

VIH-00155620 IP-00060322
 Baby TELLA GANNVICKA MOKSHA
 29-11-2022 3 Y 6 M 14 D (F)
 Dr. VIDYASAGAR DIJMPALA



AL JILLING

Name:

UHID No : IP No : Consultant : Dept : LER

Date of Admission : 12/6/26 Time : 3:12 PM Date of Discharge : Time:

Room / Bed No : 0.T Ward : 0.T Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	7:50 AM	LER	0.T	
12/6/26	10:00 AM	OT	132	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/6/26	1/1 Placement	(1)	3089442	(Signature)
	PAC done.	(1)	3089442	(Signature)
Cross checked by [Signature] 1/3/6/26				

ANY OTHER INFORMATION

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.....

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.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Pati

VIH-00155620 IP-00060322
Baby TELLA GANNVICKA MOKSHA
29-11-2022 3 Y 6 M 14 D (F)
Dr. VIDYASAGAR DUMPALA



SURGERY DETAILS

Date : 12/6/26

Patient Name: Baby Tella Gannvicka Date of Birth: 29/11/2022 Age: 3y

Gender: Female Ward : OT UHID No.: 60322

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

Name of the Surgery : COBLATION ADENOTONSILLECTOMY ↓GA-

Time in : 8:15 Am

Time Out : 8:50 Am

	NAME	AMOUNT
1. Surgeon	Dr. Vidyasagar Dumpala	OT charges
2. Anaesthetist	Dr. Vineetha	8:20 ^{Am} to 8:45 Am
3. Assistant Surgeon	-	odr :- 3089473
4. OT Technician	Tech. Rakesh	(Demo probe)
5. Circulating Nurse	Sr. Maria	
6. Assistant Nurse	Bn. Aarif	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3089462/61

Order by: Bhavani

8:20 to 8:45
3089462/61

Cobulator 1



CONSUMABLES OF OT

Adenotonsillectomy

Patient Name : ..

Gender M

Date : 12/6/26

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 29-11-2022 3 Y 6 M 14 D (F)
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Circulating Staff : Manis Technician : Rakesh 8:20 to 8:45

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube RAC 4.5		1	Major Pack			Inj. Vit. K		
LMA		1	Sutures			Cord Clamp		
ECG leads : A/P/N		5				Suction Catheter		
HME filter : A/P/N		1				Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		5	Gloves PPE 8		1	Surgical Gloves		
02 cc Sacc		1	Sg 742		1	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		12	Koochies					
Taxim 500		2	Ointments			demo probe		1
D2 masic (P)		1	Suction Catheter					
Fentanyl High pressure ext		1	Cap. Mask		8	Droaler 10ml		1
Morphine Exsuctatiprock		1	Gauze Pack		1			
Ketamine Nasopharyngeal (20)		1	Mop Pack			Sautlon		1
Propofol		1	Steristrip					
Rocuronium		1	Underpad			Naloxon		1
Glycopyrolate		1	Draw Sheet Allergob		1			
Myopyrolate		2	Abgel			Protogowns		2
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage 6 inch		1			
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		2			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		1			
Relipara		1	Microshield		1			
			Cotton Balls					
			Latex Gloves		8			
			Ramdione Scrub					
			Saral					

Dr. Vidyasagar D
Surgeon

Dr. Brunde
Anaesthesiologist

Br Anif
Nurse

OT Technician

Order No. : 3089472

Ordered by : Bhavani

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad



H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060322	Ward	N 0 GF-EMERGENCY
Patient Name	Baby TELLA GANNVICKA MOKSHA	Bed Name	ER 101
Age/Sex	3 Y 6 M 14 D / Female	Order No	0003089472
Date	12/06/2026 09:11	Prescription No	PRIP-1290954
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	12/06/2026 09:15
UHID	VIH-00155620		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
3	BANDAGE # 6 INCH	Muttu	GENERAL	BH55	01/28	1	20.60	20.60
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
5	DSYRINGE 50 ML LUER SLIP NIPRO	NIPRO	GENERAL	26A07K22	12/30	1	204.38	204.38
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	5	21.56	107.80
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254604	11/28	1	2.58	2.58
8	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	77160326	02/28	5	34.64	173.20
9	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
10	ENCORE MICROPTIC GLOVES-8 PF	ANSEL	H	260200611T	02/29	1	128.00	128.00
11	EXXACTA-STOP COCK ROMSONS		GENERAL	GG26B010183	01/31	1	226.00	226.00
12	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	8	10.00	80.00
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
14	H.M.E FLITER (PAED)-1831	Intrasurgical	GENERAL	26030337	02/31	1	818.00	818.00
15	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
16	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
17	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	2	140.20	280.40
18	NASIVION NASAL DROPS (PED) 0.025% 10ML	MERCK LTD	H	6043C84601	01/29	1	100.38	100.38
19	NASOPHARYNGEAL TUBES 20	RUSCH	GENERAL	KME23CZ537	02/28	1	232.50	232.50
20	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	8	23.43	187.44
21	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
22	NS IV 1000 ML BOTTLE	PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	2	105.22	210.44
23	OXYGEN NASEL CANNULA (PEAD)	Polymed		K25L040093	11/30	1	255.00	255.00
24	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
25	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
26	RAE ORAL WITH CUFF TUBE- 4.5	RUSCH		40E25J1972	08/30	1	1,525.00	1,525.00
27	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252O93	11/27	1	737.08	737.08
28	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
29	SAVLON 100 ML	ITC LTD		SAL26038	01/29	1	58.00	58.00
30	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J9072M	09/30	1	91.00	91.00
31	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	8	10.00	80.00
32	TAXIM INJ 500 MG	Alkem Laboratories Ltd.	H1	24180B46	03/27	1	25.59	25.59



