



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

sedated

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : *- B/L pupils equal/ He - 49.5cm*
RTL

Motor System:

Nutriton : _____

Tone: _____

Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

none

Reflexes :

knee - 2+ 2+
ankle 2+ 2+

DTR

Superficials:

Plantars

↑ ↑ ↓ ↓

Sensory System :

(circle with X)

Bladder / Bowel :

(circle with N)

Clinical Summary & Diagnostic:

posterior
sec to arachnoid cyst-
VP shunt / cystoperitoneal shunt
→ now c raised Icp due to
subdural collection causing mass effect



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: herniation

Desired goals of the treatment: resolution

Planned Labs:

- CBP
- PT/APTT/INR
- Se. electrolytes

MB Annes
28/08/26

Planned Management

- IV fluids.

- Ventricular tapping

↓
22G spinal needle (90mm)

MB Annes
28/08/26

Signature of the Doctor:

Name of the Doctor: Dr. Vinet

Date & Time: 28/5/26 9:00 PM

Signature of the Consultant:

Name of the Consultant: Dr. Vishakha

Date & Time: 29/5/26

By



ACTIVITY RECORD FOR BILLING

Name : _____ Dept : _____
 UHID No. : _____ IP N _____
 Date of Admission : _____ Discharge : _____ Time : _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2026 0 Y 8 M 28 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/07/26	10:15	ER	142	Annael
31/05/26	1:30pm	PIW	OT	Merlis
31/5/26	4:15 pm	OT	PW	Sreerain

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Anupama. Y	29/5/26	9633525	[Signature]
2	DR. Sandeep Reddy	30/5	9624610	[Signature]
3	DR. Sandeep Reddy	31/5/26	9636650	[Signature]
4	DR. Sandeep Reddy	1/6/26	9638133	[Signature]
5	DR. Sandeep Reddy	2/6/26	9639585	[Signature]
6				
7				
8				
9				

8/6/26
16/6/26

KUH-00209333 IP5-00174468
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ADMISSION CRITERIA - PICU
DISCHARGE CRITERIA - PICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- Stable hemodynamic parameters.
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- Minimal oxygen requirements that do not exceed patient care unit guidelines.
- Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- Cardiac dysrhythmias are controlled.
- Neurologic stability with control of seizures.
- Removal of all hemodynamic monitoring catheters.
- Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

① ANC scans

Term / 3.5kg / CIAB / ~~no~~ NICU stay

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

②

Developmental History :

Immunization History :

IAP schedule - vaccinated for age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs) 8.8 kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 134/min B.P. 100/63 SPO2 100% ↓ RA
Resp. rate and type of breathing : 26/min

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

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BAE ⊕
Any addes sounds : clear
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : Ⓝ S1/S2 ⊕
Any murmur : none
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : soft / NT / no organomegaly
Ausculation : BS ⊕
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 28/5/26 Time: 11 PM

Patient Assessment Form:

Informant: Father Mother Other

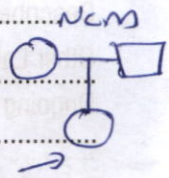
Presenting Complaints / Chief Complaints :

Complaints of vomiting
 18-20 episodes since morning
 ? projectile vomiting

Complaints of dull activity
 excessive sleepiness since morning

oral intake - taking feeds
 decreased quantity

Past History (Including previous treatment and investigations) :

child was apparently normal till 7 months of age. At 8 months had vomiting, increasing head size. Evaluated CT Brain - Hydrocephalus with posterior fossa cyst with Brainstem compression. 

Birth and Developmental History :

Term/3516g/cried immediately after birth / No History of NICU stay (Normal Antenatal course)

Immunization History : vaccinated till date according to IAP schedule (Indian academy of pediatrics)

H / O Allergy : Head Control @ 3m

Family History : Not able to sit with support @ 6m

After OT -> sit with support achieved @ 9m
 Erythema. Rollover @ 8m
 crawling ⊖ | crawling @ 6m
 creeping ⊖ | immature grasp ⊕

INITIAL ASSESSMENT

RBS : Temperature : 98.2°F Weight (kg) : 8.8 kg

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT :

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate :

Bilateral air entry present

SPO2: 100% O by NC / FM / NRB mask / Oxyhood, at on Room air L / min

Ventilatory Support: Yes No - Day # of Vent : Respiratory Efforts : good

Ventilatory Settings: Leak around ETT : 0 Delivered Vt :

ABG : EtCO2 : P/F ratio : O.I. :

Any Nebs : 0 ICD? Yes No, if Yes, details :

CXR : 0

Cardio Vascular System Clinical Exam : Heart Rate : 100/min Cardiac Rhytho : Regular

(Heart sounds, murmur etc.) : Sit Normal

Quality of Pulses : good cap refill Time : 3 sec Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : IBP : CVP :

Infusion of any Inotropes? : Yes No - If yes, then details :

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

Arterial line in Situ : Yes No Place of art, line & its condition :

Central line in Situ : Yes No Place of central line & its condition :

Infection and Antibiotics :

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Done outside? Yes No - If yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics : n/c

Abdominal Exam : soft

ENT Exam :

Central Nervous System :

Level of Consciousness : AVPU / GCS score : E3V3M6 waxy-waxy sensorium present

Neurological Findings : pupen - bilateral equal reacting to light

HC - 49.5cm

Relevant data from outside (Neuro imaging any ongoing medications etc) :

CT Brain - large Right sided subdural collection fronto-temporo-parietal region posterior (not seen) shift to midline to right

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
 (Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is Positive Negative
- | | | | |
|------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Needs Therapeutic Diet. | <input type="checkbox"/> Diarrhoea > 4days | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Psychological Eating Disorder | <input type="checkbox"/> Major Surgery | <input checked="" type="checkbox"/> Patient in ICU |
| <input type="checkbox"/> Under Weight | <input type="checkbox"/> Difficulty swallowing / Chewing | <input type="checkbox"/> Hyperemesis gravidarum | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Poor Appetite > 3days | <input type="checkbox"/> Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is Positive Negative
- Non-compliance to offered treatment Over weight Suspected Drug Abuse
- Emotional / Behavioural Problem (Tearful, uncooperative)

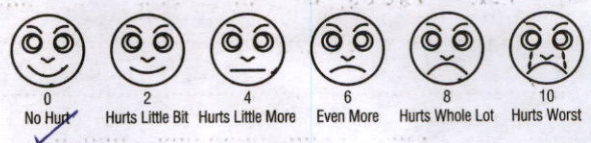
- c. Functional Screening Criteria: Screening is Positive Negative
- Patient cannot position himself in bed Change in Muscle Power
- Restricted ROM Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is Positive Negative
- Living alone Suspected abuse or neglect
- Cultural or religious background that would need to know for the plan of care Unable to assess due to lack of family

- e. Need for Interpretar Screening is Yes No If Yes then plan
6. Patient needs additional specialized assessments: Yes No
- If yes, Please fill Individualized Initial Assessments Form for Special Populations
- Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)



Pain Score "Whenever Applicable"

Location:

Duration: days /weeks / months (Strike Out that is not applicable)

Character: localized diffuse sharp aching referred vague burning / soreness

Frequency: constant intermittent occasional

Pain Management done Yes No

Nutritional Evaluation: *fair*

Current Medications:

Provisional Diagnosis : known case of Communicating Hydrocephalus secondary to posterior Arachnoid cyst / post ventriculoperitoneal shunt and cystoperitoneal shunt now with raised ICP due to subdural collection
 Prism III score at 24 hrs of admission : Worse SOFA Score :

Referred Patient - Self Referral - Rainbow Patient

Transferring Unit : Ward OT - Transported? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

Referring Consultant :

Admitting Consultant : as per Rota

Indication for PICU referral : Raised Intracranial pressure

PLAN OF CARE

Preventive aspects of the treatment : herniation

Desired goals of the treatment : Decreasing Intracranial pressure
 Resolution of symptoms

PLANNED INVESTIGATIONS

CBP
 RP2
 PT/INR
 Blood culture

Noted by Subrata
 28/5/26 @ 10:58 PM

PLANNED MANAGEMENT

- 1.) NPO
- 2.) IV fluids 60/
- 3.) Pains to do
- 4.) watch for signs of raised ICP
- 5.) Inj: Levofloxacin
 Ceftriaxone
 Vancomycin

Noted by Budhadev
 28/5/26
 @ 4 PM

Final Diagnosis: known case of Communicating Hydrocephalus secondary to posterior Arachnoid cyst / post ventriculoperitoneal shunt and cystoperitoneal shunt now with raised ICP due to subdural collection

Doctor's Signature : *[Signature]*

Name : *[Name]*

Date : 28/5/26

Time : at 11:15 PM

Consultant's Signature : *[Signature]*

Name : *[Name]*

Date : 28/5/26

Time : 10 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
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28/8/26

10pm.

cts Neuroteam

Dr. Vishakh B.
 Dr. Ranja B.

- CT suggestive of significant subdural collection causing mass effect (+) communicating hydrocephalus.

Plan.

- i/o significant cephalopathy vomiting

↓
 Ventricular tap → Drain free flow of subdural collection. - stopped 25ml.

Examination findings: HE: - Stun.

- EEL: - Ext. Mu. Infant all scales
- ROM full R/L pupile equal & Reactive
- (R) lagophthalmos
- Mild deviation of mouth to right
- Generalized weakness Hypotonia.
- Exaggerated reflexes
- cerebellar - intention tremor



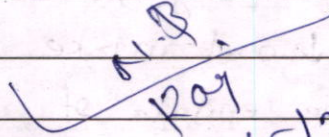
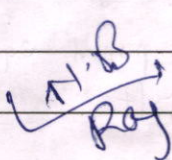
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>To do:</p>	
	<p>1) compressing @ cysto-peritoneal shunt 10 times every 2 hours, Head end elevations.</p>	
	<p>2) Deterioration → SOS inform Dr. Vishaka</p>	
	<p>3) vitals, inform to S.</p>	
	<p>4) Parents counselled by Dr. Vishaka over phone.</p>	
	<p>5) Trace investigations — CRP — Se. Electrolyte — PT/APTT/INR</p>	
	<p>6) Shift to PIW.</p>	
	<p>Subdural tap done through AF</p>	
	<p>↓ — suggest procedure vitals → stable</p>	
	<p>Adv. shift to PIW</p>	
		<p>Dr. Vishaka 120011</p>
		<p>N.B. Ray 28/5/26 10.10 pm.</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	C/D/W Doctor's Order
28/5/26		Dr. Visakha Bheradwaj
11:15 PM		Plan:
	CT images & videos shared.	- Evacuation of subdural collection and
	GCS - E ₂ V ₃ M ₄	exploration of shunt.
	Bk pupils equal & reacting.	if child does not improve or deteriorates.
		 28/5/26 11:20 PM
28/5/26		Plan
11:20 PM		
	CT images & videos shared.	- large right sided cys subdural collection fronto-temporo-parietal region
		- posterior cyst seen
		- shift of midline to left.
		 28/5/26 11:30 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	c/s/B Dr. K. Sathya ICU Fellow.
28/5/26 11:15 PM	K/c/o communicating hydrocephaly with posterior arachnoid cyst.	Plan
	Sp (RT) VP shunt programmable and cysto peritoneal shunt.	- NPO
	Now child presented c/c/o:- 20-25 episodes of vomiting since 5 AM.	- IV Fluid 60% MF
	↓ oral intake.	- POCUS
	one episode of projectile vomiting	- W/t sign of ↑ ICP
	↓	- Inf. levetiracetam ceftriaxone & vancomycin.
	Compression of Rt cysto peritoneal shunt 20 times	- W/t hypertension Bradycardia
	↓	decrease in sensorium.
	ventricular tap done.	seizures.
	Free flow of subdural collection - 25ml.	- counsel parents.
	vase output fair.	- ARBS monitoring
	O/E:-	
	CNS- E ₃ V ₃ M ₆	
	Waxing-waning sensorium	
	B/c pupils equal, reactive	
	P/A - soft	
	CVS - S ₁ S ₂ ⊕	
	RT - air entry B/c ⊕	N.B Raj 28/5/26 11:30 PM
	HR - 130/min RR - 23/min SpO ₂ - 98%	
	BP - 110/60 mm Hg	

K. Sathya



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00209333 IPS-00174468
Baby YERROLA NAYANIKA SREE
30-08-2025 0 Y 8 M 28 D
Dr. VISHAKHA BASAVRAJ KARPE (F)



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric History & Physical Examination

Name: Nayanika. Age/Sex 9m/R.

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- Vomiting
Dull activity - since today
morning.

History of present illness :

h/o communicative hydrocephalus
with posterior Aen based cyst
s/p. (R) VP shunt (programmable) &
cystoperitoneal shunt (MT).
in April 2025

now c/o : 20-25 episodes of vomiting
since 5am.
forceful vomiting

no
afw c/o excessive sleepiness / dull activity
since morning

accepting feeds but used qly



PROGRESS NOTES AND DOCTOR'S ORDER

Dr - Vishakha
 Room no: 2

Date & Time	Progress Notes	Counselling notes	Doctor's Order
29/5/26 1 AM	<p>We plan to tap and remove fluid from brain In case surgery is done, empty space is remained and hence we plan to do tapping first. By tapping, fluid is removed and pressure is relieved. Child will be monitored for fever + raised pressure in brain.</p>		<p><i>[Signature]</i> (Vishakha) 1 AM</p>
29/5/26 1:40 AM	<p>SIR Dr. Vishakha</p> <p>Case of post op (R) programmable V.P shunt & (L) cystoperitoneal shunt</p> <p>No vomiting No vomiting after tapping subdural fluid</p> <p>OTE - Baby crying Spontaneous movements (+) pupils - bil equal Mild (R) exophthalmos Mild (R) VI nerve palsy</p> <p>CT Brain → (R) FPO subdural effusion (+) but subdu reduced as compared to pre-tapping Posterior fossa cyst - volumetric reduction</p>		<p><i>[Signature]</i> 29/5/26 1:50 AM (P.T.O.)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 1:45 AM	<p>Right Subdural effusion tapping done under all aseptic precautions. 2 11ml clear CSF (straw coloured) tapped</p>	
	<p><u>Plan:</u> Increase shunt chamber pressure to 140mm Hg</p>	<p><u>Act</u> Continue monitoring - vitals - ACS - AF - pupils Systemic ACS if detection of ACS.</p>
		<p>LMB Pot 1:50 AM 29/5/26</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Counselling notes</u>	
28/5/24 11:40 PM	<p>parents were counselled that child has fluid in the Brain and Compressing. Fluid has already been tapped i.e. Removed from the Brain. But still there is no much improvement in the activity of the child. Child is dull now. CT Brain will be repeated now again to see the fluid in the Brain. we will discuss with the Neurosurgeon and then decide on the further Management</p>	Dr. <u>pratyusha</u>
		<u>medline</u>
	<u>2 notes</u> <u>2/2/24</u>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		c/d/w Dr. Vishakha
12 AM	Issues:-	Plan
	Drop in ACS from	
	12/15 to 10/15	- Repeat CT brain plain
	ACS - E ₃ V ₃ M ₄	
		f Ketty-
29/5/26		c/d/w Dr. Sudheer
12:30 AM	Repeat CT video shared	Plan
		- No obvious changes
		compared to previous CT.
		f KS-Dr
		M.B Raj 29/5/26 12.40 PM
		28/5 8:45 PM
		29/5

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/5/26 Day of Admission : 12 Today's Date & Time : 29/5/26 at 9:50 AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Communicating hydrocephalus / posterior Arachnoid Cyst / now with raised ICP and subdural collection	Current Issues : raised ICP. poor activity
	VITAL SIGNS Today's Wt. (kg) : 8.8kg Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : Bilateral air entry present	
	CXR : SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at room air L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 110/min	
	Quality of Pulses : good cap refill Time : 3 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 93/47 (70) CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : left Radial artery Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : E4 V2 M6	
	Pupils : 2e 2f Bilateral reactive Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) <u>+108</u> Input : <u>38</u> ml/k/d UO : <u>2.5</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>35 ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>144</u> K <u>4.6</u> Cl <u>109</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :				
	INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>ing. ceftioaxone D1</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :			
NEPHROLOGY ISSUES	Sr. Creat : <u>0.3</u> Bld. Urea : <u>19</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :				
HEMATOLOGY	Relevant Labs (CBP etc) : <u>28/5/26 10.5 / 20, 220 / 5.63 b/w</u> Any Coagulopathy : <u>73.5 / 24.3</u> Relevant Transfusion History : Plan of Care :				
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :		Pending Lab Results <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Blood culture</u> Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :		
FINAL COMMENTS				

Doctor's Name (Handover given) : Madhu
 Signature : Madhu
 Date & Time : 29/5/26 at 8am

Doctor's Name (Handover taken) : Suby
 Signature : Suby
 Date & Time : 29/5/26 8:15 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p><u>CSF Neuroteam</u></p>	
<p>29/8/26 9am</p>		
	<p>PF cyst - obstructive hydrocephalus s/p <u>VP shunt</u> - CP shunt now <u>↑ ICP</u> signs - <u>Ⓡ subdural</u> <u>effusion</u></p>	
	<p>→ 80 ml CSF tapping done yet.</p>	<p><u>plu</u></p>
	<p>→ No further vomitings</p>	<p>Ⓡ CSF Neuroteam tapping today</p>
	<p><u>0/2</u> HC - 49 cm child irritable somnolent Ⓡ facial weakness hoarse cry mild ↓ movements on left UL, LL DTRs brisk</p>	<p>Noted by prasadika 29/8/26 @ 9:10 am</p>
	<p>Abstruse.</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	communicating hydrocephalus	c/s/b Dr. Anupama
9:30 AM	sp V-P shunt &	Plan
	cyto pentoned shunt	
	now with ↑ ICP features	- allow orally
	on room air	- sos ventricular tapping
	Hemodynamically stable	✓ CSF fluid for analysis
	apixible.	CSF for c/s
	Chest - acentric Bx ⊕	} after discussing with nurse
	PIA - soft	✓ CRP to send
	CAI - irritable	- Trace Bx c/s.
	Bk pupils equal, reactive	- w/f raised ICP features
	HR - 120/min	- developmental history
	RR - 25/min	
	SpO ₂ - 91%	
	BP 110/60 mmHg	
	Noted by Prasadlice	D. Anupama
	29/5/26 @ 9:40 AM	29/5/26
		9:20 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/8/25 @ 3pm	S/B Dr. Mounish Rautam	
	<p>As Communicating Hydrocephalus. s/p V-P shunt surgery performed shunt Now with raised ICP and subdural effusion</p>	<p>Adv</p> <p>① True up analysis reports</p> <p>② Continue vancomycin and ceftriaxone</p>
	<p>Supper:</p> <p>① Subdural effusion 0.5ml in left</p>	<p>③ Keep intubation things bedside.</p>
	<p>On room air</p> <p>Hemodynamically stable chest. BIAST MRI.</p>	<p>④ To discuss with Dr. Vishalhe malam regarding tapping</p>
	<p>NA diff BIAST on Bl. Rupt. Equal size HR 103/min</p>	<p>⑤ watch for signs of raised ICP</p>
	<p>SpO₂ 99% R. 27/min Regular</p>	<p>Noted by Praveen 29/8/25 @ 3:10pm</p>
	<p>Dr. Mounish</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 3:50pm	not C/S/B. Dr. V. Shaba?	
	with plan.	
	Repeat NSG NO SIGN of raised pressures.	1. NO CST tapping now 2. Observe ACS
	Vitals	3. DW ICU team regarding stopping to work.
	TIR-100	
	BP-100/60 (70) mmHg	
	RR-24	
		noted by Dr. Mother
		29/5/26
		3:50pm

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 8 M 29 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 1:20 pm	<p>SIR Dr. Vishalhe</p> <p>Case of post op (R) VP shunt & (R) cystoperitoneal shunt with (R) FFP subdural effusion</p> <p>Mild irritability since morning 1 episode of vomiting Accepted</p> <p>O/E - Baby sleeping PR - 99/m BP - 118/55 mmHg Moving all limbs Sunsetting (+)</p>	<p>Shunt chamber - Compressible</p> <p>programmable shunt chamber - 140 mmHg</p> <p>Ado</p> <p>Cont. same</p> <p>Observation - GCS - pupils</p> <p>Noted by praveen 29/5/26 @ 1:20 pm</p>

Ado
 NSS
 X-ray skull
 - Lateral

29/5

KJH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 8 M 30 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/5 Day of Admission : P2 Today's Date & Time : 30/5 8:00 AM
 PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW	Diagnosis : <u>Communicating Hydrocephalus due to posterior Arachnoid Cyst s/p VP shunt & CP shunt</u>	Current Issues : <u>↓ activity</u> <u>Raised ICP signs</u>
-----------------	------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

VITAL SIGNS Today's Wt. (kg) : 7.0 Temp.: _____ Blood sugar issues : _____

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
BLA AF (+) (Kra)

CXR : _____

SPO₂ : 99% O₂ by NC / FM / NRB mask / Oxyhood, at Room air L / min

Ventilatory Support : Yes No - Day # of Vent : _____ **Nitric Oxide** : Yes No - If Yes, details : _____

Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____

ABG : _____ EtCO₂ : _____ P/F ratio : _____ O.I. : _____

Chest Physiotherapy Plan : _____ Suctioning Needs : _____

Any Nebbs : _____ **ICD ?** Yes No, if Yes, details : _____

Plan of care : ⊖

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : CVC - S1S2 (+) HR = 92 bpm

Quality of Pulses : Good cap refill Time : < 3 sec Liver Edge : _____ cm below Rt costal margin

Blood Pressures : NIBP : _____ IBP : 116/71 (97) CVP : _____

Infusion of : Dopamine _____ mcg / kg / min - Dobutamine _____ mcg / kg / min
 Epinephrine ⊖ _____ mcg / kg / min - Nor Epinephrine ⊖ _____ mcg / kg / min
 Milrinone ⊖ _____ mcg / kg / min

Any Other Infusions : _____

Last 2D Echo Findings : _____

Size of the heart and lung fields in latest CXR : _____

Arterial line in situ : Yes No Place of art, line & its condition : (L) Radial

Central line in situ : Yes No Place of central line & its condition : Phenohel - (R) Dorsum - 24G

Day of arterial line : _____ Day of Central line : _____

Plan of Care : _____

CNS

Neuro Exam : Ex V, M | lateral skull xray - Done ✓
shunt Resistance ↑ to 140

Pupils : BL equal (RTL) - 3mm **Sedation Used ?** Yes No **Any paralysis ?** Yes No

Types of Sedation : ⊖ Types of Paralysis : _____

Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____ inj. Levipil

Plan of Care : Need to get final CT reports.

