

ACTIVITY REC

VIH-00205427 IP-00060235
Baby TANISHKA ATUL WANI
10-10-2015 10 Y 7 M 26 D (F)
Dr. AJAY KUMAR



Name: -----

UHID No : -----

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

Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	7:45 AM	ER	OT	[Signature]
5/6/26	11:20 AM	OT	Room (102)	[Signature]

Cross Consultation Visit

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

VIH-00205427 IP-00060235
Baby TANISHKA ATUL WANI
10-10-2015 10 Y 7 M 28 D (F)
Dr. AJAY KUMAR



SURGERY DETAILS

Date : 5/6/2026

Patient Name: Baby Tanishka Atul Wani Date of Birth: 10-10-2015 Age: 10 yrs

Gender: Female Ward: OT UHID No.: 205427

Date of Surgery: 5/6/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: ~~Colicitor nasid Zovellator + Adrenalact + Tuberolact~~
BCA

Time in : 8:25 Am

Time Out : 9:25 Am

	NAME	AMOUNT
1. Surgeon	Dr. Ajay Kumar	OT charges
2. Anaesthetist	Dr. Brinda	-
3. Assistant Surgeon	-	Colicitor charges
4. OT Technician	Br. Rakesh	8:30 Am - 9:20 Am
5. Circulating Nurse	Sr. Meghana	3087109
6. Assistant Nurse	Sr. prasanna	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3087098 / 3087099

Order by: Reby. F

Adeno - 50,000 50%
 Anes - 15630 50%
 turbino - 53130 100%
 Anes - 15630 100%
 OT con - 5000.

① Surgeon $53130 + 2500 = 78130$

② Anesth $15630 + 7815 = 23445$

③ Dent - 7813
 1 Dent - 7813

5 cases - 23445

④ operation - (12000 x 1) - 12000

2 OT con - 5000



3087098/99
BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES
Admission slip
OF OT 5/6/20

VIH-00205427 IP-00060235
 Baby TANISHKA ATUL WANI
 10-10-2015 10 Y 7 M 26 D
 Dr. AJAY KUMAR



Age :
 Time :

Circulating Staff : *Dr. Meghna* Technician : *Rakem*

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>RAC 5.0 cuffed</i>		1	Major Pack			Inj. Vit. K		
LMA		1	Sutures			Cord Clamp		
ECG leads : A/P/N		3				Suction Catheter		
HME filter : A/P/N		1				Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		4	Gloves <i>PF 746</i>	2	1	Surgical Gloves		
02 cc <i>SACC</i>		1	<i>C.G. 7</i>	1		Gauze Pack		
01 cc		1				Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N		1	Surgical blade			Surgical Blade # 20		
IV set		1	NG tube <i>no 6</i>		2	Koochies (S)		
RL		1	Cautery Pencil			<i>Evac probe new</i>		
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<i>Probe forceps</i>		2
<i>Relipax</i>		1	Ointments			<i>Suction 100ml</i>		1
Demerol		1	Suction Catheter			<i>Reflex ultra</i>		1
Fentanyl midazolam		1	Op. Mask		7			
Morphine <i>citopine</i>		1	Gauze Pack					
Ketamine <i>Acquimentin (1.20)</i>		1	Mop Pack					
Propofol		2	Steristrip <i>Allesorb</i>		1			
Rocuronium		1	Underpad					
Glycopyrolate <i>pyrolate</i>		1	Draw Sheet					
Myopyrolate		1	Abgel					
Ondansetron		1	Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%		1	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics		1	Bandage <i>biobch</i>		1			
		1	Tegaderm					
Suppositories		1	Ioban					
Anamol : 80mg/250mg/170 mg		1	Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg		1	Betadine Solution					
<i>Vcin-o-line 100ml</i>		1	Microshield					
<i>Ob mask (A)</i>		1	Cotton Balls					
		1	Latex Gloves					
		1	Ramdione Scrub					
		1	Saral					

Surgeon *Dr. Ajay Kumar* Anaesthesiologist *Dr. Brinda* Nurse *Prasanna* OT Technician *Rakem*
 Order No. : *3087103/3087106* Ordered by : *Ruby f*

