

VIH-00190175 IP-00060245  
 Baby JAISTINA HRISHIKA PANWAR  
 02-05-2017 9 Y (F)  
 Dr. VIDYASAGAR DUMPALA



## SURGERY DETAILS

Date : 6/6/26

Patient Name: Baby Jaistina Hrishika panwar Date of Birth: 2-05-2017 Age: 9yrs

Gender: Female Ward: OT UHID No.: 190175

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

Name of the Surgery : Cablation Adenoidectomy JGA -

Time in : 8:50 AM

Time Out : 9:30 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Vidya Sagar D</u>	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Madhav / Dr. Himu Bindu</u>	<u>Cablation Charges</u>
3. Assistant Surgeon	<u>-</u>	<u>Start time :- 9:00 AM</u>
4. OT Technician	<u>Br. Rakesh</u>	<u>End time :- 9:20 AM</u>
5. Circulating Nurse	<u>Sr. Meghana</u>	<u>Order no :- 3087397</u>
6. Assistant Nurse	<u>Sr. Vanitha</u>	

- 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: ~~30873~~ 3087379/3087380 Order by: Manimala

2018-19-2019-20

2018-19

2018-19

- Investigation - 13510
- Research paper - 1120
- Journal - 1520
- Book - 800
- Article - 1300
- Review - 2100
- Letter - 1000
- Journal - 9550
- Blog - 10600

3087379/80



# CONSUMABLES OF OT

*Adenoidectomy*

Pat  
Ger  
Dat

VIH-00190175 IP-00060245  
Baby JAISTINA HRISHIKA PANWAR  
02-05-2017 9 Y (F)  
Dr. VIDYASAGAR DUMPALA



Circulating Staff : *Sr. Ruby p/sr praxom* Technician : *Dr. Rakush*

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
<del>ET tube</del> <i>RAE 5.5 cuffed</i>		1	Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		3				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		5	Gloves <i>6 (bc) 8g 1/2</i>	1	1	Surgical Gloves		
02 cc			PF 8		1	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		1	NG tube <i>(6 No)</i>	2	2	Koochies (S)		
RL		1	Cautery Pencil			<i>proto gauze</i>		2
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<i>Demo probe</i>		
<i>vein-o-line (100cm)</i>		1	Ointments			<i>Nelson (12)</i>		1
<i>Relipaxa</i>		1	Suction Catheter					
<del>Fentanyl</del> <i>Dexamethasone</i>		1	Cap. Mask		2			
<del>Morphine</del> <i>midazolam</i>		1	Gauze Pack					
<del>Ketamine</del> <i>O<sub>2</sub> mask (P)</i>		1	Mop Pack					
Propofol		2	Steristrip					
<del>Rocuronium</del> <i>Atacurium (2.5mg)</i>		1	Underpad					
<del>Glycopyrolate</del> <i>peralate</i>		1	Draw Sheet					
<del>Myopyrolate</del> <i>myostigmine</i>		3	Abgel					
Ondansetron <i>(Efantral 1g)</i>		1	Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag <i>Allegamb</i>		2			
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage <i>6 inch</i>		1			
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		2			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution					
<i>Metalol</i>		1	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdone Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Tec

Order No. : *3087387*

Ordered by : *Manimal*

# 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-00060245	Ward	N 0 GF-EMERGENCY
Patient Name	Baby JAISTINA HRISHIKA PANWAR .	Bed Name	ER 101
Age/Sex	9 Y / Female	Order No	0003087387
Date	06/06/2026 09:59	Prescription No	PRIP-1290087
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	06/06/2026 10:30
UHID	VIH-00190175		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	2	425.00	850.00
2	ATACURIUM 2.5ML INJ	ZYDUS HEALTHCARE		TAE25015	10/27	1	45.30	45.30
3	BANDAGE # 6 INCH	Muttu	GENERAL	BH55	01/28	1	20.60	20.60
4	CEFANTRAL 1GM INJ	LUPIN LIMITED	H	A26007PP	12/27	1	42.60	42.60
5	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00395A	04/27	1	10.87	10.87
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	5	28.13	140.65
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	5	21.56	107.80
8	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	77160326	02/28	3	34.64	103.92
9	ENCORE MICROPTIC GLOVES-8 PF	ANSEL	H	260200611T	02/29	1	128.00	128.00
10	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	8	10.00	80.00
11	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
12	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A010116	12/30	2	63.00	126.00
13	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
14	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
15	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	2	69.10	138.20
16	METOLAR INJ 5 MG 5 ML	CIPLA LIMITED	H	5L60237	08/28	1	18.15	18.15
17	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
18	MYOSTIGMIN INJ 1ML	NEON LABORATORIES LTD	H	KP017027	08/28	3	5.33	15.99
19	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirfir)	H	1C261641	02/29	1	44.93	44.93
20	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
21	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
22	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	1	450.00	450.00
23	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	1	450.00	450.00
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-5.5	RUSCH		40E25H0035	07/30	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	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
29	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
30	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
31	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D010315	03/31	1	464.00	464.00

