

BAH-00658351 IP5-00174858
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 7 M 8 D (M)
Dr. KOKKULA PRANEETH



Angi
09/06/26



Fc not done

SURGERY DETAILS

Date : *8/06/2026*

Patient Name: *LUQMAN AHZAM* Date of Birth: *31-10-2012* Age: *13Y*

Gender: *MALE* Ward: *P.OT* UHID No.: *BAH-00658351*

Date of Surgery: *8/06/2026* OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : *RIGHT TEMPORAL CRANIOTOMY AND ABSCESS EXCISION*

Time in : *11:15 AM*

Time Out : *2:10 PM*

NAME

AMOUNT

- | | | |
|----------------------|--------------------------|-------|
| 1. Surgeon | : <i>DR. PRANEETH K</i> | |
| 2. Anaesthetist | : <i>DR. AKHILA</i> | |
| 3. Assistant Surgeon | : <i>DR. SRIPARTHA Y</i> | |
| 4. OT Technician | : <i>NISHANTH</i> | |
| 5. Circulating Nurse | : <i>THEJAS</i> | |
| 6. Assistant Nurse | : <i>JYOTHI ALAM</i> | |

- Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others *NEURO DRILL - 9648456*

[Signature]
Signature of the Surgeon *SRIPARTHA Y*

[Signature]
Signature of Circulating Nurse

Order No: *9648455*

Order by: *Jyothi*



Craniotomy
CONSUMABLES OF OT



Circulating staff : Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.0, 5.5, 6.0, 6.5	14	1	Major Pack	1	1	Inj. Vit. K	2	2
LMA	1	1	Sutures	1	1	Cord Clamp	2	2
ECG leads A/P/N	5	1	vic. 2.0-3.0-4.0	2	2	Suction Catheter	2	2
HME filter A/P/N	1	1	Monosyn 4.0-3.0	3	3	Feeding Tube	2	2
Syringes : 10 cc	20	8	Proline 4.0-5.0-6.0-8.0	2	2	Vaccum Suction Set	2	2
05 cc	20	8	Gloves 6-6 1/2 7-7 1/2	2	2	Surgical Gloves	2	2
02 cc	20	6	pp-6-6 1/2 7-7 1/2	3	3	Gauze Pack	2	2
01 cc	10	3	monocryl 3-0, 4-0	2	2	Syringe 1ml / 2ml	1	1
Cautery plate A/P/N	1	0	Surgical blade (11, 15)	2	2	Surgical Blade # 20	2	2
IV set + Blooder + 100ml	2	0	NG tube Camera cover	1	1	Koochies (S)	2	2
RL + 3x NS + 100ml	1	1	Cautery pencil	1	1	NS 500ml	2	2
NS 10ml / 100ml / 500ml / 1000ml	6	2	Koochies Skin stapler	1	1	transo fix	1	1
NS + 3x NS + 100ml	1	0	Ointments C. Arm cover	1	1	gentamycin	5	5
O2 mask A/P/N	1	1	Suction Catheter	1	1	Jelly	1	1
Fentanyl	1	0	Cap, Mask	5	5	D. Water 10ml	3	3
Morphine			Gauze Pack	1	1	10x with Adrenaline	1	1
Ketamine			Mop Pack	1	1	dermi marker	1	1
Propofol	5	0	Steristrip Surgicell 2.3	1	1	Multi tube holder	1	1
Rocuronium	2	0	Underpad			trimmer Blade	1	1
Glycopyrolate	1	0	Draw sheet Bone wax	2	1	Skin stapler	2	2
Myopyrolate	1	0	Abgel	1	1	protogon + Quatern	2	2
Ondansetron	1	0	Foleys catheter 6.8-10	1	1	10x gloves	3	3
Pencan 25g/ Spinal Needle 22			Urobag Meter Disk	1	1	Gauze	2	2
Bupivacaine 0.25%			Chest Drainage Catheter			Tranexamic + Dexa	2	2
Bupivacaine 0.25% (Heavy)			Romodrain bag			SOCC + 10ml + 10ml	1	1
Antibiotics Amikacin 200mg	1	1	Bandage			Not suction all	10	10
Cefotaxime + Cefazolin 500mg	3	3	Tegaderm			OSK + Splint 1.3	4	4
Suppositories			loban	1	0	oesophageal temp	1	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Hallinet + 20ml	3	3
Supridol : 100mg			Vaccum Suction set	2	2	Betadine + Bactoprep	1	1
Justin : 12.5 mg / 25mg / 100mg	1	1	Plastic Bed Sheet	1	1	Blade No. 11 + 11mm	1	1
Tab. Misoprost : 200mg			Betadine Solution	2	2	Heplock + Cefazolin	5	5
Vaccum set	1	0	Microshield	1	1	Pyle's tube 12 fl. 14	1	1
Baby 10x100cm	3	3	Cotton Balls	1	1	Microscope cover	1	1
Ainudy (2.5) 10ml	1	1	Latex Gloves	10	10	Camera cover + Tega	2	2
Naloxone (2.5) 10ml	1	1	Ramdone Scrub	2	2	dermi + 1x jelly pad	2	2
Cannula (22, 18, 20)	3	3	Saral	1	1	Soft rolls 4x6	3	3

Surgeon : Anaesthesiologist : Nurse :
 Order No. : 9648488 Ordered by : *Trijas*
 Doc. No. : RCH / FRM / GENERAL / 125

B7

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No _____ Dept : _____

Date of Admission: _____ charge : _____ Time: _____

BAH-00658351 IP5-00174858
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 7 M 8 D (M)
Dr. KOKKULA PRANEETH



