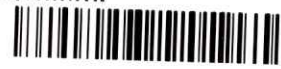


ANC-00002548 IP28-00004634
Baby S.DHIYAADHINI
19-06-2024 2 Y 0 M 3 D (F)
Dr. NITHYA R



DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing				
Activity Sheet updated by Pharmacy		6:10 Am	<i>[Signature]</i>	

ACT

ANC-00002548 IP28-00004634
Baby S.DHIYAADHINI
19-06-2024 2 Y 0 M 2 D (F)
Dr. NITHYA R

BILLING



Name:

UHID No: IP 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
21/6/2026	9pm	ER	OT	[Signature] / 021335
22/6/26	12:30 AM	OT	N-Floor	[Signature]

CROSS CONSULTATION VISIT

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

ANC-00002548 IP28-00004634
Baby S.DHIYAADHINI
19-06-2024 2 Y 0 M 2 D (F)
Dr. NITHYA R



SURGERY DETAILS

Date : 21.06.24
Patient Name: Baby S. Dhiyaadhini Date of Birth: 19/06/2024 Age:
Gender: Female Ward: M-7002 UHID No.: 2548/4634
Date of Surgery: 21/06/24 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery : Foreign body Removal

Time In : 10.30pm

Time Out : 10.45pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Nithya</u>
2. Anaesthetist	<u>Dr. Ranjith</u>
3. Assistant Surgeon
4. OT Technician	<u>MR. Sumith</u>
5. Circulating Nurse	<u>SN. Ramya</u>
6. Assistant Nurse	<u>SN. Puhparathy</u>

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

Nithya
Signature of the Surgeon

SN. Ramya
Signature of Circulating Nurse

Order No:

Order by:

SURGERY

Patient Name: Mr. J. Smith
 Date of Surgery: 10/10/2010
 Name of the Surgery: Open Appendectomy

Time: 10:00 AM

- 1. Surgeon: Mr. J. Smith
- 2. Anesthetist: Mr. J. Smith
- 3. OR Nurse: Ms. J. Smith
- 4. Circulating Nurse: Ms. J. Smith
- 5. Assistant Nurse: Ms. J. Smith

- Special Equipment: None
- C-ARM
- Neuro Care

Signature of the Surgeon: Mr. J. Smith

Order No. 1010/2010



CONSUMABLES OF OT

Circulating staff : Ms. Ramya Technician : Sumitha Date : 21/6/2024 Time : 10:30pm-10:45pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		03				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringes : 10 cc		01				Vaccum Suction Set		
05 cc		02	Gloves			Surgical Gloves		
02 cc						Gauze Pack		
01 cc 2oml		01				Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set peded drip set		01	NG tube			Koochies (S)		
RL		01	Cautery pencil			bleater		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
Dextrose 85%		01	Ointments					
Needle 16G		01	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		02			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Atropine		01	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

DR Nithya R
 Surgeon

DR Ramyitha
 Anaesthesiologist

[Signature]
 Nurse

[Signature]
 OT Technician

Order No. : Ordered by :



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

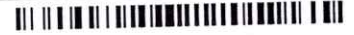
Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

VAT TIN :

CIN :

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 IP28-00004634
Patient Name Baby S.DHIYAADHINI
Age/Sex 2 Y 0 M 2 D / Female
Date 21/06/2026 23:35
Payor SELFPAY
UHID ANC-00002548

Ward 5F-PRE/POST
Bed Name PRE & POST OP 503
Order No 28-0000151915
Prescription No PRIP28-0071445
Dispensed Date 21/06/2026 23:36

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DEXTROSE IV 25 % 100 ML BOTTLE	Aculife Health Care Pvt.Ltd(Nirilif)	H	01B260748	01/27	1	22.03	22.03
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026C30K60	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
4	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	1	50.63	50.63
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif)	H	2254585	11/28	1	2.58	2.58
6	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0060425	03/27	3	34.65	103.95
7	PEDIADRISET PLUS	ROMSONS		K26B020111	01/31	1	311.00	311.00
8	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261733	02/29	1	69.39	69.39
9	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	KM038109	01/27	1	7.18	7.18
Total :							547.15	638.01

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

VAT TIN :

CIN :