**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**



<b>IP No</b>	IP-00060245	<b>Ward</b>	N 0 GF-EMERGENCY
<b>Patient Name</b>	Baby JAISTINA HRISHIKA PANWAR .	<b>Bed Name</b>	ER 101
<b>Age/Sex</b>	9 Y / Female	<b>Order No</b>	0003087387
<b>Date</b>	06/06/2026 09:59	<b>Prescription No</b>	PRIP-1290087
<b>Payor</b>	MEDI ASSIST INSURANCE TPA PVT LTD	<b>Dispensed Date</b>	06/06/2026 10:30
<b>UHID</b>	VIH-00190175		

---

<b>Total :</b>	6,629.12	7,634.92
----------------	----------	----------

---

for RAINBOW CHILDREN'S MEDICARE LIMITED

**Receiver Name**

**Authorized Signature**

Pharmacist Name : RUBY FLORENCE VELPULA

VIH-00190175 IP-00060245  
Baby JAISTINA HRISHIKA PANWAR .  
02-05-2017 9 Y (F)  
Dr. VIDYASAGAR DUMPALA



**ACTIVITY RECORD FOR BILLING**

Name: -----  
UHID No : ----- IP No : ----- Consultant : ----- Dept : Pediatrics.  
Date of Admission : 6/6/26. Time : ----- Date of Discharge : ----- Time: -----  
Room / Bed No : OT Ward : OT Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
6/6/26.	7:55AM	81R	OT	<i>[Signature]</i>
6/6/26	10:25am.	OT	208	<i>[Signature]</i>
6/6/26	2:25pm	208	108	<i>[Signature]</i>

**Cross Consultation Visit**

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





# PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/06	IV placement	1	3087507	Bre. Shantha
	PAC	<del>308734</del>	308734	Kumari
			308734	Shy
Cross checked by Kalpana 6/6 @ 7PM				

## ANY OTHER INFORMATION

-----

-----

-----

-----

-----

-----

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward 1st floor Kalpana	Billing Assistant	Billing Supervisor
-------------	--------------------------------------	-------------------	--------------------

ADMISSION SHEET

Registration Details :



Admission No : IP-00060245 Admit Date : 06-Jun-2026 Admit Time : 06:10 AM UHID : VIH-00190175

Patient Details :

Patient Name : Baby JAISTINA HRISHIKA PANWAR . Age : 9 Y  
Guardian : Mr JAIVIR DOB : 02-05-2017  
Gender : Female Religion :  
Occupation : Martial Status :  
Address (H) : ALWAL Alwal Hyderabad Telangana INDIA 500010 Phone No : 6281971299/  
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 JAIVIR Relationship : D/O  
Contact Address : ALWAL Alwal Hyderabad Telangana INDIA 500010 Phone No : 6281971299

  
Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR DUMPALA Specialisation : EAR NOSE AND THROAT  
Referral Doctor : Self Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00  
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Baby. JAISTINA HRISHIKA PANWAR . UHID : VIH-00190175 IPD : IP-00060245 Gender : Female Age : 9 Y

VIH-00190175 IP-00060245  
 Baby JAISTINA HRISHIKA PANWAR .  
 02-05-2017 9 Y  
 Dr. VIDYASAGAR DUMPALA



**NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 6/6/26 Time of arrival : 6:15 AM  
 Chief Complaints: patient come to surgery (Adenoidectomy) 9mg/kg  
 Height : 128cm Weight : 18.2kg 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 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><input type="checkbox"/> Escort while ambulating</li> <li><input type="checkbox"/> Assist Patient</li> <li><input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
--	--