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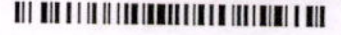
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Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
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INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060322	Ward	N 0 GF-EMERGENCY
Patient Name	Baby TELLA GANNVICKA MOKSHA	Bed Name	ER 101
Age/Sex	3 Y 6 M 14 D / Female	Order No	0003089472
Date	12/06/2026 09:11	Prescription No	PRIP-1290954
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	12/06/2026 09:15
UHID	VIH-00155620		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	TAXIM INJ 500 MG	Alkem Laboratories Ltd.	H1	25180085	06/27	1	25.59	25.594
34	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	2	739.00	1,478.00
35	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D010315	03/31	1	464.00	464.00
Total :							8,882.42	10,958.17

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Name	Baby TELLA GANNVICKA MOKSHA	UHID	VIH-00155620
Father/Guardian	Mr tella venkata praveen kumar	Age/Gender	3 Y 6 M 14 D/Female
Address	1-36-9/2/1,PLOT NO.- 29,ROAD NO. 5,JAWAHAR COLONY, CHANDANAGAR, Chandanagar, Hyderabad, Telangana, INDIA, 110005		
IP No	IP-00060322	Admission Date	12-06-2026
Ref Doctor	DR.SRINIVAS PRASANNA	Discharge Date	13-06-2026

DISCHARGE SUMMARY

Consultant: Dr. VIDYASAGAR DUMPALA

MBBS, DNB
CONSULTANT ENT SURGEON
APMC - 47166

Diagnosis: Grade-3 tonsils & adenoids

S/P- Coblation assisted adenoidectomy + tonsillectomy under GA done on 12.06.2026.

History: Baby TELLA GANNVICKA MOKSHA is a 3 Y 6 M 14 D girl presented with history of inability to breath, mouth breathing, recurrent cold and cough, frequent waking spells. For the above complaints, she was admitted at Rainbow Children's Hospital for surgery.

Examination: She was afebrile, maintaining saturations at room air and hemodynamically stable. Heart rate was 110/min, blood pressure 100/70 mmHg and respiratory rate - 24/min. Grade-III tonsils + adenoids present.

Weight on admission : 12.3 kgs.

Management: She was admitted in the ward.

Name

Baby TELLA
GANNVICKA MOKSHA

UHID

VIH-00155620

Procedure : Coblation assisted adenoidectomy + tonsillectomy under GA done on 12.06.2026

Operative Notes :

- Child placed in rose position, mouth gag applied and secured to Bipod stand.
- Coblation assisted adenoidectomy done.
- Coblation assisted tonsillectomy done.
- Hemostasis secured.

Post Operative notes : Post operative period was uneventful. She was started orally on liquid feeds which she accepted and tolerated well and she is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable.

Advice:

1. Diet as advised.
2. Syrup Taxim-O (5ml=100mg), 3ml, 12th hourly for 7 days (Refrigerate after reconstitution).
3. Syrup Calpol (5ml=250mg) 5ml, 12th hourly for 5 days.
4. Syrup Relent Plus, 2.5ml once daily for 7 days.
5. Syrup Mucaine gel 2.5ml, 8th hourly for 7 days.
6. Nasivion-P nasal spray, 2 puffs in each nostril, 12th hourly for 7 days.
7. Nasoclear saline spray, 2 puffs in each nostril, 8th hourly for 7 days.
8. Syrup Bevon, 5ml once daily for 1 month.
9. Kindly consult Dr. Vidyasagar Dumpala, Consultant ENT Surgeon, after 7 days in OPD with prior appointment.

Name

Baby TELLA
GANNVICKA MOKSHA

UHID


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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

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

Name :

Signature :


Relationship with patient :

This summary has been explained by :

Summary prepared by : Dr. B. Prashanthi
DEO : MD Younus Pasha



Registrar/Resident/C.M.O


Dr. VIDYASAGAR DUMPALA
MBBS, DNB
CONSULTANT ENT SURGEON
APMC - 47166

ADMISSION SHEET

Registration Details :



Admission No : IP-00060322

Admit Date : 12-Jun-2026

Admit Time : 07:12 AM UHID : VIH-00155620

Patient Details :

Patient Name : Baby TELLA GANNVICKA MOKSHA

Age : 3 Y 6 M 14 D

Guardian : Mr tella venkata praveen kumar

DOB : 29-11-2022

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 1-36-9/2/1,PLOT NO.- 29,ROAD NO. 5,
JAWAHAR COLONY, CHANDANAGAR
Chandanagar Hyderabad Telangana INDIA
110005

Phone No : 9121228794/ 9949503840

E-mail : na123@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

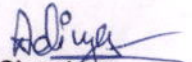
Contact Details :

Name : Mr tella venkata praveen kumar

Relationship : Father

Contact Address : 1-36-9/2/1,PLOT NO.- 29,ROAD NO.
5,JAWAHAR COLONY, CHANDANAGAR
Chandanagar Hyderabad Telangana INDIA
110005

Phone No : 9121228794 / 9989745580


Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR DUMPALA

Specialisation : EAR NOSE AND THROAT

Referral Doctor : DR.SRINIVAS PRASANNA

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

Patient Name : Baby. TELLA GANNVICKA MOKSHA UHID : VIH-00155620 IPD : IP-00060322 Gender : Female Age : 3 Y 6 M 14 D

VIH-00155620 IP-00060322
 Baby TELLA GANNVICKA MOKSHA
 29-11-2022 3 Y 6 M 14 D (F)
 Dr. VIDYASAGAR DUMPALA



wt: - 12.4 kg
 Ht: - 92 cm
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Gannvika Age : 3yrs
 Date : 12/6/26 Time of Arrival : 7:03am

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known
 Source of Information: Parents Others (Specify) _____

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.1F PR: 110b/m BP: 101/68(71) 25d/m SpO₂: 100%

Chief Complaints: cto pt came for surgery Adeno tonsillect

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

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

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

Adhina
 Signature of Parent / Guardian
 Triage Completion Time: 7:08 AM

Communicable Disease Triage Screening

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past 2 weeks?
 If yes, State Location: _____ Yes No
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?
 Yes No