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 IP28-00004634
Patient Name Baby S.DHIYAADHINI
Age/Sex 2 Y 0 M 2 D / Female
Date 21/06/2026 23:35
Payor SELFPAY
UHID ANC-00002548

Ward 5F-PRE/POST
Bed Name PRE & POST OP 503
Order No 28-0000151916
Prescription No PRIP28-0071444
Dispensed Date 21/06/2026 23:35

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
2	UNDERPADS CARE 60 X 90 (FRIENDS)			G26A010694	12/40	1	205.00	205.00
3	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	2	739.00	1,478.00
Total :							1,044.00	1,883.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

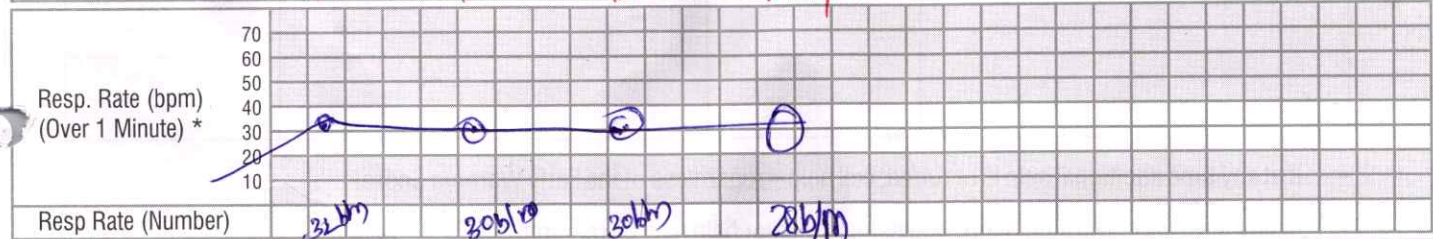
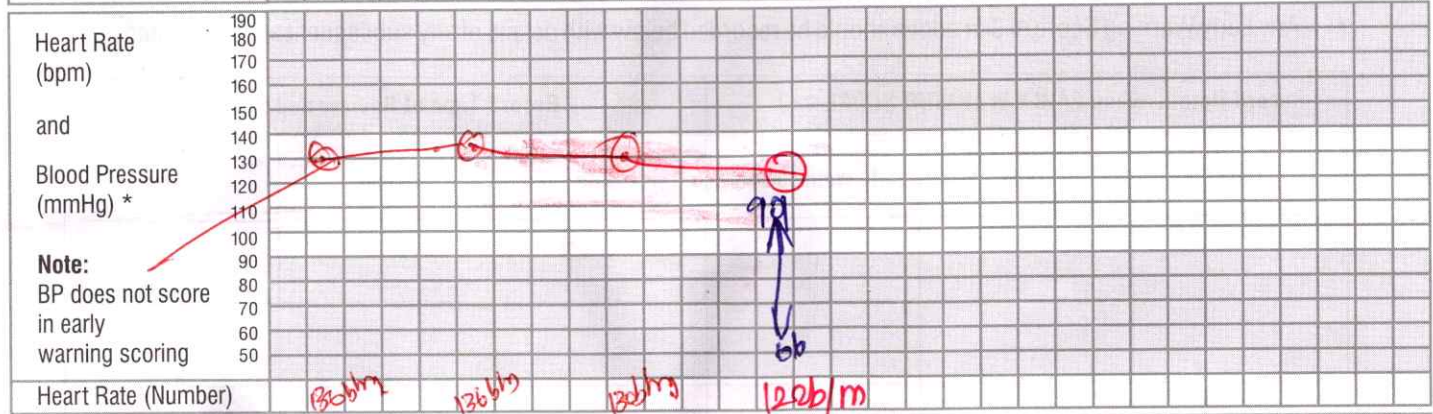
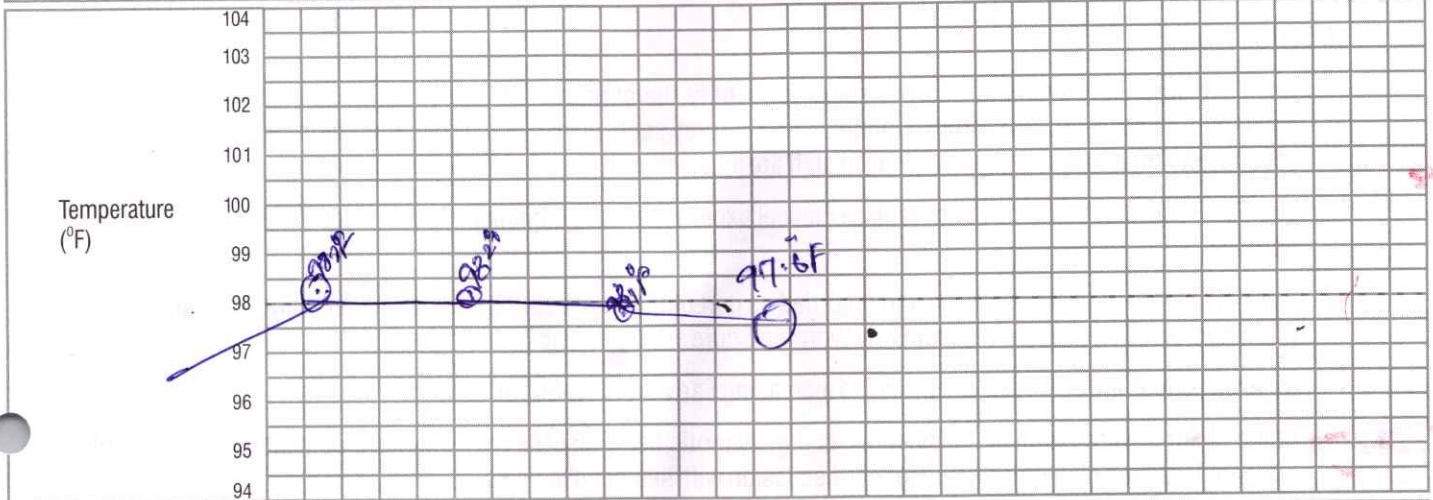
Authorized Signature