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-00060235	Ward	N 0 GF-EMERGENCY
Patient Name	Baby TANISHKA ATUL WANI	Bed Name	ER 101
Age/Sex	10 Y 7 M 26 D / Female	Order No	0003087103
Date	05/06/2026 09:28	Prescription No	PRIP-1289953
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	05/06/2026 09:29
UHID	VIH-00205427		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AEQUIMENTIN INJ 1.2GM	AEQUITAS HEALTHCARE PVT LTD		G362608B	12/27	1	150.22	150.22
2	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
3	BANDAGE # 6 INCH	Muttu	GENERAL	BG23	10/27	1	20.62	20.625
4	CUROPINE (ATROPINE) INJ 1 ML	PHARMA CURE LABORATRIES	H	AS1466	08/27	1	7.33	7.33
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	5	28.13	140.65
6	DSYRINGE 50 ML LUER SLIP NIPRO	NIPRO	GENERAL	25L20K27	11/30	1	204.38	204.38
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
10	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
11	EVAC70XTRAHPWITHINTEG RATEDCABLE-E	ARTHOCARE	C	220IO75	10/28	1	27,758.00	27,758.00
12	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	7	10.00	70.00
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
14	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A010116	12/30	2	63.00	126.00
15	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
16	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
17	JUSTIN SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
18	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	2	69.10	138.20
19	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
20	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
21	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
22	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
23	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
24	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
25	RAE ORAL WITH CUFF TUBE-6.0	RUSCH		440E25G1707	06/30	1	1,525.00	1,525.00
26	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252093	11/27	1	737.08	737.08
27	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
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		SAL25IB5	07/28	1	62.00	62.00
30	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
31	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
32	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D010315	03/31	1	464.00	464.00



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INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060235	Ward	N 0 GF-EMERGENCY
Patient Name	Baby TANISHKA ATUL WANI	Bed Name	ER 101
Age/Sex	10 Y 7 M 26 D / Female	Order No	0003087103
Date	05/06/2026 09:28	Prescription No	PRIP-1289953
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	05/06/2026 09:29
UHID	VIH-00205427		

Total :	35,723.90	36,893.21
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

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,
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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060235	Ward	N 0 GF-EMERGENCY
Patient Name	Baby TANISHKA ATUL WANI	Bed Name	ER 101
Age/Sex	10 Y 7 M 26 D / Female	Order No	0003087106
Date	05/06/2026 09:41	Prescription No	PRIP-1289956
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	05/06/2026 09:43
UHID	VIH-00205427		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	REFLEX ULTRA 45 WITH IC (EIC4845-01)	ARTHOCARE	C1	2197660	11/28	1	4,258.12	4,258.12
Total :							4,258.12	4,258.12

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Receiver Name

**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
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP-00060235 **Admit Date** : 05-Jun-2026 **Admit Time** : 06:24 AM **UHID** : VIH-00205427

Patient Details :

Patient Name : Baby TANISHKA ATUL WANI **Age** : 10 Y 7 M 26 D
Guardian : Mr ATUL A WANI **DOB** : 10-10-2015
Gender : Female **Religion** :
Occupation : **Martial Status** :
Address (H) : Cherlapally Cherlapally Hyderabad Telangana **Phone No** : 9966642785/
INDIA 500051 **E-mail** : na@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 ATUL A WANI **Relationship** : D/O
Contact Address : Cherlapally Cherlapally Hyderabad Telangana **Phone No** : 9966642785
INDIA 500051

Mangre
Signature

Doctor Details :

Doctor Name : Dr. AJAY KUMAR **Specialisation** : EAR NOSE AND THROAT
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

Patient Name : Baby. TANISHKA ATUL WANI UHID : VIH-00205427 IPD : IP-00060235 Gender : Female Age : 10 Y 7 M 26 D

VIH-00205427 IP-00060235
 Baby TANISHKA ATUL WANI
 10-10-2015 10 Y 7 M 26 D (F)
 Dr. AJAY KUMAR



wt: - 39.91kg
 Ht: - 127cm
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name: Baby Tanishka Atul wani Age: 10Y
 Date: 5/6/26 Time of Arrival: 6:23Am

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: 98.3°F PR: 80b/M BP: 119/70Cm RR: 18b/M SpO₂: 100%

Chief Complaints: patient come for surgery Adenoblastoma? Ileectomy

INITIAL PHYSIOLOGICAL CATEGORIZATION 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		INITIAL PHYSIOLOGICAL STATUS <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
 Signature of Parent / Guardian: [Signature]
 Triage Completion Time: 6:27Am

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: Swathi?
 Date & Time: 5/6/26 @ 6:27Am
 Docu. No.: RCH / FRM / CLINICAL / 085

Signature of Triage Nurse: [Signature]

Patient Name : Baby. TANISHKA ATUL WANI UHID : VIH-00205427 IPD : IP-00060235 Gender : Female Age : 10 Y 7 M 26 D