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

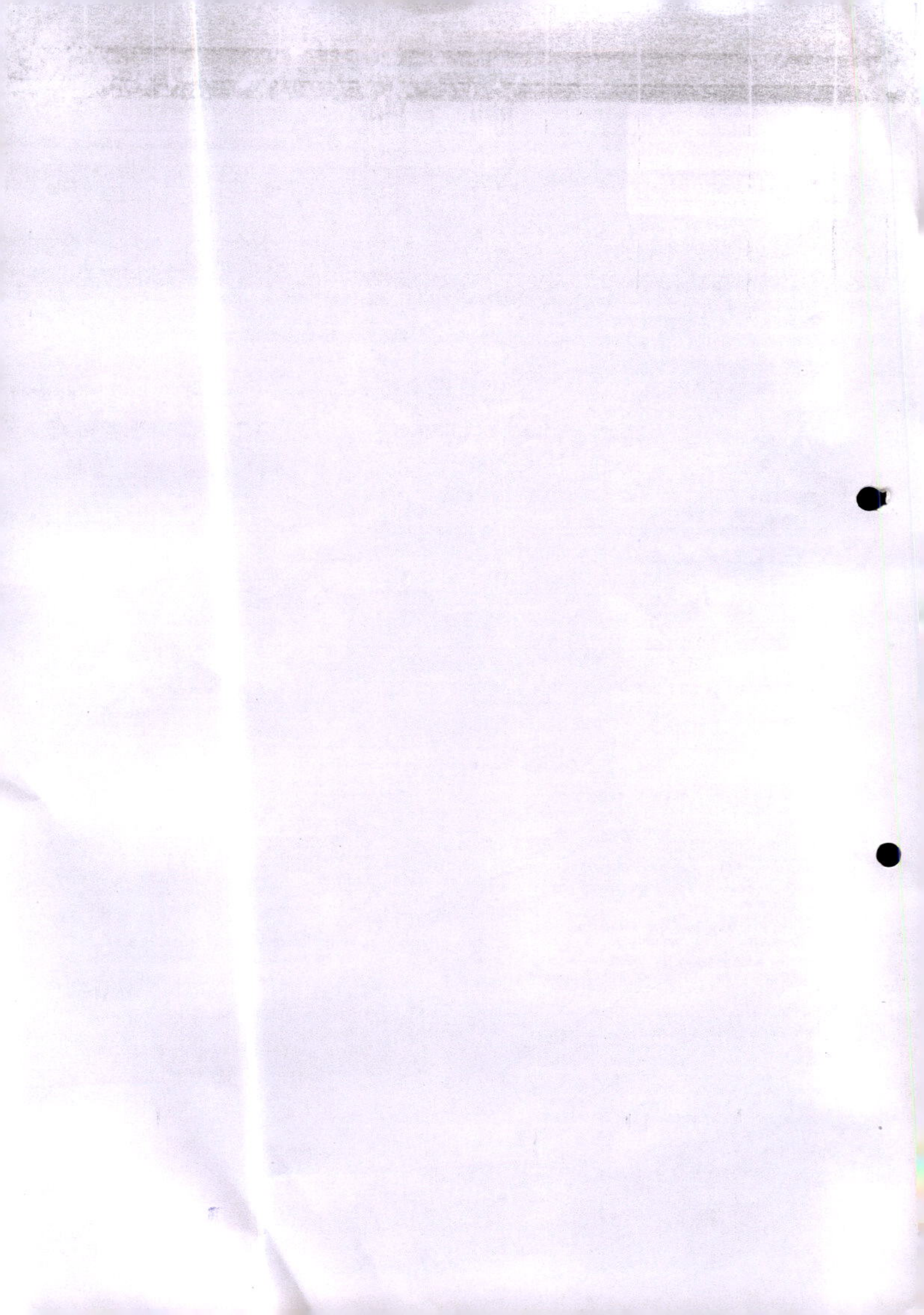
- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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


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

Name of Triage Nurse : Bro. Sanjay
 Date & Time : 12/6/26 @ 7:08 AM

Signature of Triage Nurse : Sanjay



PATIENT TRANSFER FORM

VIH-00155620 IP-00060322 Baby TELLA GANNVICKA MOKSHA 29-11-2022 3 Y 6 M 14 D (F) Dr. VIDYASAGAR DUMPALA 		
Date & Time of Admission <i>12/6/26 @ 7:12 PM</i>		Date & Time of Transfer Order <i>12/6/26 @ 7:50 AM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr Shrikan</i>	Reason for Transfer <i>Admission</i>
From Unit <i>ER</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>(21)</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, what? op file files</i>
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>S. Lakshmi</i>		Name of Person Ordered Transfer <i>Dr Shrikan</i>
Patient & Clinical Records Received by : <i>Be. Keif</i>		
Date & Time of Patient Received : <i>12/6/26 @ 7:50 AM</i>		


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 TRANSFER FORM

Patient Name / I.P. No. VIH-00155620 IP-00060322 Baby TELLA GANNVICKA MOKSHA 29-11-2022 3 Y 6 M 14 D (F) Dr. VIDYASAGAR DUMPALA 		Date & Time of Admission 12/6/26 @ 7:12 AM	Date & Time of Transfer Order 12/6/26 @ 10:00 AM
		Transfer ordered by Dr. Vineetha	Reason for Transfer post Recovery
From Unit OT	To Unit 132	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 32	Number of Imaging films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor : Dr. Vidyasagar Dumpala			
Name & Signature of Person who is Transferring Dr. Mani		Name of Person Ordered Transfer Dr. Vineetha	
Patient & Clinical records received by : manisha			
Date & Time of Patient Received: 12/6/26 @ 10 AM			

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

- Unavailable bed Nurse not available Available bed not ready

Patient Name : Baby. TELLA GANNVICKA MOKSHA UHID : VIH-00155620 IPD : IP-00060322 Gender : Female Age : 3 Y 6 M 14 D

VIH-00155620 IP-00060322
Baby TELLA GANNVICKA MOKSHA
29-11-2022 3 Y 6 M 14 D (F)
Dr. VIDYASAGAR DUMPALA



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/16/26 Time of arrival : 27.09 AM
Chief Complaints : pt came for surgery (admission:lectomy) -
Height : 99cm Weight : 12.4kg BMI : - Head Circumference (<2 years) : -
Allergies: Yes No Medications Blood Transfusion Food Other: -
If yes, identify : -
Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character - Location - Frequency - Duration -

