

**ACTIVITY REC**

VIH-00166245 IP-00060292  
Master M DHASWIN  
18-09-2018 7 Y 8 M 23 D (M)  
Dr. JYOTI BOTHRA

Name: -----



UHID No : -----

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

Date of Admission : 10/6/26 Time : ----- Date of Discharge : ----- Time: -----

Room / Bed No : 0.1 Ward : 0.1 Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
10/6/26	9:15 AM	FR	O.T	<i>[Signature]</i>
10/6/26	Morn.	OT	Recovery Room	<i>[Signature]</i>

**Cross Consultation Visit**

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









Name	Master M DHASWIN	UHID	VIH-00166245
Father/Guardian	Mr MV PRASAD	Age/Gender	7 Y 8 M 23 D/Male
Address	201 SM SIGNATURE APARTMENT MAHENDRA HILLS EAST MARREDPALLY, East Maredpalli, Hyderabad, Telangana, INDIA, 500026		
IP No	IP-00060292	Admission Date	10-06-2026
Ref Doctor	Self	Discharge Date	10-06-2026

**DISCHARGE SUMMARY**

**Consultant : Dr. JYOTI BOTHRA**

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

**Diagnosis: Right Hydrocele**

**Surgical Procedure: Right high ligation of sac done under general anesthesia on 10.06.2026**

**History:** Master M. DHASWIN, 7 Y 8 M 23 D male presented with complaint of right side swelling of scrotal sac. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

**Examination:** He was afebrile, maintaining saturations at room air. Heart rate was 90/min, Blood Pressure - 100/60 mmHg and RR - 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Right scrotal swelling present. Examination of other systems was normal.

Weight on admission: 17.8 kgs.

**Investigations:** Enclosed.

Name	Master M DHASWIN	UHID	VIH-00166245
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**Management:** Child was admitted in the ward and was started on IV fluids.

Hemogram showed Hb - 11.8 gm%, WBC - 8,880 cell/cmm, Platelets - 3.52 lakh/cmm.

**Procedure:** Right high ligation of sac done under general anesthesia on 10.06.2026

**Findings:** Right fluid filled processus vaginalis

**Procedure notes:**

- Right mid inguinal lower crease incision
- EOA opened
- Sac delineated from vas and vessels and divided
- Proximal end ligated and transfixed, distal sac laid open
- Incision closed in layers

**Post-Operative Notes:** Post operative period was uneventful. After stabilization, child was started on oral feeds which he accepted and tolerated well. He remained hemodynamically stable during the hospital stay and operated site remained healthy. He is being discharged with the following advice.

**Advice:**

1. Diet as advised.
2. Remove dressing after 3 days and daily bath.
3. Syrup Paracetamol (5ml=240mg) 5ml, 12<sup>th</sup> hourly for 2 days and then (if required) for pain or fever more than 100°F (maximum 6<sup>th</sup> hourly).
4. Kindly consult Dr. Jyoti Bothra, Senior Consultant Pediatric Surgeon & Urologist, after one week in OPD with prior appointment (This consultation will be charged).

Name

Master M DHASWIN

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](http://www.rainbowhospitals.in)

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

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

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

Name : P. Suresha

Signature :

*P.S.*

Relationship with patient :

*mother*

This summary has been explained by :

*Prasoon*

Summary prepared by: Dr. Vishwaja

DEO

: MD Younus Pasha

*Dr. Vishwaja*

Registrar/Resident/C.M.O

*Dr.*  
**Dr. JYOTI BOTHRA**

DNB; MCh (Pediatric Surgery), FMAS

SENIOR CONSULTANT PEDIATRIC SURGEON & UROLOGY

TSMC/FMR/02962

VIH-00166245 IP-00060292  
Master M DHASWIN  
18-09-2018 7 Y 8 M 23 D (M)  
Dr. JYOTI BOTHRA



### SURGERY DETAILS

Date : 10/6/26

Patient Name: Master M Dhaswin Date of Birth: 18/09/2018 Age: 7y

Gender: Male Ward: OT UHID No: 166245

Date of Surgery: 10/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery: (R) High fixation of scap

Time in : 10:20 AM

Time Out : 10:55 AM

	NAME	AMOUNT
1. Surgeon	Dr. Jyoti Bothra	
2. Anaesthetist	Dr. Madhav Do. Vineetha	
3. Assistant Surgeon		
4. OT Technician	Br. Rakesh	
5. Circulating Nurse	Bharavi	
6. Assistant Nurse	Sheela Manimala	

- 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: 3088721/20

Order by: Bharavi



# CONSUMABLES OF OT

*High Ligature of Sac*

Patient Name : Mast Dhaswin Age : .....  
 Gender  M  F UHS/IP No.....  
 Date : 10/06/26 Time : .....