Ramsay Sedation Score : _____

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) <u>+198</u> Input : ml/k/d UO : <u>1</u> ml/kg/hr Stools : NG output : PO intake : <u>Moderate - DBM</u> Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>25ml/hr</u> @ <u>DNC</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :				
	<table style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> <tr><td style="padding: 2px;">IVF - 600ml</td></tr> <tr><td style="padding: 2px;">Inf - 24ml</td></tr> <tr><td style="padding: 2px;">DNGS - 70ml</td></tr> <tr><td style="border-top: 1px solid black; padding: 2px;">694ml</td></tr> </table> 78% maintenance + DBM extra		IVF - 600ml	Inf - 24ml	DNGS - 70ml
IVF - 600ml					
Inf - 24ml					
DNGS - 70ml					
694ml					
INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Cefmaxone - D2</u> <u>Vancomycin - D2</u>				
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :				
HEMATOLOGY	Relevant Labs (CBP etc) : <u>CRP-5 @ 29.5</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :				
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>CRP cl.</u> Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :			
FINAL COMMENTS	<u>Trace CRP cl.</u> <u>NG feeds & stop iv fluids.</u>				

Doctor's Name (Handover given) : Dr. Kaitwik
 Signature : [Signature]
 Date & Time : 30/5/20 9:00 AM

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 30/5/20 9 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>o/s/b Neuroscan</u>	
<u>30/8/25</u> <u>9:00</u>	PF - arachnoid cyst - obstructive hydrocephalus - (R) VP & CP shunt - <u>subdural hygroma of T1CP sign</u>	
	<u>D signs</u>	<u>pu</u>
	→ No fever	(1) Shift toward
	→ 1 sp. vomitings yeet	(2) (800) ceftriaxone
	→ Activity good	Noted By Mastine 30/8/25 @ 9:34am
<u>o/s</u>	AC - 49 cm Sleeping (to reassess)	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/8/25 11:30am		<u>C/S/B Dr. Sandeep</u>
		<u>Plan:</u>
	A: Communicating Hydrocephalus posterior Arachnoid cyst VP shunt & CS shunt.	① Cont same drug as per chart
	<u>Issue:</u> Encephalopathy with intermittent irritability	② Neuro surgeon to decide on shifting.
	Child in room cir SpO ₂ : 99% RR: 104/min RR: 20/min	Mistake 30/8/25 @ 12PM

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 0 D
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
030/03/25		
9am		Bed of Dr. Ramesh
	Presently, child is clinically better.	
	But why there was subdural collection is	
	under evaluation that can be due to	
	overdrainage for which pressure was	
	closed yesterday.	
	L. Sukh Mam	Dr. Haul

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 0 D
 Dr. VISHAKHA BASAVRAJ KARPE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/8/26 2:40pm	C/S/B Dr. Vishakha	
	<p>Di: Communicating hydrocephalus / posterior arachnoid cyst sp VP shunt & CS shunt.</p>	<p>Plan: ① Neurosonogram now ② Proc CSF culture.</p>
30/8/26 2:40pm	S/B Dr. Vishakha	<p>Noted by Merlin 30/8/26 @2:50pm</p>
	<p>Post-op. ① programmable V-P shunt & ② cysto peritoneal shunt.</p>	
	<p>NO fever.</p>	
	<p>Child was doing well till 1pm</p>	
	<p>Irritability since 1pm</p>	
	<p>NO vomiting</p>	
	<p>Ok - Baby irritable</p>	
	<p>PR - 99/6</p>	
	<p>BP - 126/98 mmHg</p>	
	<p>Moving all 4 limbs</p>	
	<p>and arching.</p>	
	<p>'Retrocollis' ⊕</p>	
	<p>pupils - bil NRI</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Vinodha
 Room No 12

Date & Time	Progress Notes	Doctor's Order
30/5/26		
3 PM	<p><u>Counselling note</u></p>	
	<p>condition of child explained to father and uncle that child is in trouble. child BP is increased, HR is decreasing. so pressure in brain is increasing. Plan to reduce shunt pressure from 140 to 130. With this there is also a chance of reaccumulation of fluid in sub-dural region.</p>	
	<p>We plan to get a balance between pressure in brain and shunt pressure. child's brain is atrophied (shrank). left side of brain has expanded. Now right side of brain need to expand.</p>	
	<p>currently pressure is increasing. BP is increasing, decreased heart rate. We have to reduce the pressure. We plan to reduce chamber pressure to 130 and if condition does not improve; we plan to do ventricular tapping.</p>	
		<p><u>Plan</u></p>
		<ul style="list-style-type: none"> - NSA by Dr. Vinodha @ 6 PM - If irritability still present; ↑ ICP features present plan to do ventricular tapping.
	<p>H. Karpe Dr.</p>	<p>H. Sathya</p>

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 2 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Counselling notes</u>	
<u>1/6/26</u>		<u>Dr. Ramesh Bede</u>
	After placing subdural death, there is clinical improvement. Today we will do NSG to monitor the subdural collection. If death output improves, we can remove the death. we'll.	
	2	<u>Dr. Haresh</u>
	<u>V. Kranthi Kar Reddy</u> <u>Faktor</u>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 9am	<p><u>CSF/B Neuro exam</u></p> <p>PF arachnoid cyst - objective hydrocephalus s/p (R) VP shunt now ↑ ICP signs → (R) subdural hygroma</p>	<p>s/p (R) subdural drain</p>
	<p>Drain ~ 20 ml</p>	
	<p>• Severe</p>	
	<p>→ No fever</p>	<p><u>plan</u></p>
	<p>→ Persistent irritability</p>	
	<p>consoalable</p>	<p>1) NSG</p>
	<p>→ HRN better</p>	
	<p>o/z conscious</p>	<p>2) drain output monitoring.</p>
	<p>intermittent fixating tracking</p>	<p>Dr. Vishakha</p>
	<p>No facial weakness</p>	<p>3) CP shunt chamber compression every 2 hours.</p>
	<p>clay good</p>	
	<p>↓ fonta. all times</p>	
	<p>DTRe well</p>	
	<p>Good autogravity movements</p>	<p>noted by B. Kani 1/6/26 @ 9:10 Am</p>

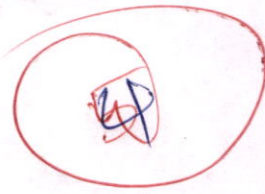
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/26	c/s/B Dr. Sandeep	Plan
12:30pm	<p>AC: posterior fossa arachnoid cyst + obstructive hydrocephalus / s/p subdural hygroma evacuation</p>	<p>1) direct breastfeeding 2) Stop IV fluids 3) w/t ↑ hypertension ↓ bradycardia ↓ worsening sensorium</p>
	<p>on room air hemodynamically stable all EVUMG No signs of raised ICP</p>	<p>Noted by @ 16/26 @ 12:40pm</p>

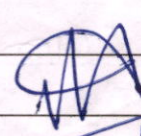


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>cl/ls Neuroteam</u>	
<u>1/10/25</u>	<p>Qm</p> <p><u>sensory um:-</u></p> <p>- Improving → Better spontaneous eye opening → Better feeding cues ⊕ → Better vocalizations.</p> <p><u>vitals - stable</u> <u>Drawn - 30ml</u></p> <p>- Eyes full & pupils equal & reactive → Incontinent of myo & tracking.</p> <p>- mild U Hypertonia.</p> <p>- symmetrical antigravity movements ⊕.</p>	
		<u>adv. vitals, infections</u>
		<u>Admitted to NICU</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>1/16/2026 5:00pm</p>	<p><u>e/s/B Dr. Sandeep</u></p>	<p><u>Plan</u></p>
	<p>Posterior fossa Arachnoid cyst / obstructive hydrocephalus sup. VPCP shunt (R) Intractable Hypertension (L) Abnormal Cornea</p>	<p>(1) w/f signs of Raised ICP (2) and body change compression to be done</p>
	<p>Baby feeds well Hemodynamically stable HR - 108/min SpO₂ 100% RR - 24/min BP - 86/48</p>	<p>(3) Drain output monitoring (4) If not taking orally then start ICF.</p>
	<p>CNS spontaneously eye gaze tracking (+) localizing to pain (+)</p>	<p>(5) If baby breast feeds well → then taper IV fluids</p>
		<p>noted by (R) Kant 1/16/2026 @ 5:pm  <u>Dr. V. Kar</u></p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26	c/s Neurokran	
9:30 AM	Post fossa arachnoid cyst obstructive hydrocephalus of VP 4th shunt now presented with subdural collection of Craniotomy & craniectomy with subdural dead placement.	
	① Conscious: improving (+)	↳ Serial urine Cu & nitro
		↳ Irritability.
	② Persistent drain output - 110 ml	
	vitals → stable (Improving BP)	
	- Sustained eye contact	
	- Full AL pupils equal & reactive.	
	- @ tone & reflexes	
	- No meningitis @ cerebellar signs (+) → Active	fever (+)
	HE: - 49.5°C	Adv: -
		- Discuss regarding acetazolamide
		- DW revascular surgery → further plan.
		→ shift to shifting word
		- Tentative plan → CT brain tomorrow
		- Continue oral feeds

Abhishek

Noted by Dr. A



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/5/26 Day of Admission : Day-6 Today's Date & Time : 2/6/26 8AM
 RISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW Diagnosis : Obstructive hydrocephalus. Current Issues : vomitings
sp vps cp stent . sp subdural Boshide
evacuation post

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM
Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
BAE (P) Clear
 CXR :
 SPO₂ : 98% O₂ by NC / FM / NRB mask / Oxyhood, at Room AP L / min
Ventilatory Support : Yes No - Day # of Vent : **Nitric Oxide** : Yes No - If Yes, details :
Ventilatory Settings : Leak around ETT : Delivered Vt :
 ABG : 3.5/26 pti-7.4 pcO₂-34 EtCO₂-100 P/F ratio-1.4 tiCO₂-23
 Chest Physiotherapy Plan : Suctioning Needs :
Any Nebs : **ICD ?** Yes No, if Yes, details :
 Plan of care :

CARDIO VASCULAR SYSTEM
Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : stms hr-100
 Quality of Pulses : good cap refill Time : 2.5sec Liver Edge : cm below Rt costal margin
Blood Pressures : NIBP : IBP : 82/46(64)mmHg CVP :
Infusion of : Dopamine mcg / kg / min - Dobutamine mcg / kg / min
 Epinephrine mcg / kg / min - Nor Epinephrine mcg / kg / min
 Milrinone mcg / kg / min
 Any Other Infusions :
 Last 2D Echo Findings :
 Size of the heart and lung fields in latest CXR :
Arterial line in situ : Yes No Place of art, line & its condition : left radial
Central line in situ : Yes No Place of central line & its condition :
Day of arterial line : Day of Central line :
 Plan of Care :

CNS
Neuro Exam : E4 V2 H4 reacting parents
Asclong absent
 Pupils : 2mm 2mm reacting **Sedation Used ?** Yes No **Any paralysis ?** Yes No
 Types of Sedation : Types of Paralysis : sup leppil
 Relevant CT Scan, MRI EEG, Neurosonogram etc. :
 Plan of Care :
 Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I.

NPO PO feeds NG Feeds NJ Feeds GT Feeds

I/O / Balance : -156 / (+/-) Input : 2.0 ml/k/d UO : 3.0 ml/kg/hr Stools :

NG output : PO intake :

Feed Formula : DBF Feed Schedule :

IV Fluids - Type of IVF : DNS @ 10 ml/hr (..... times maintenance)

TPN : Yes No - If yes, details :

..... % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)

3.15 Cal/kg/d Nitrogen Trace elements & MVI

Labs : Na 141 K 4.0 Cl 111 Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :

Latest LFT :

Abd Exam : soft

Any organomegaly ? Yes No - If yes, describe :

Plan (G.I. & Liver) :

INFECTION

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Sent ? Yes No - If yes, details : Inf ceftriaxone - DS

Describe c/s Reports :

Other Labs (Latex, Serology, etc) : Inf vancomycin - DS

Ongoing Antibiotics :

NEPHROLOGY ISSUES

Sr. Creat : Bld. Urea : Other Relevant Labs :

P.D. Yes No - If yes, details :

Diuretics : Yes No - If yes, details :

Catheterized : Yes No - If yes, then day of Catheter :

Relevant Radiology (USC, MCUG radioisotope scan etc) :

Plan of Care :

HEMATOLOGY

Relevant Labs (CBP etc) : 3/5/26 7.9 9890 3,08000

Any Coagulopathy :

Relevant Transfusion History :

Plan of Care : 3/5/26 12.4 14990 4,01000 (den)

CARE PROTOCOLS

VAP Bundle Used ? : Yes No NA

CRBSI Bundle Used ? : Yes No NA

CA - UTI Bundle Used ? : Yes No NA

Patient Managed as per Relevant Protocols : Yes No NA

If yes, then details :

Pending Lab Results : Yes No

If yes, then details :

Pending Consultations : Yes No

If yes, then details :

FINAL COMMENTS

.....

Doctor's Name (Handover given) : Dr. Nataraj

Signature : [Signature]

Date & Time : 2/6/26 8am

Doctor's Name (Handover taken) : [Signature]

Signature : [Signature]

Date & Time : 2/6/26 8am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	Neuro-counseling	
10:20 AM	Dr. Abhishek	Naynika Bot. G.
	<ul style="list-style-type: none">- Swallow: better- persistent high drains out port- limb movements → (N)- PWT for a cyst status → might need further imaging- will discuss with Dr. Vishaker regarding further neurosurgical plans.	<p><i>(Signature)</i></p>
	Kranthi Reddy. Y. (Fellow)	

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 6 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	Posterior fossa arachnoid cyst	c/s ✓ B Dr-sandeep
12PM	̄ obstructive hydrocephalus	Plan.
	now presented ̄ subdural	
	collection of CSF	- shift to ward
	(Slp) subdural ^{Bum hole} evacuation.	
	with subdural drain in situ.	- continue DBF
	Issues	
	- irritability (improving)	- stop IV fluids
	- persistent drain output (114ml)	- Remove arterial line.
	- vomiting.	
		- w/lt drain output
	on room air	
	Hemodynamically stable	
	chest - air entry B/C ⊕	
	PLA - soft	
	CNS - B/C pupils reactive	
	irritable.	
	Drain output - 114ml.	
	HR - 136/min	
	RR - 30/min	
	SpO ₂ - 98%	
	BP - 110/60 mmHg	
	on Direct breast feed.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	SIB Dr. Vishakha	
1:40pm	Post op (R) FFP bur hole & evacuation of subdural effusion	
	Improving GC	Accepting feeds well
	Peritubility ↓	no vomiting
	PR 230ml	
	BP 139/70mmHg	
	Moving all 6 limbs	
	AF-lax	
31/5/26	Brain output 2/6/26 - 114ml	Aox
2/6/26	→ Bowel hemorrhagic	- Shift to ward
2/6/26		Plan ↓ ^{continues} HR monitoring every 3 hourly
		- Continue subdural drainage till CSF becomes clear
		- Continue shunt changes
		compressions
		- Continue in antibiotic

NPO PO feeds NG Feeds NJ Feeds GT Feeds
 I / O / Balance : / (+/-) Input : 0.7 ml/k/d UO : 3-1 ml/kg/hr Stools :
 NG output : PO intake :
 Feed Formula : DBF Feed Schedule :
 IV Fluids - Type of IVF : - DMS @ ml / hr (..... times maintenance)
 TPN : Yes No - If yes, details :
 % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)
 Cal/kg/d Nitrogen Trace elements & MVI
 Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :
 Latest LFT :
 Abd Exam : soft
 Any organomegaly ? Yes No - If yes, describe :
 Plan (G.I. & Liver) :

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) :
 Cultures Sent ? Yes No - If yes, details :
 Describe c/s Reports : Inj. ceftriaxone
 Other Labs (Latex, Serology, etc) : Inj. Vancomycin - D6
 Ongoing Antibiotics :

Sr. Creat : 0.3 Bld. Urea : 19 Other Relevant Labs :
 P.D. Yes No - If yes, details :
 Diuretics : Yes No - If yes, details :
 Catheterized : Yes No - If yes, then day of Catheter :
 Relevant Radiology (USC, MCUG radioisotope scan etc) :
 Plan of Care :

Relevant Labs (CBP etc) : 31/5/1 CBP : 12.4 / 14,390 / 32/61 / 4.01 Lab
 Any Coagulopathy :
 Relevant Transfusion History :
 Plan of Care :

CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No
	CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	If yes, then details :
CARE PROTOCOLS	CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If yes, then details :

FINAL COMMENTS :

Doctor's Name (Handover given) : Jayesh
 Signature : J.D.
 Date & Time : 03/06/26 @ 9:20 AM

Doctor's Name (Handover taken) : K. Sathya
 Signature :
 Date & Time : 3/6/26 8:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/8/26 2.40pm	SIB Dr. Vishakha	
	Post op (R) frontal & parietal bone hole & evacuation of subdural effusion & hemorrhage	
Drain past 24 hours 45ml today from 10am 2.43pm → 33ml	Doing better no fever Accepting feeds well no vomiting	
	No. Involuntary movements of (R) or O/E - Baby active afebrile moving all 4 limbs AF-lar Dressing changed	
		Adv - Tab Diamox as per request - Continue chest chamber pressure compressors Plan: Transfer of care to Rainbow Hyderabad as per parents request.

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 5 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 6:30 pm	<u>cls/B Neuroteam</u>	
	<p>o) Issues : No fresh complaints No fever spikes Accepting feeds (N) No focal neurological deficits</p>	
	<p>O/E: Child asleep Tone - (N) power - moving limbs against gravity hemorrhagic drain output (+)</p>	<p>Adv vitals monitoring Drain Output monitoring</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/25 9:30 AM	H/o Neuro tears	
<u>POD</u>	H/o post fossa cyst with communicating hydrocephalus with raised ICP to subdural hygroma - s/p craniotomy & subdural drains.	
	- Active & feeding well	Drain: 20 ml
	vital signs - stable	
	- HRT - (N)	
	- CN - EOM fulls R/L pupils equal & reactive.	
	- (N) tone, power & reflexes.	
	- No meningococcal cerebellar signs.	
4/6/25 9:30 AM	- s/c - (N) sterile track of drain.	Adm - Dr. Vishakha man regarding further plan. - vitals.

Handwritten signature

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 3 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 2.30pm	S/B Dr. Vishakha <u>POD-4</u>	
	Post op (R) V-P shunt programmable (R) Cystoperitoneal shunt Post op (R) f-P bur hole & evacuation of subdural hygroma & hemorrhage	
	Doing well Accepting feeds well	
Drenis output 3/6/26 → total 59ml.	O/E - Baby active afebrile Mucous all clear Subgaleal collection ↓	
	<u>Plan</u> : NSG tomorrow CBP	
	1) Continue subdural drainage x 2 days	
	2) Continue Inj. Vanco today ↓	
	Plan to stop inj vanco as per CBP report.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>4/6/25</u> <u>6pm</u>	<u>CP/B Neuroteams</u>	
	<u>Drain Output:</u>	
	6am to 6pm → 26ml	
	No fever spikes	
	Accepting feeds normally	
	Urine Output - (N)	
	Stools passed (P)	
	<u>O/E:</u> Child vitals: stable	<u>Adv</u>
	moving all 4 limbs	NSG, CBP tomorrow
	active	vitals monitoring
	EOM - full	
	Tone (N) N	
	N N	

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 Dr. VISHAKHA BASAVRAJ KARPE

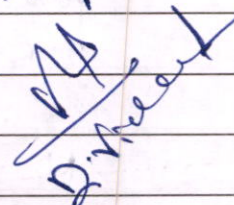


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/24 8:30 AM	C/S/B Neuroteam	
	POD-5 K/ClO post. fossa cyst c communicating hydrocephalus c ↑ ICP	
	2° to Subdural hygroma S/P - evacuation & Subdural drain	
	DRAIN OUTPUT: 33ml } Bloody, serosanguinous (6am to 6am)	
	No fever spikes / vomitings / seizures	AC → 50ccm.
	Accepting feeds - (N)	
	Urine Output - Adequate	
	Stools passed (P)	
	No fresh complaints	
	HC: 50ccm	
	O/E: Child HMF: sensorium - Accepting feeds	Adv
	EOM - full	1) NSG today
	B/L pupils normal size reacting to light	2) Trace CBP
	Tone - N/N	3) vitals monitoring
	N/N	4) N/A → Discuss with Dr. Vishakha
	power - moving all 4 limbs against gravity	Stann
	DTR: +2/+2	regarding clamp.
	+2/+2	
	No myoclonus	
	(05/06)	
	CBP: 11.4 / 12,190 / 3.48 L	
	N L M E B	
	27 57 8 8 0	P/MW



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>5/6/28</u>	c/o <u>Neuroteam</u>	
<u>6pm</u>		
	- No new issues.	
	- Taking well orally.	
	o/e	
	- vitals → stable	
	- HRM - spot eye opening.	
	- CN - to mouth	
	- @ tons: power & reflexes.	
	- NO nuchal or acetabular bags	
		Adv.
		- rise tomorrow
		vitals, inform us
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 <u>row</u>	<u>CSF Neuroteam</u>	
	<p>POD-6 K/Do post-fossa cyst & communicating hydrocephalus & ↑ ICP 2° to subdural hygroma S/P - evacuation & surgical drain</p>	
	<p><u>DRAIN OUTPUT: 15 ml.</u> No fever spikes/vomitings/seizures Accepting feeds normally. U. Output - (N) No fresh complaints intermittently irritability & crying</p>	
	<p><u>O/E:</u> vitals - stable HMF: Sensation - good CNS - EOM - full; B/L pupils NSRL Tone - N N N N</p>	<p>ALW ① post NSG today ② vitals monitoring ③ NBm (~10am) ④ IUF (N) (36ml/hr)</p>
<p>ex - (row) leakage ↓ w/day</p>	<p>power - symmetrical antigravity movements DTR: +2 +2 +2 +2</p>	<p>⑤ After NSG After NSG decide on CT brain before drain removal</p>
	<p>no nystagmus/cerebellar signs</p>	<p><i>Do not</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 2.20pm	<p>Dr. Vishakha</p> <p>Post op (R) F & P burr hole craniotomy and evacuation of subdural effusion & hemorrhage</p> <p>- Doing well - No fever Accepting feeds well, no vomiting abd - Baby active of bedside NO CSF leak</p> <p>Yesterday drain output → 15ml Drain → 30ml + leak</p>	
	<p>NSG → 6/6/26</p> <p>elo 18-20mm anechoic subdural collection in (R) F&P regions with no mass effect</p> <p>ventricles - (R) 16mm (L) 24mm III - 12mm</p> <p>Post. Jace off - 4R x 4L x 4mm a gloopy walls low pressure effects</p>	<p>Plan: Change of dressing</p> <p>1. Clamping of drain today till tomorrow morning</p> <p>↓ reopening & evacuating the fluid free flow</p> <p>↓ re-clamping tomorrow morning, till Monday morning.</p>
	<p>Reopen the drain S.O.S. if leak (R) or baby has symptoms of ICP.</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
#6/26	C/S/B Neuroteam	
8:30am	No fresh complaints	
9:00am	Accepting feeds - normally.	
	Drain clamped @ around 3:30pm ⇒ DRAIN OUTPUT - 7ml	
	No vomitings / excessive crying / seizures (after clamp was removed)	
	Child conscious	Adv
	EOM - full	① w/ sound desk
	B/L pupils NSRL	② vital monitoring
	Tone - N / N	③ Dressing change today
	N / N	
	power - symmetrical anti-gravity movements (+)	④ T/m plan (CT brain afternoon)
	No meningeal / cerebellar signs	⑤ c/t clamping of drain output
	drain - 3ml + block (2:30am)	↓
	declamping done for 15 minutes	(So in case of worsening of sensorium - seizure / vomiting / dull defecity)
	Reclamping done	⑥ heerde on Antibiotic



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 12:10am	<u>CSF/B Neurology</u>	
	→ <u>CPW Vishakha man</u>	
	No CSF leak and wound leakage (+) from the site of drain	
	No H/o vomitings / seizures / excessive crying	
	No irritability (+)	
	Child conscious	Adv
	EOM - full	① Dressing + pressure bandage
	B/L pupils NS RL	
	Tone - N/N	
	N/N	
	symmetrical antigravity movements (+)	② Head end elevation
		③ Convert to Oral antibiotics
		④ If in case of continuous CSF leakage / large quantity
		↓
		remove clamp and allow free fluid to drain / SDS
		⑤ plan CT Brain tomorrow
		⑥ NPO from 5am
		IVF - DNS @ 36ml/hr
		from 4am

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 30-08-2025 0 Y 9 M 7 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/25 8am	<u>C/S/B Neurology</u>	
	<p>Issues: CSF leak & wound leakage Drain clamped :: yesterday. No vomitings/dull activity/seizures <u>O/F</u>: Child conscious responding to commands Asking for feed</p>	
	<p>EDM - full B/L pupils normal size reacting to light Tone - $\frac{N}{N} / \frac{N}{N}$</p>	<p>Abh ① CT today ② IVF-DNS @ 36 ml/hr ③ w/f vitals ④ To discuss Vishakha mam.</p>
	<p>power - symmetrical antigravity movements (+) No meningeal/cerebellar signs</p>	
		<p>Abhishek.</p>

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 30-08-2025 0 Y 9 M 7 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

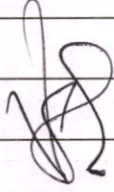
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 8:30 PM	<p>218 Dr. Vishakha</p> <p><u>POD-4</u></p>	
	<p>Post op (R) frontal & parietal craniotomy hole & evacuation of subdural effusion & hemorrhage</p>	
	<p>Mild irritability since yesterday night NO fever NO vomiting Mild leak from drain site while crying. GE - Baby active & alert</p>	
<p>CT Brain - 8/6/26 (R) Frontal temporal parietal subdural collection No Status Epilepticus → NO ETO mass effect - Pneumocephalus (+) Posterior fossa cyst - NO ETO pressure effects</p>		<p>Moving all 4 limbs. Brain removed. Stitch-taken at hole site with 3-0 silk</p>
<p>→ Subdural fluid analysis etc.</p>		<p><u>Plan:</u></p> <ul style="list-style-type: none"> - Observation for raised ICP for 2 days - W/F irritability, vomiting, drowsiness, Headache, CSF leak - Lysoform P.O.S. <p>↓</p> <p>If raised ICP symptoms</p> <p>↓ (+)</p> <p>Plan for subdural decompression</p>

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 Baby YERROLA NAYANIKA SREE
 30-08-2025 07:08 M B D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<p>Q. Cefotaxime S. Zithromax</p>
		<p>→ Continue</p>
	<p>According to subdural fluid analysis ⇒ if no infective → step up antibiotics</p>	
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	<u>CLS/B Neuro team</u>	
	<p><u>POD-8</u> K1C10 posterior fossa cyst c communicating hydrocephalus c pneumocephalus c (R) frontotemporal subdural collection c/p - evacuation & surgical drain</p>	
152x4	Drain removed - 8/6 ; Subdural fluid analysis - sent on 8/6	
	<p><u>Issues:</u> intermittent irritability No fever spikes / vomiting / drowsiness</p>	
	<p><u>PE:</u> Child conscious, active Accepting oral feeds EOM - full B/L pupils normal size reacting to light Tone - N / N N / N symmetrical antigravity movements (+)</p>	<p><u>Adv</u> ① w/f ↑ ICP signs ↓ vomiting / drowsiness / excess irritability</p>
Subdural fluid analysis	<p>P - 605 G - 83 cell - 20 (all lymphocytes)</p> <p>Abstrusible</p>	<p>② vitals monitoring ③ plan - NSG tomorrow Trace analysis reports tomorrow ④ Trace subdural Gls. ⑤ HC to check</p>

noted by Ramadevi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	SIR Dr. Vishakha	
12pm	(POD-2)	
	post (R) FTP burp held & evacuation of subdural effusion with hemorrhage.	
	Baby was active till today morning	
	- Mild irritability at present & dullness	
	- Accepting feeds well	
	- Ok - Baby active	
	afebrile	
	AF lax	
		Plan:
Trace for subdural fluid	OK	- NSR - if irritability continues with droopiness
		- Bedside peritoneal shunt S.O.S.
		w/f 110-120 BP droopiness vomiting bradycardia
		Vital, HR - 3 hourly check