RISK FOR FALL: <input checked="" type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly <input type="checkbox"/> If Patient is > 6 years Assess the below parameters History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ambulatory Aids: • Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gait/Transferring: • Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES FOR ANY CATEGORY = RISK FOR FALLING Fall Risk Intervention: <input type="checkbox"/> Escort while ambulating <input checked="" type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention	Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality Inform consultant for positive criteria Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method Inform consultant for positive criteria
--	---

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: - (Date/Time): -
Social History: Lives With Parents
Siblings in household Yes No (if yes How Many?) 1
Time of Initial assessment completed by ER Nurse : 7:12am

Patient Name : Baby. TELLA GANNVICKA MOKSHA UHID : VIH-00155620 IPD : IP-00060322 Gender : Female Age : 3 Y 6 M 14 D

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

Time	Nursing Notes
7:03am	⇒ Baby came to ER
7:08am	⇒ vitals checked and Recorded
7:10am	⇒ Doctor has seen the Baby
	⇒ NPO from 10 pm [11/6/26]
7:25 AM	⇒ Admission done
7:40 AM	⇒ IV placement done
7:50 AM	⇒ Baby shifted to OT

Samples collected by:

Samples sent by:

} sis. Kiran

Time: 7:48 AM

Time: 7:45 AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 112b/m BP: 100/62(68) FT: 13sec RR: 24b/m SPO ₂ : 98.1 GCS: 15/15 Temperature: 97.9F Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: OT Time of Shift - out: 12/6/26 @ Handover given to: _____ (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

iv placement done

Name of the Nurse : BN. Sayoy

Signature of the Nurse : Sayoy

Date & Time : 12/6/26 @ 7.50 AM



**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

VIH-00155620 IP-00060322
Baby TELLA GANNVICKA MOKSIA
29-11-2022 3 Y 6 M 14 D (F)
Dr. VIDYASAGAR DUMPALA



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

4/0 Recurrent cough, cold

History of present illness :

- 4/0 Recurrent cough, cold
 - mouth Breathing
 - frequent waking spells
 - moaning
- } ∴ Many weeks

↓
Dx as Adenotonsillitis

↓
now posted for Adenotonsillectomy.

VIH-00155620 IP-00060322
Baby TELIA GANNVICKA MOKSIA
29-11-2022 3 Y 6 M 14 D (F)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan history & Physical Examination

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

6 Feb 2024 - 4y pneumonia

Birth & Neonatal History:

WCS | 20kg | Term 21 mcy, micr shay

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional information : _____

Developmental History :

→ Appropriate

Immunization History :

→ uph denda



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 12.3kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate : 110/min B.P. _____ SPO2 98% RA

Resp. rate and type of breathing : 24 bpm Regular Abd. + thorax

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : SAEP NUBSP

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft

Auscultation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : intact

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : (N)

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Admission History

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

← NPO from 10 PM
← CBC by consultation

Planned Management

→ Shift to CR on
call

~~Noted by Sr. Lina (NSD)
12/6/26 @ 7:40 AM~~

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: Dr. Shrikar

Name of the Consultant: DR. D. VIDYASAGAR

Date & Time: 7:10 PM 12/06/26

Date & Time: 12.6.26. 8 AM.



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Adenotonsillitis</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure: <u>Adenotonsillectomy</u>	Post OP Day: <u>-</u>					
BACKGROUND	Date	<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>	<u>13/6</u>	
	Shift	<u>N</u>	<u>M</u>	<u>M</u>	<u>E</u>	<u>N</u>	
	Medical Condition (Any special condition to be noted):	<u>NIL</u>	<u>-</u>	<u>cold diet nil</u>	<u>S. diet nil</u>	<u>NPL</u>	
	Diet:	<u>NPO</u>	<u>NBM</u>	<u>cold diet</u>	<u>S. diet</u>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Vital Signs:	Temp:	<u>97.4F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.4F</u>
		Res:	<u>24b/m</u>	<u>25b/m</u>	<u>26b/m</u>	<u>25b/m</u>	<u>24b/m</u>
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>97%</u>
		Pulse:	<u>110b/m</u>	<u>115b/m</u>	<u>110b/m</u>	<u>112b/m</u>	<u>116b/m</u>
		BP:	<u>100/62(69)</u>	<u>100/60(67)</u>	<u>107/78(62)</u>	<u>105/76(81)</u>	<u>92/77(68)</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:		<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Physiotherapy:	<u>NIL</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Special Diet:	<u>NPO</u>	<u>NBM</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
	PU Prophylaxis:	<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 type="checkbox"/> No					
	DVT Prophylaxis:	<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 type="checkbox"/> No					
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>		
Post Operative Procedure Special Orders:		<u>NIL</u>	<u>-</u>	<u>NIL</u>	<u>NIL</u>	<u>NPL</u>	
Handed Over By Name :		<u>B.V. Sanyal</u>	<u>Anil . manish</u>	<u>seelamth</u>	<u>manasa</u>		
Signature / ID :		<u>SV</u>	<u>U20264</u>	<u>AP90800</u>	<u>67317</u>	<u>209597</u>	
Date:		<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>	<u>13/6/26</u>	
Time:		<u>7:50AM</u>	<u>10:15AM</u>	<u>2pm</u>	<u>04:5PM</u>	<u>8AM</u>	
Taken Over By Name :		<u>B.V. Sanyal</u>	<u>manish</u>	<u>seelamth</u>	<u>manasa</u>		
Signature / ID :		<u>SV</u>	<u>U20264</u>	<u>67317</u>	<u>209597</u>		
Date:		<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>		
Time:		<u>7:50AM</u>	<u>10:15AM</u>	<u>02PM</u>	<u>8AM</u>		