Circulating Staff : Bhawan Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit. K		
LMA			Sutures <u>2437</u>		1 ✓	Cord Clamp		
ECG leads : A/P/N			<u>9915</u>		1 ✓	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		4 ✓				Vaccum Suction Set		
05 cc		5 ✓	Gloves <u>Sg 6</u>		2 ✓	Surgical Gloves		
02 cc			<u>PF 6, 64</u>		1 ✓	Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade <u>15</u>		1 ✓	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		2 ✓	Koochies			<u>Protogown</u>		2 ✓
<u>Copnography (P)</u>		1 ✓	Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask		8 ✓			
Morphine			Gauze Pack		1 ✓			
Ketamine			Mop Pack					
Propofol		1 ✓	Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet <u>Alyso</u>		1 ✓			
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22 <u>(Pencil)</u>		1 ✓	Urobag					
Bupivacine 0.25%		1 ✓	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5-mg/25 mg/ 100 mg		1 ✓	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		1 ✓			
			Microshield		1 ✓			
			Cotton Balls					
			Latex Gloves		10 ✓			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Jyoti Bhatia Anaesthesiologist Dr. Madhav Nurse Sheepa Malik Technician OT  
 Order No. : ..... Ordered by : .....

**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-00060292	Ward	N 0 GF-EMERGENCY
Patient Name	Master M DHASWIN	Bed Name	ER 102
Age/Sex	7 Y 8 M 23 D / Male	Order No	0003088696
Date	10/06/2026 10:57	Prescription No	PRIP-1290579
Payor	SELPAY	Dispensed Date	10/06/2026 10:57
UHID	VIH-00166245		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
3	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	1	103.95	103.95
4	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
5	CAPNOGRAPHY NASAL CANNULA-PEAD		GENERAL	CGBMD01	03/29	1	200.00	200.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	4	28.13	112.52
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
8	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	1	21.56	21.56
9	Encore Microptic gloves- 6.5		H	2510072605	10/28	1	117.00	117.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
11	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	8	10.00	80.00
12	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
13	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		26AR001	03/29	10	23.43	234.30
15	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	72I9038	06/30	2	16.14	32.28
16	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
17	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
18	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	VYGON		271025AG	10/30	1	302.00	302.00
19	SURGEONS CAP	Mediblu	General	VI03062026	12/30	8	10.00	80.00
20	SURGICAL BLADE 15	Surgeon	GENERAL	160625	05/30	1	7.67	7.67
21	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		TT5035	04/30	1	663.00	663.00
22	VICRYL RAPIDE 5-0 9915W	ETHICON SUTURES-J&J C1		AW6665	04/30	1	885.00	885.00
<b>Total :</b>							<b>4,223.91</b>	<b>5,280.99</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



# ESTIMATION SLIP



Date: 08/06/26 UHID/IP No.: VH-166245 Sl. No.: 28875

Name of Patient: Mast M. Dhaswin Age: 7y Gender: M

Father's / Husband's Name: Mr. M.V Prasad Corporate/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: 7013225354 Email: \_\_\_\_\_

Procedure/Plan: (R) high ligation of sac DOS: \_\_\_\_\_

MODE OF PAYMENT:  SELF  TPA: CASH  GIPSA: \_\_\_\_\_  OTHER

TARIFF INFORMATION: Dr. Jyoti bathra

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges							8 hrs of stay		1
Doctor's Fee									
L. Tax									4,800

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	46,000/-
O.T Consumables	3,000/-
Instrument Charges	Subject to approval by TPA/Insurance Company
Pharmacy, Consumables & Investigations	Not Covered by TPA/Insurance Company
Equipment Charges	As per actual - Not Included In Estimation
Monitor: 1,500/-	Oxygen: _____
Infusion Pump/Syringe Pump: 900/-	
Ventilator Conventional: _____	HFO-SLE 5000: _____
HFO-Sensormedix: _____	
Phototherapy Single Surface: _____	Double Surface: _____
Triple Surface: _____	
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual - Not Included In Estimation
Package	Rec - 2,000/- MRD - 2,500/-
Others	
Initial Minimum Deposit	65,000/-

### MARKS :

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

### DECLARATION

I M.V. PRASAD have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

M.V. Prasad Signature of the Client  
 \_\_\_\_\_ Signatory Relationship  
 \_\_\_\_\_ Signature of the Financial Counselor

