

ANC-00016169 IP28-00004546
Master AARIN SAMUEL H
22-05-2021 5 Y 0 M 19 D (M)
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		10/6/21 @ 10 AM	<i>JS</i> 07/9/21	
Activity Sheet updated by Pharmacy	6:50	6:51	<i>JS</i>	

ACTIVITY R

ANC-00016169 IP28-00004546
 Master AARIN SAMUEL H
 22-05-2021 5 Y 0 M 18 D (M)
 Dr. NITHYA R



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
9/6/26	11:30am	ER	OT	[Signature]
10/6/26	2:30 AM	OT	M-FLOOR	[Signature] 02075

CROSS CONSULTATION VISIT

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

ANC-00016169 IP28-00004546
Master AARIN SAMUEL H
22-05-2021 5 Y 0 M 18 D (M)
Dr. NITHYA R



SURGERY DETAILS

Date : 10/06/26

Patient Name: Master, Aarin Samuel Date of Birth: 20/05/2021 Age: 5Y/M

Gender: male Ward: M FLOOR UHID No: 16169 / 14546

Date of Surgery: 10/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Nasal Endoscopy and minor foreign Body removal

Time In : 12:30 AM

Time Out : 1:00 AM

	NAME	AMOUNT
1. Surgeon	DR Nithya	
2. Anaesthetist	DR Mahalakshmi	
3. Assistant Surgeon		
4. OT Technician	M.R. Sarjai	
5. Circulating Nurse	S.M. Geomathi	
6. Assistant Nurse	S.N. Ethilaxasi	

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

Signature of the Surgeon

DR Nithya
Order No:

Signature of Circulating Nurse

S. Ethilaxasi
020155
Order by:



FOREIGN BODY

REMOVAL

CONSUMABLES OF OT



Circulating staff : Ms. GEOMATHI Technician : Mr. Sanjai Date : 10/6/26 Time : 12:30AM

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		02				Vacuum Suction Set		
05 cc		04	Gloves			Surgical Gloves		
02 cc		02				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set <u>Pediadripset</u>		01	NG tube			Koochies (S)		
RL		01	Cautery pencil			<u>Venflon 22G</u>	01	
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>Needle 16G</u>	01	
<u>Inj. Atropine</u>		01	Ointments					
<u>Inj. DEXTROSE 25%</u>		01	Suction Catheter					
Fentanyl			Cap, Mask			<u>atropin</u>		01
Morphine			Gauze Pack		04	<u>drops</u>		01
Ketamine			Mop Pack					
Propofol		01	Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate		01	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			Vacuum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
<u>Inj. DEXA</u>		01	Microshield					
<u>D-water</u>		03	Cotton Balls					
			Latex Gloves			<u>10 pair</u>		
			Ramdone Scrub					
			Saral					

Surgeon Dr. Nithya
 Order No. :

Anaesthesiologist Dr. K. K. K. K.
 Order No. :

Nurse S. Pallabari
 Order No. :

S. S. S.
 OT Technician

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

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirumangalam 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	IP28-00004546	Ward	5F-PRE/POST
Patient Name	Master AARIN SAMUEL H	Bed Name	PRE & POST OP 503
Age/Sex	5 Y 0 M 19 D / Male	Order No	28-0000149484
Date	10/06/2026 01:43	Prescription No	PRIP28-0070253
Payor	SELF PAY	Dispensed Date	10/06/2026 01:44
UHID	ANC-00016169		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CUROPINE (ATROPINE) INJ 1 ML	PHARMA CURE LABORATRIES	H	AS1463	05/27	1	7.33	7.33
2	DEXARIL 4MG INJ		H	0DEX25008SR	06/27	1	10.88	10.88
3	DEXTROSE IV 25 % 100 ML BOTTLE	Aculife Health Care Pvt.Ltd(Nirilif	H	01B260748	01/27	1	22.03	22.03
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	2	10.31	20.62
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254585	11/28	3	2.58	7.74
8	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0060425	03/27	3	34.65	103.95
9	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	1	69.10	69.10
10	NEEDLE 16 G 1.5INC	Dispovan	GENERAL	15544D	03/30	1	4.88	4.875
11	PEDIADRISET PLUS	ROMSONS		G26A020313	02/31	1	311.00	311.00
12	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254175	11/28	1	15.37	15.37
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	1	60.74	60.74
14	VENFLON I -22G	BECTON DICKINSON (BD)	GENERAL	5317423	10/30	1	321.00	321.00
Total :							913.25	1,984.53