Noted by
 Manasa
 13/6
 8:50AM

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
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	
	Ventilation (RA, NP, NIV, VENTI):							
	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:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<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	
	Physiotherapy:							
	Others Specify:	<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	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<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	
	ADL (Dependent / Non Dependent):							
	PU Prophylaxis:	<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	
	DVT Prophylaxis:	<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	
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature / ID :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature / ID :							
	Date:							
	Time:							

Patient Sticker

NURSING CARE RECORD



Date: ... 2/16/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10:30 AM	- maintain good nutritional status		- oral intake is good	- provided cold diet	patient is stable	manisha 2/16/26 2:20pm
Afternoon	5:00pm	- maintain good nutritional status		- provided soft diet	- To improve health status	patient is stable	Sreebh 6557A 12/16/26 @ 8pm
Night	5 AM	10pm. maintain good nutritional status. <u>Discharge</u> notes - doctor came for rounds and advice for discharge		provided soft diet	To improve health status	patient is stable	manasa 01959A 13/16/26 @ 8am

noted by manasa
13/16 @ 8AM

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			12/6	12/6	12/6	12/6	
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3	3	3	3		
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	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	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3	3	3	
	Within 48 hours	2					
	More than 48 hours/ None	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		
Total			12	12	12	12	

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓
Wheel chair support	X	X	X	X
Other Intervention(s) Specify	✓	✓	✓	✓
Nurse's Name:	Ice Tompanika Sreedhar Manasa			
Signature:	[Signatures]			
Date:	12/6	12/6	12/6	12/6
Time:	7:30 AM	11 AM	6 PM	6 PM



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6/26	2:30 PM	0	L2	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	(L2)
12/6/26	11 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	manisha
12/6/26	6 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	See
12/6	11 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	See
				<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		
				<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		
				<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		
				<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		
				<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		
				<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:

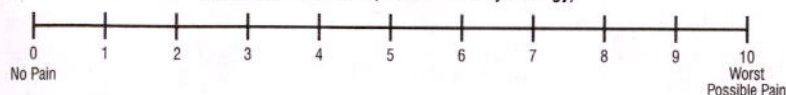
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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)

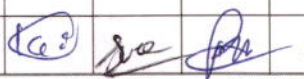
Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	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





CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature :  Name : 

Signature : Name :

VIH-00155620 IP-00060322
 Baby TELL A GANNVICKA MOKSHA
 29-11-2022 3 Y 6 M 14 D (F)
 Dr. VIDYASAGAR DUMPALA



BRADEN 'Q' SCALE

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

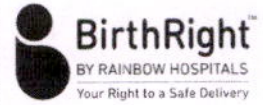
BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

					Date :	12/11	12/11/23	12/11	
					Time :	11:00 AM	6 PM	11:00 AM	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4		
"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.	4	4	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4		
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."	4	4	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4		
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		
TOTAL SCORE					28	28	28		
Evaluator's Name					(Signature)	(Signature)	(Signature)		

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Baby. T.G. Moksha Gender Male Female Age : 3 yrs
 UHID No : 155620 Date : 12/6/26

Instruction:

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

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

Coblation Adenotonsillectomy
 upon Tella Gannicka Moksha,
 (Name of the Patient)

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

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

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

Bleed; Pain;
Name of the doctor performing surgery

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure:

Consentee :

Signature : [Signature]
 Name :
 Date & Time :

Patient Attendant :

Signature : [Signature]
 Name : TELLA DIVYA
 Relationship with Patient: MOTHER
 Date & Time : 12/6/26, 8pm

Witness :

Signature : [Signature]
 Name : AVNITHA (Nurse)
 Date & Time : 12-6-2026, 8pm

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Divya
 Date & Time : 12/6/26, 8pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Baby Pella Ganvika Malesha Age : 2y Gender : Male Female
 UHID NO: V.14-155620 Surgeon Name: Dr. Vidya Sagar
 Anaesthesiologist : Dr. Subramangam
 Operative procedure planned : Adenotomylectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart disease Hypertension Diabetes mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Broncho spasm, Laryngospasm

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Baby Pella Ganvika Malesha the above mentioned operation / Diagnostic / Therapeutic procedures Adenotomylectomy

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

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

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

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

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : T. DIVYA

Relationship with Patient: Mother

Date & Time : 6/6/26, 2:04pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Ruma Banerjee

Date & Time : 6/6/26, 1:55pm

Postop orders:

1. NBM till this followed by
icecreams/juices/milk; Water till evening.
Soft diet can be started from Evening.
Idly, Upma, Curd Rice/Dal Rice
- Smashed in Curd/Plain Dal.
- No Spices.

R

- 1) Sp: TAXIM-O 100mg/5ml 3ml x BD x 1 Week
- 2) Sp: CALPOL 250mg/5ml 5ml x BD x 5 days
- 3) Sp: RELENT plus 2.5ml x OD x 1 Week
- 4) Sp: MUCAINE GEL 2.5ml x TID x 1 Week
- 5) NASIVON-P nasal spray. 2 puffs x BD x 1 Week
- 6) NASOCLEAR SALINE SPRAY 2 puffs x TID x 1 Week
- 7) Sp: BEVON 5ml x OD x 1 month

4. Weeks

Name of the Surgeon: DR. D. Vidyaasagar

Signature of the Surgeon: 

Date & Time: 12.6.26 : 8.50 AM.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vidyasagar D
 Asst. Surgeon :
 Anaesthetist : Dr. Brunda
 Scrub Nurse : B. S. S. S.

VIH-00155620 IP-00060322
 Baby TELLA GANNVICKA MOKSHA
 29-11-2022 3 Y 6 M 14 D (F)
 Dr. VIDYASAGAR DUMPALA



Age : 3y Gender : F
 Name : Adanora M. T. S.
 Date : 12/6/26 In-time : 8:15 Am Out-time : 8:55 Am



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>8:10 AM</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>DR. M. VINAYATHA</u>	

TIME OUT	Time: <u>8:15 Am</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, Anticipated Blood Loss?	<u>Exposure of tissue 12 hrs</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<u>None</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>[Name]</u>	

SIGN OUT	Time: <u>8:50 Am</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 checked="" type="checkbox"/> No <input 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
Signature : <u>[Signature]</u>	
Name : <u>DR. D. VIDYASAGAR</u>	

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby Pella Gunnvika Molesha Age: 2yr Sex: F UHID No: V14-155620
 Date: 6/6/20 Time: 11:52 pm Proposed Operation: Adenotomectomy
 Diagnosis: Adenotonia
 B.P / CRT: 93/55 H.R: 110 Weight: 12.3 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: None

Medical History: CVS: None LSU 2.0 kg Twin 1 / No H/O Viscer stay /
 RESP: - H/O pneumonia - FEB 2018. Diabetes: - Immunized arpy chant /
 CNS: None Recurrent cold & cough since birth. (N) Mile stone.
 Renal: No swelling seen.
 Hepatic / GE: None Physical Activity: (N) Active child.
 Others:

Past Anaesthetic History: None

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact
 Lungs: B/AE (+), clear
 Heart: B/S (+)

CNS:

Pregnant: Yes No N/A Venous Access Site: Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No Attender

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: [Signature] Name: Dr. Heema Bindu



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 124/ml B.P/CRT: 105/60/44 SpO₂: 100% R.R: 12/min Last Feed:

Pre-OP Diagnosis: Adenoid Hypertrophy Operation: Adenotonsillectomy Date: 12/06/26

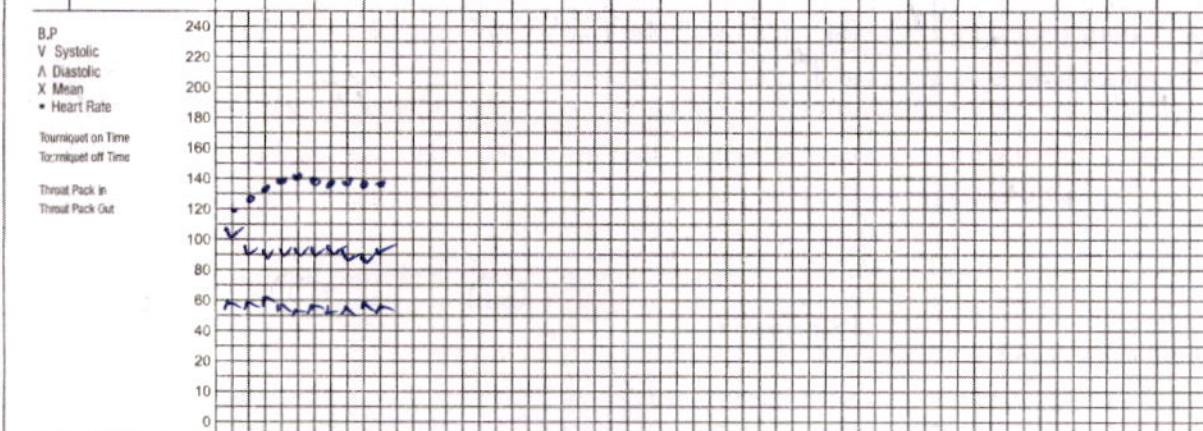
Surgeon: Dr. Vidya Sagar Anaesthesiologist: Dr. Brundha Technician: Mr. Rakesh

TIME	8:15	8:20	8:25	8:30	8:35	8:40	8:45	8:50	8:55	9:00	9:05	9:10	9:15	9:20	9:25	9:30	9:35	9:40	9:45	9:50	9:55	10:00
N ₂ O (AIR/O ₂) LPM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HALO/SC (SEVO)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drugs:	<p>MIDAZOLAM 0.6 mg</p> <p>FENTANYL 25 mg</p> <p>PROPOFOL 20 mg</p> <p>ROCURONIUM 2 mg</p> <p>DEXAMETHASONE 2 mg</p>																					
RO, SaO ₂	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
ETCO ₂	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1
Urine Output																						
Fluids	DL																					
Blood	Down																					

Antibiotic
 CEFOTAXIM 600mg IV
 Suppository
 DICLOFENAC 7.5 mg PR.

Blood Loss

NOTES



LAB Values

ABG

GRBS

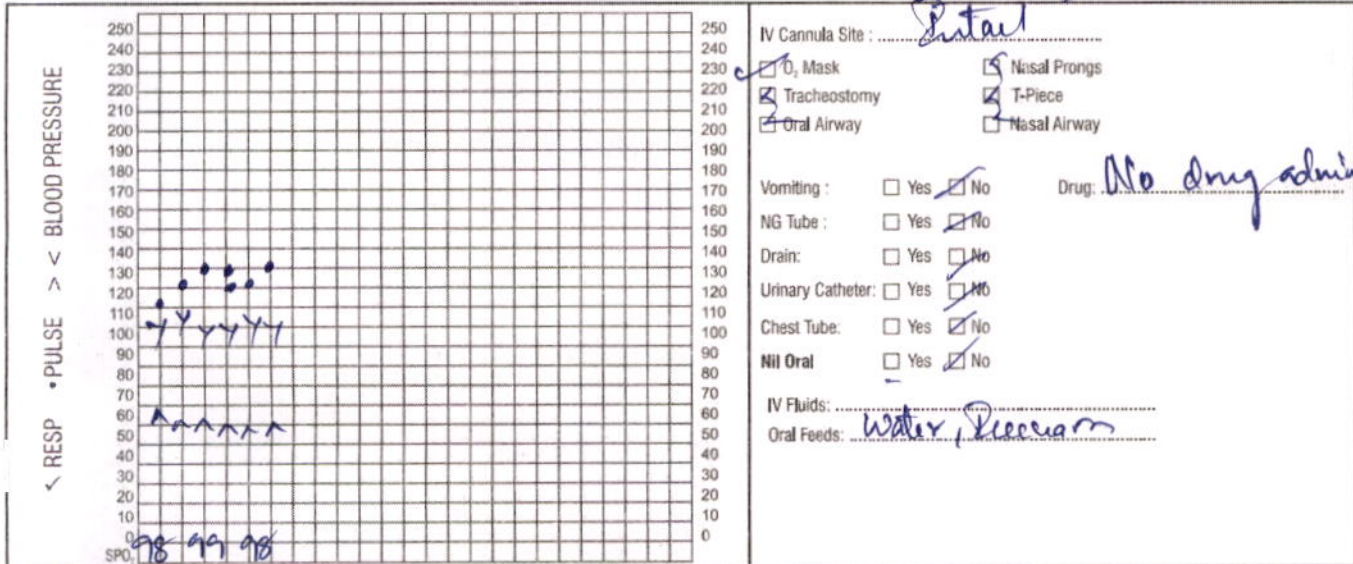
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input type="checkbox"/> BP <u>DL</u> <input type="checkbox"/> Cuff Site: <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3lead</u> <input type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator <p>Position: <u>Supine</u></p> <input checked="" type="checkbox"/> Pressure Points Checked <p>Eye Care:</p> <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	<p>Temp:</p> <input type="checkbox"/> TIME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Fluggers <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other <p>Times:</p> Anaes Start: <u>8:15 AM</u> OP Start: <u>8:20 AM</u> OP End: <u>8:45 AM</u> Leave OR: <u>8:50 AM</u> <p>Anaesthesia:</p> <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional <p>Line (Size & Location)</p> <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>DL, 22g</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	<p>Induction</p> <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <p><u>SOUTH POLE RAE</u></p> <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>4.5</u> at <u>13</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>ROCURONIUM</u> <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>1</u> Attempts: <u>01</u> Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	<p>Regional:</p> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>DR. M. VINAYATHA</u> Signature of the Doctor: <u>[Signature]</u>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Mama Time Received : 9am Time Discharged :



IV Cannula Site : Distal

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

Vomiting : Yes No Drug: No drug administered
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No

IV Fluids: Water, Sucram
 Oral Feeds: Water, Sucram

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	2	2	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	1	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2		
TOTAL	9	10	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/6/26	10am	0	—	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Vineetha
 Anaesthesiologist Signature:
 Date & Time: 12/6/26 @ 10am
 PACU Nurse Name : Srj Manai
 PACU Nurse Signature:
 Date & Time: 12/6/26 @ 10am

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

Transferred to Unit by (PACU): Srj Manai
 Date & Time: 12/6/26 @ 10am

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 :

Pat



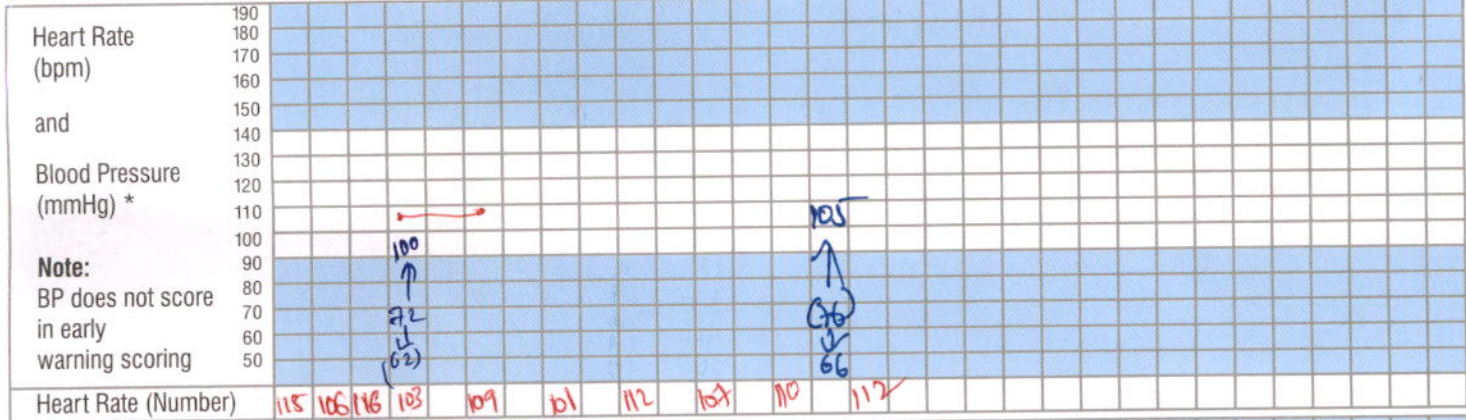
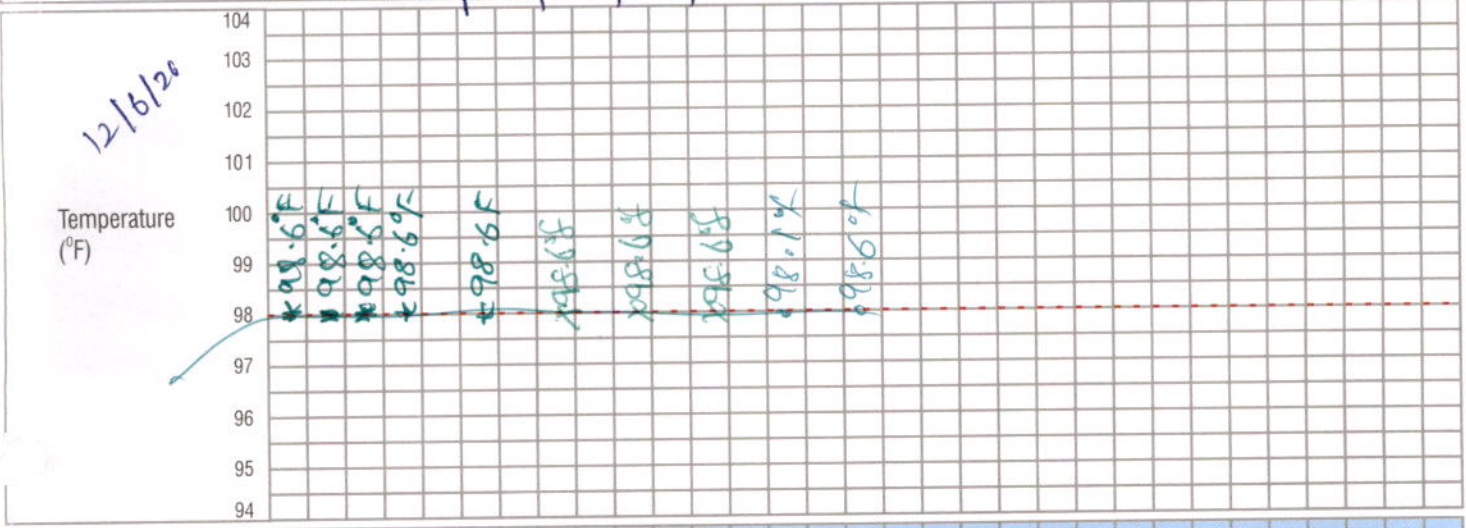
I / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: 8	9	10	11	1	3	5	7	9	11
Doctor / Nurse / Family Concern?				pn	pn	pm	pm	pm	pm	pm