DEFECIEN

VIH-00166245  
 Master M DHASWIN  
 18-09-2018  
 Dr. JYOTI BOTHRA  
 IP-00060292  
 7 Y 8 M 23 D

MEDICAL CASE SHEET

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Patient Name  
 Ward :

IP. No :  
 DOD :

Sl.No.	LIST OF RECORDS	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1	✓	✓	✓
2	Discharge Summary	1	✓	✓	✓
3	Nursing Initial assessment.	1	✓	✓	✓
4	Patient Transfer form	2	✓	✓	✓
5	In-patient Medical record	1	✓	✓	✓
6	Doctors progress sheets	1	✓	✓	✓
7	Nursing plan of care and handover sheets	1	✓	✓	✓
8	Consultation sheet	-	✓	✓	✓
9	General consent for treatment	1	✓	✓	✓
10	Consent for Surgery	1	✓	✓	✓
11	Consent for blood transfusion	-	✓	✓	✓
12	Consent for chemotherapy	-	✓	✓	✓
13	Consent for high risk	-	✓	✓	✓
14	Consent for Restraint	-	✓	✓	✓
15	LAMA consent	-	✓	✓	✓
16	Consent for special procedure/Sedation	1	✓	✓	✓
17	Consent for Formula feed	-	✓	✓	✓
18	Consent for MTP	-	✓	✓	✓
19	Consent for Radiological Investigations	-	✓	✓	✓
20	Consent for HIV test	-	✓	✓	✓
21	Anaesthesia notes (Pre Anaesthesia& post)	1	✓	✓	✓
22	Neonatal Admission/Delivery/Physical Exam	-	✓	✓	✓
23	Medication Reconciliation	1	✓	✓	✓
24	Emergency Triage record	1	✓	✓	✓
25	Pre operative check list	1	✓	✓	✓
26	Surgical safety checklist	1	✓	✓	✓
27	Operation Theatre notes	1	✓	✓	✓
28	Nurses clinical Presentation	-	✓	✓	✓
29	TPR & BP chart	1	✓	✓	✓
30	Intake and Out take chart (fluid chart)	1	✓	✓	✓
31	Drug chart (Regular Prescription)	1	✓	✓	✓
32	Investigation Values (result sheet)	1	✓	✓	✓
33	Nebulization chart	-	✓	✓	✓
34	Nutritional review chart	-	✓	✓	✓
35	Intensive care unit (ICU Charts)	-	✓	✓	✓
36	Consent for Admission in PICU/NICU	-	✓	✓	✓
37	The Humpty dumpty scale	1	✓	✓	✓
38	<del>Braden Q Scale</del> Pain Assessment	1	✓	✓	✓
39	<del>Bed-side check list</del> ThromboPhlebitis	1	✓	✓	✓
40	<del>PICU bed formula Dilution feeds</del> SSE	1	✓	✓	✓
41	Gastro monitoring chart Billing Policy	1	✓	✓	✓
42	<del>Reh ED doctors note</del>	-	✓	✓	✓
43	<del>BP Monitoring chart</del> Admission	1	✓	✓	✓
44	<del>RBS monitoring chart</del> Intimation	1	✓	✓	✓
45	estimation & lip	1	✓	✓	✓
Total No. of Pages		97			

Signature and Date :

## ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060292

Admit Date : 10-Jun-2026

Admit Time : 08:02 AM UHID : VIH-00166245

Patient Details :

Patient Name : Master M DHASWIN

Age : 7 Y 8 M 23 D

Guardian : Mr MV PRASAD

DOB : 18-09-2018

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 201 SM SIGNATURE APARTMENT MAHENDRA  
HILLS EAST MARREDPALLY East Maredpalli  
Hyderabad Telangana INDIA 500026

Phone No : 7013225354

E-mail : na123@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

Contact Details :

Name : Mr MV PRASAD

Relationship : S/O

Contact Address : 201 SM SIGNATURE APARTMENT  
MAHENDRA HILLS EAST MARREDPALLY East  
Maredpalli Hyderabad Telangana INDIA 500026

Phone No : 7013225354

*M.V. Prasad*  
Signature

Doctor Details :

Doctor Name : Dr. JYOTI BOTHRA

Specialisation : PEDIATRIC SURGERY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

Patient Name : Mast. M DHASWIN UHID : VIH-00166245 IPD : IP-00060292 Gender : Male Age : 7 Y 8 M 23