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

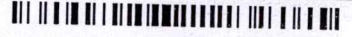
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INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004546	Ward	5F-PRE/POST
Patient Name	Master AARIN SAMUEL H	Bed Name	PRE & POST OP 503
Age/Sex	5 Y 0 M 19 D / Male	Order No	28-0000149486
Date	10/06/2026 01:43	Prescription No	PRIP28-0070254
Payor	SELFPAY	Dispensed Date	10/06/2026 01:45
UHID	ANC-00016169		

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	M2641102	03/30	4	100.00	400.00
2	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	20	25.00	500.00
3	VACCUME SUCTION SET	ROMSONS		0K26B010638	01/31	2	739.00	1,478.00
Total :							864.00	2,378.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

rainbow children's hospital



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Master AARIN SAMUEL H
22-05-2021 5 Y 0 M 16 D (M)
Dr. NITHYA R





Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

child was brought i alleged H/o
insertion of foreign body [pearl ingarland]
into his ^(R) nostril around 6:30 PM at his
residence.

He was taken to ranby hospital
was given ^{pharynx} ~~pharynx~~ & tried manually
stating out, but failed manual removal
hence referred here for further management.

Pa



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

At 1yr of age - @ ICH Egmore -> Hospitalised
as day
? Febrile
~~Minor~~ Significant
has been reburied on + off since 1yr of age.
last reburied @ Nov 2025

Birth & Neonatal History:

Family Chart

1st baby / LSC / 2.800 / 295 / nil N I / 5 day

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Appropriate for age. / stultor (+)

Immunization History :

5th yr vaccine funding.

Anthropometry :

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

On Examination :

Temperature : 97.4 F Pulse Rate : 100 / min B.P. 87 / 65 (77) SP02 99.1 in R A
Resp. rate and type of breathing : NURS

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

4/2: (R) Nasal: mucopurulent + bloody (+) (+)



Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LAEC (+)

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : BLS (+)

Any murmur : _____

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

Per Abdomen :

Inspection : _____

Palpation : soft

Ausculation : _____

Spine : _____ External Genitelia : NAD

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

Central Nervous System :

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

Cranial Nerves : _____

Motor System :

Nutriton : _____

Tone: rAD Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

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Patien



Reflexes :

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

FOREIGN OBJECT (R) NOSTRIL

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Planned Management

Shift 1001

Signature of the Doctor: _____

Signature of the Consultant:

Name of the Doctor: _____

Name of the Consultant:

Date & Time: _____

Date & Time:

DISCHARGE PLANNING FORM

NOTE: * To be completed by a Doctor within (24) hours of admission.

1. Anticipated Date of Discharge:

2. Destination Post Discharge: Home
Family Members Notified (Person Contacted)

Transfer
Hospital Facility Notified (Person Contacted)

3. Discharge Status: Self Care Family Home Care Home Professional Assistance

Needs Assistance In:

Remarks

- | | | | |
|-------------------------------------|------------------------------|-----------------------------|-------|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

4. Nutritional Plan:

Dietary Instruction Discussed with the:

Patient Family Member

Others:

5. Discharge Planning Discussed with the:

Patient Family Member

Others:

6. Patient/Family Educational Plan:

Educational Topic/s:

Patient's Educational Topic/s discussed with the:

Patient Family Member

Others:

Doctor Signature:

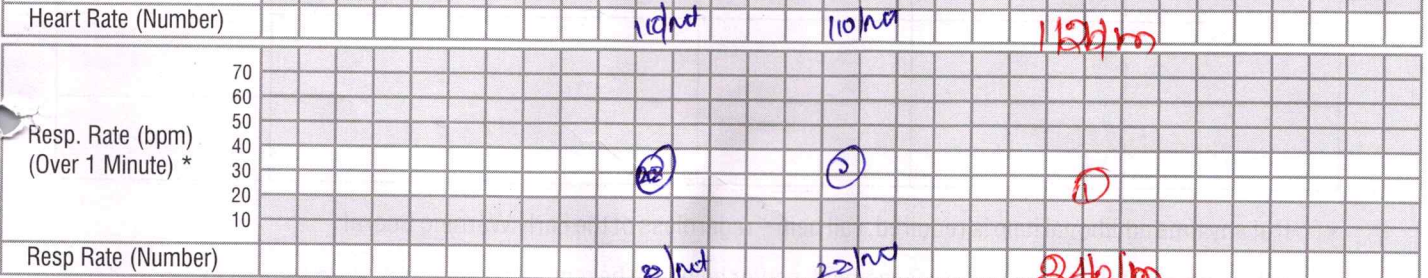
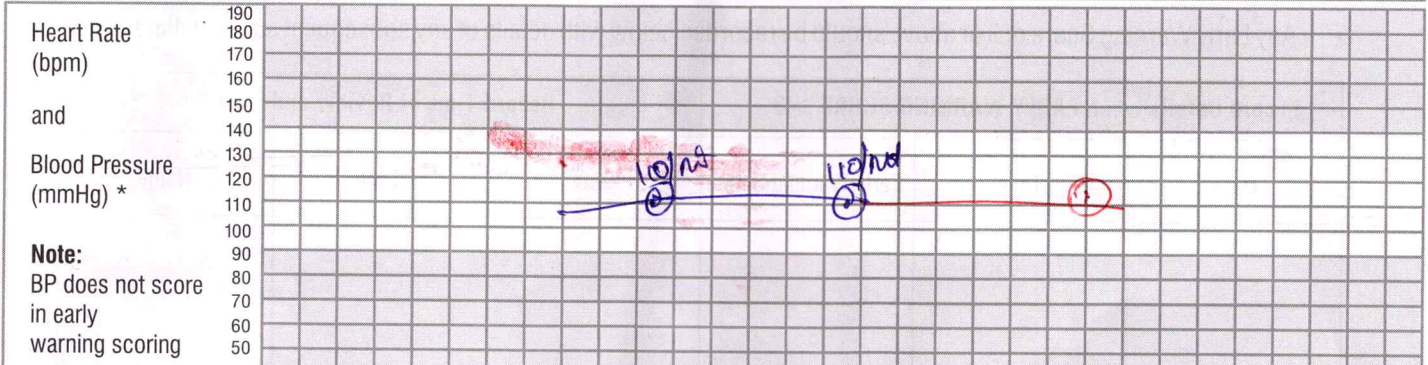
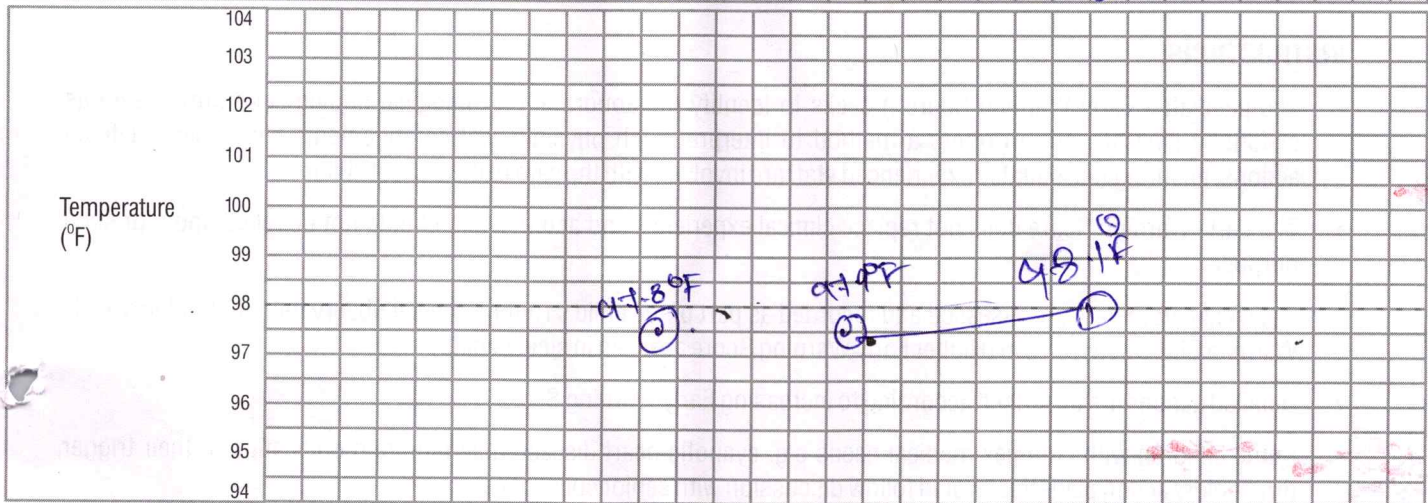
Doctor Name:

Date and Time:



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/05/20 Time: 12:30AM 2:30AM 7AM
 Doctor / Nurse / Family Concern?



Resp Distress Mod/ Severe None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%)
 Conscious Level Normal Altered
 GCS *

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

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.

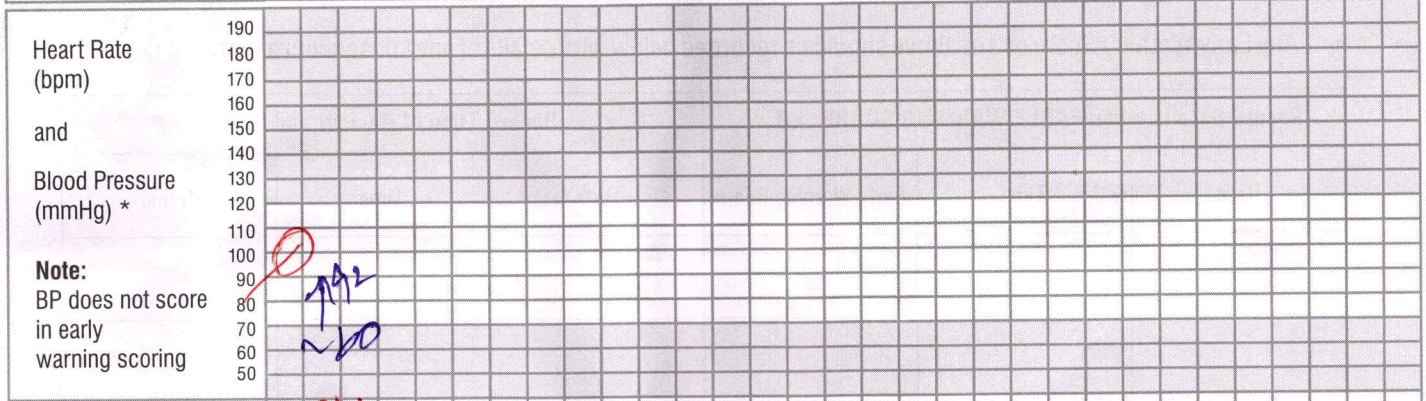
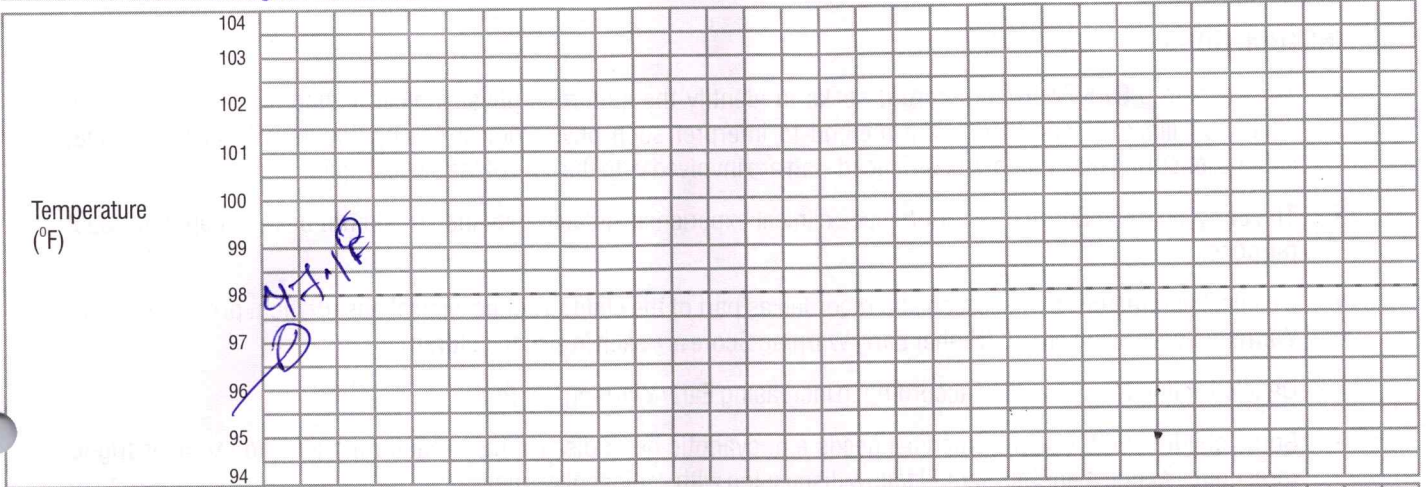
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection).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