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026	c/s/B Navatam	POD-8
	<p><u>Issues:</u> c/o irritability (+) ↑ drowsiness dullness (+)</p> <p>→ Accepting milk orally → passed urine; stools (+) No fever spikes / vomiting / seizures</p>	<p>]:: afternoon</p>
	<p><u>O/E:</u> Baby irritable; dullness (+) B/L pupils NSR Tone - N / N N / N</p>	<p><u>Adv</u> ① w/f irritability / excessive drowsiness / vomiting</p>
	<p>B/L symmetrical antigravity movements</p> <p>HR: 174/min RR: 38/min SpO₂: 98% → RA AF flat open</p>	<p>② VITALS MONITORING HOURLY. L HR, RR, BP, SpO₂.</p>
		<p>③ NSG [in case of excessive irritability / drowsiness]</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>9/6/26</u>	<p><u>1/2 Nurotrans</u> <u>continuity.</u> <u>course is the evening.</u> Febrility: 1 episode of vomiting 1 episode of fever spike 100-101°C.</p>	
6:30 PM	<p><u>01E:</u> PR- 128 bpm RA- 320 bpm CRT- < 3s MV: Good BP- 96/40 mm Hg MV: Good</p>	<p>- NSP → 12 mm subdural collections (Improving).</p>
	<p>- E4 V4 M6. - ROM full, Bk pupils equal & reactive. - motor examination.</p>	
<p>Dr. Vishakha Post.</p>		<p><u>Adv:</u> - vitals (*) - John D. V. K. Karpe if persistent dullness, fever → LP to be done.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>down De Vishaka nam</u>	
	↓	
	To inform reports to Dr. Vishaka	
	↓	
	To upgrade Antibiotics if worsening parameters.	
	↓	
	LP tomorrow.	
	CSF Analysis.	
	⊕ MRI brain contrast	⊖ wait for subdural CSF report.
	③ Hourly vitals monitoring.	
	④ Shift to PICU for monitoring.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/25 8:00 AM	CIDW or Vishaka mam.	
	Lab reports informed.	plan.
	CRP-5.	1. continue same antibiotics.
	electrolytes - (N).	2. w/f dull activity, fever spikes.
		Dr. ^{msd} natheer
9/6/25. 8:00 PM	CS/B new fellow.	
	Klco posterior fossa cyst	plan.
	communicating hydrocephalus	1. w/f fever spikes.
	s/p vp shunt & cystoperitoneal shunt	2. monitor vitals.
	At fronto temporo parietal collection.	3. w/f dull activity.
	POD-8	4. if persistent dull activity, fever spikes.
	on room A/B	Lumbar puncture tomorrow
	hemodynamically stable.	5. w/f signs raised ICP
	vitals HR - 150 Bp - 84/70 (72) mm Hg RA - 40'	Noted by Shantya 9/6/25 8 PM

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 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 10 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		HR BP
	<u>Issues!</u> -	popl monitoring
	low activity	6. continue breastfeeding
	vomiting	
	fever spikes	dr ^{MF} nathees
		Noted by Shakti
10/6/26 8:40 AM	<u>CID/w</u> dr Vishaka mam	
		plan.
		1. Lumbar puncture today
		2. keep NPO.
		3. start infusions.
		dr ^{MF} nathees



PROGRESS NOTES AND DOCTOR'S ORDER

Time	Progress Notes	Doctor's Order
16/26 9-30am	<u>Dr. Vishalche</u>	
	Part op (R) V-P & cystoperitoneal shunt (R) F & P burr hole & evacuation of subdural effusion with hemorrhage ↓ episode of fever 100°F - 1 episode of vomiting - Dullness vividly improved	
	ME - Baby active afebrile AF lax moving all limbs HE - AN awake	
	<u>Adv</u>	<u>Plan:</u>
	- Remove NBT	1. Add 2g Vancomycin
	Trace CSF c/s	2. LP tomorrow if fever persists.
NBT →	etc. Reduced thickness of subdural collection on right side	3. Shift to ward,
		 N.B. Mathew 10km



6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26		c/s/B Dr. Farhan
11:00 AM	Anterior fossa cyst c	Plan
	orbit Hydrocephalus.	
	sip (R) VP & CP shunt	- Trace CSF c/s
	Rt subdural collection - Burr hole	
	Drain removal (9/6) ^{evacuated}	- w/t sign of ↑ ICP
	on room air	- w/t dull activity
	Hemodynamically stable.	- monitor vitals.
	consolable cry ⊕	
	r mitch.	
	HR - 150/min	
	RR - 20/min	
	SpO ₂ - 98%	
	BP - 100/60 mmHg	
		f ethos

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/5 Day of Admission : P.13 Today's Date & Time : 10/06/26

PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW	Diagnosis : Postop @ VP & craniopertoneal Shunt @ F & P burr hole & evaluation of Subdural effusion & hemorrhage	Current Issues : c/o Instability / Vomiting . 1 episode of bleed, - dull activity
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE @, clear	
	CXR : -	
	SPO₂ : 99.1% O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO₂ : _____ P/F ratio : 10 O.I. : _____	
	Chest Physiotherapy Plan : 0 Suctioning Needs : 0	
	Any Nebs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____	
	Plan of care : No	
	CARDIO VASCULAR	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : HR - 117/min
Quality of Pulses : epod cap refill Time : <3sec Liver Edge : _____ cm below Rt costal margin		
Blood Pressures : NIBP : 94/65 mmHg IBP : _____ CVP : _____		
Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min		
<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min		
<input type="checkbox"/> Milrinone _____ mcg / kg / min		
Any Other Infusions : _____		
Last 2D Echo Findings : _____		
Size of the heart and lung fields in latest CXR : _____		
Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : IV cannula - @ Leg.		
Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : @ Hand		
Day of arterial line : _____ Day of Central line : _____		
Plan of Care : 0		
CNS	Neuro Exam : AEA / active	
	Pupils : 2mm / 2mm reactive Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____ Ramsay Sedation Score : _____	

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <i>soft</i> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	INFECTION <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Describe c/s Reports : <i>Tinj. Ceftriaxone P2</i> Other Labs (Latex, Serology, etc) : <i>Tinj. Vancomycin D1</i> Ongoing Antibiotics :	
	NEPHROLOGY ISSUES Sr. Creat : <i>0.3</i> Bld. Urea : <i>19</i> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : <i>0</i> Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :	
	FINAL COMMENTS <p style="text-align: center; font-size: 1.2em;"><i>Plan to do LP today.</i></p>	

Doctor's Name (Handover given) : *Jayal*
 Signature : *JJ*
 Date & Time : *10/06/2026 @ 9 AM*

Doctor's Name (Handover taken) : *Dr. Kettle*
 Signature : *Kettle*
 Date & Time : *10/06/2026 @ 9 AM*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>cfb Neuro team</u>	
11/6/28 9 AM POA	<p>Raised ICP 2- to subdural hygromat ↑ post dossa cyst - s/p evaluation { subdural chain placenta (removed) is a kcf - obst. hydrocephalus - s/p VP shunt + CP shunt.</p>	
	<ul style="list-style-type: none"> - No free spike - Irritability ⊕ - variable - perinatal rash ⊕ 	
	<p>RE:- OK</p> <ul style="list-style-type: none"> - AMT - feeding oral ⊕, ill retained oral milk - CN - EOM full, all pupils equal & reactive - ⊕ tone, power & reflexes - No meningeal or cerebellar signs. - weight bearing ⊕ - sits when made to sit & support. 	
		<p>Adv: continue diet - CR. - Push free diet + cardid powder - Budecort + Ventolin + Hvosalb. - Dr. Vishaka Manu</p>

*Al
 Divinet
 11/6/28*

Abhishek



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/25 10 AM	C/S/B Dr. Fasham.	
	K/C/O communicating hydrocephalus.	
	S/p ventriculoperitoneal shunt.	
	cystoperitoneal shunt.	plan.
		1. w/ fever spikes.
	on room A/R.	
	hemodynamically stable	2. continue breastfeeding.
	No fever spikes.	
	accepting breastfeeding well.	3. Monitor vitals.
	<u>vitals.</u>	seizure
	HR - 120	signs of raised ICP
	BP - 90/50 (60 mmHg).	Bradycardia
	RR - 26.	Hypertension.
		4. shift to ward.
		5. continue antibiotics.
		Dr. Fasham

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 8 M 28 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

Moderate Sedation Flow-Sheet

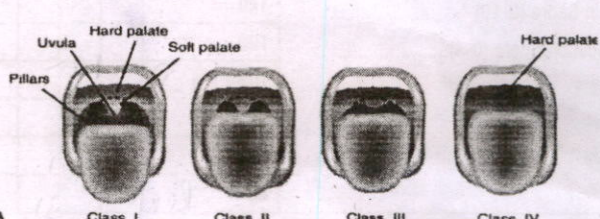
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
110/60	116	25	98.6	100%	0/10	8.8kg

Diagnosis:

Procedure: CT brain plain

Comorbidities: communicating hydrocephalus

<input checked="" type="checkbox"/> Risk, benefits & alternatives discussed; <input checked="" type="checkbox"/> Patient understand & elects to proceed <input checked="" type="checkbox"/> Consents for procedure and sedation signed and dated ASA Physical Status <input type="checkbox"/> ASA PS 1: Healthy Patient <input type="checkbox"/> ASA PS 2: Mild Systemic Disease, no functional limitations <input type="checkbox"/> ASA PS 3: Severe Systemic Disease, functional limitations <input checked="" type="checkbox"/> ASA PS 4: Severe Systemic Disease, constant threat to life <input type="checkbox"/> ASA PS 5: Moribund Patient unlikely to survive 24 hrs. <input type="checkbox"/> ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes <input type="checkbox"/> E: Emergency procedure GCS: E 3 M 4 V 3 <input type="checkbox"/> IV Site: <u>left ul</u> Gauge: <u>22G</u> Sedation Plan: <u>IV</u> Allergies: <u>—</u>	AIRWAY EVALUATION Mouth: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose Teeth <input type="checkbox"/> Small Mouth <input type="checkbox"/> Protruding Incisors <input type="checkbox"/> Receding Lower Jaw <input type="checkbox"/> Dentures Neck: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Thyromental Distance Less Than 6 cm <input type="checkbox"/> Short Neck  A Class I Class II Class III Class IV Mallampati Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Monitoring of Patient Intra - Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- A - Alert
- V - Verbally Responsive
- P - Painfully Responsive
- U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						✓
12:15AM	110/60	107	28	99	-	-
12:30AM	110/62	110	30	98	-	-
12:45AM	108/60	110	32	99	-	✓

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
Inj-ketamine	Iv	5mg	12:15AM	-

Doctor Notes:

.....

.....

Time of transportation to post sedation care room: 2:05am LOC: ✓

Doctor Name: K. SATHYA Signature: K. SATHYA

Post Sedation Care Room

Time	temp	SpO ₂	HR	BP	RR	PR	RR	O ₂ Sat%	Comments
180									
160			HR - 123b/min						
140									
120									
100				BP 102					
80									
60									
40	keep								

TOTAL ALDRETTE SCORE AT DISCHARGE =
(If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O ₂ > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/- 50 mm hg of Pre-Op = 0

Patient Discharge Time:

Nurse Name:

Signature:

Date: Time:

Consultant Name:

Signature:

Stamp



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1. Right frontal and parietal burr hole & evacuation
 2. of subdural ~~the~~ hematoma & collection

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Reduction of raised ICP</u>	-

- As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Risk of intracranial bleeding
 b. Risk of post op recollections and disorientation
 c. Risk of post op infections
 d. Post op need of subdurally placed shunt
Vishakha

- I authorize Dr. Vishakha and his / her team to perform the procedural sedation upon the patient / myself.
- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
 Signature: V. Krantikar Riddhi
 Name:
 Relationship with patient: Father's
 Date & Time:

Witness:
 Signature: Sunil Kumar
 Name:
 Date & Time:

Doctor (who is taking consent):
 Signature: [Signature] Name: Dr. Vishakha Date: 31/5/26 Time:

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

 అనుమతి ఇచ్చినవారు: రోగి రోగి అబ్సెండ్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో చిల్డ్రన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు భాష స్థలం వదిలివేయకండి)

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జి, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.	
b.	

- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అబ్సెండ్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

KUH-00209333 IP5-00174468
Baby YERROLA NAYANIKA SREE (F)
30-08-2025 0 Y 9 M 12 D
Dr. VISHAKHA BASAVRAJ KARPE



Name: Baby Yemola Nagarika Age: 9 months Sex: L UHID.No: KUH-002093330
Date: 7.6.26 Time: 5pm Proposed Operation: CT Brain
Diagnosis: Kidney obstructive hydrocephalus - s/p → @ VP shunt s/p → @ Bull hole eva
B.P / CRT: H.R: Weight: 8.8 kg ASA Physical Status: 1 2 3 4 5 + subdural drain place

Laboratory Data:

Hgb: 11.4 Glucose: Protein: HIV: X-Ray:
PCV: Urea: 19 Alb: HBS Ag: ECG:
WBC: 12190 Creat: 0.3 Total Bill: HCV: 2D Echo:
Plate: 3.48 Na: 141 Dir. Bill: Blood group: Stress/Anglo:
PT: 14 K: 4.0 LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: 1.0 Mg++: Amylase: TSH
Cl -: 111 SGOT/SGPT:

Allergies:

Medical History: CVS: Term (3.5kg) CIAB/ NO NICU stay
RESP: Diabetes: development @ → delayed
CNS: on s/p → @ FP bull hole Immune NID del
Renal: Drain clamped → trial since
Hepatic / GE: 7/6/26 Physical Activity: Active
Others: MRI, & CT Brain multiple later w sedation
Past Anaesthetic History: s/p → VP shunt, s/p → Bull hole eva
Physical Exam: apetite, Hemodynamically stable, conscious
Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
Lungs: BAEC
Heart: S2 @
CNS: HMF → sensation - good, B/L RT @
Pregnant: Yes No NA Venous Access Site: Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Syp. LEVIPILL</u>	<u>2ml 12hr</u>
<u>B. CEFTRIAXONE</u>	

Pre-Operative Instructions:

- DVT Prophylaxis: Water / ORS 2 Hours / explained
- NIL ORAL: Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: A. Anveer

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 12 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



ANAESTHESIA CHART



Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 110 B.P / CRT: 100/60 SpO₂: 98% R.R: 20 Last Feed: > 2hr
 Pre-OP Diagnosis: Operation: CT for in Date: 8/8/20
 Surgeon: Anaesthesiologist: Dr. Durgeshwar Technician:

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SS / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
11:00 AM			<u>WYCOBYRPOA...</u>				
11:05 AM			<u>PROPofol...</u>				
11:10 AM							
11:15 AM							
11:20 AM							
11:25 AM							
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LAB Values

ABG

GRBS

Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input type="checkbox"/> BP <input type="checkbox"/> Cuff Site: <input type="checkbox"/> Art Site: <input type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>SV PINE</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Huggers <input type="checkbox"/> Cotton Wool <input checked="" type="checkbox"/> Other: <u>Blanket</u> Times: Anaes Start: <u>11 AM</u> OP Start: OP End: <u>11:30 AM</u> Leave OR: Anaesthesia: <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>u</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Durgeshwar</u> Signature of the Doctor: <u>[Signature]</u>
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KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 12 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP • PULSE > BLOOD PRESSURE <	250					250
	240					240
	230					230
	220					220
	210					210
	200					200
	190					190
	180					180
	170					170
	160					160
	150					150
	140					140
	130					130
	120					120
	110					110
	100					100
	90					90
	80					80
	70					70
	60					60
	50					50
	40					40
	30					30
	20					20
	10					10
0					0	
SPO ₂						

IV Cannula Site :

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

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY					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 Apneic = 0	RESPIRATION					
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION					
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

- Reassessment Frequency:**
1. Every eight hours for all hospitalized patients.
 2. For post surgical patient, patient with chronic pain, patient with severe pain
 - a. Every 2 hours for first 24 hours
 - b. After 24 hours every 4 hours
 - c. Prior to pain relieving intervention
 - d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :
a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by
Doctor Signature:

Doctor Name:

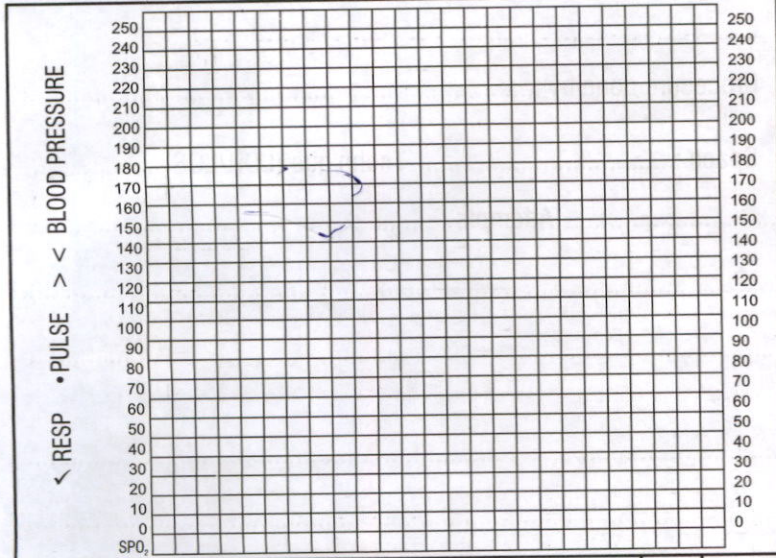
Date and Time :

Patient Sticker



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :



IV Cannula Site :

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

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0						
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU): *Alan*

Date & Time: 3/10/26 @ 4:20pm

Patient Sticker



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

By



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP N _____ at: _____ Dept : _____

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2026 0 Y 8 M 28 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

Date of Admission: _____ Discharge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/07/26	10:15 AM	ER	ICU	Anneel
31/05/26	1:30 pm	PIW	OT	Merlis
31/5/26	4:15 pm	OT	PIW	Sreerani

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Anupama. Y	29/5/26	9633525	[Signature]
2	DR. Sandeep Reddy	30/5	9634610	[Signature]
3	DR. Sandeep Reddy	31/5/26	9636654	[Signature]
4	DR. Sandeep Reddy	1/6/26	9638133	[Signature]
5	DR. Sandeep Reddy	2/6/26	9639585	[Signature]
6				
7				
8				
9				
10				

16/6/26

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/5	CBP, SR, PT/APTT	54387	Samy
	CT head plain Done on op basis		
29/5/26	RBS	2605441	Subin
29/5/26	CRP	26054531	pravalitsa
29/5/26	CSF CS, analysis	2605464	Lain
	NA	24157	
29/5/26	X-ray (2)	027184	Vandana
30/05	RBS	26059729	Palash
30/5	X-ray (2)	02740	Palash
31/05	RBS	26055178	
31/5/26	CBP, Electrolytes, Abc	26055341	Lain
1/6	RBS →	26055413	Lain
2/6	RBS →	26055822	Lain
3/6	RBS	26056114	Lain
4/6/26	CBP	2605828	Rama
4/6/26	NSC	28010	Rama
6/6	WBC	02821	Rama
1/26	CT Brain +	28070	Rama
	CSF CS, CSF Analysis	94211	Rama

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5/16	IMV monitor	10.55 PM			
	Inf pump			9632102	Subra
	Syr pump				
30/5	IMV monitor		STOP		
	IMF pump			9632101	Palash
	S. pump				
31/5	IMV monitor		STOP		
	IMF pump			9632101	Palash
	S. pump				
1/6	IMV monitor		STOP		
	Inf - pump			9632101	Palash
	Syr - pump				
2/6	IMV monitor		STOP		
	Inf - pump			9632101	Palash
	Syr - pump				
3/6	IMV Monitor		STOP		
	Syr pump			9632101	Palash

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5	IV Placement	①	32021	Samshe
28/5	Ventricular Tapping	①	32047	Samshe
29/5	Arterial line	①	2632103	Subrat
29/5	subdural est taping	①	9632551	Subrat
31/05	Ventricular Tapping	①	9635244	Prakash
31/5/26	PAC	①	9636655	Ravi
31/5/26	Blood transfusion	①	9636738	neel
31/6/26	NHA	①	97129	L
2/6/26	PAC	①	9650060	Rama

ANY OTHER INFORMATION

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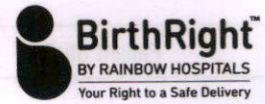
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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

KUH-00209333 IP5-00174468
Baby YERROLA NAYANIKA SREE
30-08-2025 0 Y 8 M 29 D (F)
Dr. VISHAKHA BASAVRAJ KARPE



ADMISSION CRITERIA – PICU

Admission / Transfer from:

- Emergency Outpatient (OPD) Ward Operation Theater Others:

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- All patients requiring mechanical ventilation;
 - Patients with impending respiratory failure;
 - Upper airway obstruction;
 - Lower airway obstruction;
 - Alveolar disease; and
 - Unstable airway;
 - All Paediatric patients after successful resuscitation;
 - Comatose Patients;**
 - Meningitis, encephalitis; Hepatic encephalopathy; cerebral malaria;
 - Head injury; Poisonings; and Status epilepticus;
 - All types of shock/hemodynamic instability:**
 - Septic shock;
 - Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
 - Cardiac arrhythmias after consulting with the treating consultant
 - Hypertensive Emergencies;
 - Severe acid base disorders;
 - Severe electrolyte abnormalities;
 - Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
 - Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
 - Post-Operative Patients;**
 - Requiring ventilation;
 - Unstable patients; and
 - Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
 - Patients requiring nitric oxide therapy;
 - Malignant hyperpyrexia;
 - Acute hepatic failure
 - Severe dehydration with mental status change;
 - Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- “UNSTABLE” PATIENT IS DEFINED AS**
- HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic an or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - Signs of peripheral poor perfusion or suspicion of any type of shock.
 - Capillary refill time > 4seconds.
 - Children Blood pressure (Syst.) < [70 + (2 × age “Years”)].
- Respiratory failure or high risk of failure or airway obstruction:**
- Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - Distress and risk of exhaustion
 - Change of level of consciousness: GCS < 13.**
 - Persistent oliguria with acidosis.**

Signature of the Doctor: Madhvi Name of the Doctor: Madhvi Date & Time: 28/1/26

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Baby YERROLA NAYANIKA SREE
30-08-2025 0 Y 8 M 29 D (F)
Dr. VISHAKHA BASAVRAJ KARPE



ADMISSION CRITERIA - PICU DISCHARGE CRITERIA - PICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- Stable hemodynamic parameters.
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- Minimal oxygen requirements that do not exceed patient care unit guidelines.
- Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- Cardiac dysrhythmias are controlled.
- Neurologic stability with control of seizures.
- Removal of all hemodynamic monitoring catheters.
- Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 12 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: CT-Brain

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Vishaka

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 can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease

Others Laryngospasm, Bradycardia, Desaturation

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]
 Name: P. Santhi Kumari
 Relationship with patient: Mother
 Date & Time: 7.6.26 5PM

Witness:

Signature: [Signature]
 Name: P. Gayathri
 Date & Time: 7.6.26 @ 5pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Anuska Date 7.6.26 Time: 5PM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్టెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

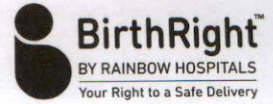
తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

KUH-00209333 IP5-00174468
Baby YERROLA NAYANIKA SREE
30-08-2025 0 Y 9 M 1 D (F)
Dr. VISHAKHA BASAVRAJ KARPE



Name: Nayanika Sree Age: 9m Sex: F UHID.No: KUH-00209333

Date: 31/8/26 Time: 11:30 AM Proposed Operation: Evacuation of subdural collection

Diagnosis: slp VP shunt for communicating hydrocephalus - subdural effusion

B.P / CRT: 131/72 H.R: 85 Weight: 8.8 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>7.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea: <u>19</u>	Alb:	HBS Ag:	ECG:
WBC: <u>9890</u>	Creat: <u>0.3</u>	Total Bill:	HCV:	2D Echo:
Plate: <u>308</u>	Na: <u>144</u>	Dir. Bill:	Blood group: <u>O+ve</u>	Stress/Anglo:
PT: <u>14</u>	K: <u>4.6</u>	LDH:	T3:	Other:
PTT: <u>49</u>	Ca++:	Alk phos:	T4:	
INR: <u>1.0</u>	Mg++:	Amylase:	TSH:	
	Cl-: <u>109</u>	SGOT/SGPT:		

Allergies: Nil

Medical History: CVS: 1/50 transitions

RESP: Diabetes:

CNS: arachnoid cyst - hydrocephalus - VP shunt

Renal: programmable VP shunt (+)

Hepatic / GE: Nil Physical Activity:

Others:

Past Anaesthetic History: VP shunt 1.9A

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: BAE (+) chr.

Heart: BSI (+)

CNS: duu

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA OC Arterial
OC peripheral line

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

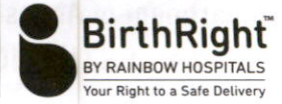
- DVT Prophylaxis: Water / ORS 2 Hours Others 6 Hours
- NIL ORAL
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

- TO transfuse 10ml/kg PRBC
- TO reserve 10ml/kg PRBC
- consent to be taken

Signature: [Signature] Name: Dr. Archita K.

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No

Fasting Status: Adequate

Physical Status: Patient Identified

Consent Present

Chart Reviewed

H.R.: 86

B.P./CRT: 106/70

SpO₂: 99

R.R.: 20

Last Feed: 76 hrs

Pre-OP Diagnosis: Subdural effusion

Operation: Evacuation of clots

Date: 31/5/20

Surgeon: Dr. V. Sakha

Anaesthesiologist: Dr. Kranal Dr.

Technician: Gauthami Bapu

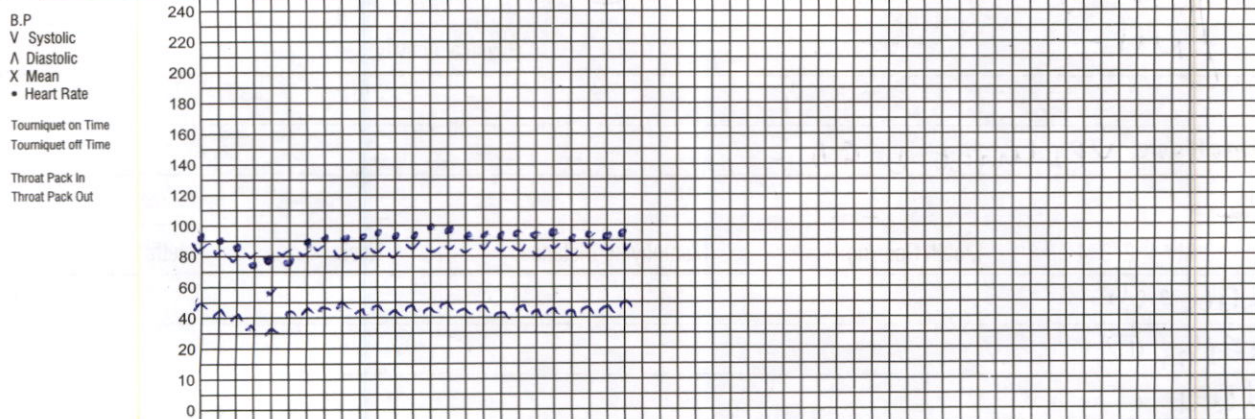
TIME	200	230	300	330	400
N ₂ O (AIR) O ₂ LPM	0.5				
HALO/ISO/SEVO/MACI					
Drugs:					
Inj- MIDAZOLAM	0.4mg				
Inj- ETANIVYL	20mg				
Inj- PROPOFOL	30+20mg				
Inj- ROCURONIUM	5mg				
FiO ₂ (SaO ₂)	99	100	99	98	99
ETCO ₂	34	35	34	35	36
ECG	SR	SR	SR	SR	PR
Temperature	35.7	35.6	35.5	35.5	
Urine Output					

Antibiotic: Inj. vancomycin 130mg

Blood Loss

NOTES

Fluids	Blood
AL @ 50 ml/hr	
PRBC @ 50 ml/hr	



LAB Values

ABG	
GRBS	<u>104</u>
Others	

- Equipment Checked and Functional
 - BP
 - Cuff Site: Right
 - Art Site: Radial
 - EKG Lead
 - Temp Site: oral
 - FIO₂ Monitor
 - Agent Monitor
 - Pulse Oximeter
 - Capnograph
 - Ventilator
 - Nerve Stimulator
- Position: Supine
- Pressure Points Checked

- Temp:**
- HME
 - Fluid Warmer
 - Cling Film
 - OH Warmer
 - Hugger's
 - Cotton Wool
 - Other
- Times:**
- Anaes Start: 2:00 pm
- OP Start: 2:30 pm
- OP End: 3:50 pm
- Leave OR: 4:00 pm
- Anaesthesia:**
- GA
 - Monitored Anaesthesia Care
 - Regional

- Line (Size & Location)**
- CVP
 - ART
 - IV: R. UL 24g
 - IV: R. LL 24g
 - IV
 - IV

- Induction**
- IV
 - Inhal
 - Pre O₂
 - RSI
 - Others
- Mask SGA
- Airway Oral Nasal
- ETT# 2.5 at 11 cm
- Oral Nasal Cuff
- Tracheostomy Topical
- Drug: ROCURONIUM
- Awake Direct Vision
- Video Laryngoscopy Stylette / Bougie
- Fiberoptic
- Blade# MAC 2 Attempts: 1
- Difficulty Why?
- Bilat = BS
- Semi-Closed Circle
- Closed Circle
- Other

- Regional:**
- Extremity Specify:
- Spinal Epidural Caudal
- Others:
- Position:
- Site:
- Needle Size: Depth:
- Parasthesia Yes No
- Catheter at skin: cm
- Drug Name & Conc:
- Bolus:
- Infusion:
- Block Level:
- Comments:
- Transportation to
- PACU ICU Other
- Relaxant Reversed Yes No NA
- Name of the Doctor:
- Signature of the Doctor:

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Nayanika Sree

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Vishaka Karpe

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 can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others laryngospasm, bronchospasm

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Y. Kranthi Kar Reddy
 Name: Kranthi Kar Reddy
 Relationship with patient: Father
 Date & Time: 31/5/26 @ 1:45 pm

Witness:

Signature: [Signature]
 Name: [Signature]
 Date & Time: 31/5/26 @ 1:50 pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Archana K. Date: 31/5/26 Time: 1:45 pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మల్ బ్లడ్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటలీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

CONSENT FOR BLOOD TRANSFUSION



Name: Nayanika Sree Age: 9m Gender: Male Female
UHID.No: KUH-00209333 Date: 31/5/26

- Type of Blood Product:**
- | | | |
|----------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, Kr. Anitha Kar Reddy hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that blood transfusion reactions

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):
Signature: Y. Kranthi Kar Reddy
Name: Y. Kranthi Kar Reddy
Date & Time: 31/5/26 1:45pm

Doctor (Who is talking the consent)
Signature: [Signature]
Name: Dr. Anish K
Date & Time: 31/5/26 1:45pm

Witness
Signature: Sravani
Name: Sravani
Date & Time: 31/05/26 @ 1:45pm

KUH-00209333 IP5-00174468
 Baby YEROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 10 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



RESULT SHEET

Date	9/6/26				
Time	7PM				
Hb	10.8 ↓				
PCV	35.5				
RBC	4.55				
WBC	9350 ↓				
N/L	↑ (79) %				
Platelets	371000				
CRP	5.0				
ESR					
PCT					
RBS					
Na	138				
K	4.6				
Cl	111				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 8 M 29 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



RESULT SHEET

Date	28/5/26	29/5/26	29/5/26	31/5/26	31/5/26	5/6
Time	10pm	12AM		3AM	5pm	
Hb	10.5			7.9	12.4	11.4
PCV	33.2			25.6	39.0	36.3
RBC	4.62			3.46	5.16	4.72
WBC	20,720			9,890	14390	12190
N/L	73.5/243			32.2/62.2	32/61	27/57
Platelets	5.63 lak			3,08,000	4,01,000	3.48
CRP			5.0			
ESR						
PCT						
RBS						
Na	144				141	
K	4.6				4.0	
Cl	109				111	
Ca/Mg						
Phosphate						
Urea		19				
Creatinine		0.3				
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14/1.0					
APTT	49					
CSF Protein / Sugar						
Cells						
N/L	Bicarbonate	11				



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: PICU Shifted to: ward

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	Syrup LEVIPIL	2ml	PO	12th Hsly	9/6/26 @ 10pm	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Syrup CROCIDIN DS	2.5ml	PO	8th Hsly	10/6/26 @ 6am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Syrup ONDANSERON	2.5ml	PO	8th Hsly	10/6/26 6am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Tab LANZOLIN 15mg	1tab	PO	OD	10/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	Tab Acetazolamide 250mg	1/2 tab	PO	12th Hsly	10/6/26 6am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	Inj CEFTRIAXONE	450mg	IV	12th Hsly	10/6/26 10am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	Inj VANCOMYCIN	150mg	IV	8th Hsly	10/6/26	<input checked="" 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: Jayalini (JH)

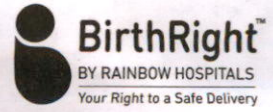
Date & Time: 10/06/26 @ 10:30AM

Nurse Name & Signature: Muthu T.

Date & Time: 10/06/26

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 6 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

Kasree



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. CEFTRIAZONE	450mg	IV	12 th hslly	2/6/26 6AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. ONDANSETRON	1mg	IV	8 th hslly	2/6/26 2PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. ESOMEPRAZOLE	10mg	IV	OD	2/6/26 6AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ. VANCOMYCIN	100mg	IV	8 th hslly	2/6/26 2PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SYP. LEVIPIL	[1ml=100mg] 2ml (200mg)	PO	12 th hslly	2/6/26 6AM	<input checked="" 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: Bharath Reddy; Bharath

Date & Time: 02/06/2026; 3:45PM

Nurse Name & Signature:

Date & Time:

KUH-00209333

IP5-00174468

Baby YERROLA NAYANIKA SREE

30-08-2025 0 Y 8 M 28 D (F)

Dr. VISHAKHA BASAVRAJ KARPE



Sheet No:

REGULAR PRESCRIPTIONS

Weight .. 8.2kg

Ward PICU

VERIFIED

VERIFIED

DRUG : INJ. VANCOMYCIN

Date/Time	Dose	Route	Frequency	Start Dt.	Signature
29/5 8:00 AM	130mg	IV	TID	29/5/26	Madhu
30/5 8:00 AM					
31/5 8:00 AM					
1/6 8:00 AM					
2/6 8:00 AM					
3/6 8:00 AM					
4/6 8:00 AM					
5/6 8:00 AM					
6/6 8:00 AM					
7/6 8:00 AM					
8/6 8:00 AM					
9/6 8:00 AM					
10/6 8:00 AM					

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions: stop 8/6

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG : INJ PARACETAMOL

Date/Time	Dose	Route	Frequency	Start Dt.	Signature
31/5 6 AM	130mg	IV	Stat hourly	31/5	Dr Notheen
1/6 6 AM					
2/6 6 AM					
3/6 6 AM					
4/6 6 AM					
5/6 6 AM					
6/6 6 AM					
7/6 6 AM					
8/6 6 AM					
9/6 6 AM					
10/6 6 AM					

Name & Signature of the Doctor Starting the Drugs: Dr Notheen

Additional Instructions: stop 2/6

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG : INJ TRAMADOL

Date/Time	Dose	Route	Frequency	Start Dt.	Signature
31/5 12 AM	2mg	iv	TID	31/5	Subj.
1/6 12 AM					
2/6 12 AM					
3/6 12 AM					
4/6 12 AM					
5/6 12 AM					
6/6 12 AM					
7/6 12 AM					
8/6 12 AM					
9/6 12 AM					
10/6 12 AM					

Name & Signature of the Doctor Starting the Drugs: Subj.

Additional Instructions: stop 2/6

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG : SUP. LEVI PIL

Date/Time	Dose	Route	Frequency	Start Dt.	Signature
1/6 6 AM	2ml	PO	1/6	1/6/26	Deel
2/6 6 AM					
3/6 6 AM					
4/6 6 AM					
5/6 6 AM					
6/6 6 AM					
7/6 6 AM					
8/6 6 AM					
9/6 6 AM					
10/6 6 AM					

Name & Signature of the Doctor Starting the Drugs: Deel

Additional Instructions: 1ml = 100mg

Daily Doctor's Endorsement by a Sign: [Signatures]



Sheet No:

REGULAR PRESCRIPTIONS

Weight 8.8 kg Ward

DRUG : Syp. ZIPRAX				Date	Time
Dose	Route	Frequency	Start Dt.	8/6	8/6
8/2ml	PO	BD	8/6		
Name & Signature of the Doctor Starting the Drugs:				10am	9pm
V.L. Lowjanya				10pm	stop 8/6/24
					stop
Additional Instructions:					
(1ml = 100mg)					
Daily Doctor's Endorsement by a Sign					
DRUG : Syp. CROCIN				Date	Time
Dose	Route	Frequency	Start Dt.	8/6	9/6
2.5ml	PO	TID	8/6		
Name & Signature of the Doctor Starting the Drugs:				6am NPO	9pm
V.L. Lowjanya				10pm	stop
Additional Instructions:					
(5ml = 240mg)					
Daily Doctor's Endorsement by a Sign					
DRUG : Syp. ONDANSETRON				Date	Time
Dose	Route	Frequency	Start Dt.	8/6	9/6
2.5ml	PO	TID	8/6		
Name & Signature of the Doctor Starting the Drugs:				6am NPO	9pm
V.L. Lowjanya				10pm	stop
Additional Instructions:					
(5ml = 2mg)					
Daily Doctor's Endorsement by a Sign					
DRUG : T. LANZOLE JR				Date	Time
Dose	Route	Frequency	Start Dt.	8/6	9/6
1tab	PO	OD	8/6		
Name & Signature of the Doctor Starting the Drugs:				6am NPO	9pm
V.L. Lowjanya				10pm	stop
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name

VERIFIED



Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 8.81g ... Ward

DRUG: <u>Drug CEFOTAXIM</u>				Date				
Dose	Route	Frequency	Start Dt.	Time	8/6	9/6	10/6	11/6
450mg	IV	BD	8/6	10AM	X			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Karpe</u>								
Additional Instructions: <u>10pm</u>								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>Tel ACETAZOLAMIDE</u>				Date				
Dose	Route	Frequency	Start Dt.	Time	8/6	9/6	10/6	11/6
1/2 tab	PO	BD	8/6	6AM	X			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Karpe</u>								
Additional Instructions: <u>4 tabs = 250mg</u>								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>Dr CEFTRIAXONE</u>				Date				
Dose	Route	Frequency	Start Dt.	Time	9/6	10/6	11/6	
450mg	IV	BD	9/6	10AM				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Karpe</u>								
Additional Instructions: <u>10pm</u>								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>Tri VANCOMYCIN</u>				Date				
Dose	Route	Frequency	Start Dt.	Time	10/6	11/6		
130mg	IV	TID	10/6	9am	X			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Karpe</u>								
Additional Instructions: <u>in 5ml NS over 1hr</u>								
Daily Doctor's Endorsement by a Sign								

VERIFIED BY: Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.8 kg Ward

DRUG : LEVOCALBAMINE Date/Time

Dose	Route	Frequency	Start Dt.
1 Resp	Neb	TID	11/6 AM

Name & Signature of the Doctor Starting the Drugs:
D. Vinu

Additional Instructions:
 0.3mg/Respulizer

Daily Doctor's Endorsement by a Sign

DRUG : BUDE LORT. Date/Time

Dose	Route	Frequency	Start Dt.
1 Resp	Neb	BD	11/6

Name & Signature of the Doctor Starting the Drugs:
D. Vinu

Additional Instructions:
 250mg/Respulizer

Daily Doctor's Endorsement by a Sign

DRUG : RASH FREE CANDID ORAL POWDER Date/Time

Dose	Route	Frequency	Start Dt.
LA	TID		11/6 AM

Name & Signature of the Doctor Starting the Drugs:
D. Vinu

Additional Instructions:
 2 PM
 10 PM

Daily Doctor's Endorsement by a Sign

DRUG : PROTOWARD Date/Time

Dose	Route	Frequency	Start Dt.
LA	TID		11/6 AM

Name & Signature of the Doctor Starting the Drugs:
D. Vinu

Additional Instructions:
 8 PM
 11 PM

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2026 0 Y 8 M 28 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



DRUG CHART

Date of Admission: 28/5 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>SYP IBUGLIC P</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>4ml</u>	<u>PO</u>	<u>PO3</u>	<u>2/6</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight: 8.8kg Ward: 116

VERIFIED

DRUG: Inj. ESMOPIRAZOLONE				Date/Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5
Dose	Route	Frequency	Start Date												
10mg iv	iv	OD	28/5												
Name & Signature of the Doctor Starting the Drugs:				Divineet											
Additional Instructions:				Stop 28/5											
Daily Doctor's Endorsement by a Sign				[Signatures]											
DRUG: Inj. ONDANSETRON				Date/Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5
Dose	Route	Frequency	Start Date												
4mg iv	iv	TD	28/5												
Name & Signature of the Doctor Starting the Drugs:				Divineet											
Additional Instructions:				Stop 28/5											
Daily Doctor's Endorsement by a Sign				[Signatures]											
DRUG: INT. CEFTRIAZONE				Date/Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5
Dose	Route	Frequency	Start Date												
450mg	iv	Q12Hx4	29/5/26												
Name & Signature of the Doctor Starting the Drugs:				Madhu											
Additional Instructions:				Stop 28/5											
Daily Doctor's Endorsement by a Sign				[Signatures]											
DRUG: INT. LEVETIRACETAM				Date/Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5
Dose	Route	Frequency	Start Date												
175mg	iv	Q12Hx4	29/5/26												
Name & Signature of the Doctor Starting the Drugs:				Madhu											
Additional Instructions:				Stop 1/6/26											
Daily Doctor's Endorsement by a Sign				[Signatures]											



Weight 81.81g Ward puw

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5	7pm	Inj AVIL	0.3ml	IM	[Signature]	Kesha Jayanti 7:10
28/5	7:30pm	Ryp MELATONIN	1.5ml	PO	[Signature]	Kesha Jayanti 7:30
31/5/26	2:30pm	Inj. VANCOMYCIN	130mg	IV	[Signature]	Bapu sranani 2:35 pm
31/5/26	2:30pm	Inj. PARACETAMOL	150mg	IV	[Signature]	
01/06/26	1:10pm	Inj ONDENSETRON	0.8mg	IV	Jayanti	[Signature] 1:10p

Signature
VERIFIED BY : N



I.V. FLUIDS CHART

Weight: 8.8kg Ward: puw

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/5	10:55 pm	IVF DNS	IV	30	<i>[Signature]</i>	<i>[Signature]</i>	29/5	<i>[Signature]</i>	<i>[Signature]</i>
29/5	6 AM	IVF DNS	IV	35	<i>[Signature]</i>	<i>[Signature]</i>	29/5	<i>[Signature]</i>	<i>[Signature]</i>
29/5/26	7 AM	DNS	iv	35	<i>[Signature]</i>	<i>[Signature]</i>	30/5	<i>[Signature]</i>	<i>[Signature]</i>
30/5/26	5 AM	IVF DNS	IV	25 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	31/5	<i>[Signature]</i>	<i>[Signature]</i>
31/5/26	2 pm	RINGER LACTATE	IV	50ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	31/05	<i>[Signature]</i>	<i>[Signature]</i>
31/5/26	2:15 pm	PACKED RED BLOOD CELLS	IV	50ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	31/05	<i>[Signature]</i>	<i>[Signature]</i>
1/6	6 am	DNS.	iv	25 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
1/6	11 pm	DNS	IV	10	<i>[Signature]</i>	<i>[Signature]</i>	2/6	<i>[Signature]</i>	<i>[Signature]</i>
2/6	5 AM	IVF DNS	IV	10 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	2/6	<i>[Signature]</i>	<i>[Signature]</i>
10/6	8:40 AM	IVF DNS	IV	15 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	1/6	<i>[Signature]</i>	<i>[Signature]</i>

Signature
Verified by Name

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 9 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

o. : RCHBH / FRM / CLINICAL / 124

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

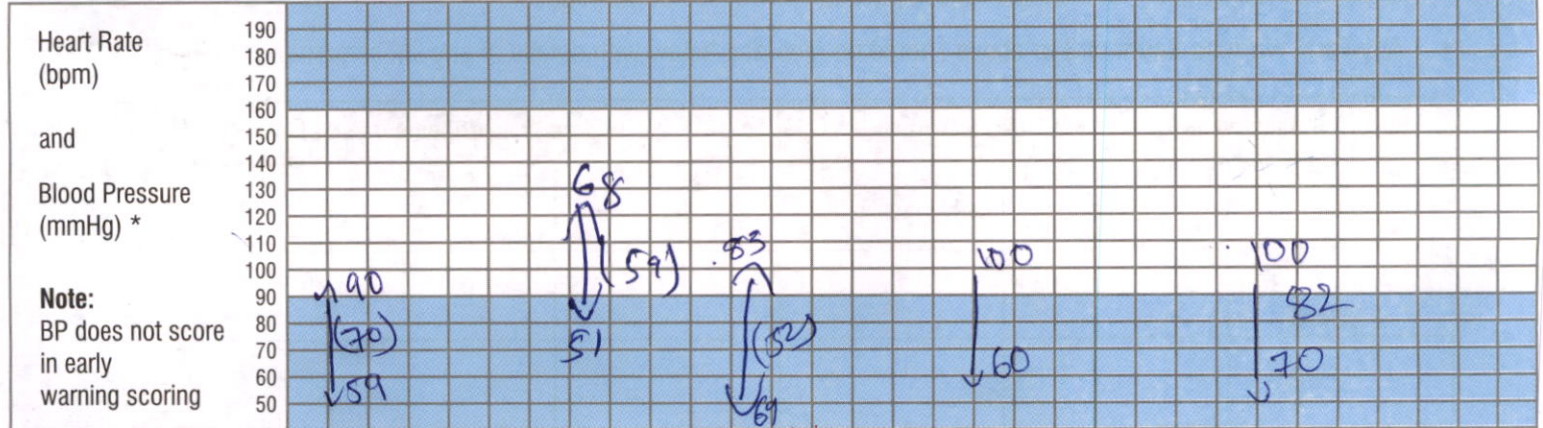
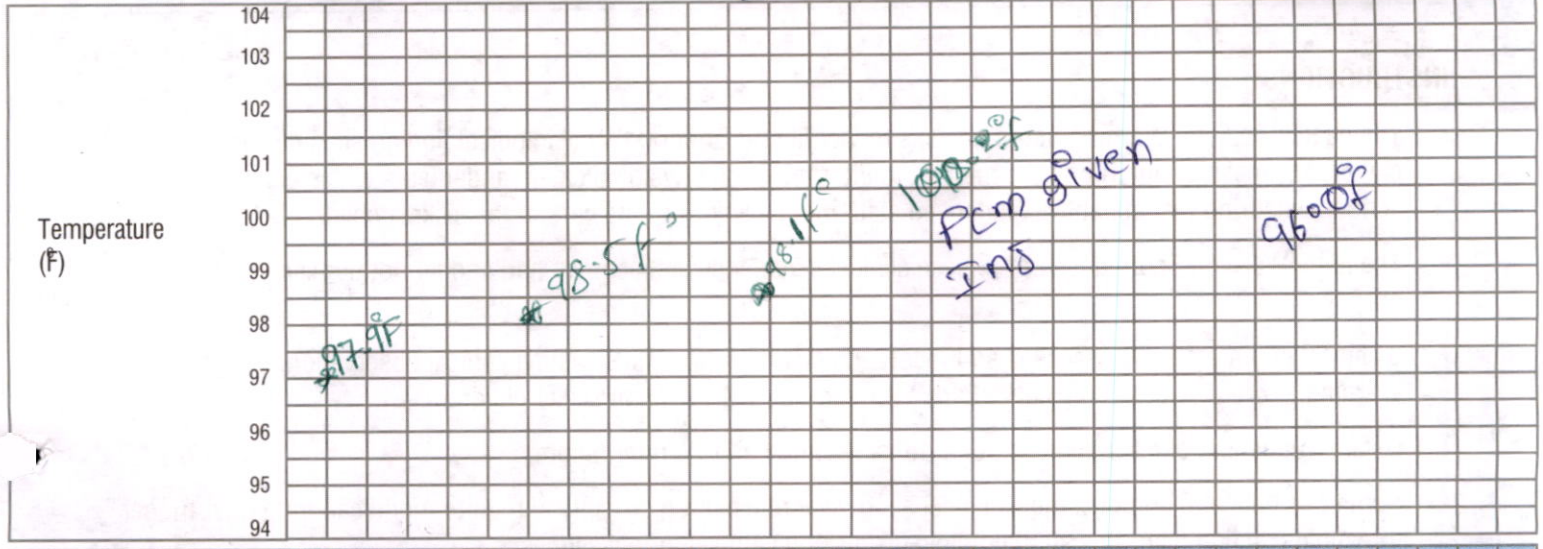
Pratiksha Rainbow Children's Hospital
 It takes a lot to treat the little.



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/8 Time: _____

Doctor/Nurse/Family Concern? 6am 10AM 2PM 6:30PM



Heart Rate (Number) 124b/m 116b/m 108b/m 109 130b/m

Resp. Rate (bpm) (Over 1 Minute) *
 Resp Rate (Number) 26b/m 28b/m 28b/m 28b/m 28b/m

Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 100% 100% 100%

Conscious Level Normal / Altered
 GCS * 10/15 15/15 15/15 13/15 15/15

TOTAL SCORE
 Number of shaded boxes 1 1 1 1 1
 Pain Score 0 0 0 0 0
 Observer's Initials . b . o . o . o . o

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 8 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



No. : RCHBH / FRM / CLINICAL / 124

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

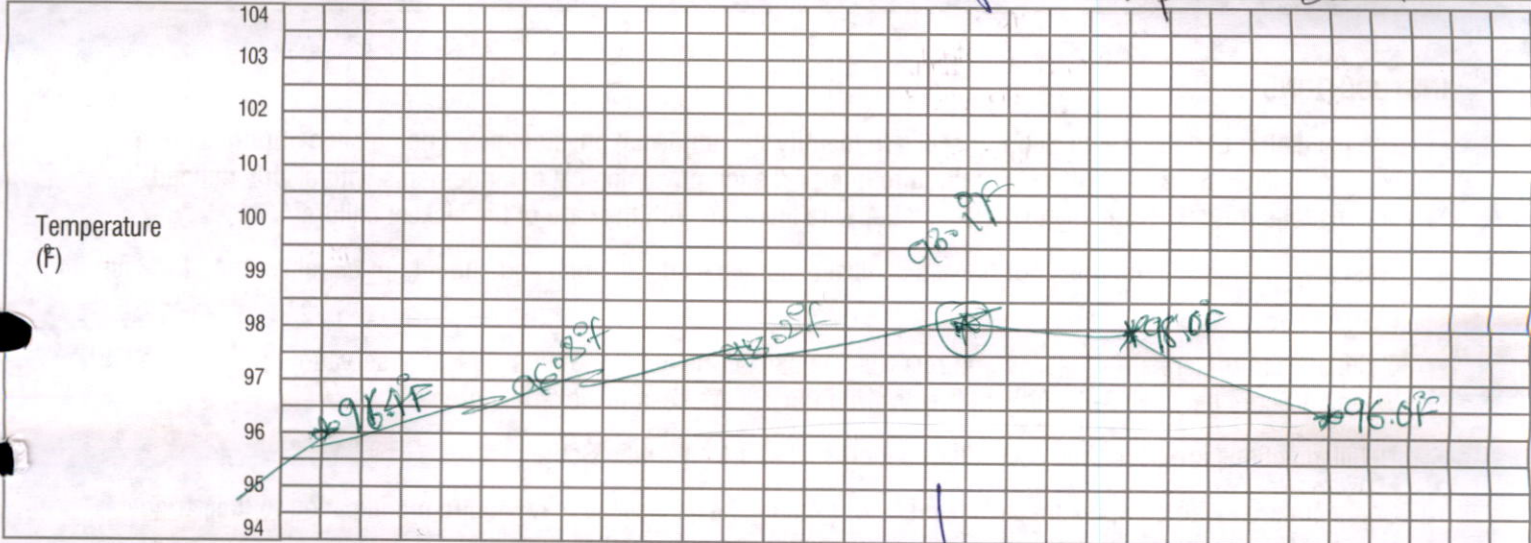
Pratiksha
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/6 Time: _____

Doctor/Nurse/Family Concern? 6am 10am 2pm 6pm 10pm 2am



Parameter	6am	10am	2pm	6pm	10pm	2am
Heart Rate (bpm)	112	108	110	130	111	117
Blood Pressure (mmHg) *	102 / 62	108 / 72	110 / 70	102 / 62	102 / 62	99 / 62

Parameter	6am	10am	2pm	6pm	10pm	2am
Heart Rate (Number)	112b/m	108b/m	110b/m	130b/m	111b/m	117b/m
Resp. Rate (bpm) (Over 1 Minute) *	26	28	28	29	26	26

Parameter	6am	10am	2pm	6pm	10pm	2am
Receiving O ₂ (l/min)	0	0	0	0	0	0
O ₂ Saturations (%)	99%	99	99%	100%	99%	100%

Parameter	6am	10am	2pm	6pm	10pm	2am
GCS *	15/15	15/15	15/15	15/15	15/15	15/15

Parameter	6am	10am	2pm	6pm	10pm	2am
TOTAL SCORE	1	1	1	1	1	1
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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
 If the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

KUH-00200333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 7 D
 Dr. VISHAKHA BASAVRAJ KARPE (F)

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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/10	2am	6am	10am	1pm	6pm	10pm	2am
Temperature (F)	97.5°F	98.2°F			98.5°F	96.0°F	95.5°F
Heart Rate (bpm)	100	98					
Blood Pressure (mmHg) *	100/68	98/53					
Heart Rate (Number)	100b/m	108b/m					
Resp. Rate (bpm) (Over 1 Minute) *			Crying	Crying			
Resp Rate (Number)	29/m	31/m					
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	100%	98%					
Conscious Level	10/15	6/15					
GCS *	10/15	6/15			15/15	15/15	15/15
TOTAL SCORE	1	1			1	1	1
Number of shaded boxes	1	1			1	1	1
Pain Score	0	0			0	0	0
Observer's Initials	8	0			0.	.	.

ACTIONS

NB: Scores 3 should be recorded overleaf

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IP5-00174468
 KUH-00209333
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 5 D
 Dr. VISHAKHA BASAVRAJ KARPE

No. : RCHBH / FRM / CLINICAL / 124

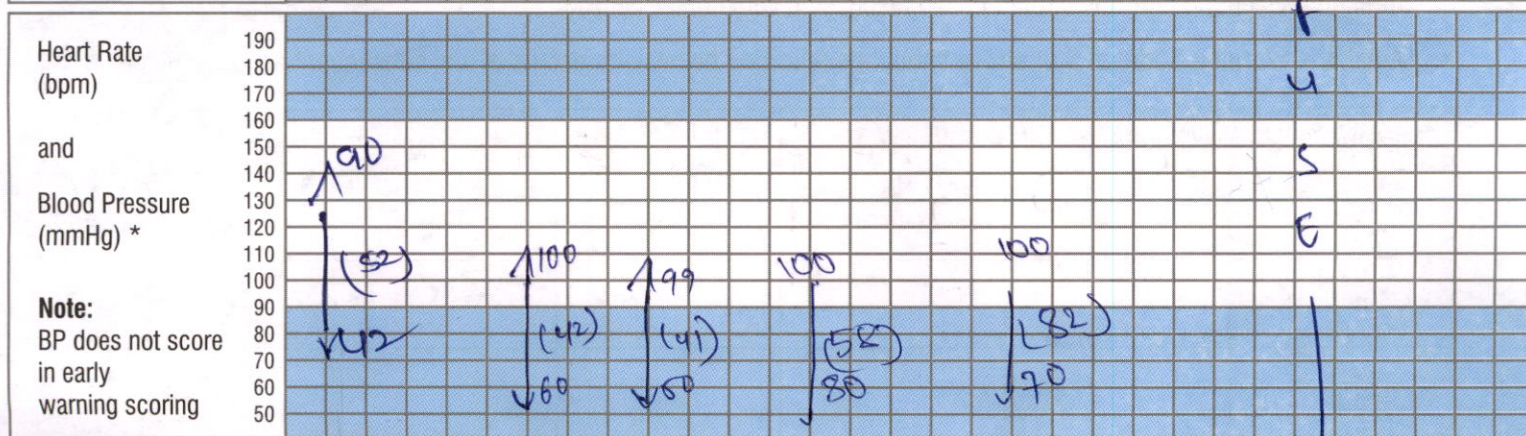
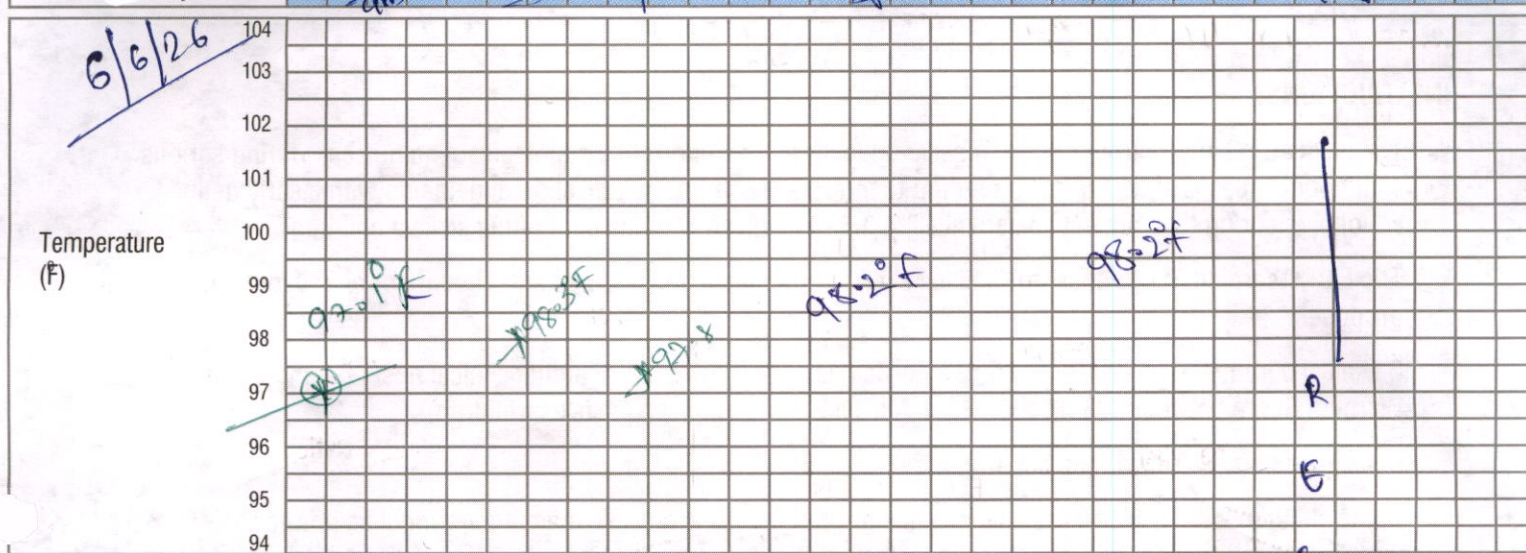
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ...
 Doctor/Nurse Primary Concern? 6/40 10am 1pm 2pm 6pm 10pm



Heart Rate (Number) 126b/h 115b/h 121b/h 122b/mt 130b/mt

Resp. Rate (bpm) (Over 1 Minute) *
 Resp Rate (Number) 30b/h 30b/h 30b/h 30b/mt 30b/mt

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal / Altered
 GCS * 15/15 13/15 13/15 15/15 15/15

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

ACTIONS
 Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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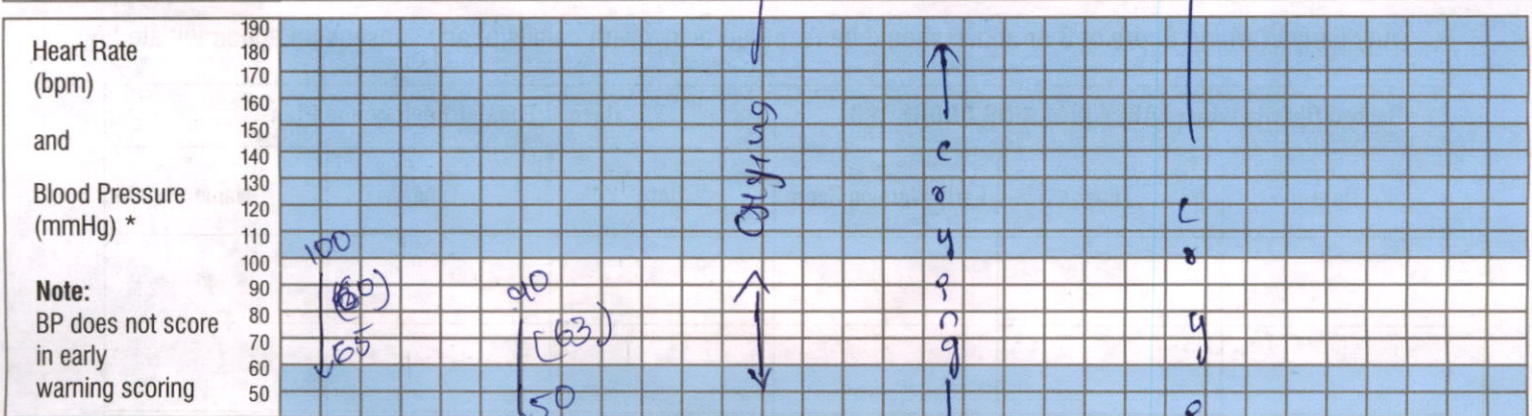
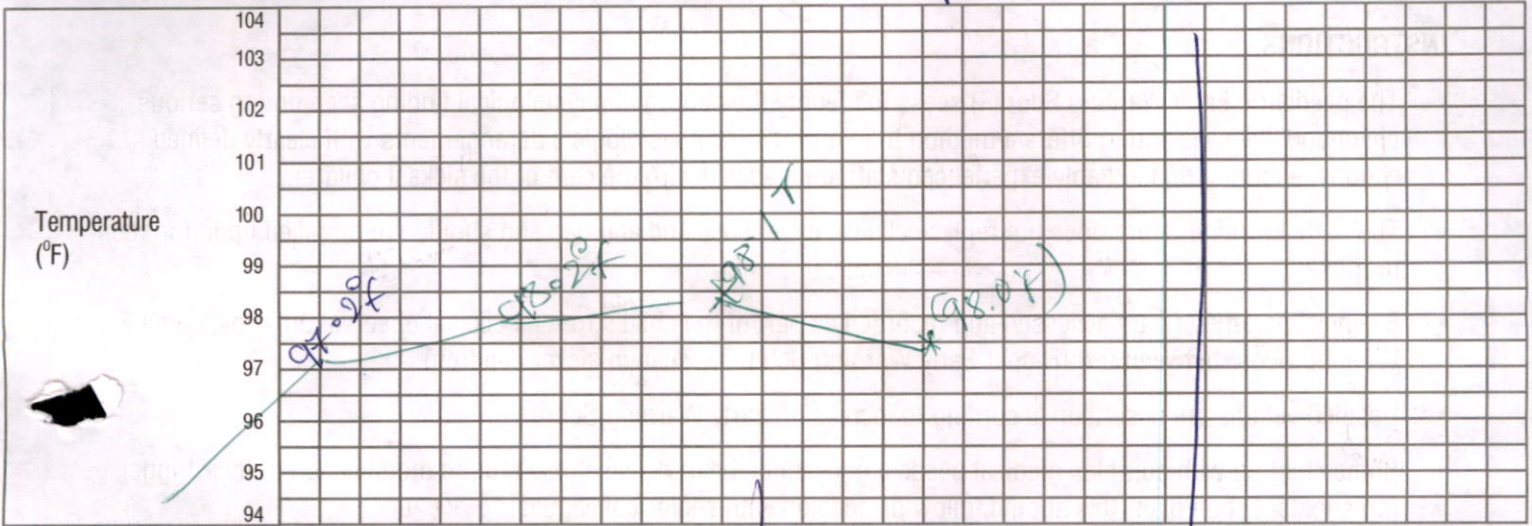
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



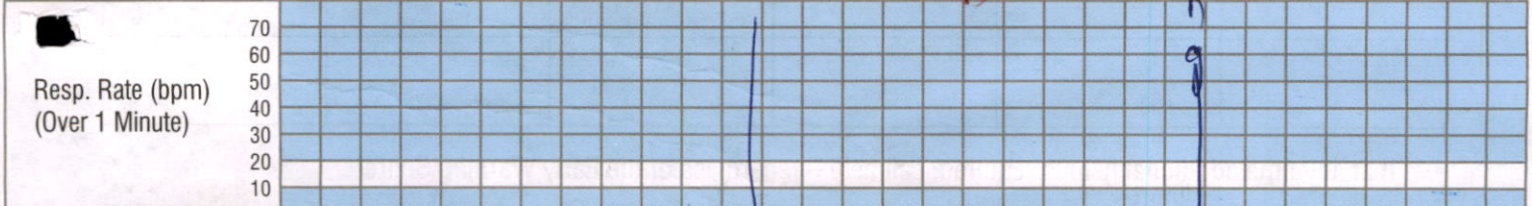
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/2026 Time: 10am 2pm 6pm 10pm 2am

Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 130b/min 128b/min 120b/min



Resp Rate (Number) 28b/min 26b/min 28b/min

Resp Distress: Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0l/min 0l/min 0l/min 0l/min

Conscious Level: Normal Altered

GCS * 15/15 15/15 14/15 15/15

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

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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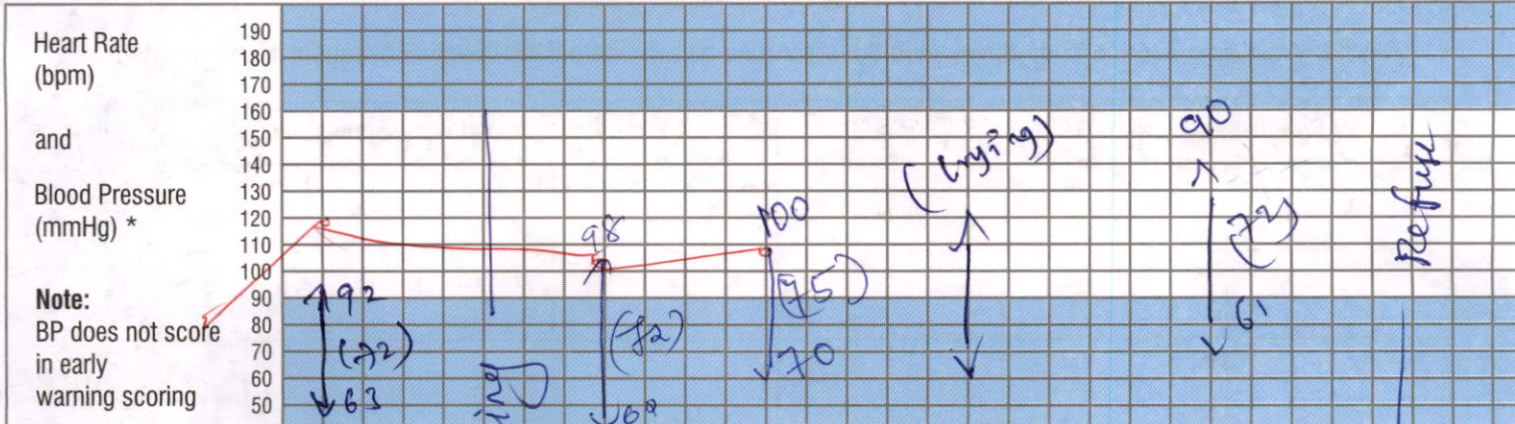
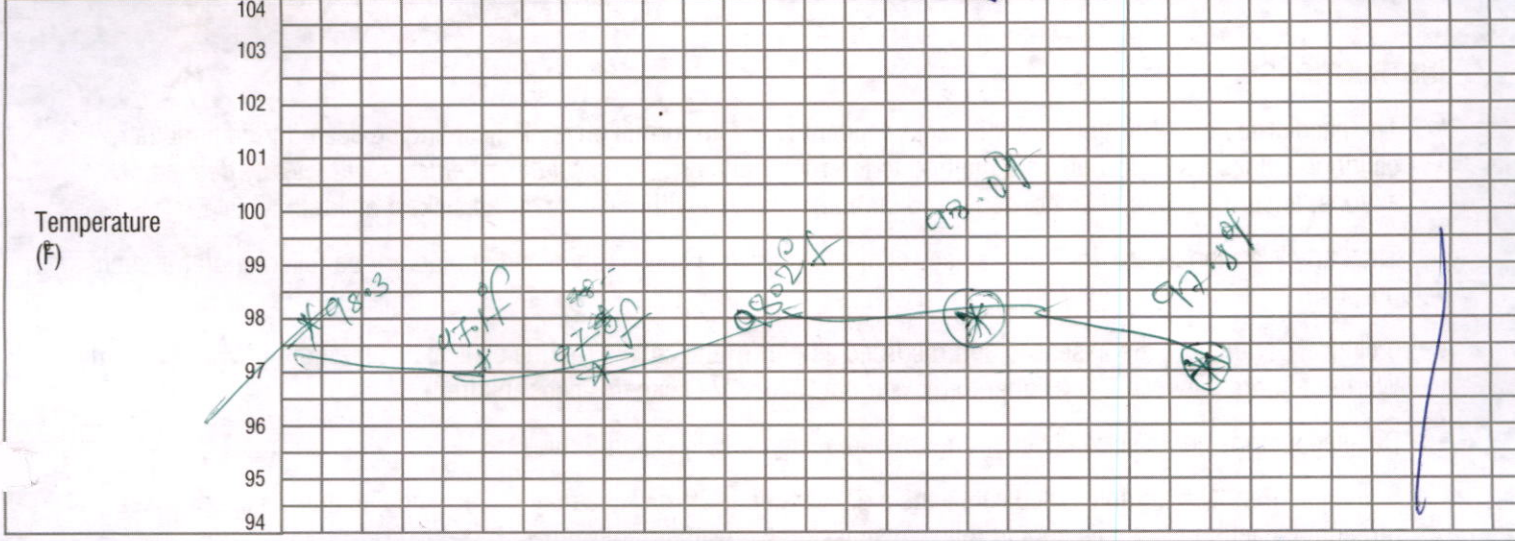


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/6/26 Time: _____

Doctor/Nurse/Family Concern? 6am 6am 2P 6pm 10pm 5/6 2am 6am



Heart Rate (Number) 115b/min 110b/min 120b/min 130b/min 120b/min 120b/min

Resp. Rate (bpm) (Over 1 Minute) * 28b/min 28b/min 28b/min 29b/min 28b/min

Resp Rate (Number) 28b/min 28b/min 28b/min 29b/min 28b/min

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0.0 0.1 0.1 0.1 0.1

Conscious Level Normal / Altered 15/18 15/18 15/18 15/18 15/18

GCS * 15/18 15/18 15/18 15/18 15/18

TOTAL SCORE	
Number of shaded boxes	<u>0</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>
Pain Score	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>
Observer's Initials	<u>V</u> <u>V</u> <u>V</u> <u>V</u> <u>V</u>

- ACTIONS**
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KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 5 D
 Dr. VISHAKHA BASAVRAJ KARPE

c. No. : RCHBH / FRM / CLINICAL / 124

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 31/8/25 Time: 10:30				
Doctor/Nurse/Family Concern?	11pm	6pm	10pm	2am
Temperature (F)	97.8	97.8	103.2	97.8
Heart Rate (bpm)	112b/m	118b/m	165b/m	115b/m
Blood Pressure (mmHg) *	99/62	100/60	100/60	100/60
Resp. Rate (bpm) (Over 1 Minute) *	28	30	30	28
Resp Mod/ Severe Distress None / Mild				
Receiving O ₂ (l/min) O ₂ Saturations (%)	0.2 / 92%	0.2 / 92%		0.2 / 100%
Conscious Level Normal / Altered				13/15
GCS *	14/15	14/15		13/15
TOTAL SCORE				
Number of shaded boxes	1	1		0
Pain Score	0	0		0
Observer's Initials	AS	AS		AS

ACTIONS

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- 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)

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 5 D
 Dr. VISHAKHA BASAVRAJ KARPE



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/9/25	08:00 am									✓	0	Sush	
	09:00 am										0		Sush
	10:00 am	NO IVP					✓		✓		0		
	11:00 am									✓	0		Sush
	12:00 pm										0		
	01:00 pm										0		
Total Intake :						Total Output :							
28/9/25	02:00 pm										0	Rachita	
	03:00 pm										0		
	04:00 pm	NO IVP	water				✓		✓		0		
	05:00 pm		kiichid								0		
	06:00 pm						✓			✓	0		
	07:00 pm										0		
Total Intake :						Total Output :							
28/9/25	08:00 pm		kiichid								0	Appu	
	09:00 pm										0		
	10:00 pm	NO IVP									0		
	11:00 pm						✓				0		
	12:00 am									✓	0		
	01:00 am										0		
Total Intake :						Total Output :							
28/9/25	02:00 am										0	Appu	
	03:00 am										0		
	04:00 am	NO IVP									0		
	05:00 am										0		
	06:00 am									✓	0		
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Total drain = 33ml (6:48 Am)

KUH-00200333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 5 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
5/6/26	08:00 am										0	Rama	
	09:00 am	NO					✓			0			
	10:00 am	IVF Idly								0			
	11:00 am									0			
	12:00 pm						✓			0			
	01:00 pm									0			
Total Intake :						Total Output :							
5/6	02:00 pm										0	Sushy	
	03:00 pm										0		
	04:00 pm	NO							✓	6			
	05:00 pm	IVP								6	Sushy		
	06:00 pm									0			
	07:00 pm										0		Sushy
Total Intake :						Total Output :							
05/06	08:00 pm	↑									0	Shrey	
	09:00 pm								✓	0			
	10:00 pm	NO					✓			0	Shrey		
	11:00 pm	IVP								0			
	12:00 am									0	Shrey		
	01:00 am	↓									0		
Total Intake :						Total Output :							
06/06	02:00 am	↑									0	Shrey	
	03:00 am										0		
	04:00 am	NO					✓			0	Shrey		
	05:00 am	IVF								0			
	06:00 am									0	Shrey		
	07:00 am	↓									0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Total Drain = 15ml
 empty at :- 6:30 am

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 6 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
6/6	08:00 am										0	Suresh	
	09:00 am										0		
	10:00 am	NO									0		
	11:00 am	1/2P									0		
	12:00 pm	1									0		
	01:00 pm										0		
Total Intake :						Total Output :							
6/6	02:00 pm										0	Rana	
	03:00 pm										0		
	04:00 pm	NO	1/2P								0		
	05:00 pm	1/2P									0		
	06:00 pm										0		
	07:00 pm										0		
Total Intake :						Total Output :							
6/6	08:00 pm										0	APPA	
	09:00 pm										0		
	10:00 pm	NO	1/2P								0		
	11:00 pm	1/2P									0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
6/6	02:00 am										0	APPA	
	03:00 am										0		
	04:00 am	NO	1/2P								0		
	05:00 am	1/2P									0		
	06:00 am										0		
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

7:00am
 Drain total = 7 ml bottle

Patient Sticker

KUH-00200333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 7 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
7/6	08:00 am	NO I.V.F MILK	Mouth	I.V	N.G	/					0	Chandel
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						Total Output :						
01/06	02:00 pm	NO I.V.F MILK	Mouth	I.V	N.G	/					0	Sraw
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output :						
7/6	08:00 pm	NO I.V.F MILK	Mouth	I.V	N.G	/					0	Rt
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						Total Output :						
8/6	02:00 am	DNE NPO 36ml	Mouth	I.V	N.G	/					0	Rt
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

7:10 am
 Drain 4 ml



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.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
8/6	08:00 am				/	/	/	/	/	0	Ruma	
	09:00 am				/	/	/	/	0			
	10:00 am	NO I.V			/	/	/	/	0			
	11:00 am				/	/	/	/	0			
	12:00 pm				/	/	/	/	0			
	01:00 pm				/	/	/	/	0			
Total Intake :						Total Output :						
8/6	02:00 pm			36ml	/	/	/	/	0	APR		
	03:00 pm			36ml	/	/	/	/	0			
	04:00 pm	Oral upma		36ml	/	/	/	/	0			
	05:00 pm			-	NA	NP	NA	/	0			
	06:00 pm			-	/	/	/	/	0			
	07:00 pm			-	/	/	/	/	0			
Total Intake :						Total Output :						
8/6	08:00 pm				/	/	/	/	0	Ruma		
	09:00 pm				/	/	/	/	0			
	10:00 pm	NO I.V	MIK		NA	/	NA	/	0			
	11:00 pm				/	/	/	/	0			
	12:00 am				/	/	/	/	0			
	01:00 am				/	/	/	/	0			
Total Intake :						Total Output :						
9/6	02:00 am				/	/	/	/	0	Ruma		
	03:00 am				/	/	/	/	0			
	04:00 am	NO I.V	MIK		NA	/	NA	/	0			
	05:00 am				/	/	/	/	0			
	06:00 am				/	/	/	/	0			
	07:00 am				/	/	/	/	0			
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

KUH-00208333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 9 D
 Dr. VISHAKHA BASAVRAJ KARPE

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
9/6/25	08:00 am	NA									0	Sreeraj	
	09:00 am										0		
	10:00 am										0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm												0
Total Intake :						Total Output :							
	02:00 pm	NO MILK									0	Rama	
	03:00 pm										0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm										0		
	07:00 pm										0		
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

Patient Sticker

FLUID CHART



Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	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

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00174468 Admit Date : 28-May-2026 Admit Time : 09:26 PM UHID : KUH-00209333

Patient Details :

Patient Name : Baby YERROLA NAYANIKA SREE REDDY Age : 0 Y 8 M 29 D
Guardian : Mr Y KRANTHIKAR REDDY DOB : 30-08-2025 06:04 PM
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO - 2-4-98,near pochamma temple,
hanuman temple,vtc:macha bollaram
HYDERNAGAR Hyderabad Telangana INDIA
500072 Phone No : 8977277789/ 7386568449
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 211 Ward Name : 2F-PICU I
Room No : PICU 211 Admission Type : First Visit

Contact Details :

Name : Mr Y KRANTHIKAR REDDY Relationship : Father
Contact Address : H NO - 2-4-98,near pochamma
temple,hanuman temple,vtc:macha bollaram
HYDERNAGAR Hyderabad Telangana INDIA
500072 Phone No : 8977277789 / 7386568449

Signature

Doctor Details :

Doctor Name : Dr. VISHAKHA BASAVRAJ KARPE Specialisation : PEDIATRIC NEURO SURGERY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. ANUPAMA Y/ Dr. BANDI RAMYA

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 11126.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Suggested Billable bed type : _____

KUH-00209333 IP5-00174468
Baby YERROLA NAYANIKA SREE
30-08-2025 0 Y 9 M 9 D (F)
Dr. VISHAKHA BASAVRAJ KARPE



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/2026	7:20pm	pediatric	PICU	Rama
		ICU	ICU	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Shaikh Faheem	10/6/26	9651459	Shaikh
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

(UIC & DRAW)

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....
.....
.....
.....
.....
.....
.....