VIH-00205427 IP-00060235
Baby TANISHKA ATUL WANI
10-10-2015 10 Y 7 M 26 D (F)
Dr. AJAY KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 5/6/26 Time of arrival : 6:28 AM
Chief Complaints : patient come for surgery Adeno tonsillectomy
Height : 117 CM Weight : 39.91 kg 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:

If patient is < 6 years
tick below fall risk intervention directly
 If Patient is > 6 years
Assess the below parameters
History of Falling: within past 3 months Yes No
Ambulatory Aids:
• Wheelchair Yes No
• Uses furniture for support Yes No
Gait/Transferring:
• Bedrest / immobile Yes No
• Weak Yes No
• Impaired Yes No
Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected

Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

Underweight
 Overweight
 Feeding Problem
 Special diet
 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 family

Siblings in household Yes No (if yes How Many?) —

Time of Initial assessment completed by ER Nurse : 6:32 AM

Patient Name : Baby. TANISHKA ATUL WANI UHID : VIH-00205427 IPD : IP-00060235 Gender : Female Age : 10 Y 7 M 26 D

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

Time	Nursing Notes
6:23AM	* patient come to ER
6:27AM	* vital checked & Recorded
6:31AM	* Doctor seen the patient Advised Admission
6:35AM	* Admission process done
6:50AM	* IV placement done & Antibiotic test dose given
	* last food :- 11:00PM
	* last water :- 5:50AM
	* patient shifted to OT

Samples collected by: —

Time: —

Samples sent by: —

Time: —

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: 107b/m BP: 105/66 Gys 7.85en	Shift - out from ER to: OT
RR: 18b/m SPO ₂ : 100%	Time of Shift - out: 5/6/26 @ 7:45AM
GCS: 15/15 Temperature: 98.3°F	Handover given to: Sr. Prasoona
Pain Score: 0	(Nurse's Name) Dr. Sabir
Repeat RBS (if applicable): —	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): —

IV placement done

Name of the Nurse : Sabir

Signature of the Nurse : *Suf*

Date & Time : 5/6/26 @ 7:45AM



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Adenotonsillectomy

Arrival Time: 11:25 AM **Mode of Arrival:** wheel chair **Admitting From:** ER OPD Direct

Allergy / Adverse Reaction: **Body Weight:** Kg

Height: cm

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Family History:

Has the child or close family member had recent contact with a communicable disease? Yes No

If yes please list,

Was the child's birth normal? Yes No If No, please describe problems:

Are the child's immunization up to date? Yes No

Current Medication: None Yes, If Yes, fill reconciliation form

Observations: Weight: Length: Head Circumference (< 2 years):

Temp: 98.6 F HR: 110 bpm RR: 26 bpm BP: 101/60 mm

Pain Score: 2 Specify Site: nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: Yes No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score): 28 (Document in the Braden Q Assessment Sheet)

Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker

Character of Pain: 2 Location: nil Frequency: Duration:

- FUNCTIONAL SCREENING:** No Abnormalities Detected
- Mobility Problem Walking Problem
 - Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

- NUTRITIONAL SCREENING:** No Abnormalities Detected
- Underweight Overweight Special Feeding Method
 - Feeding Problem Special diet No Abnormality Detected

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

Siblings in household Yes No (if yes How Many?) ... 0

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No Waste Disposal Explained: Yes No

Infusion Pump : Yes No Hand hygiene Explained: Yes No Others

Patient Rights & Responsibilities: Yes No

Information given to mother

Nurse's Name: Pradu Date: 2/1/21 Time: 11:30 AM Signature 



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00205427 IP-00060235
Baby TANISHKA ATUL WANI
10-10-2015 10 Y 7 M 26 D (F)
Dr. AJAY KUMAR

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

↓
mouth breathing & snoring - 2 yrs -
↓
Grade 4 Adenoids + Grade 3 tonsillar hypertrophy.

History of present illness :

child came to do mouth breathing & snoring.
↓
Grade 4 Adenoids + Grade 3 tonsillar & DNS (R)
& HIT
↓
Referred for Sv
Adenotomectomy.
NPO - Solids - 11:00 pm
liquids - 5:00 am.
No H/O cold, cough, fever.



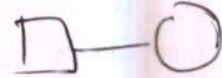
Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

Yes, Dwt: 3.98kgs, CIAB, No NFeu
Admission.



Birth & Socio Economic History:

About Father :
About Mother : } clau III
Any additional Information :

Developmental History :

Development - (M)

Immunization History :

Immunized as per Age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) 38.72 kgs (Centile _____)

On Examination :

Temperature : 98.5 f Pulse Rate 80 b/m B.P. 119/78 SPO2 100%

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy fo.