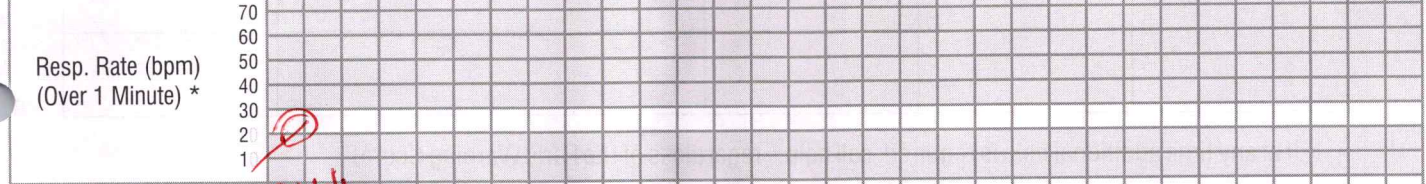
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6/20 Time: 8 PM

Doctor / Nurse / Family Concern? ✓



Heart Rate (Number) 108 bpm



Resp Rate (Number) 24 bpm

Resp Distress Mod/ Severe None / Mild ✓

Receiving O₂ (l/min) O₂ Saturations (%) 98.1 ✓

Conscious Level Normal Altered ✓

GCS * 15/14 ✓

TOTAL SCORE Number of shaded boxes 01

Pain Score 0/4 ✓

Observer's Initials ✓

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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 22-05-2021 5 Y 0 M 18 D (M)
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NURSES NOTES



Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>OT Notes</u>	
10/6/26	12:30AM	<p>→ patient received from ER to OT patient general condition are stable and vitals are checked and recorded</p> <p>→ Swire done no seed rest and no suckling inf on flow</p> <p>→ patient general Anaesthesia given by DR. Mahalakshmi</p> <p>→ foreign body removal case done by DR. Nithya</p> <p>→ Instrument count checked</p> <p>→ no bleeding</p>	
	1 AM	<p>→ patient vitals are stable</p> <p>→ sleeping well patient are good.</p>	
	2:30AM	<p>→ patient shifted to OT floor.</p>	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES



No Known Drug Allergies

Drug Allergies *NP/*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<i>Receiving notes</i>	
	<i>2 AM</i>	<i>Child is received from OT conscious and oriented, iv line kept in position, oral started.</i>	
<i>10/6/26</i>	<i>4 AM</i>	<i>No complaint of patient vital monitoring and recording.</i>	<i>[Signature]</i>
	<i>6 AM</i>	<i>Intake and output monitoring,</i>	
	<i>8 AM</i>	<i>Handing over shift to morning duty</i>	
<i>10/6/26</i>		<i>Morning shift</i>	
	<i>8 AM</i>	<i>patient details hand over given by night shift nurse pt observed look alert and oriented. pt is active IV line placed no pain & swelling, urine & motion passed</i>	
	<i>9:30 AM</i>	<i>DR - Anush sir advise to discharge today</i>	
	<i>10 AM</i>	<i>case sheet move to billing</i>	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS