby JUWERIYA MAJID 15-07-2025 0 Y 10 M 28 D (F) Dr. JYOTI BOTHRA 		Date & Time of Admission 12/6/26 @ 9:20 AM	Date & Time of Transfer Order 12/6/26 @ 10:15 AM
From Unit ER		Transfer Ordered by Dr. Vishwasa	Reason for Transfer Admission
To Unit OT		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 23	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?	
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 Samuel Han		Name of Person Ordered Transfer Dr. Vishwasa	
Patient & Clinical Records Received by : <u>Mani</u>			
Date & Time of Patient Received : 12/6/26 @ 10:20 am			

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

Unavailable Bed

Nurse not Available

Available Bed not ready



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00203162 IP-00060323
Baby JUWERIYA MAJID
15-07-2025 0 Y 10 M 28 D (F)
Dr. JYOTI BOTHRA



Pediatric Multiorgan History & Physical Examination

Name : Juwariya Age/Sex 11M/F
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

4/0 left hydronephrosis
admitted for laparoscopic left pyeloplasty

History of present illness :

Child brought by parents with
AN scan diagnosed - (L) Hydronephrosis

↓

On evaluation.

USG Abdomen (4/1/25)

bulky left kidney - (L) Hydronephrosis

PNC - Ap - 2.5cm, thinned cortex

EC scan - (E) - 30% - Thinned out cortex

prolonged drainage.

↓

admitted for left laparoscopic pyeloplasty

NPO for solids } since ~~4/1/25~~ 4/1/25
liquids } 3AM morning

@



Pediatric Multiorgan History & Physical Examination

Central Nervous System : Normal

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

Cranial Nerves : Intact

Motor System:

Nutrition : _____

Tone : _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : NO.

Reflexes : +

DTR - +

Plantars : flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

(L) Hydronephrosis - laparoscopic left pyeloplasty



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complication

Desired goals of the treatment : to treat current condition

Planned Labs:

CBP

Planned Management

- 1) NPO
- 2) Shift to OT

Noted by - Sabir 12/6/2025 @ 10:20am

Signature of the Doctor: G.V
Name of the Doctor: Dr. Vishwaje
Date & Time: 12/6/2025

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



Pediatric Multiorgan History & Physical Examination

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

NON significant

Birth & Neonatal History:

ET / NVD / 4kg / CSAB / NO NICU
admission



Birth & Socio Economic History:

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

Developmental History :

Appropriate for age in all domains

Immunization History :

Received up to date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9.5 kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 115/min B.P. 95/55 SPO2 98%

Resp. rate and type of breathing : 28/min.

Rash ⊖

Lymphadenopathy _____

Oedema : ⊖

Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : ⊖

Air entry & breath sounds : R/LAE ⊕

Any addes sounds : NO

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

Cardiovascular System :

Inspection of precordium : ⊖

Heart Sounds : S1S2 ⊕

Any murmur : NO

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

Per Abdomen :

Inspection ⊖

Palpation : SOFT

Auscultation : BS ⊕

Spine : ⊖ External Genitelia : _____

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	S/B as per	
	Stelo Pyeloplasty	
	Stable	
	Adv	
	Chad	
	P	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/22	C/S/B Resident	
11:30 AM	Kldo Hydro-nephrosis. ↓ S/p: laproscopic left pyeloplasty	
U/O + 2-5cc/kg/hr.	I fampike @ 7pm → 100-55'	
	O/c	
U/O + 4lome.	Chd instable	
	CV: 111 @	
	M: B/LA @	
	P/A: 111	
	W: NAD.	
	And mild distention of int.	Plan.
A-practan		- Inj. piptaz - 8th day - 01
		- Inj. paracetamol - 8th day
		- W/O U/O.
		- mouth rinsed
		Inj. (101)
		- O/c on Monday morning

noted by
 maishu
 13/6/26
 @ 2pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 10:00 AM	<p><u>cl/b B Resident</u> k/b hydrocephalus.</p>	
4/0 → 400ml	<p>s/p: laparoscopic left pyeloplasty.</p>	
100cc/kg/hr	<p>NO foci spikes.</p>	
	<p><u>o/s</u> chud vitals stable CV: S1A M: P1A @</p>	<p><u>plan</u></p>
Dr. Manish	<p>I/A: Salt CM: NAD.</p>	<p>- Inj. piperazine - D2 - Oral paracetamol (50)</p>
		<p>- Foley catheter removed - 1/10</p>
		<p>- w/t u/o</p>
		<p>- monitor vitals</p>
		<p>- Fym (50)</p>

Noted by
 Manisha
 14/6/26
 @ 8pm (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/25	<u>Child Resident</u>	
11:20 AM		
	<u>O/S</u>	
	Child Alert	
	Vital stable	
	C.M. 100	
	M: 100	
	M: 100	
	CNS: NAD	
Dr. Prakash		<u>Plan</u>
		- Remove U/catheter
		- Remove dressing
		- Plan for discharge today
		- on oral Augmentin x 5d
		- Sign discharge papers @ weight.
		- Remove OS stick after 6 weeks.
		- Talk to policy @ 1st week of August.

noted by Dr. Prakash
 15/6/25



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: LaP Lt Pyeloplasty	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Nil.....						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date / Shift	12/6/26 M	12/6/26	12/6 G	13/6 N	13/6/26 M	13/6/26 E	
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil	
	Diet:	NPO		DBM	DBM	DBM	DBM	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6 F	98.6 F	97.6 F	98.2 F	98.4 F	98.6 F
		Res:	29 b/m	26 b/m	28 b/m	26 b/m	27 b/m	28 b/m
		SpO ₂ :	98%	99%	99%	99%	98%	99%
		Pulse:	115 b/m	114 b/m	117 b/m	109 b/m	110 b/m	118 b/m
		BP:	95/55	90/50	90/55	89/62 (64)		
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	11	11	11	11	11	11	
Pain Score:	0	0	0	0	0	0		
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NPO		DBM	DBM	DBM	DBM	
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	nil		Nil	nil	Nil	nil		
Handed Over By Name :	Sabin	Bevonika	Bevonika	manasa	manisha	Sreelaksh		
Signature / ID :	<i>Sabin</i>	<i>Bevonika</i>	<i>Bevonika</i>	<i>manasa</i>	<i>manisha</i>	<i>Sreelaksh</i>		
Date:	12/6	12/6/26	12/6/26	13/6/26	13/6/26	13/6/26		
Time:	@ 11:15 AM	@ 3:20 PM	@ 8 PM	@ 8 AM	@ 2 PM	@ 8 PM		
Taken Over By Name :	manasa	Bevonika	manasa	manisha	Sreelaksh	manasa		
Signature / ID :	<i>manasa</i>	<i>Bevonika</i>	<i>manasa</i>	<i>manisha</i>	<i>Sreelaksh</i>	<i>manasa</i>		
Date:	12/6/26	12/6/26	12/6/26	13/6/26	13/6/26	13/6		
Time:	@ 10:30 AM	@ 3:20 PM	@ 8 PM	@ 8 AM	@ 2 PM	@ 8 PM		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>hydronephrosis</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>Nil</u>				
	Surgery / Procedure: <u>—</u>		Post OP Day: <u>—</u>				
BACKGROUND	Date	<u>13/6</u>	<u>14/6</u>	<u>14/6/26</u>	<u>14/6/26</u>	<u>15/6/26</u>	
	Shift	<u>N</u>	<u>M</u>	<u>E</u>	<u>N.</u>	<u>M</u>	
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Diet:	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>R.A.</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>97.2°F</u>	<u>97.5°F</u>	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.6°F</u>
		Res:	<u>28 br/m</u>	<u>32 br/m</u>	<u>30 br/m</u>	<u>22 br/m</u>	<u>30 br/m</u>
	SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	
	Pulse:	<u>125 br/m</u>	<u>122 br/m</u>	<u>120 br/m</u>	<u>112 br/m</u>	<u>116 br/m</u>	
	BP:	<u>100/60/70</u>	<u>94/51</u>	<u>100/77</u>	<u>104/60/40</u>	<u>107/77</u>	
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>	<u>Nil</u>	<u>Nil</u>	
	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
Handed Over By Name :	<u>Manasa</u>	<u>Beenuka</u>	<u>Manisha</u>	<u>Manasa</u>	<u>Manisha</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>14/6</u>	<u>14/6/26</u>	<u>14/6/26</u>	<u>15/6/26</u>	<u>15/6/26</u>		
Time:	<u>8AM</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8AM</u>	<u>@ 12pm</u>		
Taken Over By Name :	<u>Beenuka</u>	<u>Manisha</u>	<u>Manasa</u>	<u>Manisha</u>	<u>[Signature]</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>14/6/26</u>	<u>14/6/26</u>	<u>14/6/26</u>	<u>15/6/26</u>	<u>15/6/26</u>		
Time:	<u>@ 8am</u>	<u>@ 2pm</u>	<u>8pm</u>	<u>@ 8AM</u>	<u>[Signature]</u>		

Noted by [Signature]
 @ 12pm
 15/6/26



NURSING CARE RECORD



Date: 12/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6pm	Relieve pain & discomfort		To provide Analgesis	To Reduce Pain	Patient is stable	Banwila 12/6 @8pm
Night	10pm	Relieve pain & discomfort maintain fluid nutritional balance		To provide Analgesis - maintained hydration	To Reduce Pain. maintained hydration.	Patient is stable	manasa 13/6/26 @8pm

VIH-00203162 IP-00060323
 Baby JUWERIYA MAJID
 15-07-2025 0 Y 10 M 28 D (F)
 Dr. JYOTI BOTHRA



NURSING CARE RECORD



Date: 13/6/26

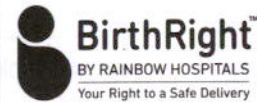
Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify Nil

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	- maintain good nutritional status		- oral intake is good.	- provided soft diet	- patient is stable	Manisha 13/6/26 @ 2pm
Afternoon	3pm	→ maintain good nutritional status		- oral intake is good.	→ provided soft diet	- patient is stable	Sneha 13/6/26 @
Night	9 pm	→ Ensure safety	9:30 pm	→ side rails kept up	→ prevent from fall risk	patient is stable	



NURSING CARE RECORD



Date: 29/7/25

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		→ Provide catheter care. → ensure safety.		→ Provided catheter care. → Side Rails kept up	→ Prevent Infection → prevent from fall risk	Patient is stable	Beemonika 14/6 @2pm
Afternoon	3pm	- Ensure safety	5pm	- side rail kept up	- prevent from fall risk	- patient is stable	manisha 14/6/25 @8pm
Night	9pm	→ provide catheter care → ensure safety → Administer antibiotic medication	10pm	→ provided catheter care. → side Rails kept up. → Administered antibiotic Ij pipax @ 10pm.	to prevent from fall.	patient is stable.	

VIH-00203162 IP-00060323
 Baby JUWERIYA MAJID
 15-07-2025 0 Y 10 M 30 D (F)
 Dr. JYOTI BOTHRA



NURSING CARE RECORD



Date: 15/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Discharge Notes & advice for discharge		Dr came for rounds	patient is stable		
Afternoon					noted by Indu		
Night					@ 11pm stops		



WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a score of 1 if 'YES' in parameter 1 to 9 and Assign a score of -2 if 'YES' in parameter No 10

S.No	Assessment Criteria	Score	Date:	Date:	Date:	Date:	Date:	Date:
			12/6	13/6	14/6			
			Time:	Time:	Time:	Time:	Time:	Time:
			6pm	6pm	6pm			
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
Total Score			0	0	0			
Signature of the Nurse			Bmirj	Indu	Indu			

Intervention: Nil

- High Risk = >2 Score
- Moderate Risk = 1-2 Score
- Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			12/6	12/6	12/6	13/6	13/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2		1			
	Other Medications / None	1	1	1	1	1	1
Total			13	13	13	13	13

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		/	-	✓	✓	✓
Call device within reach		X	X	✓	✓	✓
Wheels Locked		/	-	✓	✓	✓
Room free of clutter		/	-	✓	✓	✓
Adequate lighting		/	-	✓	✓	✓
Wheel chair support		X	X	X	X	X
Other Intervention(s) Specify		X	X	✓	✓	✓
Nurse's Name:		Ganul	Ranjit	Ashwini	manisha	Shikha
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		12/6	12/6	13/6	13/6	13/6
Time:		10AM	8pm	11PM	9AM	3PM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			14/6	14/6	14/6	15/6	15/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives/ Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications/ None	1	1	1	1	1	1
Total			13	13	13	13	13

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair cup		X	X	X	X	X
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Sushil	manish	Opayette	manish	And
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		14/6	14/6	15/6	15/6	15/6
Time:		12Pm	3Pm	12Am	9Am	2P



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6	10AM	-	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Lom
12/6	3PM	-	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Belenika
12/6	11PM	-	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	manasa
13/6/26	9AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	manisha
13/6/26	2PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Sreedhar
13/6/26	9PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	nil
14/6/26	11AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	D
14/6/26	3PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	manisha
14/6/26	11PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil -	Gay
15/6/26	9AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	manisha

Re-assessment Frequency:

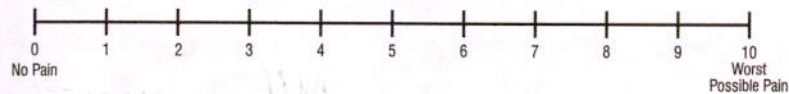
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

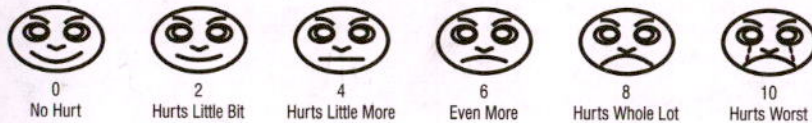
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			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	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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-	-	-	
Signature of the Nurse				Sam	Sam	Sam	Sam	Sam	Sam	Sam	Sam	Sam	

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 : Sam Name : Samuel

Signature of Ward In Charge :

Signature : Elizabeth Name : Elizabeth



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	15/6 DAY-1			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									
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				MJ									

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 of Ward In Charge :

Signature : Name :

Signature : Name :



BRADEN 'Q' SCALE

					Date :	12/6	12/6	12/6	12/6
					Time :	10 AM	3 PM	11 PM	9 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	1	1	1	1	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
TOTAL SCORE					23	23	20	23	
Evaluator's Name					Zon	Bekam	Ananya	MJ	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby JUWERIYA MAJID** Age : **0 Y 10 M 28 D**
IP No: **IP-00060323** Sex: **Female**
Consultant: **Dr. JYOTI BOTHRA** Ward/Bed No: **N 0 GF-EMERGENCY/ER 102**

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 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:.....)

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: *Juweriya Majid.*

Relationship: *Feather*

Date: *12/6/2026*

Time: *9:10 AM*

Witness Name:

Witness Signature: *[Signature]*

Patient Address:

H.NO.195,BESIDE LALA SHAH
GROUND,KARKHANA,SECUNDERABAD
Akbar Road Hyderabad Telangana
INDIA 500009

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 JUWERIYA MAJID	Age : 0 Y 10 M 28 D	Gender : Female
UHID : VIH-00203162	I.P. NO. 00060323	WEIGHT : 9.5 kg
Surgeon : Dr.. JYOTI BOTHRA	Asst surgeon : Dr -	
Anaesthetist : Dr Vineetha	OT Nurse : S/N Ratan, Sheela, Bharani	
Surgical Procedure : LAPROSCOPIC PYELOPLASTY		
Indications for Surgery : Left pelvi ureteric junction obstruction		
Anaesthesia - GA		
PRE-OPERATIVE PREPARATION- Betadine skin preparation		
OPERATIVE NOTES Three port laparoscopy- 5mm umbilical port 3mm port in epigastric and LIF Findings: Dilated renal pelvis with narrow PUJO, inflammed pelvis Procedure notes: 1. Transmesentric window created and PUJO dissected 2. Pelvis hitch stich taken with 4-0 Prolene 3. PUJ dismembered and ureter spatulated along the lateral border 4. Pelvi ureteric anastomosis done with 5-0 vicryl over a 3Fr/12cms DJ stent 5. Hemostasis confirmed 6. Ports closed in layers 7. Foley's catheterisation done Post Op Orders: -No NBM - I/V Piptaz 1gms tid - I/V PCM 150mg tid - R/W sos		

Consultants Surgeon's Name

Dr. JYOTI BOTHRA

Consultant Surgeon's Signature

Time :

2pm

Date :

12/6/20



SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Jyoti Bothra
 Asst. Surgeon: _____
 Anaesthetist: Dr. Vineetha
 Scrub Nurse: Ketas / Sheera

Patient Name: _____
 UHID No.: _____
 Date: 12/6/24 In-time _____

VIH-00203162 IP-00060323
 Baby JUWERIYA MAJID
 15-07-2025 0 Y 10 M 28 D (F)
 Dr. JYOTI BOTHRA




2:10pm

Before Induction of Anaesthesia >>

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

Before Skin Incision >>

TIME OUT	Time: <u>10:50am</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Lap. Pyeloplasty</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Anticipated Critical Events	<u>Lap. Pyeloplasty</u>
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>None & hrs, 5-10ml</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>Yes</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: _____	
Name: <u>S. Maria</u>	

Before Patient Leaves Operating Room

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby Juwariya Majid Age: 11m Sex: f UHID No: VH-00203162

Date: 11/6/26 Time: 6:18pm Proposed Operation: laproscopic left Pyeloplasty

Diagnosis: left hydronephrosis

B.P / CRT: 73/50 mmHg H.R: 129 bpm Weight: 7.5 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.4 Glucose: _____ Protein: _____ HIV: _____ X-Ray: _____
 PCV: _____ Urea: _____ Alb: _____ HBS Ag: _____ ECG: _____
 WBC: 11900 Creat: _____ Total Bil: _____ HCV: _____ 2D Echo: _____
 Plate: 205 Na: _____ Dir. Bil: _____ Blood group: _____ Stress/Angio: _____
 PT: _____ K: _____ LDH: _____ T3 _____ Other: _____
 PTT: _____ Ca++: _____ Alk phos: _____ T4 _____
 INR: _____ Mg++: _____ Amylase: _____ TSH _____
 Cl-: _____ SGOT/SGPT: _____

Allergies: NKDA

Medical History: CVS: FT, DVD, BUT: 4kg, CIAB, No ICU admissions
 RESP: No Active / recent URT Diabetes: Development - (N)
 CNS: - Antenatally diagnosed
 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: Rt ACP (P) clear

Heart: S2 (P)

CNS: child is active Caudal Space (P)

Pregnant: Yes No NA Venous Access Site: peripheral Spine Exam for regional: _____

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

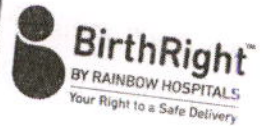
- Pre-Operative Instructions:**
- DVT Prophylaxis: _____
 - NIL ORAL: Water / ORS 2 Hours } Explained
Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient parents
 - Other Instructions: - CBP after cannulation.

Signature: [Signature] Name: Dr. Brunda

VIH-00203162 IP-00060323
 Baby JUWERIYA MAJID
 15-07-2025 0 Y 10 M 28 D (F)
 Dr. JYOTI BOTHRA



ANAESTHESIA CHART



Pre Induction Assessment: 10:45 AM
 Change in Patient Condition: Yes No
 Physical Status: Patient Identified Fasting Status: Adequate
 H.R: 128/min B.P / CRT: 98/64 wtg SpO₂: 100%
 Pre-OP Diagnosis: Left Hydronephrosis Operation: Laparotomy left
 Surgeon: Dr. Jyoti Bothra Anaesthesiologist: Dr. Vinod Kumar Technician: M.D. Veerumani
 R.R: 22/min Last Feed: Date: 12/06/26

TIME	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00
N ₂ O / AIR / O ₂ / LPM	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10	0 / 100 / 10
HALO / ISO / SEVO	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0
Drugs	MIDAZOLAM 0.5mg	FENTANYL 50mcg	PROPOFOL 20mg	ROCURONIUM 5mg	PARACETAMOL 150mg													
FiO ₂ / SaO ₂	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100	100 / 100
ETCO ₂	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32
ECG	SR	CR	SR	CR	SR	CR	SR	CR	SR	CR	SR	CR	SR	CR	SR	CR	SR	CR
Temperature	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
Urine Output	24ml																	

Fluids Blood
 RL 100ml/h

B.P V Systolic
 A Diastolic
 X Mean
 • Heart Rate

LAB Values
 ABG
 GRBS
 Others

Antibiotic
 PIPERACILLIN-TAZOBACTAM 1gm
 Suppository
 Mrs. Dakesh
 NOTES

- Equipment Checked and Functional
- BP
- Cuff Site: DUL
- Art Site: 3had
- EKG Lead
- Temp Site
- FiO₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Lateral
- Pressure Points Checked

Temp: FIM Fluid Warmer OH Warmer Cotton Wool

Times: Anaes Start: 10:50 AM
 OP Start: 11:20 AM
 OP End: 2:00 PM
 Leave OR:

Anaesthesia: GA Monitored Anaesthesia Care Regional

Induction: IV Inhal Pre O₂ RSI

Mask SGA Airway Oral Nasal

ETT# 4.0 at 12 cm
 Oral Nasal Cuff
 Tracheostomy Topical
 Drug: ROCURONIUM

Awake Direct Vision Video Laryngoscopy Stylette / Bougie
 Fiberoptic
 Blade# 0 Attempts: 01
 Difficulty Why?

Regional: Extremity Spinal Epidural Caudal

Position: Lateral
 Site: SACRAL-HAUS
 Needle Size: 22G Depth: 2.5cm
 Parasthesia Yes No
 Catheter at skin: _____ cm
 Drug Name & Conc: 0.2% BUPIVACAINE 9.5ml
 Bolus: 10.5ml NC + 10mcg DEXMED-ETomidate
 Infusion: _____
 Block Level: _____
 Comments: _____

Line (Size & Location)

O₂ P
 A
 N
 N

Blat = BS
 Semi-Closed Circle
 Closed Circle
 Other

Transportation to PACU ICU Other

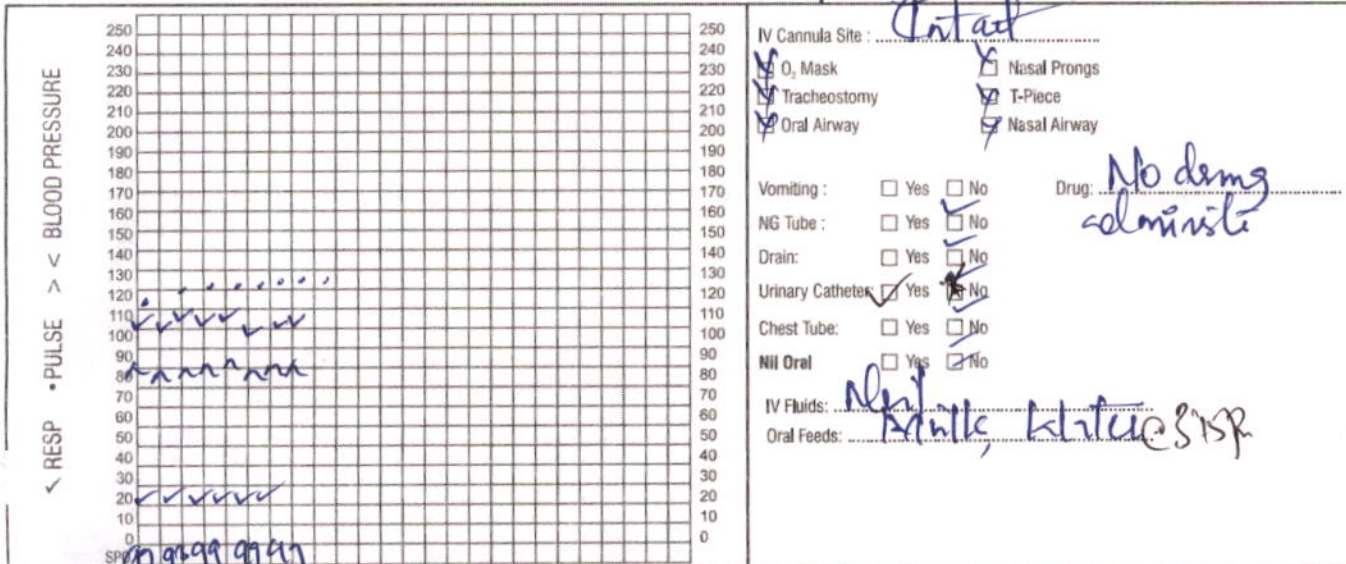
Relaxant Reversed Yes No NA

Name of the Doctor: DR. M. VINOD KUMAR
 Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Praavona. Time Received : 2pm Time Discharged :



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntarily or on command = 2 Able to move 2 extremities voluntarily or on command = 1 Able to move 0 extremities voluntarily or on command = 0	ACTIVITY	1	2	2	2	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 Aphnic = 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 = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<u>12/6/26</u>	<u>2pm</u>	<u>score</u>	<u>-</u>	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Vinetha / Dr. Shilpa.

Anaesthesiologist Signature: [Signature]

Date & Time: 12/6/26 @ 2:30pm

PACU Nurse Name: Sr. Praavona

PACU Nurse Signature: [Signature]

Date & Time: 12/6/26 @ 2:30pm

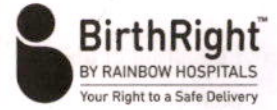
Reassessment Frequency:

- 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): Sr. Praavona.

Date & Time: 12/6/26 @ 2:30pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Baby Juweniya Majid Age : 11m Gender : Male Female

UHID NO: VH-00203162 Surgeon Name: Dr. Jyoti

Anaesthesiologist : Dr. Madhav

Operative procedure planned : left laparoscopic Pyeloplasty

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 : Desaturation, laryngospasm

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Baby Juweniya Majid the above mentioned operation / Diagnostic / Therapeutic procedures left laparoscopic Pyeloplasty

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

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

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

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

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Ayesha
Name : AYESHA PERWEEN
Relationship with Patient: Mother
Date & Time : 11/6/26, 6:20pm

Witness :

Signature : Majid
Name : MD. ABDUL MAJID
Date & Time : (father) 11/6/26, 6:20pm

Doctor (who is taking the consent) :

Signature : B. de
Name : Dr. Brunde
Date & Time : 11/6/26, 6:20pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Baby Juweniya Majid Gender: Male Female Age : 10m
 UHID No : 203162 Date : 12/6/26

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)

(R) of laproscopic Pyeloplasty
 upon Juweniya Majid
 (Name of the Patient)

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

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

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

Infection, Bleeding

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Jyoti Bothra

Consentee :

Signature : _____

Name : _____

Date & Time : _____

Patient Attendant :

Signature : Majid

Name : M.D. Abdul Majid

Relationship with Patient: M.D. Abdul Majid father

Date & Time : 12/6/26, 10:40am

Witness :

Signature : Ayesha

Name : AYESHA

Date & Time : 12/6/26, 10:40am

Doctor (who is taking the consent) :

Signature : _____

Name : Dr. Jyoti Bothra

Date & Time : 12/6/26, 10:40am

VIH-00203162 IP-00060323
 Baby JUWERIYA MAJID
 15-07-2025 0 Y 10 M 28 D (F)
 Dr. JYOTI BOTHRA



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 12/6/26

To Be Filled In By Assigned Nurse:

Department: ER Duration of Procedure: 3 hrs.

Name of Surgeon: Dr. Jyoti Bothra Date of Admission: 12/6/26

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

		Staff Signature
1.	Antibiotic given prior to surgery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Oral Piperacillin 4gm</u>	<u>Jan</u>
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>OK</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Tympanic (Goal: 36-37°C)	<u>OK</u>
4.	Name of doctor or staff administering the antibiotic: <u>Tah. Rakesh</u> Date & Time of antibiotic administration: <u>12/6/26 @ 10:40am</u> Date & Time procedure started: <u>12/6/26 @ 10:50am</u>	<u>OK</u>

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

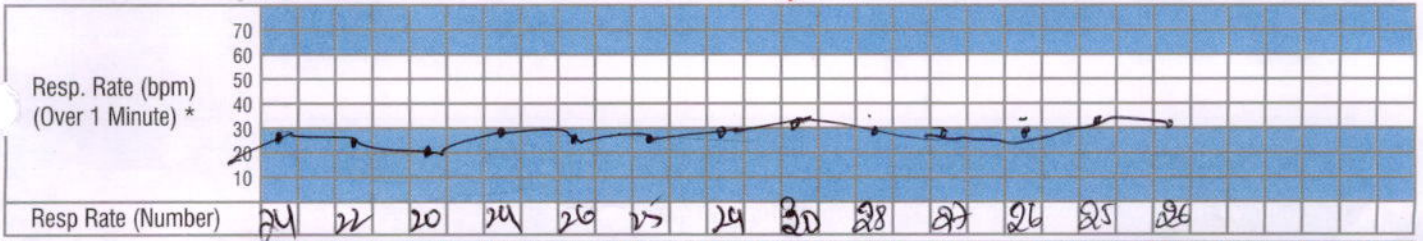
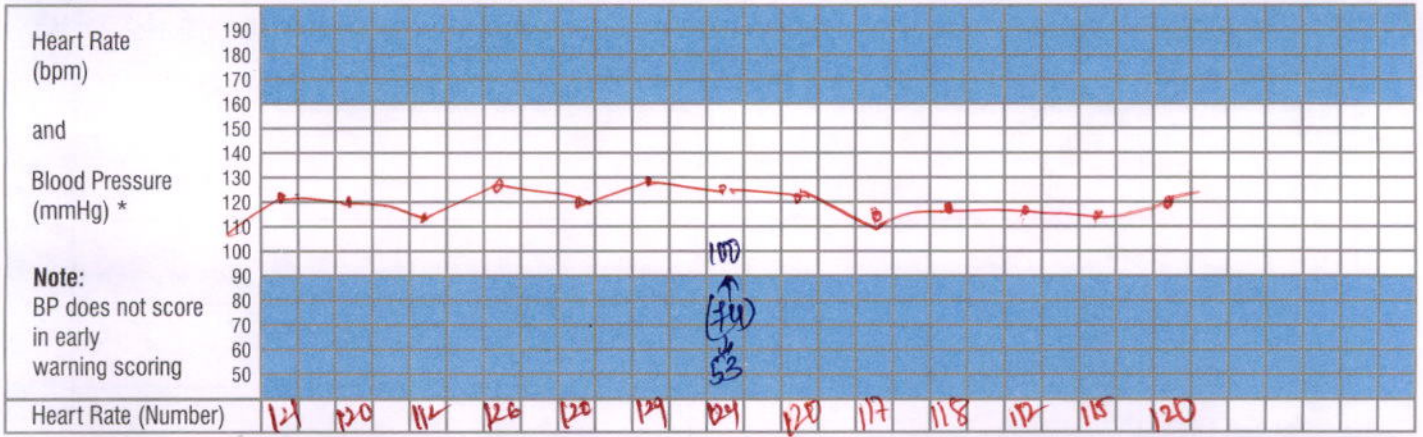
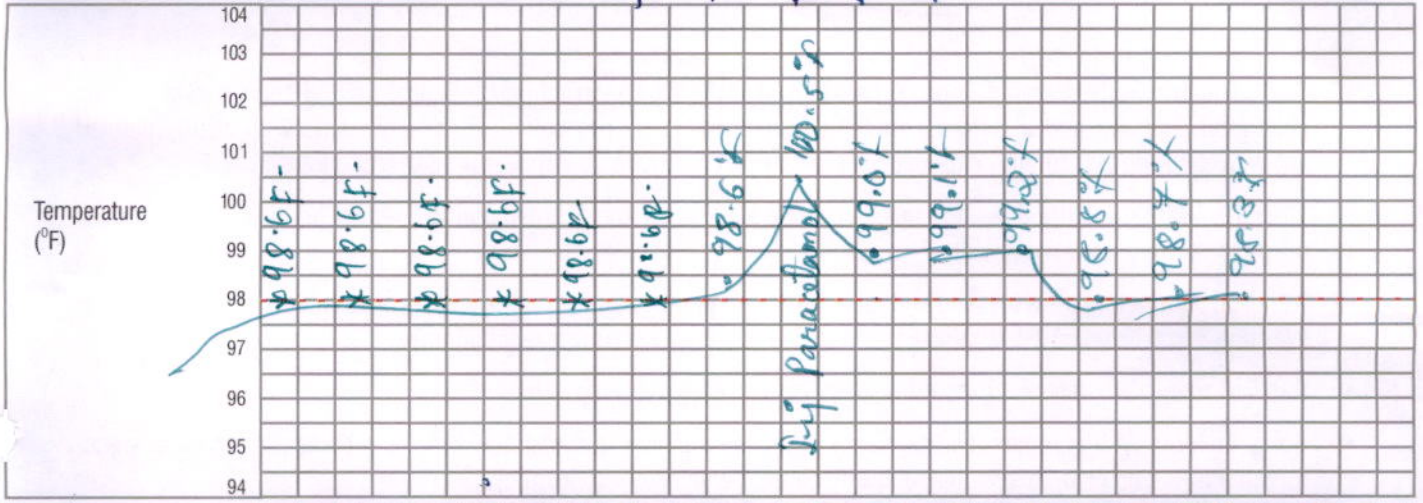


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6/24 Time: 10 11 12 1 2 3 5 7 9 11 1 3 5 7
 Doctor/Nurse/Family Concern? AM AM AM AM AM AM AM AM AM AM AM AM AM AM



Resp Distress	Mod/ Severe	None / Mild											
Receiving O ₂ (l/min)													
O ₂ Saturations (%)	97	98	97	96	99	99	98	99	98	92	98	98	97
Conscious Level	Normal	Altered											
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15

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

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

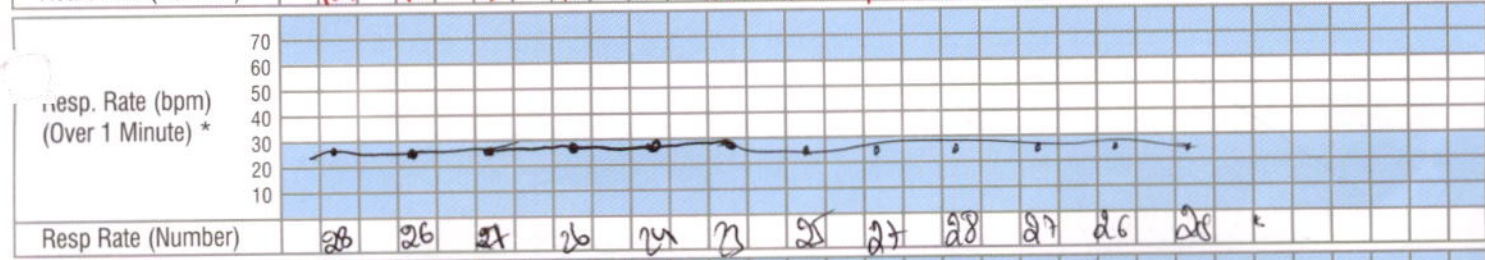
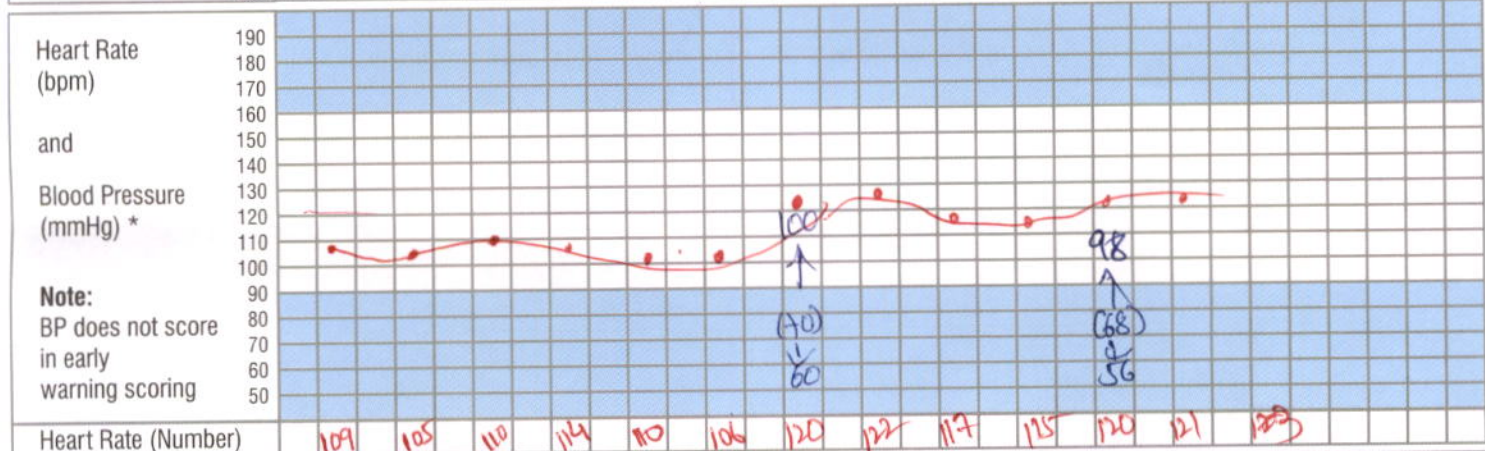
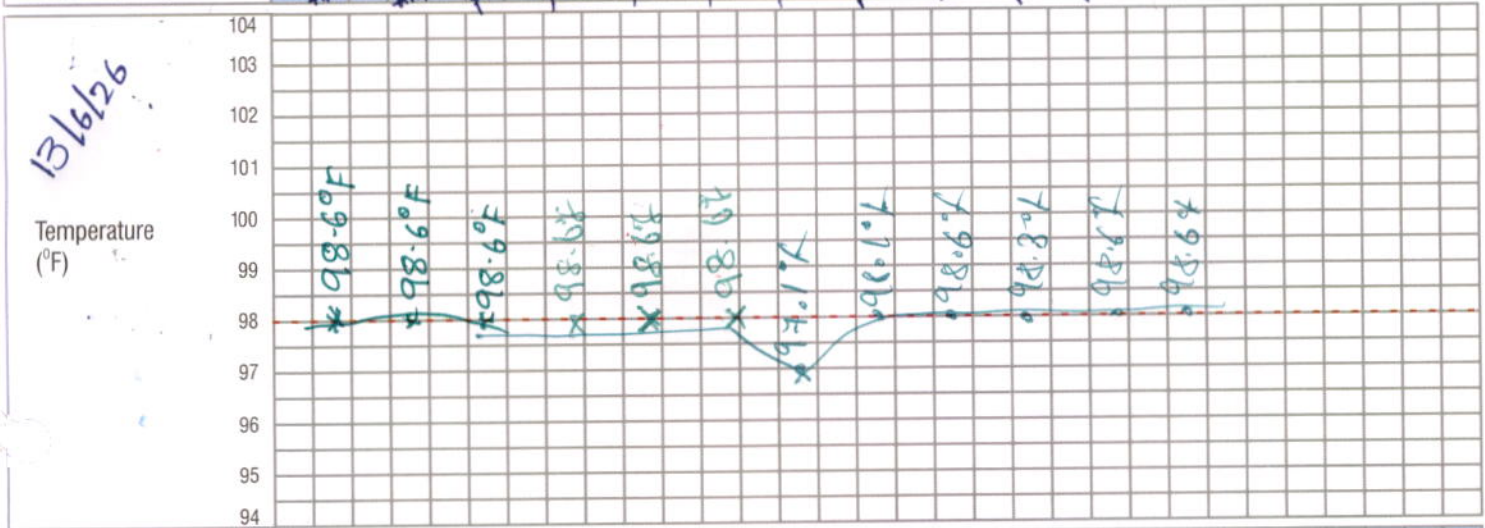


INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?		Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am



Resp Mod/ Severe Distress None / Mild	N	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min) O ₂ Saturations (%)	0	0	0	0	0	0	0	0	0	0	0	0	0
Conscious Level Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15

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

ACTIONS

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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

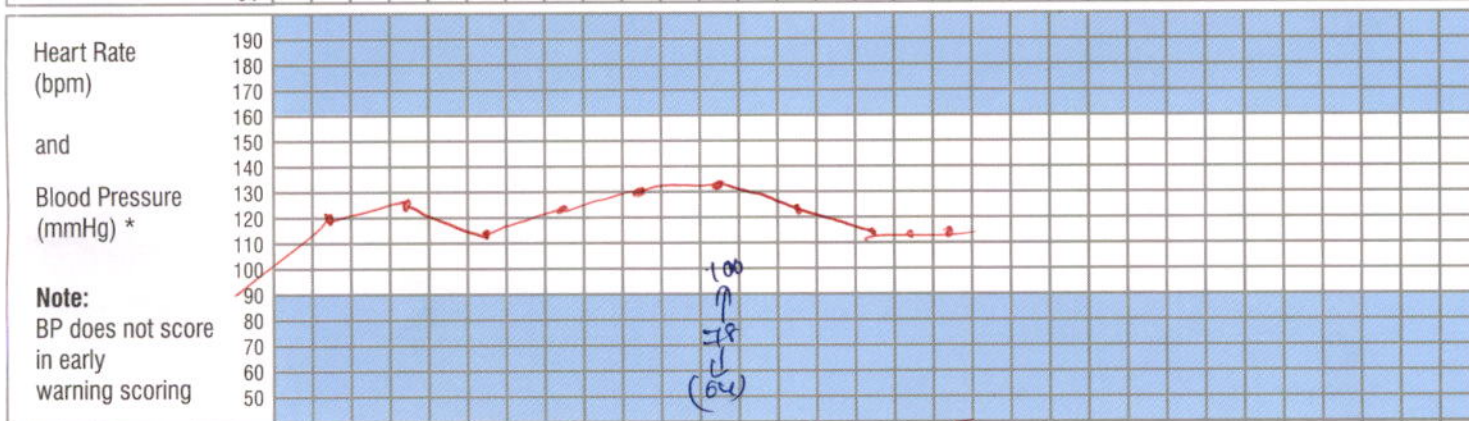
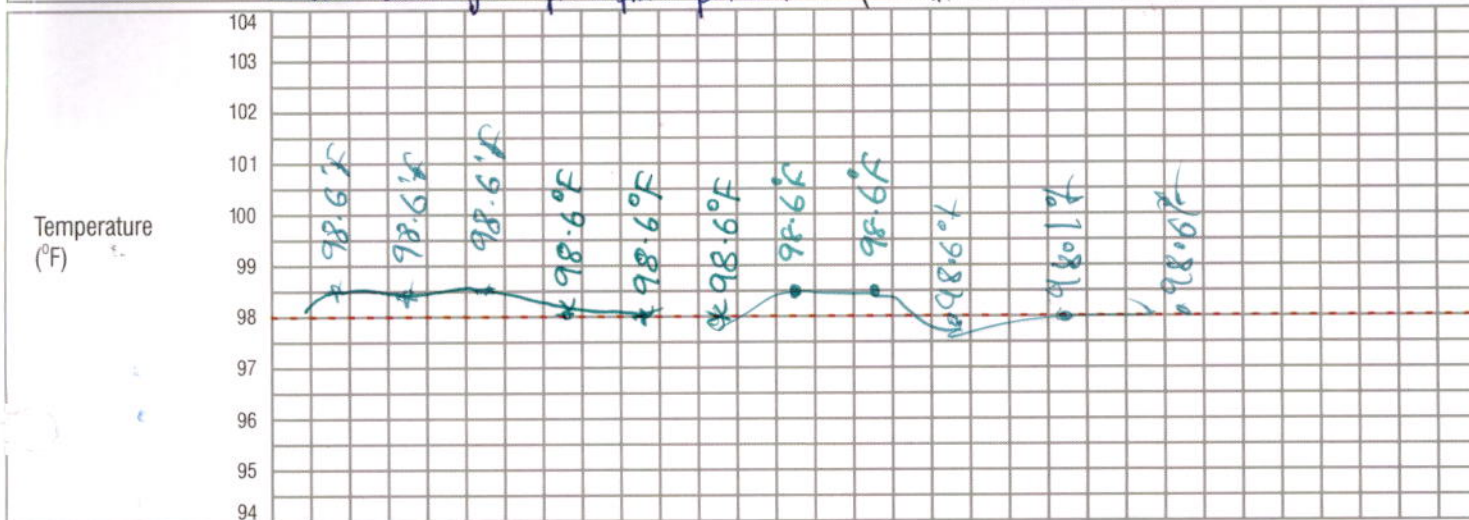
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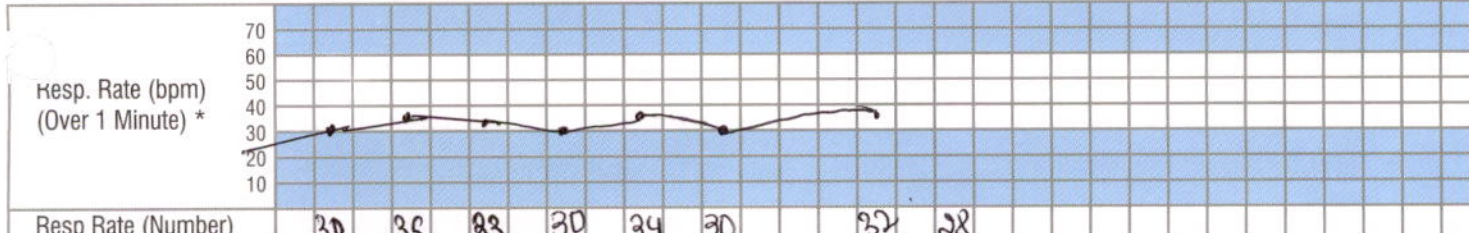
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6/26 Time: 9 11 1 3 5 7 9 11 1 3 5

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



Heart Rate (Number) 120 125 115 122 130 137 134 127 115



Resp Rate (Number) 30 35 33 30 34 30 32 32 28

Resp Mod/ Severe Distress None / Mild

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

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

GCS * 15 15 15 15 15 15 15 15 15

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0 0 0 0

Observer's Initials B B B M M B B B ma

ACTIONS

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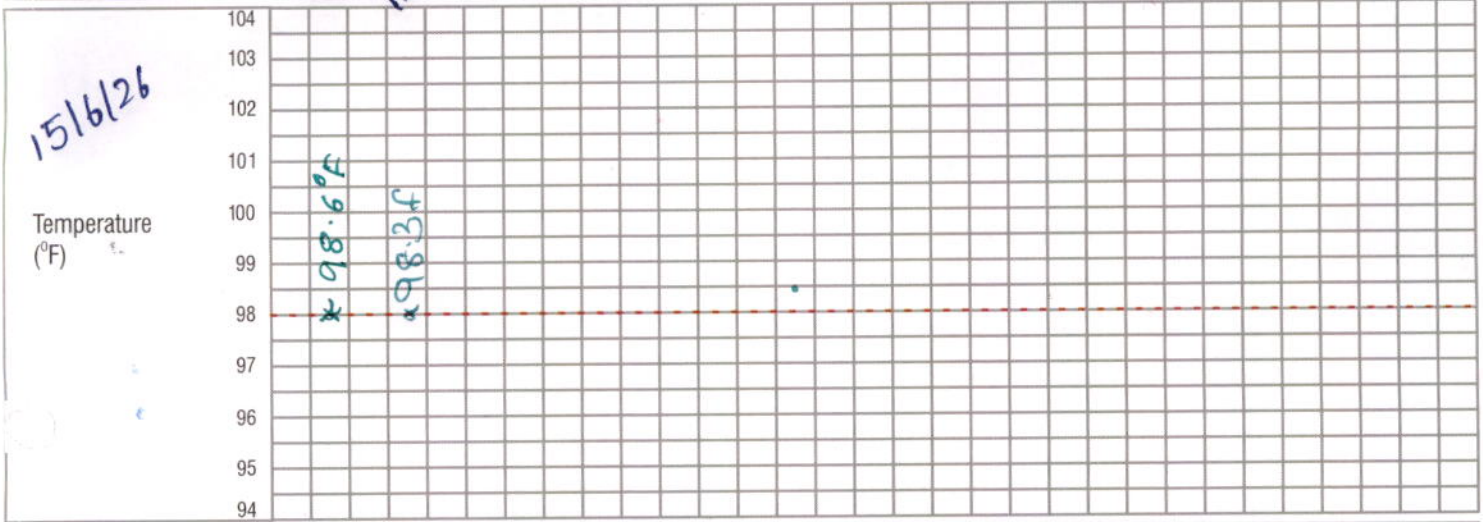
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 9 AM

Doctor/Nurse/Family Concern? Am Am



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Parameter	9 AM	Am
Heart Rate (Number)	105	125
Blood Pressure (mmHg)	110	

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

Parameter	9 AM	Am
Resp Rate (Number)	30	28

Resp Distress	Mod/ Severe	None / Mild	N	N
Receiving O ₂ (l/min)			0	0
O ₂ Saturations (%)			99	98
Conscious Level	Normal	Altered	N	N
GCS *			16	16

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

ACTIONS

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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. : 1

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/6/26	08:00 am											
	09:00 am											
	10:00 am		NBW + RC + 100 ml/hr								0	
	11:00 am		NBW								0	
	12:00 pm		NBW								0	
	01:00 pm		NBW								0	
	Total Intake :			Total Output :								
02:00 pm		NBW								0		
03:00 pm		water @ 2.15 pm								0		
04:00 pm										0		
05:00 pm										0		
06:00 pm		water								0		
07:00 pm										200ml		
Total Intake :			Total Output : 200ml									
12/6	08:00 pm		kiche								0	
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am		milk								0	
	01:00 am										0	
Total Intake :			Total Output :									
13/6	02:00 am										0	
	03:00 am										0	
	04:00 am		milk								0	
	05:00 am										0	
	06:00 am										210ml	
	07:00 am		milk								0	
	Total Intake :			Total Output : 210 ml								

Total 24 hrs. Intake

Total 24 hrs. Output 410 ml

12hr



FLUID CHART

Sheet No. : 2

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			
13/6/26	08:00 am		kichidi								1	Mandala 13/6/26 @2pm	
	09:00 am		rotary								0		
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm									100ml			
Total Intake :						Total Output :							
13/6/26	02:00 pm											Sulthan 13/6/26 @8pm	
	03:00 pm												
	04:00 pm		uphan + water										
	05:00 pm												
	06:00 pm												
	07:00 pm									100ml			
Total Intake :						Total Output :							
13/6	08:00 pm											Mandala 14/6 7AM	
	09:00 pm		kichidi										
	10:00 pm												
	11:00 pm												
	12:00 am		milk										
	01:00 am												
Total Intake :						Total Output :							
14/6	02:00 am									100ml		Mandala 14/6 7AM	
	03:00 am												
	04:00 am		milk										
	05:00 am												
	06:00 am												
	07:00 am									100ml			
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							
													400ml (1.8 cc/kg)



FLUID CHART

Sheet No. :

14/6/26

- 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		
14/6/26	08:00 am									50 ml	1	Fehle 14/6/26 at 1 pm
	09:00 am	milk								50 ml	0	
	10:00 am											
	11:00 am	milk										
	12:00 pm											
	01:00 pm	PP								110 ml		
Total Intake :						Total Output : 110 ml						
14/6/26	02:00 pm	Kichidi									1	manisha 14/6/26 @ 8 pm
	03:00 pm	water									1	
	04:00 pm											
	05:00 pm	egg									0	
	06:00 pm											
	07:00 pm									300 ml		
Total Intake :						Total Output : 300 ml						
14/6/26	08:00 pm	Kichidi									1	manisha 15/6 8 PM
	09:00 pm											
	10:00 pm	water										
	11:00 pm											
	12:00 am									200 ml		
	01:00 am											
Total Intake :						Total Output : 200 ml						
15/6	02:00 am											}
	03:00 am											
	04:00 am									10 ml		
	05:00 am											
	06:00 am											
	07:00 am									50 ml		
Total Intake :						Total Output : 100 ml						

Total 24 hrs. Intake

Total 24 hrs. Output 760 ml 770 ml (33 cc/kg)

VIH-00203162 IP-00060323
 Baby JUWERIYA MAJID
 15-07-2025 0 Y 11 M 0 D (F)
 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. :

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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
<i>15/6/26</i>	08:00 am	<i>kichidi + water</i>										} <i>manisha 15/6/26</i>
	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



FLUID CHART

Sheet No. :

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

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			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: OT

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

Date & Time : 12/6/25 @ 9:30AM

Nurse Name & Signature: Samuel / Pan

Date & Time : 12/6/25 @ 9:30AM



DRUG CHART

Date of Admission: 12/6/26 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 : SYP. IBUPROFEN				Date Time																		
Dose	Route	Frequency	Start Date																			
5ml	PO	Q6H	13/6																			
Doctor's Signature		Valid Period	Pharm.																			
<i>[Signature]</i>			<i>[Signature]</i>																			
Additional Instructions:																						
10mg/kg/dose. (5ml-100mg)																						

DRUG : SYP PARACETAMOL				Date Time																		
Dose	Route	Frequency	Start Date																			
14ml	PO	4-6hly	14/6/24																			
Doctor's Signature		Valid Period	Pharm.																			
<i>[Signature]</i>																						
Additional Instructions:																						
10-15ml/kg/dose 1ml/100mg																						

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

VERIFIED BY : Name Signature 13/6/26 @ 7 AM
C. S. Chawla



REGULAR PRESCRIPTIONS

Weight. 9.5 kg Ward.

Chitra

DRUG : Inj. PIPERACILIN Tazobactam				Date Time	12/6	13/6	14/6	15/6
Dose	Route	Frequency	Start Date	6 am				
1gm	IV	8 hourly	12/6/26	X	10 am	10 am	10 am	10 am
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar				2 PM	X	10 PM		
Additional Instructions: 100mg/kg/day								
Daily Doctor's Endorsement by a Sign								

DRUG : Inj. PARACETAMOL				Date Time				
Dose	Route	Frequency	Start Date					
1gm	IV	8 hourly	12/6/26					
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar								
Additional Instructions: 10-15mg/kg/day								
Daily Doctor's Endorsement by a Sign								

DRUG : Inj. PARACETAMOL				Date Time	12/6	13/6	14/6	
Dose	Route	Frequency	Start Date	6 am				
150mg	IV	8 hourly	12/6/26	X	10 am	10 am	10 am	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar				2 PM	X	10 PM		
Additional Instructions: 10-15mg/kg/day								
Daily Doctor's Endorsement by a Sign								

] CFOP
14/6/26
10:00 AM

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

Dr. Prabhakar 12/6/26



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/06	11.10 AM.	INJ. PIPERACILLIN TAZOBACTAM	1g/0.5	IV	[Signature]	Relesh [Signature]
12/06	11.10 AM.	INJ. PARACETAMOL	150 mg	IV	[Signature]	
12/06	1.30 PM	INJ. PARACETAMOL	150 mg	IV	[Signature]	Vanshika Amit
13/6.		INJ. TRAMADOL	20mg	IV	[Signature]	

Signature
Name

[Handwritten signature]



ESTIMATION SLIP



Date: 08/06/26 UHID/IP No.: VIIH-203162 Sl. No.: 28874 8/12

Name of Patient: Baby Juwesiya Malik Age: 10M Gender: F

Father's / Husband's Name: Mr. MD Abdul Malik Corporate/Occupation: Self emp

Address: Kasikham Phone: 8328383374 Email: 10:30

Procedure/Plan: Left Lap pyroplasty DOS: 12/06/26

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									
Tax	<u>790</u>		<u>1290</u>						

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges		
O.T Consumables		Subject to approval by TPA/Insurance Company
Instrument Charges		Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations		<u>*</u> As per actual - Not Included In Estimation
Equipment Charges	Monitor :	Oxygen:
	Ventilator	Conventional:
	Phototherapy	Single Surface:
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.		As per actual - Not Included In Estimation <u>2 days</u>
Package	<u>2,30,000/- includes Surgeon, Anesthesia, O.T, Room Rent</u>	
Others	<u>pharmacy 3 consumables - 16,000/-</u>	
Initial Minimum Deposit	<u>2,30,000/-</u>	

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

DECLARATION

I M.D. Abdul Malik 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.

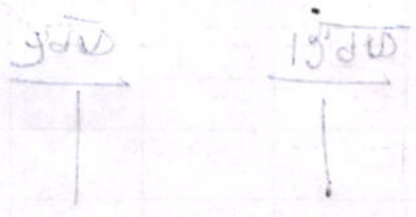
Signature of the Client: Malik Signatory Relationship: Signature of the Financial Counselor:

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Name	Baby JUWERIYA MAJID	UHID	VIH-00203162
Father/Guardian	Mr MOHAMMED ABDUL MAJID	Age/Gender	0 Y 10 M 29 D/Female
Address	H.NO.195,BESIDE LALA SHAH GROUND,KARKHANA,SECUNDERABAD, Akbar Road, Hyderabad, Telangana, INDIA, 500009		
IP No	IP-00060323	Admission Date	12-06-2026
Ref Doctor	Self	Discharge Date	14-06-2026

15

DISCHARGE SUMMARY

Consultant : Dr. JYOTI BOTHRA

DNB; MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGEON & UROLOGY
TSMC/FMR/02962

Diagnosis: Left pelviureteric junction obstruction

Surgical Procedure: Laparoscopic pyeloplasty done under general anesthesia on 12.06.2026

History: Baby JUWERIYA MAJID, 10 M 29 D female is a case of left hydronephrosis admitted for laparoscopic left pyeloplasty. For the above complaints, she was admitted at Rainbow Children's Hospital for left laparoscopic pyeloplasty.

Outside investigations: Ultrasound abdomen done on 04.05.2026 showed bulky left kidney with left hydronephrosis. EC scan showed left 30% thinned out cortex, prolonged drainage.

Examination: She was afebrile, maintaining saturations at room air. Heart rate was 110/min, Blood Pressure - 95/55 mmHg and RR - 28/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was

Name	Baby JUWERIYA MAJID	UHID	VIH-00203162
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normal.

Weight on admission: 9.5 kgs.

Investigations: Enclosed.

Management: Child was admitted in the ward and was started on IV fluids, IV antibiotic and analgesic.

Hemogram showed Hb - 11.4 gm%, WBC - 11,980 cell/cmm, Platelets - 3.05 lakh/cmm.

Procedure: Laparoscopic pyeloplasty done under general anesthesia on 12.06.2026

Three port laparoscopy- 5mm umbilical port
3mm port in epigastric and LIF

Findings: Dilated renal pelvis with narrow PUJO, inflammed pelvis

Procedure notes:

1. Transmesentric window created and PUJO dissected
2. Pelvis hitch stitch taken with 4-0 Prolene
3. PUJ dismembered and ureter spatulated along the lateral border
4. Pelviureteric anastomosis done with 5-0 vicryl over a 3Fr/12cms Dj stent
5. Hemostasis confirmed
6. Ports closed in layers
7. Foley's catheterisation done

Post-Operative Notes: Post operative period was uneventful. After stabilization, child was started on oral feeds which he accepted and tolerated well. She remained hemodynamically stable during the hospital stay and

Name

Baby JUWERIYA MAJID UHID

VIH-00203162

operated site remained healthy. She is being discharged with the following advice.

Advice:

1. Diet as advised.
2. Syrup Amoxicillin + Clavulanic Acid (5ml=200mg) $\frac{4.5}{12}$ ml, 12th hourly for 5 days (Refrigerate after reconstitution). *followed by Syt sporides OD HS TFA*
3. Paracetamol drops (1ml=100mg) $\frac{1.4}{8}$ ml, 8th hourly (if required) for pain or fever more than 100°F. *1ml (100mg) → 0.7ml*
4. Kindly consult Dr. Jyoti Bothra, Senior Consultant Pediatric Surgeon & Urologist, ~~after one week in OPD with prior appointment~~ (This consultation will be charged).

DT stent removal after 6 weeks & prior appointment. Contact Mr. Vicky (PIC).

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

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

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

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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

PatientName : Baby JENESSA ROSE RAPELLI
Age/Gender : 0 Y 8 M 5 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00000290

Admit Date : 10-06-2026

Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date : 10-06-2026 07:30
HEMOGLOBIN (Colorimetry)	10.5	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.29	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	29.6	VOL%	L 33 - 49
MCV (Calculated)	69.1	fL	L 70 - 86
MCH (Calculated)	24.5	pg/cells	23 - 31
MCHC (Calculated)	35.5	g/dL	30 - 36
RDW-CV (Calculated)	12.2	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	477	10 ⁹ /L	H 150 - 450
MPV (Calculated)	7.2	fL	6.5 - 10
WBC COUNT (DC Detection Method)	15.08	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	25	%	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	65	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	7	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	3	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(++) WBC : MORPHOLOGY NORMAL PLATELETS : INCREASED		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356