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : o

Air entry & breath sounds : BLAET

Any addes sounds : o

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S1S2

Any murmur : o

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

Per Abdomen :

Inspection N

Palpation : P/A = soft

Ausculation : o

Spine : N External Genitalia : N

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutrition : _____

Tone: _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Power (P) (O)
5/5 5/5

Reflexes :

DTR ent

Superficials: ent

Plantars flexors

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Adelembnillik?

Patel for Adelembnillik.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to treat further complications.

Desired goals of the treatment: to treat the symptoms.

Planned Labs:

PAC
↓
done.

Planned Management

- NPO
- Shift to OR on call.
- Monitor vitals
- Inj (80s)

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor:

Name of the Consultant:

Date & Time:

Date & Time:

VIH-00205427 IP-00060235

Baby TANISHKA ATUL WANI

10-10-2015 10 Y 7 M 26 D (F)

Dr. AJAY KUMAR



OPERATION NOTES

Surgeon : <i>Dr. Ajay Kumar Balle</i>	Asst. Surgeon :
--	-----------------

Pre-Operative Diagnosis: *Cervix Adenocarcinoma Cervix Uteri + R/L H/I L*

Surgical Procedure :
collester cyst + Muclelectomy + Adenocarcinoma + Hysterectomy + Salpingectomy

Indications for Surgery :

Date : <i>5/6/2026</i>	Start Time : <i>8:25 Am</i>	End Time : <i>09:25 am</i>
------------------------	-----------------------------	----------------------------

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML)
-----------------------	--------------------------

Name and Number of Surgical Specimen sent for examination:

Operation Notes: *to GA*
collester cyst + Muclelectomy + Adenocarcinoma + Hysterectomy + Salpingectomy
Hemostasis achieved

NRM till 12:30h

cold water / cold wettk / fuel pump / ORS / coconut water /
ice cream after 12:30h

- Inj Dicofane 12.5mg in 2ml NS IV Bo

- Inj paracetamol 500mg IV tid

- Inj Desferal 4mg IV tid

- Inj Augmentin 1.2gm IV tid

- Inj Esmoprolol 40mg IV tid

- Ascoril-Dry inh tid

- Norvini normal deep 2 deep 3 times a day

- Inj sos

Name of the Surgeon: Dr. Ajay Kumar

Signature of the Surgeon: 

Date & Time: 05/01/26 @ 9:30am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby Tanishka Atul Wani Age: 10y Sex: F UHID.No: VH-00205227

Date: 31/5/26 Time: 3:45pm Proposed Operation: Adeno Tonsillectomy

Diagnosis: Adeno Tonsillar hypertrophy.

B.P./CRT: 115/81mmHg H.R: 78bpm Weight: 36.72kgs ASA Physical Status: 1 2 3 4 5

SpO2 - 99% on RA.

Laboratory Data:

Hgb: <u>12.1g/l.</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>9040 cells</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>2.79 lakhs</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT: <u>17 Secs</u>	K:	LDH:	T3:	Other:
aPTT: <u>34 Secs</u>	Ca++:	Alk phos:	T4:	
INR: <u>1.2</u>	Mg++:	Amylase:	TSH:	
CRP - <u>1mg/dL.</u>	Cl-:	SGOT/SGPT:		

Allergies: NADA

Medical History: CVS: LSCS, Bwt 3.98kgs, CIAB, No NICU admissions.

RESP: H/o Snoring, Mouthbreathing Diabetes: Development - (N)

CNS: Since 2 years. Vaccinated till date.

Renal: No active URT

Hepatic / GE: Physical Activity: Active child.

Others:

Past Anaesthetic History: Nil.

Physical Exam:

Airway: MPI 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact.

Lungs: B/L AE (+) Clear

Heart: S1S2 (+)

CNS: NAD, Child is active.

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No parents.