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 11 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Shifting Notes</u>	
10/6/26 2:20pm	<p>Δ:- Posterior fontanct i Obstructive Hydrocephalus s/p (RT) VP & CP shunt (R) Subdural collection/burshole evacuation. Brain removal (s/c). child on room air Hemodynamically stable. crying @ consolable. Irritable @.</p>	<p><u>Plan</u></p> <ol style="list-style-type: none"> 1) Continue antibiotics as per drug chart 2) Trace CSF c/s 3) w/f Features of T3cp fever spikes If fever spikes persist 4 - Tomorrow.
	<p>O/E:- Vital:- HR:- 140/min.</p>	
	<p>R.R:- 30/min</p>	<p>4) Monitor Vitale</p>
	<p>SpO₂:- 99% @ RA.</p>	<p>Inform sos</p>
		Dr. Jayash
		N:B Mother
		2:30pm

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 11 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>cl/b Nuroteam</u>	
<u>10/6/25</u> <u>6 pm</u>	<ul style="list-style-type: none"> - No fever spikes - taking well orally - consolable irritability 	
	<ul style="list-style-type: none"> o/b: vitals stable - KO on full. - @ Hum, power reflexes - no nuchal or cerebellar signs. 	<ul style="list-style-type: none"> NG: - subdural collection bony
		<ul style="list-style-type: none"> Adv: - shift to paed - vitals; few hrs.
	<u>14</u> <u>Dr. V. Karpe</u>	

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 12 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/5 Day of Admission : D14 Today's Date & Time : 11/6/26
 PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW	Diagnosis : <u>PostOP (R) VP shunt</u> <u>(R) F&P Burr hole & evacuation</u> <u>of subdural effusion - hemorrhage</u>	Current Issues : <u>Clotting ability</u>
	VITAL SIGNS Today's Wt. (kg) : <u>3.8kg</u> Temp.: <u>Afebrile</u> Blood sugar issues : <u>102mg/dl</u>	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAB (R) clear</u>	
	CXR : _____	
	SPO ₂ : <u>99-100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO ₂ : _____ P/F ratio : _____ O.I. : _____	
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebbs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____	
	Plan of care : _____	
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR:- 150/min</u>
Quality of Pulses : <u>Good</u> cap refill Time : <u><3sec</u> Liver Edge : _____ cm below Rt costal margin		
Blood Pressures : NIBP : <u>95/52(64)</u> IBP : _____ CVP : _____		
Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min		
<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min		
<input type="checkbox"/> Milrinone _____ mcg / kg / min		
Any Other Infusions : _____		
Last 2D Echo Findings : <u>no cardiomegaly</u>		
Size of the heart and lung fields in latest CXR : _____		
Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : _____		
Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____		
Day of arterial line : _____ Day of Central line : _____		
Plan of Care : <u>cannula - (R) Hand - 32g.</u>		
CNS	Neuro Exam : <u>Alert/Active</u> <u>convulable cry</u>	
	Pupils : <u>R/L equal reactive</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____	
Ramsay Sedation Score : _____		

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>420</u> / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : <u>PBM</u> Feed Formula : Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : <u>Inj. ceftriaxone D3</u> Other Labs (Latex, Serology, etc) : <u>Inj. Vancomycin P2</u> Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.3</u> Bld. Urea : <u>19</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
HEMATOLOGY	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
FINAL COMMENTS	<u>Shift to ward</u> <u>Vital monitoring</u>	

Doctor's Name (Handover given) : Jayan
 Signature : JM
 Date & Time : 11/6/26 @ 5:00 AM

Doctor's Name (Handover taken) : Dr. Karthi
 Signature : AKK
 Date & Time : 11/6/26 8:20 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advised
	CSF - Subdural fluid - Protein - 605 Sugar - 83 WBC - 20 cells.	- Urgent NSG
	CSF culture is awaited.	
	NSG (done by Dr. Vishakha) →	
	ETO Right frontoparietoparietal subdural effusion ≈ 1.5 cm	
	Left frontoparietal subdural effusion ≈ 1.7 cm	
	As there are signs of raised ICP with irritability and hypertension, <u>Plan</u> : to reduce programmable chamber pressure to 130 mmHg ↓ Observe for vitals, ACS, & irritability ↓ Repeat NSG after 2 hours.	
	Inform after NSG or if ACS deteriorates.	
	Cut off vitals for ↑ ICP → Systolic BP → > 110 mmHg Diastolic BP → > 70 mmHg HR < 90/min.	if irritability & raised ICP ↓ Subdural effusion tapping (P.T.O)

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 0 D
 Dr. VISHAKHA BASAVRAJ KARPE



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 5:30 pm	c/c/b Dr. Sandeep	<u>Plan</u>
	<p>dx:- Communicating hydrocephalus posterior fossa arachnoid cyst right subdural hygroma with shift to left </p>	<p>1) w/f + bradycardia + hypertension + seizures + dystonia</p>
	<p>Issues:- 1) Encephalopathy 2) Intermittent irritability 3) Intermittent hypertension</p>	<p>2) NSG @ 6pm 3) SOB ventricular tapping</p>
	<p>on room/ai HR - 133/min SpO₂ - 100% BP - 117/80 mm Hg RR - 25/min</p>	<p>Noted by Meelin @ 5:30pm 30/5/26</p>
	<p>Other systemic exam - (N) CNS - pupils - B/L 3mm, reacting to light</p>	

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 30-08-2025 0 Y 9 M 0 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 5:48 pm	SIB Dr. Vishalchre	
	<p>NO NO Raised ICP. Shunt chamber pressure - 130 mmHg Retrocollie (D) PR - 89/μm BP - 123/70 mmHg</p>	
	Deformed to Dr. Vinit	<p><u>Adv</u> Tapping of CSF from bilateral subdural space (free flow)</p>
		<p>Repeat NSG after 2 hours to look for subdural collection size</p>
		<p>- Deform ses.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>30/8/26</u>	c/s <u>Neurotears</u>	
① <u>4 PM</u>	- 22ml CSF tapped from ② subdural space	
<u>0/E</u>	- BP: <u>121/70 mmHg</u> - PR: <u>98 bpm</u> - SpO2: <u>98% RA</u> - PC: <u>Good</u>	
	- <u>HRF</u> : - eye opening to deep tactile stimulation. - <u>Both</u> pupils equal & reactive - mild <u>left</u> ptosis - <u>Exaggerated</u> reflexes	<u>Adv:</u> <u>vitals</u> <u>↓</u> <u>Dr. Vishakha</u> <u>S.O.S.</u>
	VP Dr. Vishakha most	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>6:30pm</u>	- Subdural tapping done under aseptic precautions - pre & post procedure vitals -> stable. - 32ml CSF extracted with free flow.	Informed to Dr. Vishaka over phone. Dr. N. B. Navarathnam 12/21
30/05/2020 10:PM	D: Communicating hydrocephalus / posterior fossa arachnoid cyst / right subdural hygroma with shift to left Hypertension (+) Encephalopathic HR - 92bpm / BP - 120/66mmHg RR - 24b/min / SpO2 - 100%	C/D/W Neuro team C/S/B Dr. Prathyusha Plan NPO till further advice - IV Fluid DNS at 25ml/hr - W/O bradycardia / seizure / dystonia / Hypertension - SOS ventricular tapping

Dr. N. B. Navarathnam (P.T.O.)

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 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 0 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	counseling room no. 2	
10 pm		Dr. Avinash
		Dr. pratyusha
	<p>Patient's attendants have been counseled about the condition of the child i.e,</p> <p>→ child has signs of increased pressure in brain, i.e, child has fluctuating heart rates, high blood pressure, dull activity, decreased level of consciousness despite tapping and removing fluid from subdural space.</p>	
	<p>→ Neurologist will come now and tap fluid from subdural space.</p>	
	<p>→ Such children with increased intracranial pressure might need ventilator support, are at risk of heart arrest and sudden deterioration. This has been explained to patient's attendants.</p>	
	<p><i>Dr. Pratyusha</i></p>	<p><i>N. Pratik Reddy</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/8/25	<p>CSF drainage</p>	<p>Coinvest</p>
4pm	<p>- CSF: 10ml drained as free flow - pre & post procedure vitals stable.</p>	
	<p>- NCG: - 1.5 cm. (right individual)</p>	<p>Adv: - can discontinue with Dr. Vishakha</p>
		<p><u>Adv</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/2026 10:15 AM	<p style="text-align: center;"><u>Counseling Notes</u></p> <p>Patient attendants counselled regarding the conditions of the patient</p> <ul style="list-style-type: none"> → Hydrocephalus is same even after tapping, mainly on left side → we'll do one more tapping now. → If not improving may require surgery → The CT findings are similar to yesterday's CT. → If no improvement after this tap? child might require surgical correction. → we'll observe we if the baby responds well after tap; if improves well & good is not we'll go for surgical intervention. 	<p style="text-align: center;">Dr. <u>Vishaka Ma</u></p>
<p style="text-align: center;"><u>Nalini</u> (Dr. Nandan)</p>		<p style="text-align: center;"><u>V. K. Pratikkar Palkar</u> (Father)</p>

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Baby YERROLA NAYANIKA SREE
30-08-2025 09 M 0 D (F)
Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/05/26 2:25am	<u>SIB Dr. Vishakha</u> Baby irritable c hypertension (BP - 136/90 mmHg)	
	Subdural effusion tapped @ 55m, xanthochromic → hemorrhagic (old blood) no fresh blood.	
	Post procedure -	
	PR - 94/m BP - 124/68 mmHg Mening all 4 levels AF - lax pupils - bilateral NLR.	
	<u>Plan:</u> In view of mild improvement in hypertension & GCS with no retinopathy - Observation for 3 hours, - with continuous monitoring of GCS, pupils, vitals, - If worsening Planned for evacuation of subdural effusion & exploration.	

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Baby YERROLA NAYANIKA SREE

30-08-2025 0 Y 9 M 1 D (F)

Dr. VISHAKHA BASAVRAJ KARPE




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	counseling room no. 2	
11:17 pm		Dr. Vishaka
	Patient's attendants have been counseled about	
	the condition of the child i.e,	
	→ child has signs of increased pressure in	
	brain, despite tapping and removing fluid	
	multiple times.	
	→ We will do CT scan of brain now.	
	→ Depending on CT scan and clinical condition	
	of the child, we will decide if surgical	
	intervention is needed.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/26 6:00 AM	SIR <u>Dr. Vishakha</u>	
	Irritability ⊕ but reduced as compared to before	
	o/e - Eye opening ⊕ but NO eye contact	
	PR - 92bpm BP - 104/77 mmHg Moving all 4 limbs AF - 1an	
	NSG → Volumetric reduction in Right frontoparietal collection NO subdural collection in ⊕ FTP region	
	<p><u>Plan:</u> As there is improvement in the volume of subdural collection with reduced mass effect and improved vitals,</p> <p>A: NSG ↓ - at 10 am</p> <p>↓</p> <p>if subdural collection increases or GCS deteriorates</p> <p>↓</p> <p>Surgical Evacuation of ⊕ FTP subdural collection</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>c/c Neurotrans</u>	
<u>3/5/26</u> 9 AM	Acute encephalopathy with recurrent vomiting 2° to raised ICP 2° to subdural hygroma in a known case of post foetal cyst & communicating hydrocephalus (c/p V8 shrunt + C8 shrunt).	
	Issues:	
	<ol style="list-style-type: none"> ① persistent encephalopathy. ② Retinocolitis ⊕ ③ Hypertension: > 90/60. of systolic readings > 150 mm Hg 	<p><u>Advt</u>:-</p> <p>- To discuss with Dr. Vishakha mam regarding Neurosurgery vitals.</p>
<u>o/r</u>	<ul style="list-style-type: none"> - HR 110 E2 V2 Mu - Eyes fulls Bk pupils equals reactive. - mild LL hypertension - asymmetric asymmetry maxilla ⊕ - Oedematous reflex. 	
	<p>NCB → coronal @ the level of foramen →</p> <p>⊕ subdural collections → 1.8 x 3 cm.</p>	<p>Abhishek</p>

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 29/05 Day of Admission : 24 Today's Date & Time : 31/5 8:30Am

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : communicating Hydrocephalus due to posterior Arachnoid cyst. s/p VP shunt s/p intermittent tapping	Current Issues : ↓ activity Intermittent irritability Signs of Raised ICP to porturing ⊕
	VITAL SIGNS Today's Wt. (kg) : 8.8 Kg Temp.: Afebrile Blood sugar issues : 72 @ 7 Am	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :	
	CXR : clear ⊕ R/S - B/LAE ⊕, clear	
	SPO ₂ : 99% 2 Room air O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO ₂ : _____ P/F ratio : _____ O.I. : _____	
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebs : ⊖ ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : _____	
	Plan of care : _____	
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 90bpm
Quality of Pulses : Good cap refill Time : < 3sec Liver Edge : _____ cm below Rt costal margin		
Blood Pressures : NIBP : _____ IBP : 121/74 (94) CVP : _____		
Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min		
<input type="checkbox"/> Epinephrine ⊕ _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine ⊖ _____ mcg / kg / min		
<input type="checkbox"/> Milrinone _____ mcg / kg / min		
Any Other Infusions : _____		
Last 2D Echo Findings : _____		
Size of the heart and lung fields in latest CXR : _____		
Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : ⊕ Radial - 22G		
Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : R. Canula - ⊕ Dorsum - 22G		
Day of arterial line : _____ Day of Central line : _____		
Plan of Care : _____		
CNS	Neuro Exam : Eye Opening ⊕ Eye Contact ⊕ ; 30/5 3 times tapping ✓ ← 3.2ml 10ml 55ml	
	Pupils : Bil. equal A.T.L. Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Inj. Leviteracetam	
	Plan of Care : ↳ volumetric reduction in ⊕ FTP region No subdural collection Ramsay Sedation Score : _____	

FLUIDS STATUS NUTRITION AND G.I	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) <u>+40ml</u> Input : ml/k/d UO : <u>3.45</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>2.5</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>CXF culture</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>CXF dx</u> Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :	
	FINAL COMMENTS 	

Doctor's Name (Handover given) : Dr. Kantu

Signature : [Signature]

Date & Time : 21/07/16 9:00 AM

Doctor's Name (Handover taken) : [Signature]

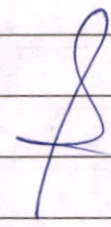
Signature : [Signature]

Date & Time : 21/7/16



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/08/26 10:15 AM		C/S/B Dr. Sandeep
	⊕ Δ: Obstructive hydrocephalus / subdural effusion / Polkriya / arachnoid cyst -	Plan:- ⊕ Plan for surgical intervention for evacuation of subdural collection.
	Issues & Irritability. HTN. Poor sensorium.	⊕ Trace CSF C/S. ⊕ Cont antibiotics.
		
		Noted by Merlin 31/08/26 @ 10:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 11:30am	<p><u>SIS & VShakhe</u></p> <p>JE - Baby irritable Hypertensive episodes (+) Retraclis (+) pupils bil NRI Maceing all 4 limbs</p>	
		<p>NSH → elo increased (RFTP) subdural collection with mass effect compared to previous scan at 6:00am</p>
		<p>Hence, <u>Plan</u>: Burr hole (+) for CSF diversion and evacuation of subdural effusion with acute hemorrhage</p> <p style="text-align: center;">↓</p> <p>Continuous drainage through drain</p>
		<p>If CSF output doesnot reduce over few days need of subduralopositional shunt (has been explained to parents.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>C/SIB PICU Resident.</u>
31/8/26 4:20pm	<p>Δ: Obstructive hydrocephalus/Plum: Posterior ^{sub} arachnoid cyst of subdural effusion. post evacuation. (Burr hole)</p> <p>Patient shifted from OT at 4:15pm.</p> <p>Child on norm air.</p> <p>SpO₂: 98% PR: 80/wc RR: 30/wc BP: 108/60.</p> <p>Chest: RIL clear CVS: S2 @ CNS: E₂ V2 M6 Pupil: 2+ 2+ Ton: (N) Power $\frac{5/5}{5/5} / \frac{5/5}{5/5}$</p> <p>No focal deficit.</p>	<p>① ABG, CBP, S-electrolytes.</p> <p>② Keep bed flat head end [Don't elevate head end].</p> <p>③ keep drain at the level of head.</p> <p>④ Cont antibiotics To discuss about Vancomycin with Dr. Visheke.</p> <p>⑤ Watch for ↑ICP. (irritability, ↓HR, ↑BP)</p> <p>⑥ noted by merlin</p>
	<p>Blood loss: ~10ml.</p> <p>Input: 250ml (PRBC 90ml)</p> <p>Output: Micturition, -stentary Proprifol.</p> <p>Intra-op: Hypotension (56/38) post vancomycin injection.</p>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 6:00am	<p>SIB is visible</p> <p>Post (R) FP Bull hole & evacuation of subdural collection with haemorrhage</p> <p>Reactivity ↓ Hypertension ↓</p> <p>SpO2 - 94% on room air ⊕</p> <p>PR - 88/min</p> <p>BP - 105/57 mmHg</p> <p>moving all limbs</p> <p>Drain \approx 10ml.</p>	
CSF eff - awaited.		<p>Adv</p> <p>Cont. Inj. Vanco</p> <p>- Plan:</p> <p>- NG feeds</p> <p>- Shunt chamber</p> <p>- Compressions to cont.</p> <p>- Continue drain till CSF becomes clear</p> <p>if ↓ after CSF clear</p> <p>still ↑ ICP / ↑ subdural collection</p> <p>subdural perforated shunt</p>



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/05 Day of Admission : D5 Today's Date & Time : 01/06 8:30 AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Obstructive Hydrocephalus due to posterior arachnoid cyst s/p vps craniotomy s/p subdural Burrhole evacuation - Day 2	Current Issues :
	VITAL SIGNS Today's Wt. (kg): 8.8 Kg Temp.: Afebrile Blood sugar issues : 83 @ 6AM	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE (+) clear	
	CXR :	
	SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at room air L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : 7.41.3 / P _a O ₂ - 34 / P _a O ₂ - 99 / HCO ₃ - 23 EtCO ₂ : 31.5 P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs : Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : S ₁ S ₂ (+) HR - 104 bpm	
	Quality of Pulses : good cap refill Time : < 3 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 117/64 (90) CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input checked="" type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings : Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : Radial Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : P. Canula - R Hand Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : Eye movements E. Following (+) ; Arching (-)	
	Pupils : Bil equal RTL Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Types of Sedation : Types of Paralysis : mj. Levipil	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) <u>+264</u> Input : <u>10</u> ml/k/d UO : <u>1.89</u> ml/kg/hr Stools : <u>N/p</u> NG output : PO intake : Feed Formula : <u>NPM</u> Feed Schedule : IV Fluids - Type of IVF : <u>18ml/hr. DNS.</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>141</u> K <u>4.0</u> Cl <u>111</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>12.4</u> <u>14590</u> <u>4.01L</u> Any Coagulopathy : <u>⊖</u> <u>82/61</u> Relevant Transfusion History : <u>1 PRBC</u> Plan of Care :	
	CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
		Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>CBP, CU</u> Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :
	FINAL COMMENTS	<u>Repeat NSU after OT.</u> <u>↳ 13mm @</u> <u>verrucci - same</u> <u>medic shift ↓</u>

IVF - 182 ml
 infusion - 24 ml
 drugs - 115 ml


 571 ml
 } 64%

inj. vanco
 inj. cefmaxox / day +

Doctor's Name (Handover given) : Dr. Kuter
 Signature : [Signature]
 Date & Time : 01/08/26 8:30 AM

Doctor's Name (Handover taken) : Dr. Prabhakar
 Signature : [Signature]
 Date & Time : 16/26, 8:30 AM

PATIENT TRANSFER FORM

P KUH-00209333 IP5-00174468 Baby YERROLA NAYANIKA SREE (F) 30-08-2025 0 Y 9 M 12 D Dr. VISHAKHA BASAVRAJ KARPE 		Date & Time of Admission 28/5/26 9.30pm	Date & Time of Transfer Order 3/6/26 10AM
Treating Consultant Name Dr. Vishakha	Transfer Ordered by Dr. Vishakha	Reason for Transfer Stable	
From Unit PICU	To Unit ICU	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 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 Anush		Name of Person Ordered Transfer Dr. Vishakha	
Patient & Clinical Records Received by : K. Srujanthi			
Date & Time of Patient Received : 10:40am 03/06/26			

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

209333 IP5-00174468
 ERROLA NAYANIKA SREE
 D25 0 Y 9 M 1 D (F)
 JAKHA BASAVRAJ KARPE



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 31/05/26 Time: 2:10 pm
 Blood Group of the Patient: O+VE Blood Group on the Blood Bag: O+VE
 Blood Bank Issue No: BAH26-0124 Date of Collection: 23/May/26 Date of Expiry: 04/July/26
 Date & Time of Starting Transfusion: 31/05/26 @ 2:15pm Planned duration of Transfusion: 2hrs
 Check for Correct Unit: Correct Patient:
 Blood products cross checked by: Nurse 1: Sravani Nurse 2: Bapu
 Before starting transfusion vitals: Temp: 36.4°C HR 75 RR: 18 BP: 94/62 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
31/05/26	15 Min	72	36.4°C	90/60	98%	-	-	-	-
31/05/26	15 Min	74	36.5°C	92/61	100%	-	-	-	-
31/05/26	30 Min	76	36.2°C	95/62	100%	-	-	-	-
31/05/26	30 Min	72	36.5°C	96/63	100%	-	-	-	-
	30 Min								
	1 Hr								
	1 Hr								

Comments: Nil

Name of the Incharge-Nurse: Sujata Name of the Nurse: Alan
 Signature of the Incharge-Nurse: Sujata Signature of the Nurse: Alan
 Date & Time: 31/05/26 @ 4:05pm Date & Time: 31/05/26 @ 4pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 90 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.



Rh Positive

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: **BAH26-01241**
Blood Group: **O Rh Positive**
Collection Date: 23
Expiry Date: 31/5/26

Administer Without Warming
and Any Medication. 4) Check

Before
Not I
ole Ev
patible
ipient

Issue Label / Cross

Patient : **YERROLA NAYAN**
Patient's Blood Group : **O Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, Duty Doctor**
UHID No.: **KUH-00269333** Wd-Bed No.:
Product : **LR-PRBC Pedia-2**
Blood Group : **O Rh Positive**
Unit No.: **BAH26-01241** Issue Dt : **31/May/2026**
XMatchirg Report: **Compatible** Colln. Dt : **23/May/2026**
X-matched by: **K. Alok** Exp. Dt : **04/Jul/2026**
Issued By : **K. Alok**

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G



144.

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/6/26 Time: 11AM

Weight: 8.8kgs Centile: > 50th

Height: 69cms Centile: > 25th

Inference: well child

RDA: - Calories: 98kcal/kg/d Protein: 1.8g/kg/d

Diet Recommendations: DBM Feeds

Re-Assessment: Continue with stage II weaning foods HEE Advised

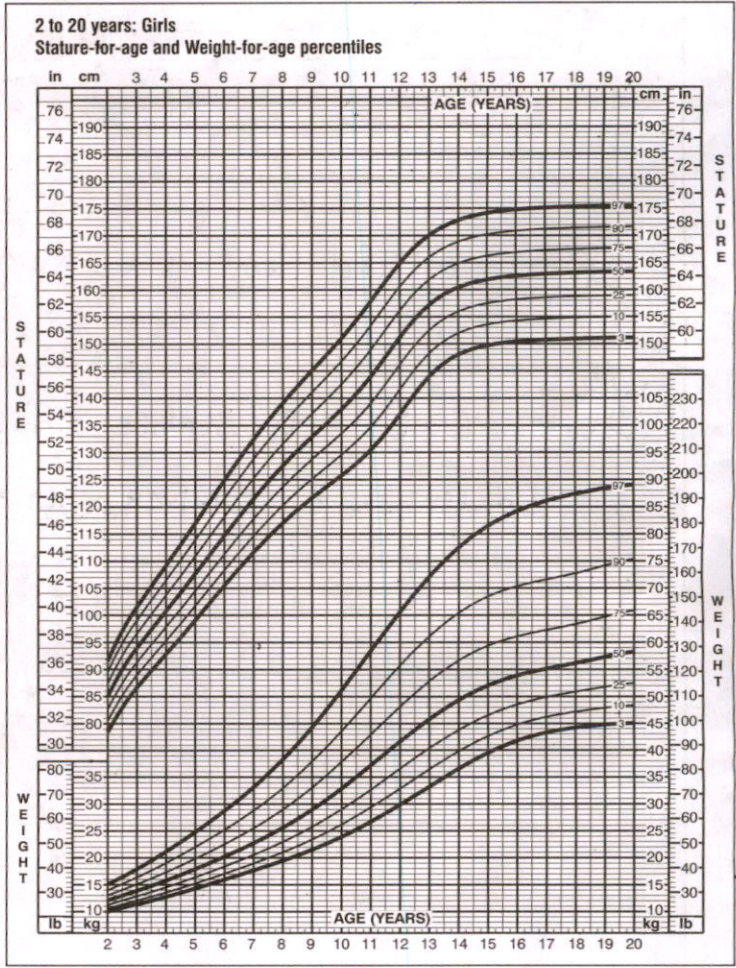
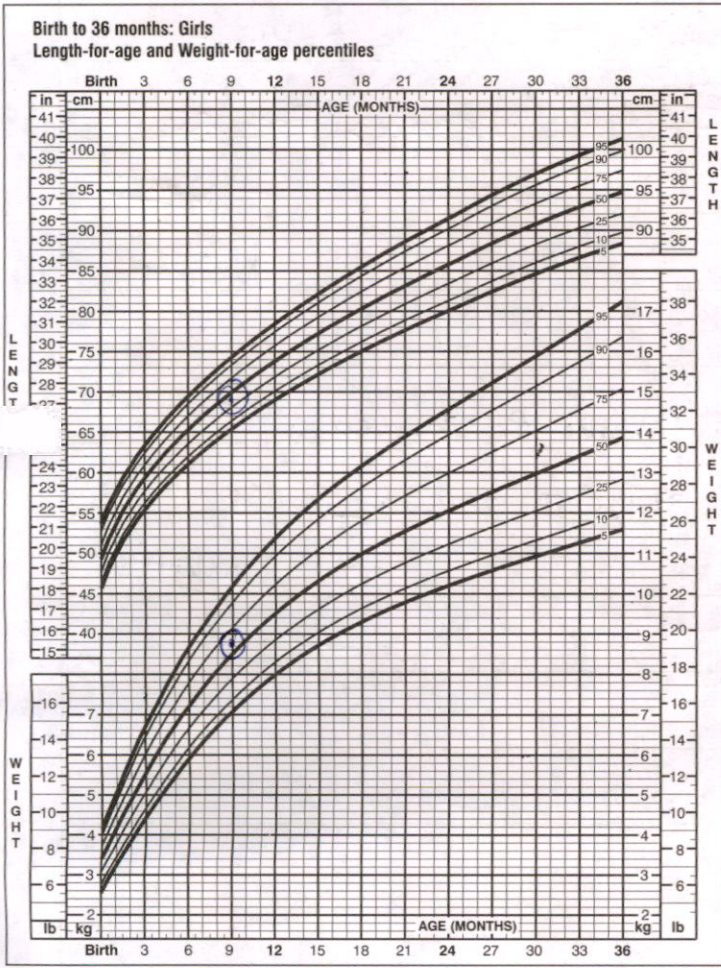
Food Allergies: No Veg/Non-veg: noneg

Diagnosis: K/LD Communicating hydrocephalus. vp. shunt / cystoperitoneal shunt. No CT scan / Iep.

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: K. K. Reddy

GROWTH CHART (GIRLS)



Dietician's Name: Manjula

Dietician's Signature: Manjula

Daily Notes:

4/6/26
10 AM

Child is Stable Oral Intake is good.

Continue to DBM Feeds to stage II weaning foods

- Moussa

5/6/26
11 AM

Child is stable Oral Intake is well

Continue to DBM Feeds to stage II weaning foods. - NKette

6/6/26
12 PM

Child is Stable Oral Intake is better

Continue to DBM Feeds to stage II weaning foods. - NKette

7/6/26
11 AM

Child is Stable Oral Intake is Optimal

Continue to DBM Feeds to stage II weaning foods.

- NKette

8/6/26
8 AM

Child is on NPO

NKette

9/6/26
11 AM

Child is Stable Oral Intake is better

Continue to DBM Feeds to stage II weaning foods

NKette

IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 8 M 28 D
 Dr. VISHAKHA BASAVRAJ KARPE

MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
28/08/25	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	<p>anxiety Hydration</p>	to take	meds vibe	car	<input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
28/08/25	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	<p>vomiting dehydration</p>	to take	meds	Arul	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Others:
29/08/25	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	<p>to open take Antibiotic vomiting today</p>	<p>to give medication control infection</p>	<p>CT Head done lab sent medication given as per chart.</p>	Arul	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
29/08/25 8am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: Dietitian	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	<p>Communicating Hydrocephalus</p>	<p>Child is on NPO</p>	<p>NPO till Further advice</p>	Arul	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
1/9/25 12pm	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	<p>to observe if patient able to take adequate feeds.</p>	<p>to improve good Nutritional intake.</p>	<p>No vomiting. DBM & Jifcil Kichido done.</p>	Arul	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Patient's / Learner Language: English Patient / Learner Literacy: Read Write Speak Willingness to Learn: Yes No Healthcare Literacy: Yes No

Identified Education Needs:

- | | | | |
|----------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
28/08	9:20 m	10	few Risk Education	mother	1	au	1	1	no	Amy
29/8/26	8am	9	Child is on NPO	M	1	0	1	1		Monica
1/6/26	12pm	9.								

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 6 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



DISCHARGE PLANNING FORM

Nationality: indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: as per doctor order

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

<input type="checkbox"/> Needs Assistance In:			Remarks
<input type="checkbox"/> Medication	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Bathing	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Eating	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Walking	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>mother</u>
<input type="checkbox"/> Dressing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Toileting	<input type="checkbox"/> Yes	<input checked="" 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: mother
 Patient's Educational Topic/s discussed with the:
 Patient Family Member Others:

Nurse Signature: [Signature]

Nurse Name: Saravathi

Date and Time: 31/8/25 10AM



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 28/5/20		Diagnosis : Communicating hydrocephalus		Surgery / Procedures :	
	Allergies :				Post OP Day :	
	Date :	9/6/20	10/6/20	10/6/20		
	Area	PICU	PICU	PICU		
INVASIVE LINES	Shift Time		PICU Night	PICU Day	PICU Night	
	Diet :	Orally	orally	Orally		
	Ventilation (RA, NP, NIV, VENTI)	RA	RA	RA		
	1.		Cannula	Cannula	Cannula	
2.						
3.						
4.						
ASSESSMENT	Infusions / Transfusions					
	PU Prophylaxis		NA	NA	NA	
	DVT Prophylaxis		NA	NA	NA	
	Vitals	BP	95/60	96/76	94/58	
		PR	155	120	130b/min	
		RR	30	28	24b/min	
		SpO ₂	100%	100%	99%	
		Temp	99.6	98.6 F	98.9 F	
	Pain Score		1	1	0	
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact	Intact	
	Restrains If any	Physical	NA	NA	NA	
		Chemical	NA	NA	NA	
	Fall Risk (Vulnerable (Y/N) if yes score)		Yes	Yes	Yes	
	(Ambulation, walking, moving with assistance, bed ridden)		Bed ridden	Moving	moving	
ADL (Dependent / Non-Dependent)		Dependent	Depend	depend		
Critical Lab Test / Values (if any)		Nil	Nil	NA		

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	9/6/26	10/6/26	10/6/26			
		Area						
		Shift Time	PNW Night	PIU Day	PNW Night			
		Ordered / Planned	All Follow the Doctor's Order	Follow doctor's order	Follow doctor's order			
		Due	No Due	No Due	N/D due			
		Reports Pending	No Rehab Pending	No Reports pending	n/o reports pending			
		Referrals (If any)	No Referrals	No Referrals	n/o referrals as			
		Remarks (Special Interventions like, Drainage Tube flushing etc.)	No Remarks	No Remarks	N/D remark			
		Handed Over By Name :	Shanti	Matthew (-)	Vandana			
		Signature :						
Date :	10/6/26	10/6/26	11/6/26					
Time :	8AM	8pm	@8am					
Taken Over By Name :	Matthew (-)	Vandana	Mehin					
Signature :								
Date :	10/6/26	10/6/26	11/6/26					
Time :	8AM	@8pm	@8am					

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 10 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

NURSING CARE RECORD



Patient: _____

Shift: Morning Afternoon Night

Date: 10/6/26

Assessment: Tracheoconcha

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
8pm	-TO Assess the child general condition	8:30	- Assessed the child general condition	All the plans are implemented
10pm	-TO monitor vitals and record	10:30	- monitored vitals and recorded	
2am	-TO Administer medications as per doctors orders	2:30	- Administered medications as per doctors orders	
4am	-TO provide comfortable position	4:30	- provided comfortable position	
8am	-TO maintain ILO chart	8:30	- maintaining ILO chart	

Re-Assessment: _____

Re-assessment done

Special Notes: with fever spikes

Nurse Signature: _____

Nurse Name: Vandana

Date & Time: 10/6/26 @ 8am



NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 10/6/26 8PM

Assessment: Assess the baby condition

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
8PM	Assess the baby condition	9PM	Assessed the baby condition	* Baby Condition Better
10PM	Monitor the vital	11PM	Monitored the vital	
12AM	Maintain the Ilo chart	1AM	Monitored the vital	
2PM	Plan to orally	3PM	DBM started	
4PM	Provided Provided the comfortable position	5AM	Provided the comfortable position	
6AM	Administer the medication as per D.R order	7AM	Administered the medication as per D.R order	

Re-Assessment:

Special Notes: (Orally started)

Nurse Signature: Shanty

Nurse Name: Shanty

Date & Time: 10/6/26 8AM

NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 10/6/26

Assessment: Nutritional Imbalance

- 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
10am	Assess the general condition	10am	Assessed the general condition	All plans are implemented
11pm	Check vitals & Q10 chart	11pm	checked vital & Q10 chart.	
3pm	Administer medication as per doctor's order	4pm	Administered medication as per doctor's order.	
6pm	watch for fever spikes & wounds	7:20 pm	watched for fevers & wounds	

Re-Assessment: Done

Special Notes: shifting to ward

Nurse Signature: [Signature] Nurse Name: Matthew T.J. Date & Time: 10/6/26 @ 8pm

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 5 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: Morning Afternoon Night

Date: 31.8.26

Assessment: pt haemiparesis in R/Lte

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
2pm	Assess the pt general condition	3pm	Assess the pt general condition	By done all implementation as per order
3pm	monitor vital sign	4pm	monitor vital sign	
4pm	maintain ID chart	5pm	maintained ID chart	
5pm	provide comfortable position	6pm	provided comfortable position	
6pm	Administer medication	7pm	Administered medication	

Re-Assessment: Re Assess done

Special Notes:

Nurse Signature: 

Nurse Name: Rushmi

Date & Time: 31.8.26 @ 8PM

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 3 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



NURSING CARE RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: Morning Afternoon Night

Date: 26/08

Assessment: Acute pain related to surgery as evidenced by crying

- 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
8pm	To Assess the Baby condition	9pm	Assessed Baby condition	All plans are implemented
10pm	To monitor vitals of baby	11pm	monitored vitals of baby	
12am	plan to stop IV fluids	1am	stopped IV fluids	
2am	plan to continue mother feed	4am	continued mother feed	
6am	Administer medicine as per	7am	Administered medicine as per	

Re-Assessment: Re-assessment done

Special Notes: Empty the Drw's change when its Full

Nurse Signature: Asna Nurse Name: Aisla Date & Time: 31/08/2025

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 5 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



NURSING CARE RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: Morning Afternoon Night

Date: 3/6/26

Assessment: Observe the baby's sensorium

- 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
8am	To assess for baby's general condition.	9am	Assessed for baby's general condition.	All plans were implemented.
10am	To monitor and record vitals.	11am	Monitored recorded vitals.	
12pm	To administer all medications as per drug chart.	1pm	Administered all medications as per drug chart.	
2pm	To provide comfortable position	4pm	provided comfortable position.	
6pm	To maintain I/O chart	7pm.	Maintained I/O chart.	

Re-Assessment: Do watch for shunt compressor. Safety.

Special Notes:

Nurse Signature:

Nurse Name: Akash

Date & Time: 3/6/26



NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 3/6/25

Assessment: pt having dull activity

- 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
8pm	→ Assess the pt General Condition	8:10pm	→ Assessed the pt General Condition	pt is stable
10pm	→ Check the vital signs	10:10pm	→ Check the vital signs	
12am	→ plan for Administration medication	12:10am	→ providing the medication as per doctor Order	
2am	→ Plan for Ilo Chart	2:10am	→ maintaining Ilo Chart	
4am	→ Plan for Drain monitoring	4:10am	→ monitoring Drain	
8am	→ plan for Ensure Safety	8:10am	→ providing the Ensuring Safety	

Re-Assessment: Re-Assessment Every 4th hourly

Special Notes: monitor Drain

Nurse Signature: @

Nurse Name: Chendane

Date & Time: 4/6/25 2pm

KUH-00209333 IPS-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 5 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

NURSING CARE RECORD



Shift: Morning Afternoon Night

Date: 4/6/26

Assessment: Baby having dull activity

- 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
8am	* Assess the baby general condition. monitor vital signs	8pm	* Assessed the baby general condition. monitor vital signs	Baby condition is improving slowly
10am	* provide comfortable position	10pm	* provided comfortable position.	
12pm	* maintain I/O charting * Administer medication as per doctor orders	12pm	* maintained I/O charting * Administered medication as per doctor orders	

Re-Assessment:

Special Notes: Monitor drain

Nurse Signature: *[Signature]*

Nurse Name: Suresh (221085)

Date & Time: 4/6/26 2pm

NURSING CARE RECORD

☐ Morning Afternoon ☐ Night

Date: 4/6/2026

Assessment: Baby is having less activity

- 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
2pm	⇒ Assess the general condition of the baby	2:10pm	⇒ Assessed general condition of the baby	The baby condition is Improving slowly
4pm	⇒ provide comfortable bed and position	4:10pm	⇒ provided comfortable bed and position	
6pm	⇒ monitor vital signs	6:10pm	⇒ monitored vital signs	
8pm	⇒ Administer medication as per doctor order	8:10pm	⇒ Administered medication as per doctor order	

Re-Assessment: Re assessment done
 baby is discomfort

Special Notes:

Nurse Signature: Rana

Nurse Name: Rana

Date & Time: 4/6/2025 8pm



NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 5/12/25

Assessment: Baby Having Head Drain

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
10pm	→ Assess the Baby General Condition, monitor vitals & Record	11pm	→ Assessed the Baby General Condition, monitored Vitals & Recorded	By All this care condition is improved
12am	→ provide comfortable position	1am	→ provided comfortable position	
3am	→ plan to do Cbp, N/S	4am	→ planned to do Cbp, N/S	
6am	→ Administer medication as per doctor order	8am	→ Administered medication as per doctor order.	

Re-Assessment:

Special Notes: Cbp, N/S, T/m

Nurse Signature: [Signature]

Nurse Name: Aparajitha (21266)

Date & Time: 5/12/25 @ 8am

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 5 D
 Dr. VISHAKHA BASAVRAJ KARPE

NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 5/06/2026

Assessment: Baby down in activity

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
8am	→ Assess the general condition of the baby	8am	Assess Assess the general condition of the baby	The baby condition is Improving slowly
10am	→ monitor vital signs	10am	→ monitored vital signs	
12pm	→ provide comfortable bed and position	12pm	→ provided comfortable bed and position	
2pm	→ administer medication as per doctor order	2pm	→ administered medication as per doctor order	

Re-Assessment: re assessment done
 baby is uncomfortable


Special Notes:

Nurse Signature: Rama

Nurse Name: Rama

Date & Time: 5/6/2026 2pm

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 5 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



NURSING CARE RECORD

Day Night

Date: 17/8/25

pt is having prob in site

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
2 pm	Assess the pt general condition	3 pm	Assess the pt general condition	By done all implementation as per order
3 pm	monitor vital sign	4 pm	monitor vital sign	
4 pm	monitor IO chart	5 pm	maintain IO chart	
5 pm	provide comfortable position	6 pm	provided comfortable position	
6 pm	Administer medication	7 pm	Administered medication	

Re-Assessment:

Special Notes: 2.4m monitor

Nurse Signature: 

Nurse Name: Surbha C. J.

Date & Time: 17/8/25 @ 8 pm



NURSING CARE RECORD

Morning
 Afternoon
 Night

Date: 05/06/2026

Assessment: Baby having pain in surgical site

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
8pm	→ Assess the baby General Condition	8pm	→ Assessed the baby General condition	By doing these procedures the baby condition is improved
10pm	→ provide comfort position	10pm	→ provided comfort position	
12am	→ monitor the vitals of recorded	12am	→ monitored the vitals of recorded it	
2am	→ administer the all drugs as per doctor order's	2am	→ administered the all drugs as per doctor order's	
4am		4am		
6am		6am		
8am	→ Ensure the safety	8am	→ ensured the safety siderally	

Re-Assessment:

Done by giving Inj: paracetamol

Special Notes:

Nurse Signature:

Shailaja

Nurse Name:

Shailaja (605567)

Date & Time:

06/06/26 (8am)

NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 16/26

Assessment: baby having del activity

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
10 pm	→ Assess the Baby General Condition, monitor vitals & Record	11 pm	→ Assessed the Baby General Condition, monitored vitals & Recorded	By All this done pt condition is improved
2 am	→ provide comfortable position	3 am	→ provided comfortable position	
4 am	→ Empty Head Drain	5 am	→ planned to Head Drain Empty 7 am	
6 am	→ Administer medication as per Doctor order	8 am	→ Administered medication as per doctor order	

Re-Assessment:

Special Notes: Empty the drain Rejumping this morning

Nurse Signature: [Signature]

Nurse Name: Aparajitha

Date & Time: 7/16/26 8 am

KUH-00200333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 7 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

NURSING CARE RECORD

Shift: Day Night

Date: 7/6/25

Assessment: pt having dull activity

- 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
8am	→ Assess the pt General Condition	8:10am	→ Assessed the pt General Condition	pt is stable
10am	→ Check the vital signs	10:10am	→ Checked the vital signs	
12pm	→ Plan for administration medication	12:10pm	→ providing the medication as per doctor Order	
2pm	→ plan for dressing Change	2:10pm	→ Dressing today	
8pm	→ plan for CT Brain T/m afternoon	8:10pm	→ providing Evening Safety	

Re-Assessment: Re-Assessment Every 4th hrly

Special Notes: CT Brain T/m Afternoon

Nurse Signature: *[Signature]*

Nurse Name: Chandane

Date & Time: 7/6/25 2:20pm

Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 7 D
 Dr. VISHAKHA BASAVRAJ KARPE (F)

NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 07/08/2025

Assessment: Baby is in dull activity

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
2pm	Assess the baby general condition and monitor the vitals & record.	2:10pm	Assessed the baby general condition and monitored the vitals & recorded.	By doing all above procedure baby condition improving well.
3pm	After the doctor rounds advice to clamp the drain ^{for the} output and watch any leakage.	3:10pm	After the doctor rounds advised to clamp the drain for the output.	
5pm	inform if incase any sensory - seizures, vomittings / dull activity.	3:30pm	and watch for any leakage from the dressing.	
6pm	CT brain T/m. (afternoon)	6:10pm	inform if incase any sensory - seizures vomittings / dull activity.	
7pm	Provide comfortable position	6:30pm	CT brain T/m planning (Afternoon)	
8pm	Ensures the safety needs.	7:10pm	Provided comfortable position	
		8:10pm	Ensured the safety needs	

Re-Assessment: Re-assessment done.

Special Notes: Tomorrow plan CT Brain, Inform SAs any sensory seizures, vomittings / dull activity

Nurse Signature: Sruvanthi

Nurse Name: K. Sruvanthi

Date & Time: 07/08/25 @ 8pm

NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 7/6/26

Assessment: Baby having Dull Activity.

- 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
10pm	Assess the baby general condition. & monitor the vital sign.	11pm	Assessed the baby general condition. & monitor the vital sign.	Baby condition is improved well.
12am	Inform if incase any sensory seizures, vomiting / dull activity	1am	Informed if incase any sensory seizures, vomiting / dull activity.	
2am	CT brain T/M (afternoon)	3am	CT Brain T/M (afternoon)	
4am	Administered the medication as per doctor order	5am	Administered the medication as per doctor order	
6am	provide the comfortable position.	7am	provided the comfortable position.	

Re-Assessment: NPII

Special Notes: T/M plan CT Brain, Inform ses any sensory seizures, vomitings, / Dull Act

Nurse Signature: Meelin Nurse Name: Meelin Date & Time: 7/6/26 @ 2pm



NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 8/6/2026

Assessment: Baby is dull in activity

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
8am	⇒ Assess the general condition of the baby	8:10am	⇒ Assessed general condition of the baby	The baby condition is Improving slowly
10am	⇒ monitor vital signs	10:10 AM	⇒ monitored vital signs	
12pm	⇒ provide comfortable bed and position	12:10 pm	⇒ provided comfortable bed and position	
1pm	⇒ plan for CT brain	1:10pm	⇒ planned for CT brain	
2pm	⇒ Administer medication as per doctor order.	2:10 pm	⇒ Administered medication as per doctor order	

Re-Assessment: Baby is dull in activity

Special Notes:

Nurse Signature: Rama

Nurse Name: Rama

Date & Time: 8/6/2026 2pm

NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 8/6/26

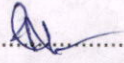
Assessment: Baby Having little bit some leakage of drain

- 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
2pm	→ Assess knee Baby General condition, monitor vitals & record	2:30pm	→ Assessed knee Baby General condition, monitored vitals & recorded	By All knee's done pt condition improved
3pm	→ provide comfortable position	3:30pm	→ provided comfortable position	
5pm	→ watch for surgical site leakage	6pm	→ watched for surgical site leakage	
7pm	→ Administered medication as per doctor order	8pm	→ Administered medication as per doctor order	

Re-Assessment:

Special Notes: Empty drain & again clamp drain

Nurse Signature:  Nurse Name: Aparajitha (021963) Date & Time: 8/6/26 @ 8pm

NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 8/6/26

Assessment: Baby having Discomfort

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
10pm	→ Assess the baby General condition, monitor vitals & Record	11pm	→ Assessed the Baby General condition, monitored vitals & Recorded	By All this done PT condition is improved
12am	→ Watch for irritability, vomiting, Pain, CSF leak	1am	→ Watched for irritability, vomiting, pain, CSF leak	
2am	→ provide comfortable position	4am	→ provided comfortable position	
6am	→ Administer medication as per doctor order	8am	→ Administered medication as per doctor order	

Re-Assessment:

Special Notes: Observe for vomiting, CSF leak

Nurse Signature: 

Nurse Name: V. Ravina 607729

Date & Time: 9/6/26 am



NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 9/16/26

Assessment: Pt having full activity.

- 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
8AM	→ ASSESS the pt general condition	8AM	→ ASSESSED pt general condition	Pt condition is normal.
10AM	→ monitor vital signs	10AM	→ monitored vital signs	
12PM	→ maintain %o chart → Administer the medications as per doctors order.	12PM	→ maintained %o chart → Administered the medications as per doctors order.	

Re-Assessment:

Special Notes: Plan NSG - Tomorrow

Nurse Signature: Nurse Name: Sravanthi Date & Time: 9/16/26 2PM

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 9 D
 Dr. VISHAKHA BASAVRAJ KARPE

NURSING CARE RECORD

Afternoon Night

Date: 9/6/2026

Assessment: Baby is having diarr. activity

- 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
8 AM	→ Assess the general condition of the baby	2:10 PM	→ Assessed general condition of the baby	The baby condition is Improving slowly
4 PM	→ provide comfortable bed and position	4:10 PM	→ provided comfortable bed and position	
6 PM	→ monitor vital signs	6:10 PM	→ monitored vital signs	
8 PM	→ Administered medication as per doctor order	8:10 PM	→ Administered medication as per doctor order	

Re-Assessment: Baby is uncomfortable

Special Notes:

Nurse Signature: Rama Nurse Name: Rama Date & Time: 9/6/2026 8 PM



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. V.A. Department: Surgery Date of Admission: 28/8/26

SITUATION	Diagnosis:	<u>Post-op fossy anal noised syst</u>						
		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area	<u>3rd floor</u>	<u>1st floor</u>	<u>1st floor</u>	<u>1st floor</u>	<u>1st floor</u>	<u>1st floor</u>	
	Shift Time	<u>2pm-8pm</u>	<u>8pm-8am</u>	<u>8am-2pm</u>	<u>8am-2pm</u>	<u>8pm-8am</u>	<u>8pm-2pm</u>	
	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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:	<u>98.1</u>	<u>98.2</u>	<u>97.5</u>	<u>98.0</u>	<u>98.5</u>	<u>98.5</u>
		Res:	<u>21</u>	<u>21</u>	<u>22</u>	<u>22</u>	<u>22</u>	<u>22</u>
		SpO ₂ :	<u>100</u>	<u>99.1</u>	<u>99.1</u>	<u>100</u>	<u>100</u>	<u>100</u>
		Pulse:	<u>100</u>	<u>116</u>	<u>110</u>	<u>112</u>	<u>116</u>	<u>112</u>
		BP:	<u>100/60</u>	<u>99/63</u>	<u>98/62</u>	<u>100/70</u>	<u>101/60</u>	<u>101/70</u>
		Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
	Physiotherapy	<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	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	<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	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Reshmi</u>	<u>Chandan</u>	<u>Sush</u>	<u>Rama</u>	<u>APPA</u>	<u>Rama</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>3/6/26</u>	<u>4/6/26</u>	<u>4/6/26</u>	<u>4/6/2026</u>	<u>5/6</u>	<u>5/6</u>	
Time:		<u>8pm</u>	<u>8am</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	
Taken Over By Name :		<u>Chandan</u>	<u>Sush</u>	<u>Rama</u>	<u>Apparajita</u>	<u>Rama</u>	<u>Sushmi</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>3/6/26</u>	<u>4/6/26</u>	<u>4/6/26</u>	<u>4/6</u>	<u>5/6</u>	<u>5/6</u>	
Time:		<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>	<u>2pm</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Vishakha Basavraj Department: Neuro Surgeon Date of Admission: 28/8/26

SITUATION	Diagnosis: <u>A. posterior fossa arachnoid cyst</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:					
	Area	Shift Time	<u>1st floor 8pm-8pm</u>	<u>1st floor 8pm-8pm</u>	<u>1st floor 8am-2pm</u>	<u>1st floor 2pm-8pm</u>	<u>1st floor 8pm to 8am</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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:	<u>98.1 F</u>	<u>98.0</u> (Head down)	<u>98.9 F</u>	<u>98.8 F</u>	<u>98.10 F</u>	<u>98.3 F</u>
		Res:	<u>28</u>	<u>26b/m</u>	<u>29b/m</u>	<u>26b/m</u>	<u>26b/m</u>	<u>26b/m</u>
		SpO ₂ :	<u>99</u>	<u>99%</u>	<u>98.5</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>102</u>	<u>110b/m</u>	<u>119b/m</u>	<u>111b/m</u>	<u>116b/m</u>	<u>112b/m</u>
		BP:	<u>100/60</u>	<u>98/50</u>	<u>90/60</u>	<u>97/60</u>	<u>98/62</u>	<u>102/62</u>
Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>		
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
	Physiotherapy	<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	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	<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	
Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :	<u>Sushma</u>	<u>Shariya</u>	<u>Appu</u>	<u>Chandana</u>	<u>K. Sravanthi</u>	<u>Ravina</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>8/8</u>	<u>6/8/26</u>	<u>7/8</u>	<u>7/8/26</u>	<u>07/08/26</u>	<u>8/8</u>		
Time:	<u>8pm</u>	<u>(8am)</u>	<u>8pm</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8pm</u>		
Taken Over By Name :	<u>Shariya</u>	<u>Appu</u>	<u>Chandana</u>	<u>K. Sravanthi</u>	<u>Ravina</u>	<u>Rama</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>8/8</u>	<u>6/8</u>	<u>7/8/26</u>	<u>07/08/26</u>	<u>7/8</u>	<u>8/8/26</u>		
Time:	<u>(8pm)</u>	<u>8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>8am</u>		



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Vishaka Basavraj Department: Neuro Surgery Date of Admission: 28/8/26

SITUATION	Diagnosis: <u>Δ. posterior fossa arachnoid cyst</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:	
BACKGROUND	Area		
	Shift Time	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">1st Floor 8AM-2PM</div> <div style="text-align: center;">1st Floor 2PM-8PM</div> <div style="text-align: center;">2nd Floor 8PM-11PM</div> <div style="text-align: center;">1st Floor 11PM-5AM</div> <div style="text-align: center;">1st Floor 5AM-2PM</div> </div>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> </div>	
	Allergy:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div>	
RECOMMENDATIONS	Tubes/Drains/Catheter:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div>	
	Vital Signs:	Temp:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">98.2°F</div> <div style="text-align: center;">98.1°F</div> <div style="text-align: center;">98.0°F</div> <div style="text-align: center;">98.1°F</div> <div style="text-align: center;">98.0°F</div> </div>
		Res:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">28b/min</div> <div style="text-align: center;">29b/min</div> <div style="text-align: center;">28b/min</div> <div style="text-align: center;">28b/min</div> <div style="text-align: center;">28b/min</div> </div>
		SpO ₂ :	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">99%</div> <div style="text-align: center;">98%</div> <div style="text-align: center;">99%</div> <div style="text-align: center;">100%</div> <div style="text-align: center;">100%</div> </div>
		Pulse:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">126b/min</div> <div style="text-align: center;">120b/min</div> <div style="text-align: center;">130b/min</div> <div style="text-align: center;">126b/min</div> <div style="text-align: center;">112b/min</div> </div>
		BP:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">100/70</div> <div style="text-align: center;">90/59</div> <div style="text-align: center;">100/60</div> <div style="text-align: center;">93/51</div> <div style="text-align: center;">100/70</div> </div>
		Fall Risk Score:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">10</div> <div style="text-align: center;">10</div> <div style="text-align: center;">10</div> <div style="text-align: center;">10</div> <div style="text-align: center;">10</div> </div>
Pain Score:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">0/10</div> <div style="text-align: center;">0/10</div> <div style="text-align: center;">0/10</div> <div style="text-align: center;">0/10</div> <div style="text-align: center;">0/10</div> </div>		
Other Special Orders / Medications:	Safety Needs:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">yes</div> <div style="text-align: center;">yes</div> <div style="text-align: center;">yes</div> <div style="text-align: center;">yes</div> <div style="text-align: center;">yes</div> </div>	
	Physiotherapy	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div>	
	Others Specify:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">yes</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;"></div> </div>	
	Special Diet:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div>	
Post Operative Procedure Special Orders:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> <div style="text-align: center;">NA</div> </div>		
Handed Over By Name :	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Rama</div> <div style="text-align: center;">Aparanjitha</div> <div style="text-align: center;">Rashmi</div> <div style="text-align: center;">Sourinshi</div> <div style="text-align: center;">Rama</div> </div>		
Signature :	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Rama</div> <div style="text-align: center;">Aparanjitha</div> <div style="text-align: center;">Rashmi</div> <div style="text-align: center;">Sourinshi</div> <div style="text-align: center;">Rama</div> </div>		
Date:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">8/6/2026</div> <div style="text-align: center;">8/6</div> <div style="text-align: center;">9/6</div> <div style="text-align: center;">9/6/26</div> <div style="text-align: center;">9/6/26</div> </div>		
Time:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">2PM</div> <div style="text-align: center;">8PM</div> <div style="text-align: center;">8PM</div> <div style="text-align: center;">2PM</div> <div style="text-align: center;">6:30PM</div> </div>		
Taken Over By Name :	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Aparanjitha</div> <div style="text-align: center;">Rashmi</div> <div style="text-align: center;">Sourinshi</div> <div style="text-align: center;">Rama</div> <div style="text-align: center;">Sourinshi</div> </div>		
Signature :	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Aparanjitha</div> <div style="text-align: center;">Rashmi</div> <div style="text-align: center;">Sourinshi</div> <div style="text-align: center;">Rama</div> <div style="text-align: center;">Sourinshi</div> </div>		
Date:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">8/6</div> <div style="text-align: center;">2/6</div> <div style="text-align: center;">9/6/26</div> <div style="text-align: center;">9/6/26</div> <div style="text-align: center;">9/6/26</div> </div>		
Time:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">8PM</div> <div style="text-align: center;">8PM</div> <div style="text-align: center;">5AM</div> <div style="text-align: center;">2PM</div> <div style="text-align: center;">@7:30P</div> </div>		

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 8 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:							
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/6/26	10am	2/10	Surgery site	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	inj - PCM	Bel
1/6/26	2pm	2/10	Surgery site	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	inj - PCM gim	Bel
1/6/26	4pm	1/10	Head	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	inj - PCM gim	Bel
1/6/26	8pm	2	Head	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input checked="" type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	kept comfortable position	Aives
2/6/26	12am	2	Head	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input checked="" type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	inj (tramadol)	Aives
2/6/26	4am	2	Head	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input checked="" type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	position change	Aives
2/6/26	7am	2	Head	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	inj paracetamol	Aives
2/6/26	10AM	1/10	head	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" 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 checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	position changed	A
2/6/26	4pm	1/10	head	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	inj - PCM	A
3/6/26	9am	1/10	Head.	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	inj - PCM	A

Re-assessment Frequency:

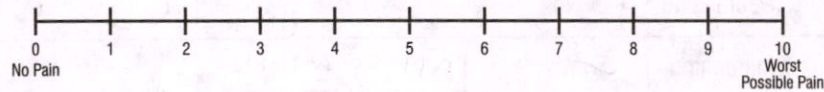
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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

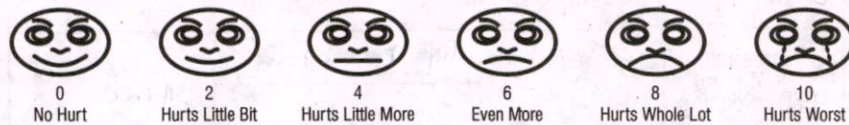
Numerical Pain Scale (Obstetric and Gynecology)



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





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/6/26	8pm	01	Head	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Position change	Alive
3/6/26	12AM	01	Head	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ty Paracetamol	Alive
3/6/26	6AM	01	Head	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Position change	Alive
3/6/26	9:36 am	1/10	Head	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Position	Alive
3/6	4pm	0/10	NA	<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	NR	S
3/6	11pm	0/10	NA	<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	NA	Chondan
4/6	6am	0/10	NA	<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	NA	Chondan
4/6	2M	0/10	NA	<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	NA	Subin
4/6	10pm	0/10	NA	<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	NA	Appo
5/6	9am	0/10	NA	<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	NA	Appo

Re-assessment Frequency:

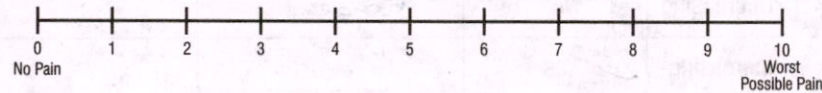
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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
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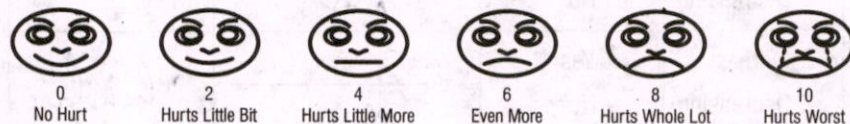
Numerical Pain Scale (Obstetric and Gynecology)



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



PAIN ASSESSMENT FORM

Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/6	6am	0/10	NA	<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	NA	Appy
5/06	2pm	0/10	NA	<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	NA	Shairy
5/06	10pm	0/10	NA	<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	NA	Shairy
06/06	6am	0/10	NA	<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	NA	Shairy
06/6	2pm	0/10	NA	<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	NA	Ramy
6/6	10pm	0/10	NA	<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	NA	Appy
7/6	6am	0/10	NA	<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	NA	Appo
7/6	11AM	0/10	NA	<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	NA	Choneban
07/06	7pm	0/10	NA	<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	NA	Brass.
8/6	2am	0/10	NA	<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	NA	Rawner

Re-assessment Frequency:

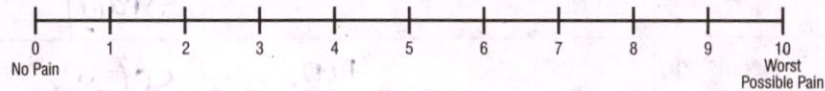
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 - 60 minutes after pain 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 or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

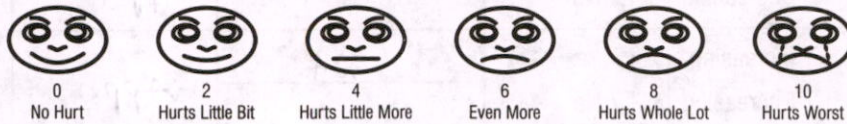
Numerical Pain Scale (Obstetric and Gynecology)



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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/6	9pm	0/10	NA	<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	NA	Appu
8/6	10pm	0/10	NA	<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	NA	Ru
9/6/20	9am	0/10	NA	<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	NA	Ru
9/6/20	6am	0/10	NA	<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	NA	Ru
9/6/20	2pm	0/10	NA	<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	NA	Shi
9/6/20	10pm	0	NA	<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	NA	Shaty
10/6/20	3AM	0	NA	<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	NA	Shaty
10/6/20	7AM	0	NA	<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	NA	Shaty
10/6/20	3pm	0	NA	<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	NA	Shaty
10/6/20	7am			<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		

Re-assessment Frequency:

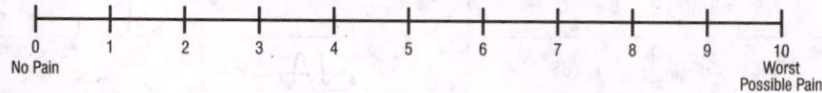
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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



KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 8 M 28 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



THE HUMPTY DUMPTY SCALE

28/10/2015 29/10/2015 30/10/2015 31/10/2015 1/11/2015

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
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					4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3	2	2	2	2	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			12	12	12	12	16

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	Yes	Yes	Yes	2
Call device within reach	Yes	Yes	No	No	X
Wheels Locked	Yes	Yes	Yes	Yes	✓
Room free of clutter	Yes	Yes	Yes	Yes	✓
Adequate Lighting	Yes	Yes	Yes	Yes	✓
Wheel Chair Support	No	No	No	No	9
Other Intervention(s) Specify	No	No	No	No	✓
Nurse's Name :	Anush	Pat	Navaneth	Navaneth	Pat
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date :	28/10	29/10	30/10	31/10	1/11
Time :	9:17 AM	4 AM	6 AM	6 AM	7 AM



THE HUMPTY DUMPTY SCALE

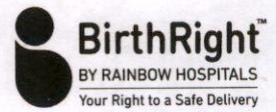
6.5

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4	4	4	4	4	4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	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			14	17	10	12	12

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	Yes	Yes	Yes
Call device within reach		✓	✓	Yes	Yes	Yes
Wheels Locked		✓	✓	Yes	Yes	Yes
Room free of clutter		✓	✓	Yes	Yes	Yes
Adequate lighting		✓	✓	Yes	Yes	Yes
Wheel chair support		x	x	No	No	No
Other Intervention(s) Specify		ng	ng	ng	ng	ng
Nurse's Name:		Alice	Alice	Chandana	Ammy	Shay
Signature:		Alice	Alice	(Signature)	(Signature)	(Signature)
Date:		26/08	26	26	26	6/08
Time:		8:30	8:45	6am	6am	6am

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 7 D
 Dr. VISHAKHA BASAVRAJ KARPE (F)



THE HUMPTY DUMPTY SCALE 7/6 8/6 9/6 10/6 11/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
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	2	2	2	2	2
	Female	1					1
Diagnosis	Neurological Diagnosis	4	4	4	4	4	4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3				4	4
	Psych / Behavioral Disorders	2					
	Other Diagnosis	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			7	7	7	7	7

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes	yes	✓	✓
Call device within reach	yes	yes	yes	x	x
Wheels Locked	yes	yes	yes	✓	✓
Room free of clutter	yes	yes	yes	✓	✓
Adequate Lighting	yes	yes	yes	✓	✓
Wheel Chair Support	no	no	no	x	x
Other Intervention(s) Specify	no	no	no	x	x
Nurse's Name :	APPU	Ravina	APPU	Shobha	Udaya
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date :	7/6	8/6	9/6	10/6	11/6
Time :	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM

KUH-00209333
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 7 D
 Dr. VISHAKHA BASAVRAJ KARPE (F)



BRADEN 'Q' SCALE

				Date :	8/6	9/6	10/6	11/6
				Time :	@ 6am	6am	6AM	6am
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 e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3
"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.	1	1	1	2
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.	3	3	3	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.	3	3	3	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	4
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.	3	3	3	3
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					20	20	20	24
Evaluator's Name					Dr. B.	Shruti		

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

KUH-00208333 IP5-00174468
 Baby YERROLA NAYANIK A SREE
 30-08-2025 0 Y 9 M 6 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE

BRADEN 'Q' SCALE



				Date :	4/6/26	5/6	6/06	7/6
				Time :	8am	6am	6am	6am
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 e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3
"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.	1	1	1	1
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.	3	3	3	3
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.	3	3	3	3
FRICION-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.	3	3	3	3
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

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

Docu. No. : RCHBH /FRM / CLINICAL / 119

TOTAL SCORE	20	20	20	20
Evaluator's Name	Ay	Appy	Shayy	Appy

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

BRADEN 'Q' SCALE

					Date :	31/8	1/9	2/9	3/9
					Time :	6am	6am	6am	6am
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	3	3	3	
"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.	1	1	1	1	
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.	3	3	3	3	
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.	3	2	3	3	
FRICTION-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.	3	1	3	3	
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.	3	4	4	4	
TOTAL SCORE					20	17	20	20	
Evaluator's Name					Raj	mus	Arun	Arun	

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



CHECKLIST FOR THROMBOPHLEBITIS

10/6

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	9/6 DAY-1 9/6			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					
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				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				

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 : *[Signature]* Name : *[Signature]*

Signature of Ward In Charge :

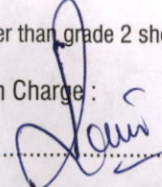
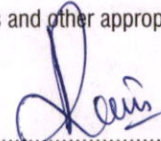
Signature : *[Signature]* Name : *[Signature]*


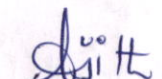


CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	31/5 DAY-1			16/26 DAY-2			2/6 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		
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	-	-	-	-	-	1	-	-	-	Cannula removed 16/26 @ 9:00pm
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				Meelin	Meelin	Meelin	Meelin	Meelin	Meelin	Meelin	Meelin	Meelin	

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 :  Name : 

Signature of Ward In Charge :  Name : 



CHECKLIST FOR THROMBOPHLEBITIS

31/8/26

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	0	0	0	0	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	-	-	-	-	-	
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	0	0	0	0	-	-	-	-	-	
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	0	0	0	0	-	-	-	-	-	
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	0	0	0	0	-	-	-	-	-	
Signature of the Nurse				Atan	Atan	Ais	Atan	Atan	Atan	Atan	Atan	Atan	

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 : Parulika Name : Parulika

Signature of Ward In Charge :

Signature : Neeraja Name : Neeraja Devi

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE (F)
 30-08-2025 0 Y 9 M 6 D
 Dr. VISHAKHA BASAVRAJ KARPE



CHECKLIST FOR THROMBOPHLEBITIS



S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	6/6 DAY-1			DAY-2			8/6 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		
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				Rana Ranappa S R Rana Appu S									

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 : [Signature] Name : Sarav

Signature of Ward In Charge :

Signature : [Signature] Name : Neeraj

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 8 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

9/6/26 to/day 9/6/26

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				
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				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

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 : pintu brother Name : pintu brother

Signature of Ward In Charge :
 Signature : Neeraja sister Name : Neeraja sister

KUH-00209333 IP5-00174468
 Baby YERROLA NAYANIKA SREE
 30-08-2025 0 Y 9 M 9 D (F)
 Dr. VISHAKHA BASAVRAJ KARPE



FORM

Patient Name & UHID No. UHID 00209333 Nayan Sree Reddy	Date & Time of Admission 9/6/2026 7:20 PM	Date & Time of Transfer Order 9/6/2026 7:20 PM
Treating Consultant Name Dr. Vishaka	Transfer Ordered by Dr. Vishaka	Reason for Transfer 8 dai activity
From Unit Pediatric	To Unit	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what?	Patient shifted with ID band: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No:
Number of Imaging Films		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	CT report (Mother)	/
2.	Medication order (pending)	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Rama	Name of Person Ordered Transfer Dr. Vishaka
--------------------------------------------------------	------------------------------------------------

Patient & Clinical Records Received by :
Shanti
9/6/26
8 PM

Date & Time of Patient Received :

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

- Unavailable Bed Nurse not Available Available Bed not ready

Patient Sticker

209333 IP5-00174468
 ERROLA NAYANIKA SREE
 025 0 Y 9 M 1 D (F)
 HAKHA BASAVRAJ KARPE



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 31/05/26

Department : P-OT Duration of Procedure : 245

Name of Surgeon : Dr. Vishakha Date of Admission : 28/05/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input 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>Trg Vancomycin</u>	Alan
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes : <u>Surgical Clipper</u> 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	Alan
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : <u>Dr. Akhila</u> Date & Time of antibiotic administration : <u>31/05/26 @ 1:30 pm</u> Date & Time procedure started : <u>31/05/26 @ 2:30 pm</u>	Alan

- 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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Akhila
 Asst. Surgeon : _____
 Anaesthetist : Dr. Akhila
 Scrub Nurse : Sujata, Alan

0209333 IP5-00174468
 YERROLA NAYANIKA SREE
 2025 0 Y 9 M 1 D (F)
 SHAKHA BASAVRAJ KARPE


Age : _____ Gender : _____
 y Name : Rt Frontal Penitral burhole + Evacuation of SD's
 Date : _____ In-time : 02:00pm Out-time : 4:00pm



Hemorrhage

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>1:45pm</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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Signature : _____	<u>Akhila</u>	
Name : _____	<u>Dr. Akhila-K</u>	

TIME OUT		Time: <u>2:30pm</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, <u>Bleeding</u> <u>2ms</u>		
Anticipated Blood Loss? <u>10-15ml</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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Is Essential Imaging Displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Signature : _____	<u>Alan</u>	
Name : _____	<u>Alan</u>	

SIGN OUT		Time: <u>3:50pm</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Raised SEP</u>		
Signature : _____	<u>[Signature]</u>	
Name : _____	<u>R. V. Shalee</u>	



BED SIDE CHECK LIST FOR NURSES

Date:	29/8/26	30/8/26	31/8	1/9	2/9/26	10/9	11/9		
Doctor's Orders	Followed	Followed	Followed	Followed	Followed	Follow	Followed		
Carried out or not	Yes	Carried out	Carried out	Carried	Yes	Carried out	Carried		
Bed Side									
Structured Handover done	done	Done	Done	Yes	done	Done	done		
IV Site	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Central Lines	no	NO	NO	no	no	NO	N/A		
Arterial Lines	Yes	Yes	Yes	Yes	Yes	Yes	N/A		
Feeding Catheter	no	NO	NO	no	no	Yes	N/A		
Urinary Catheter	no	NO	NO	no	no	NO	N/A		
Skin Care	Yes	Given	Given	Yes	Yes	Yes	Given		
Eye Care	Yes	Given	Given	Yes	Yes	Yes	Given		
Mouth Care	Yes	Given	Given	Yes	Yes	Given	Given		
Sterillum Bottle, Stethoscope	Yes	Beet side	Beet side	Yes	Yes	Yes	Yes		
Suction Bottle (Should be clean & empty)	Yes	clean	clean	Yes	Yes	Empty	Yes		
Intubation Tray	Yes	Ready	Ready	ready	Yes	Yes	Yes		
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Loaded	Loaded	Loaded	loaded	Loaded	Loaded	loaded		
Ventilator Tubing, (Any Water, Blood)	no	NO	NO	NA	no	NO	N/A		
Humidification	no	NO	NO	NA	no	Yes	Yes		
Check all Infusion (Labelling, Correct Preparation)	Yes	Labelled	Labelled	Labelled	Yes	Labelled	Labelled		
Chest Physio & Neb	no	NO	NO	NO	no	NO	N/A		
Handed Over By Name :	Rajhaldar	Navaneetha	Navaneetha	Mukul	Anay	Shubh	Khushi		

Checked & Handover given by

Name of the Nurse : Raj Haldar

Signature : *[Signature]*

Date & Time : 29/8/26 8 AM

Checked & Handover taken by

Name of the Nurse : Vandana

Signature : *[Signature]*

Date & Time : 29/8/26 @ 8 AM



CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



Name: Nayanika Sree Reddy Age: 8 months 28 days Gender: Male Female
UHID.No: KUH-00209333 Date: 28/5/26

I, _____ S/o, D/o, W/o, _____ hereby declare that our patient Master/Baby Nayanika Sree Reddy who is related to me as _____ is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on _____

The doctors have explained to me in a language understood by me that my child has following health related issues :
anterior fossa cyst / communicating hydrocephalus
VP shunt / cysto peritoneal shunt
now with raised ICP due to subdural collection causing mass

The doctors have clearly explained to me that my patient Master / Baby _____ during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

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

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

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

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : _____ in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature: Y. Kranthi Reddy
Name: Y. Kranthi Reddy
Relationship with Patient: father
Date & Time: 28/5/26 at 11pm

Witness :

Signature: [Signature]
Name: [Signature]
Date & Time: 28/5/26 11:30pm

Doctor (who is taking the consent) :

Signature: Madhu
Name: Madhu
Date & Time: 28/5/26 at 11pm



PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)



Patient Name: Naynika Gender: Male Female UHID No: KUH-00209333 Age: 8m
 Date: 29/08/2025 In-Time: 1:45am Out-Time: 2:05am
 Doctor Performing Procedure: Dr. Vineeth Doctor Giving Sedation: _____ Assisting Nurse: Buddhader

SIGN IN	Time: <u>1:45am</u>	Yes	No	NA
Patient is verified using two identifiers (Name & UHID)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All required documents, images, studies are available		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPO Status Checked from Patient / Patient Attendant		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent is Signed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any need for blood products		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: _____				
Any Risk of Hemodynamic Compromise		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: _____				
Any drug or food allergy		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: _____				
Correct Site of Procedure Marked		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All resources required are correct, available and functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Doctor: <u>[Signature]</u>				
Name of the Doctor: <u>Dr. Vineeth</u>				

TIME OUT	Time: <u>1:50am</u>	Yes	No	NA
Correct Patient		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correct Procedure		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the team members introduced		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>Buddhader</u>				

SIGN OUT	Time: <u>2:05am</u>	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument, Sponge and Needle Count Completed		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specimens are labeled		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any equipment problems are addressed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>Buddhader</u>				

Any Adverse / Unexpected Events

Nil, pre & post procedure vitals - stable

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Suggested Billable bed type : _____

KUH-00209333 IP5-00174468
Baby YERROLA NAYANIKA SREE
30-08-2025 0 Y 9 M 9 D (F)
Dr. VISHAKHA BASAVRAJ KARPE



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/2026	7:20pm	pediatric	PICU	Rama
		147 PEO	144	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Shaikh Faheem	10/6/26	9651759	<i>Shaim</i>
2				
3				
4				
5				
6				
7				
8				
9				
10				