Resp Distress	Mod/ Severe None / Mild	NA	NA	NA	M	M	N	N	N	N	N
Receiving O ₂	(l/min)	0	0	0	0	0	0	0	0	0	0
O ₂ Saturations (%)		99	99	99	99	99	100	99	98	98	
Conscious Level	Normal / Altered	NA	NA	NA	M	N	N	N	N	N	
GCS *		15	15	15	15	15	15	15	15	15	

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

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 in charge AND PICU fellow or PICU consultant to be informed.

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

Noted by
 Manoj
 12/6/20

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00155620 IP-00060322
 Baby TELLA GANNVICKA MOKSHA
 29-11-2022 3 Y 6 M 14 D (F)
 Dr. VIDYASAGAR DUMPALA



FLUID CHART

Sheet No. : ①

12/6/26

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
12/6	08:00 am	NBM							-	1 0 1 0 1 0	12/6/26 @ 2 pm	
	09:00 am	NBM										
	10:00 am	Water										
	11:00 am								✓			
	12:00 pm	Ice cream										
	01:00 pm											
Total Intake :					Total Output : 2 times							
12/6/26	02:00 pm									1 0 1 0 1 0	See lab 6/13/17 12/1/16 9/5/13	
	03:00 pm								✓			
	04:00 pm											
	05:00 pm											
	06:00 pm	Elct water							✓			
	07:00 pm											
Total Intake :					Total Output : 2 times							
12/6	08:00 pm									1 0 1 0 1 0	Nanda 13/6 @ 2 pm	
	09:00 pm											
	10:00 pm	Rechide + water										
	11:00 pm								✓			
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
13/6	02:00 am									1 0 1 0 1 0	Nanda 13/6 2 pm	
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

VIH-00155620 IP-00060322
 Baby TELLA GANNVICKA MOKSIIA
 29-11-2022 3 Y 6 M 14 D (F)
 Dr. VIDYASAGAR DUMPALA



DRUG CHART

Date of Admission: 12/6/26 Drug Allergies: NSI Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 12-3kgs Ward.

Dr. D. D. D.

Dr. D. D. D.

Dr. D. D. D.

Dr. D. D. D.

DRUG : <u>SYP. PARACETAMOL</u>					Date Time <u>12/6</u>
Dose <u>3ml</u>	Route <u>P/O</u>	Frequency <u>12 hourly</u>	Start Date <u>12/6/22</u>	<u>10AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant</u>					<u>10PM</u>
Additional Instructions: <u>100mg/5ml</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>SYP. PARACETAMOL</u>					Date Time <u>12/6</u>
Dose <u>4ml</u>	Route <u>P/O</u>	Frequency <u>8 hourly</u>	Start Date <u>12/6/22</u>	<u>10AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant</u>					<u>10PM</u>
Additional Instructions: <u>5ml/20mg to 15ml/40mg</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>SYP. PAINEX PLUS</u>					Date Time <u>12/6</u>
Dose <u>2.5ml</u>	Route <u>P/O</u>	Frequency <u>ONCE DAILY</u>	Start Date <u>12/6/22</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant</u>					<u>6PM</u>
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>SYP. MUCAENE GEL</u>					Date Time <u>12/6</u>
Dose <u>2.5ml</u>	Route <u>P/O</u>	Frequency <u>4 hourly</u>	Start Date <u>12/6/22</u>	<u>6AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant</u>					<u>2PM</u>
Additional Instructions:					<u>10PM</u>
Daily Doctor's Endorsement by a Sign					

VIH-00155620 IP-00060322
 Baby TELLA GANNVICKA MOKSHA
 29-11-2022 3 Y 6 M 14 D (F)
 Dr. VIDYASAGAR DUMPALA



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

Do Jashka

DRUG : NARIVION-P-NALME				Date Time	12/6
Dose	Route	Frequency	Start Dt.		
2Drops	PO	12 hourly	12/6/22	10AM	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. prabhakar</i>					
Additional Instructions: 2 Drops IN EACH NUTRIT.				10PM	
Daily Doctor's Endorsement by a Sign					

Do Jashka

DRUG : NARIVION-P-NALME				Date Time	12/6
Dose	Route	Frequency	Start Dt.		
2Drops	PO	12 hourly	12/6/22	6AM	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. prabhakar</i>					
Additional Instructions: 2 Drops IN EACH NUTRIT.				10PM	
Daily Doctor's Endorsement by a Sign					

Do Jashka

DRUG : My-BEYON				Date Time	12/6
Dose	Route	Frequency	Start Dt.		
5ml	PO	QID	12/6/22		
Name & Signature of the Doctor Starting the Drugs: <i>Dr. prabhakar</i>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

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

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

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

VERIFIED BY : Name Signature



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.

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

VARIABLE DOSE	Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/06	8:20 AM	INJ. CEFOTAXIM	600 mg	IV	[Signature]	Rakesh
12/06	8:15 AM	INJ. DEXAMETHA- ZONE	1.5 mg	IV	[Signature]	Rakesh
12/06	8:20 AM	SUPP. DICLOFENAC	12.5 mg	PR	[Signature]	Rakesh
12/06	8:25 AM	INJ. PARACETAMOL	190 mg	IV	[Signature]	Rakesh

VERIFIED BY : Name Signature