VIH-00166245 IP-00060292  
 Master M DHASWIN  
 18-09-2018 7 Y 8 M 23 D (M)  
 Dr. JYOTI BATHRA




### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/6/26 Time of arrival : 8:19am  
 Chief Complaints: do pt came for surgery @ high ligation of jejunum RBS:  
 Height : 123cm Weight : 17.8kg 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 \_\_\_\_\_

<p><b>RISK FOR FALL:</b></p> <p><input type="checkbox"/> If patient is &lt; 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is &gt; 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li>Escort while ambulating <input type="checkbox"/></li> <li>Assist Patient <input type="checkbox"/></li> <li>Educate patient and family on fall precautions/prevention <input checked="" type="checkbox"/></li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Mobility Problem <input type="checkbox"/></li> <li>Walking Problem <input type="checkbox"/></li> <li>Developmental Delay <input type="checkbox"/></li> <li>Musculoskeletal Congenital Abnormality <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>_____</p> <p>_____</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Underweight <input type="checkbox"/></li> <li>Overweight <input type="checkbox"/></li> <li>Feeding Problem <input type="checkbox"/></li> <li>Special diet <input type="checkbox"/></li> <li>Special feeding method <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>_____</p> <p>_____</p>
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**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 : 8:22am

Patient Name : Mast. M DHASWIN UHID : VIH-00166245 IPD : IP-00060292 Gender : Male Age : 7 Y 8 M 23 D

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

Time	Nursing Notes
8:14 AM	* Pt Came to ER
8:15 AM	* vitals checked and Recorded
8:16 AM	* ER Doctor seen the pt & gave intimation for admission
	* Admission Done
8:40 pm	* Iv Placement Done
8:45 am	* Samples collected & sent to lab
9:15 AM	* Pt shifted to O.T

Samples collected by: J. Samuel

Time: } 8:35 AM  
Time: } 8:40 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
10/6/19 am	Neb. Levofloxacin	P/I	1.25mg	J. Samuel	[Signature]
	Neb. Budecort	P/I	0.5mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 88bmt BP: 105/62(76) CFT: 2cc	Shift - out from ER to: OT
RR: 24bmt SPO <sub>2</sub> : 100%	Time of Shift - out: 10/6/19 @ 9:15 AM
GCS: 15/15 Temperature: 98.2 F	Handover given to: B. Anil
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any): IV Placement done


Name of the Nurse : Samuel

Signature of the Nurse : [Signature]

Date & Time : 10/6/19 @ 9:15 AM

# PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00166245 IP-00060292 Maatar M DHASWIN 18-09-2018 7 Y 8 M 23 D (M) Dr. JYOTI BOTHRA 		Date & Time of Admission 10/6/26 @ 08:12 AM	Date & Time of Transfer Order 10/6/26 @ 9:15 AM
		Transfer Ordered by Dr. NIKESH	Reason for Transfer Admission
From Unit ER	To Unit O.T	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	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 <i>op file given</i>			
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 Sr. Laxmi		Name of Person Ordered Transfer Dr. NIKESH	
Patient & Clinical Records Received by : <i>Dr. Ashish</i> 10/6/26 @ 9:15 AM			
Date & Time of Patient Received :			

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


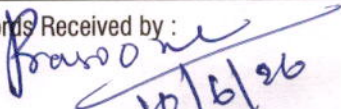
Unavailable Bed

Nurse not Available

Available Bed not ready

# PATIENT TRANSFER FORM



Patient Name & UHID No.  VIH-00166245 IP-00060292 Master M DHASWIN 18-09-2018 7 Y 8 M 23 D Dr. JYOTI BOTHRA 		Date & Time of Admission  10/6/26 @ 08:02 AM	Date & Time of Transfer Order  10/6/26 @ 11am
		Transfer Ordered by  Dr. Madhav	Reason for Transfer  Post operative care
From Unit  OT	To Unit  Recovery Room	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	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 : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Dr. Jyoti Bothra			
Name & Signature of Person who is Transferring  Sr. Vanitha		Name of Person Ordered Transfer  Dr. Madhav	
Patient & Clinical Records Received by :   10/6/26			
Date & Time of Patient Received :  11am			

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

Unavailable Bed

Nurse not Available

Available Bed not ready



**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name: \_\_\_\_\_

VIH-00166245 IP-00060292  
Master M DHASWIN  
18-09-2018 7 Y 8 M 23 D (M)  
Dr. JYOTI BOTHRA

UHID ID: \_\_\_\_\_



Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

Right scroful swelling

#### History of present illness :

→ Right side swelling of scroful sac

↓  
Diagnosed having right hydrocele

↓  
Now come for right high ligation of sac



### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

pre term / 900 gm / twin gestation /  
admitted in NICU for 3 months

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional information : \_\_\_\_\_

---

**Developmental History :**

Appropriate

---

---

**Immunization History :**

Completed

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) \_\_\_\_\_ (Centile \_\_\_\_\_)

#### On Examination :

Temperature : \_\_\_\_\_ Pulse Rate : \_\_\_\_\_ B.P. \_\_\_\_\_ SPO2 100% on room air

Resp. rate and type of breathing : 24/min

Rash No

Lymphadenopathy No

Oedema : No

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : fl. equal

Air entry & breath sounds : \_\_\_\_\_

Any added sounds : \_\_\_\_\_

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

#### Cardiovascular System :

Inspection of precordium : S1 S2

Heart Sounds : \_\_\_\_\_

Any murmur : No murmur

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

#### Per Abdomen :

Inspection Soft, non-tender

Palpation : \_\_\_\_\_

Auscultation : No hepatosplenomegaly

Spine : \_\_\_\_\_ External Genitalia : ✓

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : intact

**Motor System:**

Nutrition : \_\_\_\_\_

Tone: (2) Power 5/5

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic:**

Right hydrocele  
now come for right high ligation of sac



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_

**Planned Labs:**

- CBP ✓

**Planned Management**

- NAB WITH I (definition) before surgery
- NAB WITH Helicobacter before surgery
- NPO since 18:30PM on 9/1/26

Mailed by Samuel  
10/1/26 @ 9AM

Signature of the Doctor:

Name of the Doctor: Dr. Jyoti Bothra

Date & Time: 10/1/26

Signature of the Consultant:

Name of the Consultant:

Date & Time:

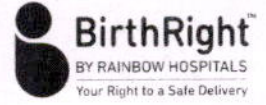


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/16/26	S/B Dr John	
	stc(R) high hydration of sac	
	Stable	
	<del>Alu</del>	
	Alc	today
	B	



# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Dashvein Gender:  Male  Female Age : 7y

UHID No : 166245 Date : 10/6/26

**Instruction:**

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

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

(R) high ligation of sac

upon \_\_\_\_\_  
(Name of the Patient)

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

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

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

Infection

**My signature on this form indicates that**

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Spohi Botam

**Consentee :**  
Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Date & Time : \_\_\_\_\_

**Patient Attendant :**  
Signature : M.V. Prasad  
Name : M.V. PRASAD  
Relationship with Patient: Father  
Date & Time : \_\_\_\_\_

**Witness :**  
Signature : P. Surekha  
Name : M. SUREKHA  
Date & Time : P.

**Doctor (who is taking the consent) :**  
Signature : Spohi  
Name : Dr. Spohi Botam  
Date & Time : 10/6/26, 9:30 AM



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA (MAC)

Patient Name : Mastu M Dhaswin Age : 7yrs  
 Gender :  M  F - IP No : VH100166245 Consultant : Dr. Jyoti Kotkar  
 Ward / Bed No. : ..... Anaesthesiologist : Dr. Durgabhanu  
 Operative procedure planned : Right High ligation of sac

**PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA**

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

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

- Heart disease  Hypertension  Diabetes mellitus  Renal failure
- Hepatic disorders  Shock  Multiple organ failure  Polytrauma / RTA
- Incapacitating COPD  Others : Hemodynamic changes, Bleeding,

Comments : bradycardia, Need for definitive ventilation, laryngospasm,

• 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 Mastu M Dhaswin the above mentioned operation / Diagnostic / Therapeutic procedures Right High ligation of sac

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

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

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him I 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 / MAC 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 : M. Surekha

Name : M. Surekha

Relationship with Patient: Mother

Date & Time : 8/6/26 5:45pm

Witness :

Signature : M. V. Prasad

Name : M. V. PRASAD

Date & Time : 8/6/26 5:45pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Durga Bhevari

Date & Time : 8/6/26 5:45pm

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Master M Dhanraj Age: 7yrs Sex: M UHID.No: V11 00166245  
 Date: 8/6/26 Time: 5:30pm Proposed Operation: Right High ligation of sac  
 Diagnosis: Right Hydrocele  
 B.P / CRT: 110/70 H.R: 110 Weight: 17.9kg ASA Physical Status:  1  2  3  4  5

6/2/26/24 Aspirin 100mg 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: NEKA

Medical History: CVS: (-)  
 RESP: Asthma (+) (fill syn of age med in halers & Metaspray) Diabetes (+) Preterm 7th month / Twin 1/6 New born  
 CNS: gode? Adenoids (+) 3 months whewse (+) 900gms/on CAP 3 months  
 Renal: (-) Tennis (+) distilled Mitostonus not delayed  
 Hepatic / GE: (-) Physical Activity: METS > 4  
 Others: (-)  
 Past Anaesthetic History: (-)

Physical Exam:  
 Airway: MPT 1 2 3 4 Mouth Opening: 3F (+) Mentohyoid Distance: (10) Neck: (4) Teeth: No loose tooth  
 Lungs: BLAE (+), clear  
 Heart: S1S2 (+)  
 CNS: CCCC, Oriented  
 Pregnant:  Yes  No  NA Venous Access Site: (+) Spine Exam for regional: Spine palpable

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>Allegra</u>	<u>KD</u>
<u>Sophlin Himalya syrup</u>	

Pre-Operative Instructions:  
 1. DVT Prophylaxis : NIRM > 2hrs solids > 2hrs clear  
 2. NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$   
 3. Informed Consent:  Standard  High Risk  
 4. Post Operative Pain Management:  Discussed with Patient  
 5. Other Instructions: CRP of Coagulation  
Neb - Levolin  
Inductor prior to surgery

Signature: [Signature] Name: Dr. Durg. Bhavani

VIH-00166245 IP-00060292  
 Master M DHASWIN  
 18-09-2018 7 Y 8 M 23 D  
 Dr. JYOTI BOTHRA



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 98/m B.P / CRT: 104/62/4 SpO<sub>2</sub>: 100% R.R: 16/min Last Feed:

Pre-OP Diagnosis: Right Hydrocele Operation: High Ligation of sac Date: 10/09/18

Surgeon: Dr. P. Jyoti Anaesthesiologist: Dr. Madhavi V. Viret Technician: Mr. Rakesh

TIME	N <sub>2</sub> O / AIR / O <sub>2</sub> , LPM	HALO / SO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
10:15			MIDAZOLAM 1mg				
			FENTANYL 20mcg				Diclofenac 12.5mg PR
			PROPOFOL 20mg+10mg				
			PARACETAMOL 20mg				
FI <sub>2</sub> SaO <sub>2</sub>	100	100					
ETCO <sub>2</sub>	38	38					
ECG	62	62					
Temperature	37.2						
Urine Output							
Fluids							
Blood							
B.P	240						
V Systolic	220						
A Diastolic	200						
X Mean	180						
Heart Rate	160						
Tourniquet on Time	140						
Tourniquet off Time	120						
Throat Pack In	100						
Throat Pack Out	80						

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: .....

Art Site: .....

EKG Lead 2 lead

Temp Site

FIO<sub>2</sub> Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME  Fluid Warmer

Cling Film  OH Warmer

Hugger's  Cotton Wool

Other

Times:

Anaes Start: 10:25 AM

OP Start: 10:25 AM

OP End: 10:55 AM

Leave OR: .....

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP: .....

ART: 50L, 22G

IV: .....

IV: .....

IV: .....

Induction

IV  Inhal

Pre O<sub>2</sub>  RSI

Others

Mask  SGA

Airway  Oral  Nasal

ETT# ..... at ..... cm

Oral  Nasal  Cuff

Tracheostomy  Topical

Drug: .....

Awake  Direct Vision

Video Laryngoscopy  Stylette / Bougie

Fiberoptic

Blade# ..... Attempts: .....

Difficulty Why? .....

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify: .....

Spinal  Epidural  Caudal

Others: .....

Position: lateral

Site: sacral hiatus

Needle Size: 22G Depth: .....

Parasthesia  Yes  No

Catheter at skin ..... cm

Drug Name & Conc: 0.2% Bupivacaine

Bolus: 1cc

Infusion: .....

Block Level: .....

Comments: .....

Transportation to

PACU  ICU  Other

Relaxant Reversed  Yes  No  NA

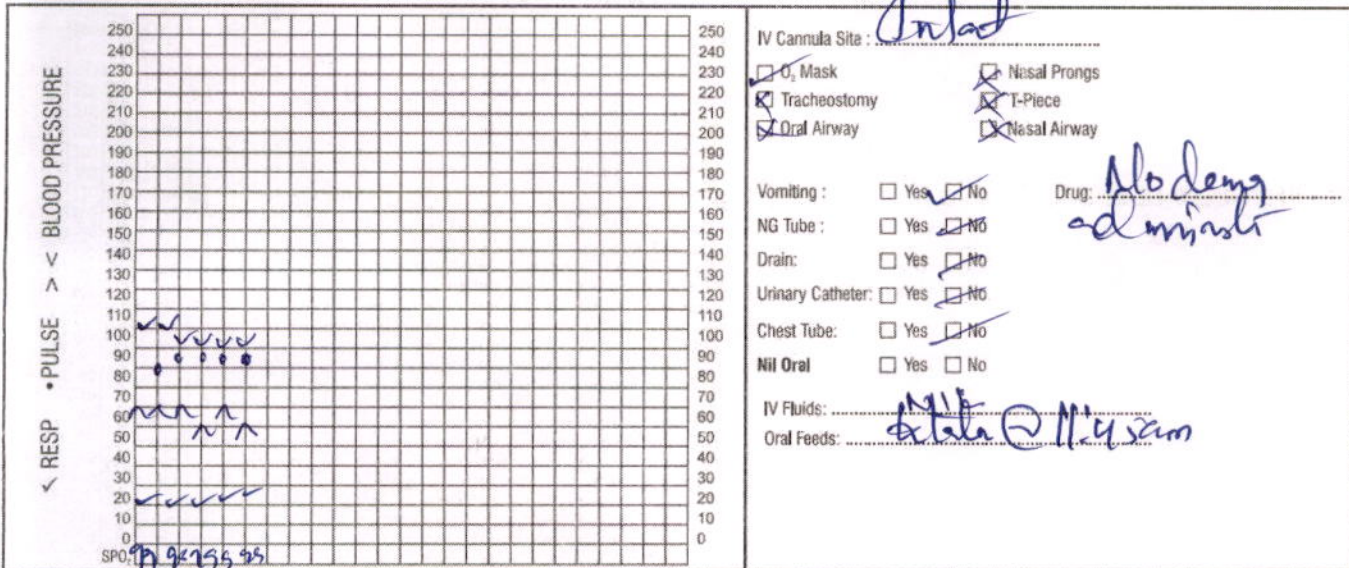
Name of the Doctor: DR. M. VIJAYAKRISHNAN

Signature of the Doctor: [Signature]



POST-ANAESTHESIA UNIT RECORD

Received in PACU by: Sri. Vanitha Time Received: 11:00 AM Time Discharged: 3pm



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6/26	11:25 AM	0	-	<u>[Signature]</u>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name: Dr. Madhan / Dr. Vanitha

Anaesthesiologist Signature: [Signature]

Date & Time: 10/6/26 @ 12pm

PACU Nurse Name: Sri Vanitha

PACU Nurse Signature: [Signature]

Date & Time: 10/6/26 @ 12pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): Sri. Vanitha

Date & Time: 10/6/26 @ 12pm

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 : .....



## 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: ..... *ICU* ..... Shifted to: ..... *O.T* .....

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

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: *Dr. N. Kesh* .....

Date & Time: ..... *10/6/26 @ 8AM* .....

Nurse Name & Signature: *Sr. Laxmi* .....

Date & Time: ..... *10/6/26 @ 8AM* .....

D

VIH-00166245 IP-00060292  
 Master M DHASWIN  
 18-09-2018 7 Y 8 M 23 D (M)  
 Dr. JYOTI BOTHRA



wt: - 17.8 kg

### EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Dhaswin Age : 7 yrs Gender:  Male  Female

Date : 10/6/26 Time of Arrival : 8:14am

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: 97.9 F PR: 84b/m BP: 102/62/45 RR: 24b/m SpO<sub>2</sub>: 100%

Chief Complaints: clt pt came for surgery (PP) high febrile

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

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

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

M. V. Prasad  
 Signature of Parent / Guardian  
 Triage Completion Time: 8:18am

#### Communicable Disease Triage Screening

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
 If yes, State Location: \_\_\_\_\_
- 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 : Renuthy

Signature of Triage Nurse : Renuthy

Date & Time : 10/6/26 @ 8:18am



# SURGICAL SAFETY CHECKLIST

VIH-00166245 IP-00060292  
 Master M DHASWIN  
 18-09-2018 7 Y 8 M 23 D (M)  
 Dr. JYOTI BATHRA

Surgeon: Dr. Jyoti Bathra

Asst. Surgeon: \_\_\_\_\_

Anaesthetist: Dr. Madhav for. Vignesh

Scrub Nurse: Sr. Sheeja Manimol



Age: 7y Gender: M

Primary Name: R. High ligation of

In-time: 10:20 AM Out-time: 11:00 AM



## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <u>10:20 AM</u>
<b>Patient Has Confirmed</b>	
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
<b>Site Marked</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
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
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature: _____	
Name: <u>DR. M. VIGNESH</u>	

TIME OUT	Time: <u>10:30 AM</u>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>R. High ligation of sc</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration <u>non</u>	
Anticipated Blood Loss? <u>2ml</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>non</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: _____	
Name: _____	

SIGN OUT	Time: <u>10:55 AM</u>
<b>Nurse Verbally Confirms with the Team:</b>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: _____	
Name: <u>Dr. Jyoti Bathra</u>	

# Rainbow Children's Medicare Ltd.

# 3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station

Karkhana Main Road, Kakaguda, Secunderabad - 500009.

Tel : +91-40-4246 2200, 2789 5050, 2789 6060.

GST: 36AABCR4014M1ZE email: vrchbilling@rainbowhospitals.in

CIN: L85110TG1998PLC029914 www.rainbowhospitals.in



## OPERATION THEATER NOTES

<b>Patient's Name :</b> Master M DHASWIN	<b>Age :</b> 7 Y 8 M 23 D	<b>Gender :</b> Male
<b>UHID :</b> VIH-00166245	<b>I.P. NO.</b> 00060292	<b>WEIGHT :</b>
<b>Surgeon :</b> Dr. JYOTI BOTHRA	<b>Asst surgeon :</b> Dr	
<b>Anaesthetist :</b> Dr MADHAV	<b>OT Nurse :</b> S/N Manimeka	
<b>Surgical Procedure :</b> Right High ligation of sac		
<b>Indications for Surgery :</b> Right Hydrocele		
<b>Anaesthesia -</b> GA		
<b>PRE-OPERATIVE PREPARATION-</b> Betadine skin preparation		
<b>OPERATIVE NOTES:</b> <b>Findings:</b> Right fluid filled processus vaginalis <b>Procedure notes:</b> - Right mid inguinal lower crease incision - EOA opened - Sac delineated from vas and vessels and divided - Proximal end ligated and transfixed, distal sac laid open - Incision closed in layers		
<b>DISCHARGE ORDERS:</b> 1. Nil by mouth for 1 hour 2. Vitals chart 3. Diet as advised. 4. Remove dressing after 3 days and daily bath 5. Syp. Crocin-DS (5ml/240mg) 5ml twice a day for 2 days and then SOS for pain/fever > 100°F (maximum 6th hourly). 6. Kindly consult Dr. Jyoti Bothra, Consultant Pediatric Surgeon & Urologist, after 1 week in OPD with prior appointment (This consultation will be charged).		

**Consultants Surgeon's Name**

Dr. JYOTI BOTHRA

**Date :** 10/6/26

**Consultant Surgeon's Signature**

**Time :**

11am





**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 20/6/20 Time: 9 10 11 12 1

Doctor / Nurse / Family Concern?

Temperature (°F)	104				
	103				
	102				
	101				
	100	* 98.6F	* 98.6F	* 98.6F	* 98.6F
	99				
	98				
	97				
	96				
	95				
	94				

Heart Rate (bpm)	190				
	180				
	170				
	160				
	150				
	140				
Blood Pressure (mmHg) *	130				
	120				
	110	102	110	114	112
	100				
	90				
	80				
	70	69	60	71	60
	60				
	50				

**Note:**  
 BP does not score in early warning scoring

Heart Rate (Number) 94 95 102 104 114

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)		<u>20</u>	<u>24</u>	<u>21</u>	<u>20</u>

Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)		<u>92</u>	<u>97</u>	<u>98</u>	<u>97</u>
Conscious Level	Normal / Altered	<u>NB</u>	<u>NB</u>	<u>NB</u>	<u>NB</u>
GCS *		<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>

<b>TOTAL SCORE</b>					
Number of shaded boxes	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Pain Score	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>1</u>
Observer's Initials	<u>SB</u>	<u>SB</u>	<u>SB</u>	<u>SB</u>	<u>SB</u>

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



# 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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
1061	08:00 am												
	09:00 am	N									0	g	
	10:00 am	B									0		
	11:00 am	g									0		
	12:00 pm	bottle @ 11:45 am											0
	01:00 pm												0
	<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: .....  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY NURSING



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
10/6	9 AM	Neb with LEVOTIN	1.25 mg	Neb		Hema OK
10/6	9 AM	Neb with BUDEKORT	0.5 mg	Neb		Hema OK
10/6	10.4 AM	100 - PARACETAMOL	250 mg	IV		Rakesh sup.
10/6	10.25 AM	SUPP DICLOFENAC	12.5 mg	PR		Rakesh sup.

VERIFIED BY : Name ..... Signature .....

From 10/6/20