**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 : 6:19 AM

Patient Name : Baby. JAISTINA HRISHIKA PANWAR . UHID : VIH-00190175 IPD : IP-00060245 Gender : Female Age : 9 Y

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

Time	Nursing Notes
6:10 AM	* patient come to ER
6:14 AM	* vital checked & Recorded
6:18 AM	* Doctor seen the patient advised Admission
6:22 AM	* Admission process done
6:33 AM	* IV placement done
6:35 AM	* Blood sampler collected set to lab
	* last food :- 11:00 pm * last water: 5:45 AM
	* patient shifted to OT

Samples collected by: } shanthi  
 Samples sent by: }

Time: @ 6:35 AM

Time: @ 6:36 AM

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
No //					

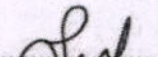
Condition of patient at time of shift - out :	Details of Shift - out
HR: 115b/M BP: 110/66(72) CFT: 235ml RR: 19b/M SPO <sub>2</sub> : 100% GCS: 15/15 Temperature: 98.2°F Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: OT Time of Shift - out: 6/6/26 @ 7:55 AM Handover given to: Sr. Prasanna (Nurse's Name) Br. Sabir

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 : 

Date & Time : 6/6/26 @ 7:55 AM



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/24	<u>C/S/B Resident</u>	
10:00 AM	AG: Adenitis.	
	POD-0 - Adenidectomy.	
	<u>OK</u>	
	Child Alert	
	CTA - Good	
	CVS: S12(1)	
	M: BLAC(2)	
	P/A: 6ft	<u>Plan</u>
	CVS: WAD,	<ul style="list-style-type: none"> <li>- Sup. Taxim - 0 - flo</li> <li>- Sp. Rilet plus - flo</li> <li>- Sup. calmed. - flo.</li> <li>- Naloxone nasal spray</li> <li>- Naxion-p - nasal den</li> </ul>
	<p><u>Dr. Prachin</u></p> <p>Noted By                  MERCY 01863 ON                  06-06-2026 at 11 AM</p>	<ul style="list-style-type: none"> <li>- Montivital</li> <li>- Infus(es)</li> </ul>





### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Grade -3 Adenoids</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: ..... <i>NIL</i> .....						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<i>6/6/20</i>	<i>6/6/20</i>	<i>06-06-20</i>	<i>6/6/20</i>	<i>6/6/20</i>	<i>6/6/20</i>	
	Shift	<i>N</i>	<i>M</i>	<i>MORNING</i>	<i>E</i>	<i>E</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>NIL</i>	<i>-</i>	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>	
ASSESSMENT	Diet:	<i>NPO Cold diet</i>	<i>Cold diet</i>	<i>COLD DIET</i>	<i>Cold diet</i>	<i>S. diet</i>	<i>Cold diet</i>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
ASSESSMENT	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6 F</i>	<i>98.6 F</i>	<i>98 F</i>	<i>98.6 F</i>	<i>98.3 F</i>	<i>98.7 F</i>
		Res:	<i>18 b/m</i>	<i>19 b/m</i>	<i>20 b/m</i>	<i>22 b/m</i>	<i>26 b/m</i>	<i>23 b/m</i>
		SpO <sub>2</sub> :	<i>98%</i>	<i>99%</i>	<i>100%</i>	<i>98%</i>	<i>98%</i>	<i>99%</i>
		Pulse:	<i>102 b/m</i>	<i>102 b/m</i>	<i>110 b/m</i>	<i>115 b/m</i>	<i>118 b/m</i>	<i>119 b/m</i>
		BP:	<i>61/10/60</i>	<i>90/60</i>	<i>100/60 mmHg</i>	<i>104</i>	<i>101/60</i>	<i>111/67 mmHg</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>11</i>	<i>15</i>	<i>13</i>	<i>13</i>	<i>13</i>	<i>13</i>	
	Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
	Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>NIL</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>NIL</i>	<i>NIL</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>NPO Cold diet</i>	<i>Cold diet</i>	<i>COLD DIET</i>	<i>Cold diet</i>	<i>S diet</i>	<i>Cold diet</i>	
	Critical Lab Test / Values:	<i>NIL</i>	<i>-</i>	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>DEPENDENT</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:	<i>NIL</i>	<i>-</i>	<i>-</i>	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>		
Handed Over By Name :	<i>Sabir</i>	<i>Rajni</i>	<i>MERCY</i>	<i>Nagmani</i>	<i>Sande</i>	<i>Deenika</i>		
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	<i>6/6</i>	<i>6/6/20</i>	<i>06-06-20</i>	<i>6/6/20</i>	<i>6/6/20</i>	<i>6/6/20</i>		
Time:	<i>7:55 AM</i>	<i>10:25 AM</i>	<i>2 PM</i>	<i>2:00 PM</i>	<i>8 PM</i>	<i>9 PM</i>		
Taken Over By Name :	<i>Rajni</i>	<i>MERCY</i>	<i>Nagmani</i>	<i>Sande</i>	<i>Deenika</i>	<i>[Signature]</i>		
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	<i>6/6/20</i>	<i>06-06-2016</i>	<i>6/6/20</i>	<i>6/6/20</i>	<i>6/6/20</i>	<i>6/6/20</i>		
Time:	<i>7:55 AM</i>	<i>10:30 AM</i>	<i>2 PM</i>	<i>2:00 PM</i>	<i>8 PM</i>	<i>9 PM</i>		