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 parents.
- Other Instructions:

Signature: [Signature] Name: Dr. Brunda



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 108 bpm B.P / CRT: 90/60 mmHg SpO₂: 99% on ea R.R: 16/min Last Feed: last night

Pre-OP Diagnosis: AdenoTonsillar hypertrophy Operation: AdenoTonsillectomy Date: 5/6/25

Surgeon: Dr. Ajay Kumar Anaesthesiologist: Dr. Bunde Technician: Rakesh

TIME	N ₂ O (AIR) (O ₂) LPM	HALO / SC / SEVO	Drugs	Antibiotic given	Suppository	Dextrose	PR	Blood Loss
			<u>0.5mg MIDAZOLAM 2mg IV</u>					
			<u>LENTANIL 80mg IV</u>					
			<u>PROPOFOL 80 + 20mg IV</u>					
			<u>ROCURONIUM 20mg IV</u>					
			<u>DEXAMETHASONE 1mg IV</u>					
			<u>PARACETAMOL 600mg IV</u>					
FD ₀ / SaO ₂	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>				
ETCO ₂	<u>33</u>	<u>35</u>	<u>36</u>	<u>38</u>				
ECG	<u>NSR</u>			<u>NSR</u>				
Temperature	<u>36</u>			<u>36</u>				
Urine Output								
Fluids Blood	<u>RINGER LACTATE</u>							
B.P	[Graph showing BP fluctuations between 80 and 120 mmHg]							
V Systolic	[Graph showing Systolic BP fluctuations]							
A Diastolic	[Graph showing Diastolic BP fluctuations]							
X Mean	[Graph showing Mean BP fluctuations]							
Heart Rate	[Graph showing Heart Rate fluctuations]							
Tourniquet on Time	[Graph showing Tourniquet status]							
Tourniquet off Time	[Graph showing Tourniquet status]							
Throat Pack In	[Graph showing Throat Pack status]							
Throat Pack Out	[Graph showing Throat Pack status]							

LAB Values

ABG

Chem

Equipment Checked and Functional

BP

Cuff Site: PTUL

Art Site: _____

EKG Lead: 3 lead skin

Temp Site: skin

FIO₂ 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: 8:25am

OP Start: _____

OP End: _____

Leave OR: 9:25am

Anaesthesia:

GA GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP: _____

ART: _____

IV: 22c left ul

IV: _____

IV: _____

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 6 at 18 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: ROCURONIUM

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 3 Attempts: 1

Difficulty Why? _____

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify: _____

Spinal Epidural Caudal

Others: _____

Position: _____

Site: _____

Needle Size: _____ Depth: _____

Parasthesia Yes No

Catheter at skin _____ cm

Drug Name & Conc: _____

Bolus: _____

Infusion: _____

Block Level: _____

Comments: _____

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Bunde

Signature of the Doctor: _____

CONSENT FORM FOR GENERAL REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Baby Tanishka Atul Wani Age : 10y Gender : Male Female

UHID NO: VH-00205427 Surgeon Name: Dr. Ajay Kumar

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Adeno Tonsillectomy

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 / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others : Laryngospasm, Bronchospasm.

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 Tanishka Atul Wani the above mentioned operation / Diagnostic / Therapeutic procedures Adeno Tonsillectomy

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 anesthesiologist 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 : Atul A. Wani
Name : Atul A. Wani
Relationship with Patient : Father
Date & Time : 31/5/26 3:54pm

Witness :

Signature : M. Manojna
Name : M. Manojna
Date & Time : 31/5/26 3:54pm

Doctor (who is taking the consent) :

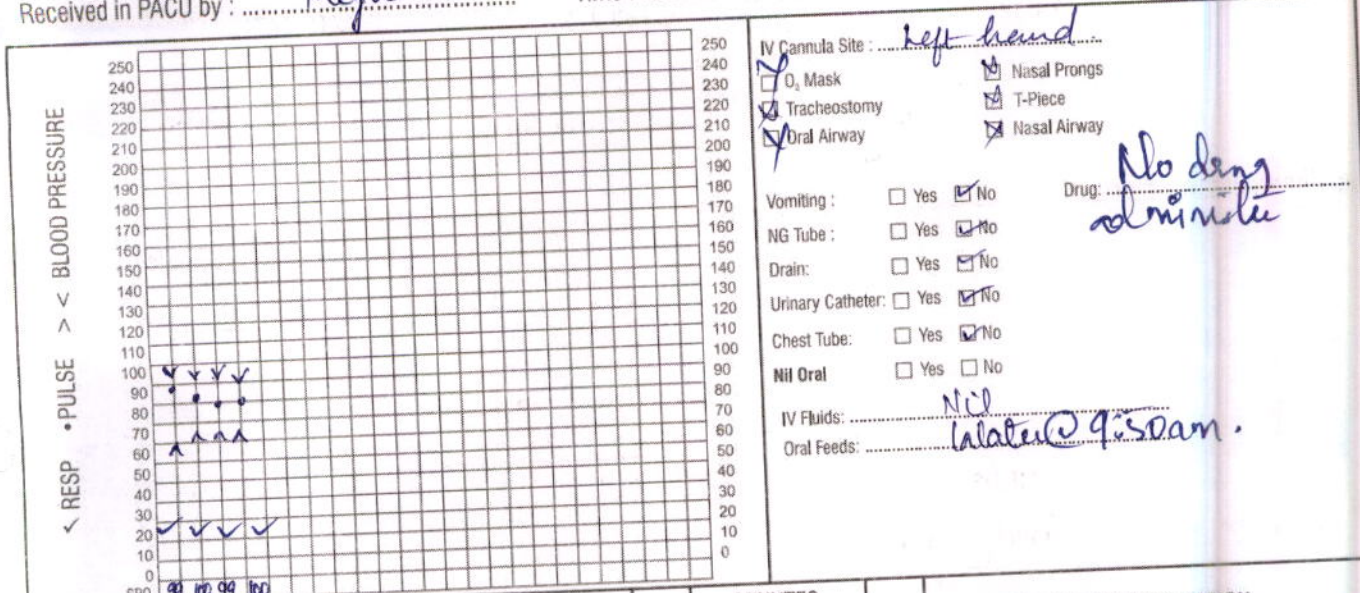
Signature : Dr. Brunda
Name : Dr. Brunda
Date & Time : 31/5/26, 3:48pm