Pharmacist Name : RISHI S



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/06/24 Time: 9:00 AM 12:00 PM 2:00 PM 7:00 PM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	Normal / Altered	GCS *
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	97	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	97	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	97	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	99	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
0	0	0/10	NP
1	1	0/10	NP
1	1	0/10	NP
0	0	0/10	NP

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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)

ANC-00002548 IP28-00004634
 Baby S.DHIYAADHINI
 19-06-2024 2 Y O M 3 D (F)
 Dr. NITHYA R

No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 02/6/24 Time : 7:30 AM

Doctor / Nurse / Family Concern?

Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	97.6
	98	97.6
	97	
	96	
	95	

Heart Rate (bpm)	190	
	180	
	170	
	160	
and	150	
	140	116 bpm
Blood Pressure (mmHg) *	130	
	120	92
	110	68
	100	
	90	
	80	
	70	
	60	
	50	

Note:
 BP does not score in early warning scoring

Heart Rate (Number)	116 bpm
---------------------	---------

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

Resp Rate (Number)	28 bpm
--------------------	--------

Resp Distress	Mod / Severe	None / Mild	<input checked="" type="checkbox"/>
---------------	--------------	-------------	-------------------------------------

Receiving O ₂ (l/min)	
O ₂ Saturations (%)	99%

Conscious Level	Normal	Altered	<input checked="" type="checkbox"/>
-----------------	--------	---------	-------------------------------------

GCS *	15/15
-------	-------

TOTAL SCORE	01
--------------------	----

Number of shaded boxes	0/10
------------------------	------

Pain Score	0/10
------------	------

Observer's Initials	S/S
---------------------	-----

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

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

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. : 1

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V								N.G
	08:00 am											
	09:00 am									0		
	10:00 am									0		
	11:00 am									0		
	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									0		RF
	10:00 pm			100ml						0		RF
	11:00 pm			40ml						0		RF
	12:00 am									0		RF
	01:00 am									0		
Total Intake : 140ml					Total Output : M-0 V-0							
	02:00 am	H2O	50ml	40ml						0		SS
	03:00 am			40ml					✓	0		SS
	04:00 am	FF	180ml	40ml						0		SS
	05:00 am									0		SS
	06:00 am									0		SS
	07:00 am	FF	70ml						✓	0		SS
Total Intake : 300ml					Total Output : M-0 U-2times							
Total 24 hrs. Intake		440ml			Total 24 hrs. Output		U-2times					