Note by  
 Deenika  
 6/6/20  
 @ 10 PM

VIH-00190175  
 Baby JAISTINA HRISHIKA PANWAR  
 02-05-2017 9 Y  
 Dr. VIDYASAGAR DUMPALA



### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Baby Jaistina Haisika Panwar Age : 9yr Gender : Male  Female

UHID NO: VH-0019075 Surgeon Name: Dr. Vidya Sagar

Anaesthesiologist : Dr. M. V. V. V. V.

Operative procedure planned : Adenoidectomy

## 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 : Bronchospasm, Laryngospasm, Desaturation

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 Jaistina Haisika Panwar the above mentioned operation / Diagnostic / Therapeutic procedures Adenoidectomy.

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 : .....  
Name : ..... JAIVIZ  
Relationship with Patient: ..... father  
Date & Time : ..... 30/05/26

**Witness :**

Signature : .....  
Name : ..... Christina Duonte  
Date & Time : ..... 30/05/26

**Doctor (who is taking the consent) :**

Signature : .....  
Name : ..... DR. M. VINCENTIA  
Date & Time : ..... 30/05/26

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Baby Jaistina Hrichika Panwar Age: 9yr Sex: Female UHID No: VLL 00140175

Date: 30/05/26 Time: 11:45 AM Proposed Operation: Adenoidectomy

Diagnosis: Grade-3 Adenoids.

B.P / CRT: 107/77 mmHg H.R: 120/min Weight: 18.25kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

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

Allergies: NKDA

X-ray lat. view nasopharynx & adenoid hypertrophy & significant narrowing of airway.

Medical History: CVS: no active cough/cold fever.

RESP: mouth breathing (+) Diabetes: (-)

CNS: LCC/protein/Brot - 1.5g/NICU admission i/v/o low wt

Renal: 1/0 CIAB/announced till date.

Hepatic / GE: 1/0 Physical Activity: good.

Others:

Past Anaesthetic History: (-)

**Physical Exam:**

Airway: MP (2) B 4 Mouth Opening: BE Mentohyoid Distance: (W) Neck: (W) Teeth: Partial.

Lungs: R/LC (+), clear.

Heart: S1S (+)

CNS: active.

Pregnant:  Yes  No  NA

Venous Access Site: axillary Spine Exam for regional: (W)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**

- DVT Prophylaxis:
- NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$  / explained
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions: parents

CRP after cannulation

Signature: [Signature] Name: DR. M. VIJAYAKRISHNA



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 110/m B.P / CRT: 103/65 SpO<sub>2</sub>: 100% R.R: 16/m Last Feed: > 6hr  
 Pre-OP Diagnosis: Adenoid Hypertrophy Operation: Adenoidectomy Date: 06/06/26  
 Surgeon: Dr. Vidyasagar Anaesthesiologist: Dr. Madhav / Dr. Himabindu Technician: Rakesh

TIME	N.O	IR	O	LPM	HALO	ISO	REVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
8:15												
8:45												
9:30												
								PROPOFOL 40 + 20mg W. MIDAZOLAM 0.8mg W. FENTANYL 40mcg W. ATRACURIUM 10mg W. PARACETAMOL 295mg W. DEXAMETHASONE 2mg W. METOPROLOL 2mg W.	CEFOTAXIME 950mg	DICOFENAC 12.5mg P		
	FiO <sub>2</sub>	SaO <sub>2</sub>										
		100	100	100								
	ETCO <sub>2</sub>		38	38	38							
	ECG		NR	NR	NR							
	Temperature											
	Urine Output											
	Fluids											
	Blood											
								RL - 170ml/hr.				
	B.P	240										
	V Systolic	220										
	A Diastolic	200										
	X Mean	180										
	Heart Rate	160										
	Tourniquet on Time	160										
	Tourniquet off Time	140										
	Throat Pack In	120										
	Throat Pack Out	100										
		80										
		60										
		40										
		20										
		10										
		0										

LAB Values

ABG

GRBS

Others

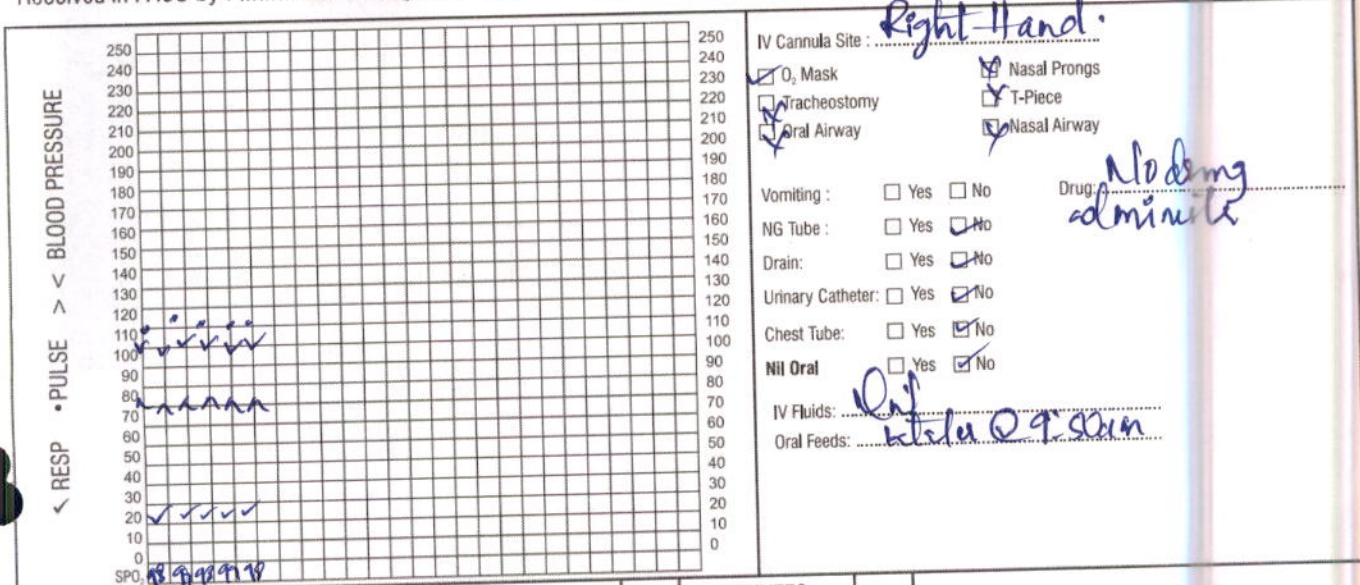
<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>LUL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>3leads</u> <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO <sub>2</sub> Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input checked="" type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>08:50Am</u> OP Start: <u>09:00Am</u> OP End: <u>09:00Am</u> Leave OR: Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>22G RUL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>5.5</u> at <u>16</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>(2)</u> Attempts: <u>(1)</u> Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: Signature of the Doctor: <u>Dr. Madhav</u>
---	---	--	---

VIH-00190175 IP-00060245  
 Baby JAISTINA HRISHIKA PANWAR  
 02-05-2017 9 Y  
 Dr. VIDYASAGAR DUMPALA



**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : S. Prasadone Time Received : 09:40 am Time Discharged : .....



IV Cannula Site : Right Hand

O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway

Vomiting :  Yes  No Drug : Nothing administered  
 NG Tube :  Yes  No  
 Drain :  Yes  No  
 Urinary Catheter :  Yes  No  
 Chest Tube :  Yes  No  
 Nil Oral  Yes  No  
 IV Fluids : Nil  
 Oral Feeds : Nil @ 9 am

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	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2	2	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	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2	2	
<b>TOTAL</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
6/6/26	10 am	Co. score	-	<u>[Signature]</u>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : Dr. Himabindu De. Adichan

Anaesthesiologist Signature: [Signature]

Date & Time: 06/06/26 @ 10 am

PACU Nurse Name : S. Prasadone

PACU Nurse Signature: [Signature]

Date & Time: 6/6/26 @ 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. Prasadone

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





Post-OP orders:

NSBM 2hrs followed by ice cream/juice and soft diet from

- Sym TAXIMV -O 150mg/ed. 3rd x BD x 1 Week afternoon

Sy: CALPOL 250mg/ed 5 x BD x 5 days

Sy: PLENT 3rd x BD x 1 Week

Sy: NASIVION-P nasal spray 1/4 x 1/4 x 1 Week.

Nasoclear Saline Spray 2 puffs x TID x 1 Week.

1/6 Week

Name of the Surgeon: Dr. D. Vidyaasagar

Signature of the Surgeon: [Signature]

Date & Time: 6-6-20 9.15/AM



ICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

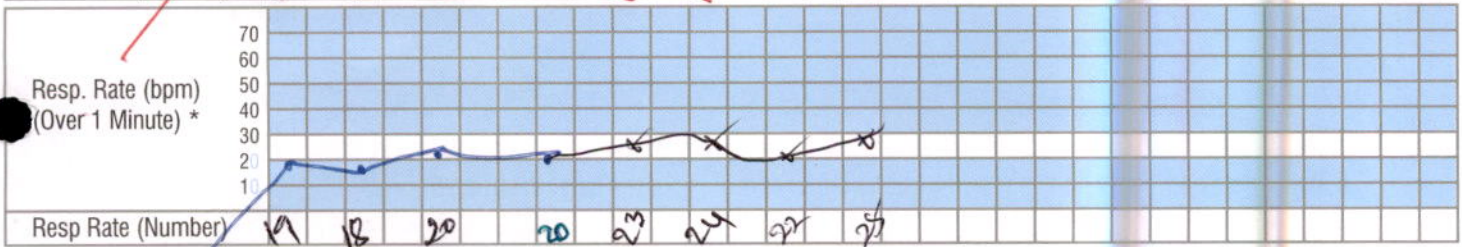
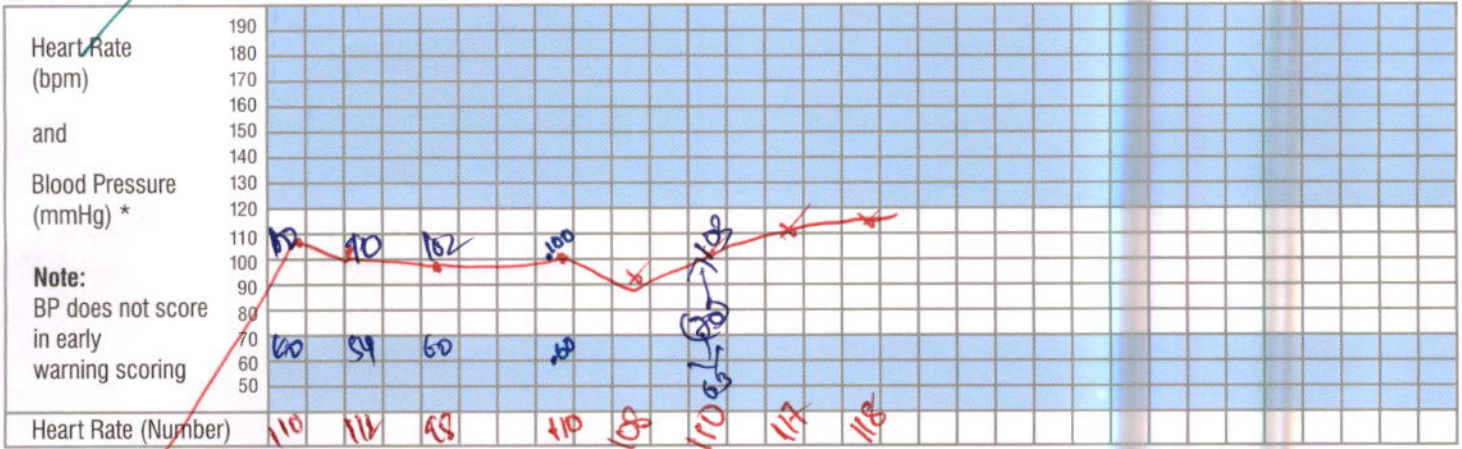
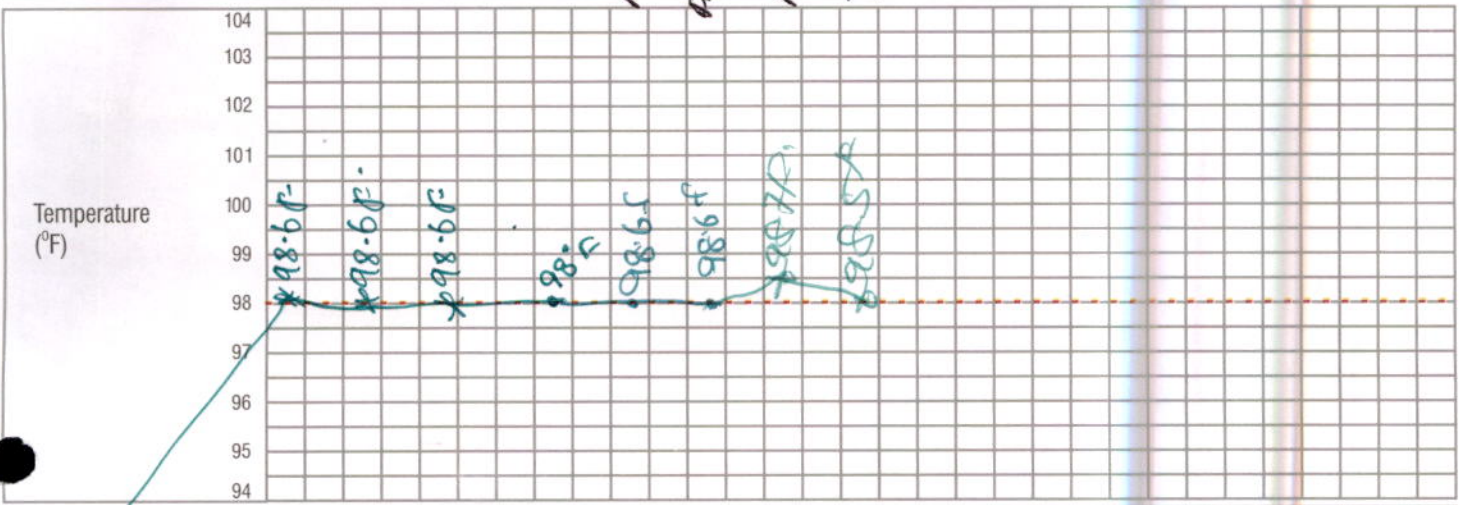


Patient S

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/6/24 Time: 8 9 10 10PM 9 5 7 10

Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe						
	None / Mild						
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98	97	98	100	98	98
Conscious Level	Normal / Altered	NA	NA	NA	NA	2	2
GCS *		15	15	15	15	15	15

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	J	J	J	TR	BR	FN	B

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

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

# RESUSCITATION 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)

Patie



**FLUID CHART**

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
6/6/26	08:00 am		NBW + RCP 190ml/hr								0	2
	09:00 am		NBW @ 6:15 to 9:00 am								0	
	10:00 am											2 @ 6:15 free cup
	11:00 am	JICE @ 100								1		
	12:00 pm	JICE 200ml								0		
	01:00 pm									1		
<b>Total Intake :</b>						<b>Total Output :</b>						
6/6/26	02:00 pm										1	2 @ 8pm 6/6/26
	03:00 pm		Curd								1	
	04:00 pm		Rice								1	
	05:00 pm		+ water								1	
	06:00 pm										1	
	07:00 pm										1	
<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: 6/6/20 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 : Name ..... Signature .....



REGULAR PRESCRIPTIONS

Weight. 18-24y. Ward. ....

Dr. J. J. J.

DRUG: SyP. TAXIM-O				Date Time	6/6
Dose	Route	Frequency	Start Date		
4.5ml	PO	12 times	6/6/20	9 AM	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Prabhakar					
Additional Instructions:					
5ml / 100mg					
Daily Doctor's Endorsement by a Sign					

Dr. J. J. J.

DRUG: SyP. CAPROL				Date Time	6/6
Dose	Route	Frequency	Start Date		
5ml	PO	12 times	6/6/20	9 AM	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Prabhakar					
Additional Instructions:					
5ml / 200mg					
Daily Doctor's Endorsement by a Sign					

Dr. J. J. J.

DRUG: SyP. RILEN PLUS				Date Time	6/6
Dose	Route	Frequency	Start Date		
3ml	PO	12 times	6/6/20	11 AM	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Prabhakar					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Dr. J. J. J.

DRUG: N. PROVED NP-NACAL				Date Time	6/6
Dose	Route	Frequency	Start Date		
2 drop	PO	12 times	6/6/20	11 AM	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Prabhakar					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VIH-00190175 IP-00060245  
 Baby JAISTINA HRISHIKA PANWAR .  
 02-05-2017 9 Y (F)  
 Dr. VIDYASAGAR DUMPALA



	I.P. No.	Sheet No.	Wards	Weight (kg)
--	----------	-----------	-------	-------------

**REGULAR PRESCRIPTIONS**

Dr. J. J. J.

<b>DRUG :</b> NAPOLLEAR SALIVE				Date	6/6															
				Time	6/6															
Dose	Route	Frequency	Start Dt.																	
LDRW	P/A	8thly	6/6/2																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

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

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

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

VIH-00190175 IP-00060245  
 Baby JAISTINA HRISHIKA PANWAR .  
 02-05-2017 9 Y (F)  
 Dr. VIDYASAGAR DUMPALA

Ref. No. : F / HW / DC / RP / INPR / 05.a



	I.P. No.	Sheet No.	Wards	Weight (kg)
--	----------	-----------	-------	-------------

**REGULAR PRESCRIPTIONS**

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

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

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

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



Weight. 18-25kg Ward. ....

VARIABLE DOSE		Date Time	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.	
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
06/06	08:50 AM	Qj. CEFOTAXIM	950mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
06/06	08:50 AM	Sup. DICLOFENAC	12.5mg	PR	<i>[Signature]</i>	<i>[Signature]</i>
06/06	09:00 AM	Qj. DEXAMETHASONE	2mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
06/06	09:02 AM	Qj. PARACETAMOL	285mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
06/06	09:06 AM	Qj. METOPROLOL	2mg	IV	<i>[Signature]</i>	<i>[Signature]</i>

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

*Dr. J. Verma*



Patient Name : Baby. JAISTINA HRISHIKA PANWAR . UHID : VIH-00190175 IPD : IP-00060245 Gender :

VIH-00190175 IP-00060245  
 Baby JAISTINA HRISHIKA PANWAR .  
 02-05-2017 9 Y (F)  
 Dr. VIDYASAGAR DUMPALA



**EMERGENCY ROOM TRIAGE FORM**

Patient's Name : Baby Heishika panwar Age : 9 year  
 Date : 6/6/26 Time of Arrival : 6:10 AM Gender:  Male  Female

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: 98.2°F PR: 95b/m BP: 97/59 (7/5) RR: 19b/m SpO<sub>2</sub>: 100%

Chief Complaints: patient come surgery (Adenoidectomy)

<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

[Signature]  
 Signature of Parent / Guardian  
 Triage Completion Time : 6:14 AM

**Communicable Disease Triage Screening**

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past 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 : 6/6/26 @ 6:14 AM

Docu. No. : RCH / FRM / CLINICAL / 085

Signature of Triage Nurse : [Signature]