VIH-00205427 IP-00060235
 Baby TANISHKA ATUL WANI
 10-10-2015 10 Y 7 M 26 D (F)
 Dr. AJAY KUMAR



UNIT RECORD

Received in PACU by : Meghana Time Received : 9:35 Am Time Discharged :



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	1	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	2	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	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	1	1	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2	2	
TOTAL	8	8	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
5/6/26	10 am	2/5	-	<i>[Signature]</i>

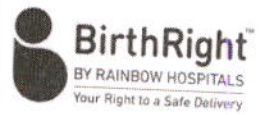
Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Bonda
 Anaesthesiologist Signature: *[Signature]*
 Date & Time: 5/6/26 @ 10 am
 PACU Nurse Name : Meghana
 PACU Nurse Signature: *[Signature]*
 Date & Time: 5/6/26 @ 10 am

- 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): S. Praveen
 Date & Time: 05/6/26 @ 10 am

VIH-00205427 IP-00060235
 Baby TANISHKA ATUL WANI
 10-10-2015 10 Y 7 M 28 D (F)
 Dr. AJAY KUMAR



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 :

VIH-00205427 IP-00060235

Baby TANISHKA ATUL WANI
10-10-2015 10 Y 7 M 26 D (F)
Dr. AJAY KUMAR



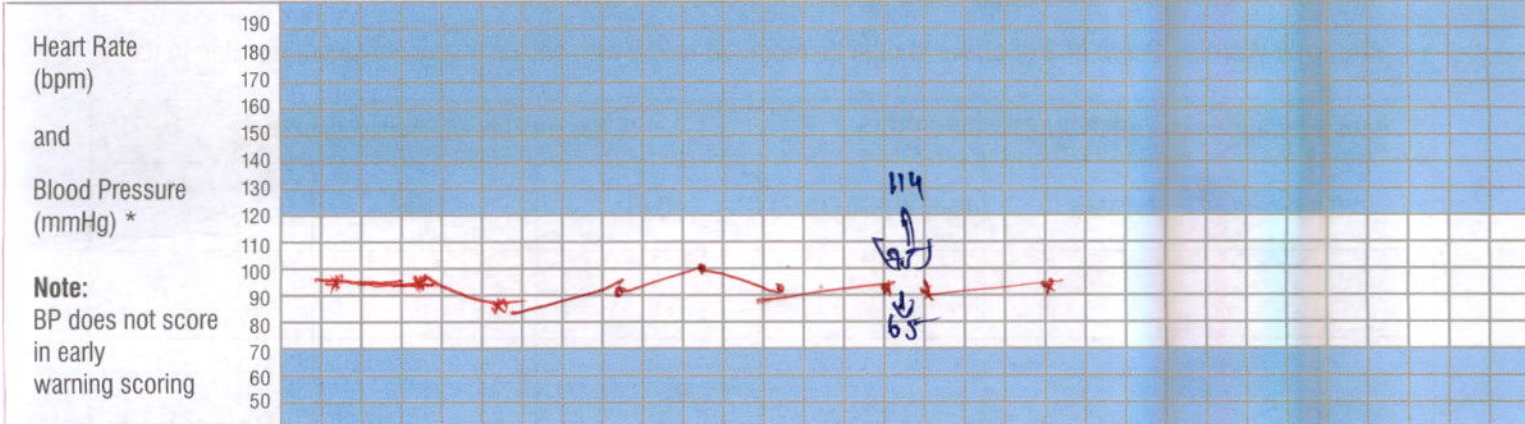
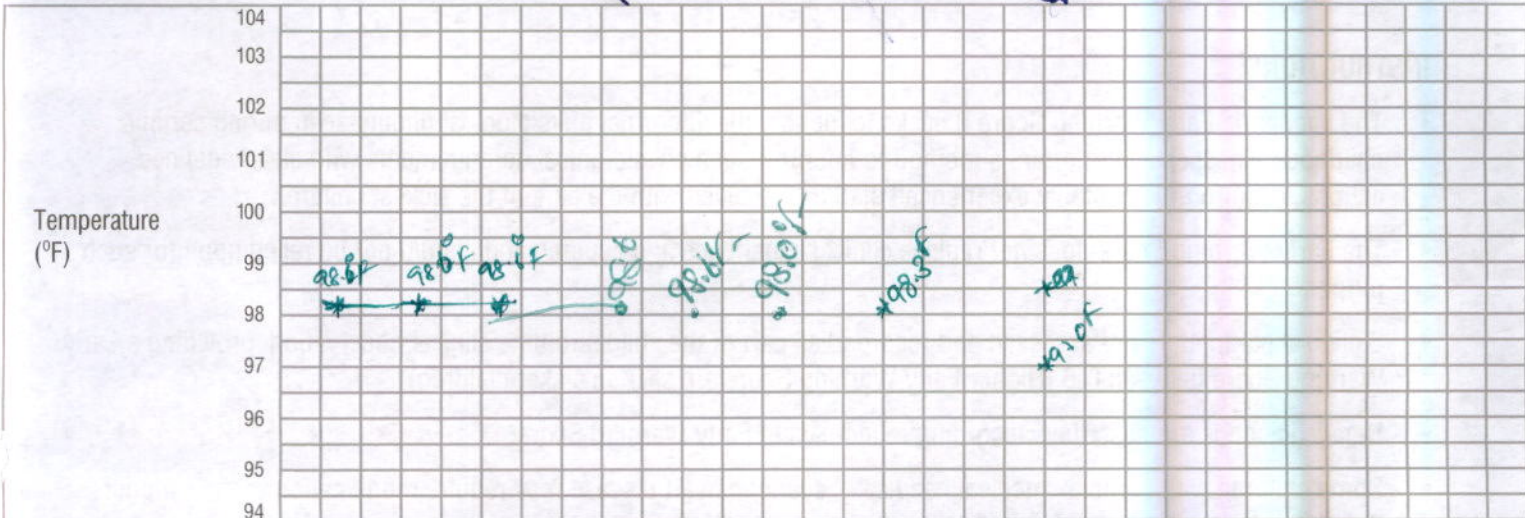
No. : RCHBH/FRM/CLINICAL/126

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

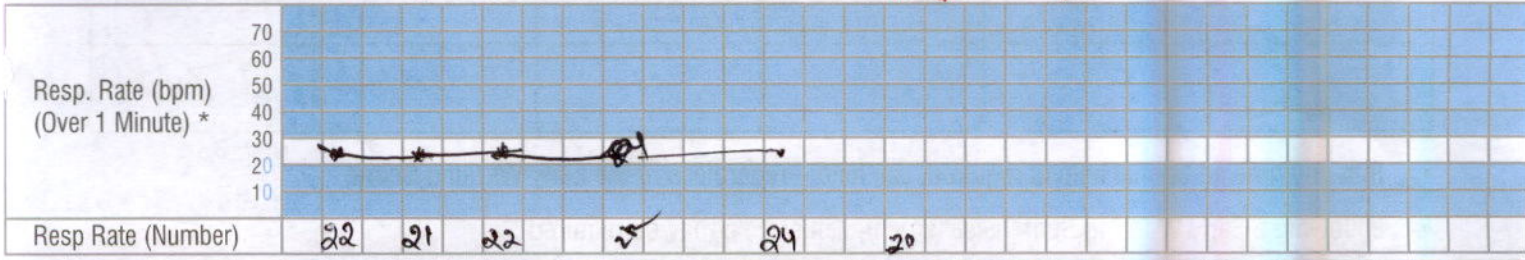


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/6/26 Time: 8 AM 9 AM 10 AM 1 PM 2 PM 3 PM 4 PM 5 PM 6 PM 7 PM 8 PM 9 PM 10 PM 11 PM
 Doctor / Nurse / Family Concern? [Handwritten initials]



Heart Rate (Number) 98 95 88 90 100 92 90 99



Resp Mod/ Severe Distress None / Mild	✓	✓	✓	✓	N	N	N	N
Receiving O ₂ (l/min)					0	0	0	0
O ₂ Saturations (%)	99%	99%	99%	99%	96	99	99	99
Conscious Level Normal / Altered	✓	✓	✓	✓	N	N	N	N
GCS *	15	15	15	15	15	15	15	15

TOTAL SCORE								
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]

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.

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)



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
5/6/20	08:00 am		NBM + RL + 400ml/hr.									10	Res
	09:00 am		NBM									8	Indu
	10:00 am		NBM water 10am									1	20 pm
	11:00 am												5/6/20
	12:00 pm								✓				
	01:00 pm												
Total Intake :						Total Output :							
5/6	02:00 pm												
	03:00 pm		Ice cream							✓			Subhan
	04:00 pm		Ice cream										5/6
	05:00 pm		water										@ 7 pm
	06:00 pm		water							✓			
	07:00 pm												
Total Intake :						Total Output : 2 times							
5/6	08:00 pm												
	09:00 pm		Ice cream										
	10:00 pm		Ice cream										
	11:00 pm									✓			
	12:00 am		Ice cream										
	01:00 am		Ice cream										
Total Intake :						Total Output :							
5/6	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



DRUG CHART

Date of Admission: 5/6/16 Drug Allergies: None 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. 39.9kg. Ward. OT

Dr. Ashika

DRUG: INT DICOLOFENAC				Date	5/6
				Time	6 am
Dose	Route	Frequency	Start Date		
12.5mg	iv	12 th ly	5/6		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions: 12.5mg in 250ml NS				6	Group
				pm	
Daily Doctor's Endorsement by a Sign					

Dr. Ashika

DRUG: INT PARACE7AMOL				Date	5/6
				Time	6 am
Dose	Route	Frequency	Start Date		
500mg	iv	8 th ly	5/6		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions: 10-15mg 1x/dose				2	PM
				10	ESW
Daily Doctor's Endorsement by a Sign					

Dr. Ashika

DRUG: INT DEXAMETHASONE				Date	5/6
				Time	6 am
Dose	Route	Frequency	Start Date		
4mg	iv	8 th ly	5/6		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions: 0.1 mply/dose				2	PM
				10	ESW
Daily Doctor's Endorsement by a Sign					

Dr. Ashika

DRUG: INT AMOXICILIN + CLAVULANIC ACID				Date	5/6
				Time	6 am
Dose	Route	Frequency	Start Date		
1.2gm	iv	8 th ly	5/6		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions: 30mg 1x/dose				2	PM
				10	ESW
Daily Doctor's Endorsement by a Sign					



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : 1/15 ESOMEPRRA 2015				Date Time	5/6																	
Dose	Route	Frequency	Start Dt.																			
40mg	PO	once	5/6																			
Name & Signature of the Doctor Starting the Drugs:				6 am																		
Additional Instructions:				6 am																		
1mg/kg/day																						
Daily Doctor's Endorsement by a Sign																						
DRUG : SYP ASORILD				Date Time																		
Dose	Route	Frequency	Start Dt.																			
5ml	PO	8mly	5/6																			
Name & Signature of the Doctor Starting the Drugs:				6 am																		
Additional Instructions:				2 pm																		
cough syrup				10 pm																		
Daily Doctor's Endorsement by a Sign																						
DRUG : NABIVION NABALDROP				Date Time	5/6																	
Dose	Route	Frequency	Start Dt.																			
2drop	PN	8mly	5/6																			
Name & Signature of the Doctor Starting the Drugs:				6 am																		
Additional Instructions:				2 pm																		
2drop in each nostril:				10 pm																		
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																						

Dr. Jayashree

Dr. Jayashree

Dr. Jayashree

VERIFIED

VH-00205427
 Baby TANISHKA ATUL WANI
 10-10-2015
 Dr. AJAY KUMAR
 IP-00060235
 10 Y 7 M 26 D (F)



Sheet **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.	

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
5/6/20	7:30AM	Ij. Amoxicillin 7K (CLAVULANATE (AFTER TEST DOSE))	1.2 gm.	JV	R	Jam Shankh
5/6	8:30AM	SUPP. DICLOFENAC	37.5MG	PR	B de	Bekah Megha
5/6	8:25AM	INS. DEXAMETHASONE	4MG	IV	B de	Bekah Megha
5/6	8:40AM	INS. PARACETAMOL	600MG	IV	B de	Bekah Megha

VERIFIED BY : [Signature]

Dr. [Signature]