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
07/06	8:04pm	ER	PIU	Abhishek
08/06/26	10:15pm	PIU	OT	Arun
8/6/26	2:20pm	OT	PIU	Shyja
9/6/26	3pm	PIU	117	Devi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Archa	8/6/26	9645003	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
7/6/26	CBP, PCR, Rpa, Bloodcls-①		
	PITAPTI, Blood group	26057623	} <i>Lamin</i>
	Blood cls - ②	26057638	
8/6/26	Electrolytes, RBS	26057652	<i>Lamin</i>
8/6/26	Ammonia	BA26057805	<i>Thijas</i>
8/6/26	Alpha photo protein	BA26057805	<i>Thijas</i>
8/6/26	ABG - I	BA26057792	} <i>Thijas</i>
8/6/26	GRBS @ 12:30 979/dl.	BA260657794	
8/6	HIV - VBG ①	26032910	
	CBP	26057972	
	BPOB449 Histopathology		
	Pul for cls, USG ①	26057902	<i>Z</i>
9/6	CBP SPE, RBS →	26058058	} <i>(Signature)</i>
9/6	2DEcho	028981	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/12/16	INV. monitor	8:10 pm	stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]
16/12/16	INV. monitor		stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]
16/12/16	INV. monitor		stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]
	INV. pump		stop	9647466	[Signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
07/6/26	IV placement	①	9647468	Lami
07/6/26	Arterial line	①	9647468	
07/6/26	PAC	①	9647730	
8/6/26	Catheterisation	③	9648213	Thyos
8/6/26	Arterial line	①		Thyos
9/6/26	NHA	①	9050132	pravech
11/6/26	PICC line	①	9652401	Lami

ANY OTHER INFORMATION

USG Abdomen — ②
 ABG — ①
 VBG — ①

Date : 10/6/26

Time :

Prepared By : Sr. Sanyal

Staff Nurse Sanyal	Shift / Ward	Billing Assistant	Billing Supervisor
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Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174858 Admit Date : 07-Jun-2026 Admit Time : 07:50 PM UHID : BAH-00658351

Patient Details :

Patient Name : Master LUQMAN AHZAM KHAN Age : 13 Y 7 M 8 D
Guardian : Mr RAEES KHAN DOB : 31-10-2012
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 2-5-27, WAGHI ROAD , OPP WATER TANK KHADAKPURA, Nanded Town Nanded Maharashtra INDIA 431601 Phone No : 9028152594/ 7799806565
E-mail : connectraees@gmail.com

Admission Details :

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

Contact Details :

Name : Mr RAEES KHAN Relationship : Father
Contact Address : H NO 2-5-27, WAGHI ROAD , OPP WATER TANK KHADAKPURA, Nanded Town Nanded Maharashtra INDIA 431601 Phone No : 9028152594 / 7799806565

Signature

Doctor Details :

Doctor Name : Dr. KOKKULA PRANEETH Specialisation : PEDIATRIC NEURO SURGERY
Referral Doctor : DR. SAKETH Phone No :
Co-Consultant : Dr. SHAIKH FARHAN A RASHID/ Dr. BANDI RAMYA

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 281415.00
Payor Name : SELFPAY

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

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

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00174858 Admit Date : 07-Jun-2026 Admit Time : 07:50 PM UHID : BAH-00658351

Patient Details :

Patient Name : Master LUQMAN AHZAM KHAN Age : 13 Y 7 M 7 D
Guardian : Mr RAEES KHAN DOB : 31-10-2012
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Room No : PICU 211 Admission Type : First Visit

Contact Details :

Name : Mr RAEES KHAN Relationship : Father
Contact Address : H NO 2-5-27, WAGHI ROAD, OPP WATER TANK KHADAKPURA, Nanded Town Nanded Maharashtra INDIA 431601 Phone No : 9028152594 / 7799806565

Raees Khan
Signature

Doctor Details :

Doctor Name : Dr. KOKKULA PRANEETH Specialisation : PEDIATRIC NEURO SURGERY
Referral Doctor : DR. SAKETH Phone No :
Co-Consultant : Dr. SHAIKH FARHAN A RASHID

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 30000.00
Payor Name : SELFPAY

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN (M)
 31-10-2012 13 Y 7 M 8 D
 Dr. KOKKULA PRANEETH



ADMISSION CRITERIA – PICU

Admission / Transfer from:

- Emergency
 Outpatient (OPD)
 Ward
 Operation Theater
 Others:

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

- All patients requiring mechanical ventilation;
- Patients with impending respiratory failure;
 - Upper airway obstruction;
 - Lower airway obstruction;
 - Alveolar disease; and
 - Unstable airway;
- All Paediatric patients after successful resuscitation;
- Comatose Patients;**
 - Meningitis, encephalitis; Hepatic encephalopathy; cerebral malaria;
 - Head injury; Poisonings; and Status epilepticus;
- All types of shock/hemodynamic instability:**
 - Septic shock;
 - Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- Cardiac arrhythmias after consulting with the treating consultant
- Hypertensive Emergencies;
- Severe acid base disorders;
- Severe electrolyte abnormalities;
- Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
- Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
- Post-Operative Patients;**
 - Requiring ventilation;
 - Unstable patients; and
 - Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- Patients requiring nitric oxide therapy;
- Malignant hyperpyrexia;
- Acute hepatic failure
- Severe dehydration with mental status change;
- Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

- HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
- Signs of peripheral poor perfusion or suspicion of any type of shock.
- Capillary refill time > 4 seconds.
- Children Blood pressure (Syst.) < [70 + (2 × age "Years")].

Respiratory failure or high risk of failure or airway obstruction:

- Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- Distress and risk of exhaustion
- Change of level of consciousness: GCS < 13.**
- Persistent oliguria with acidosis.**

Signature of the Doctor: Bharath Name of the Doctor: Bharath Reddy Date & Time: 07/10/2016
8:20 PM

BAH-00658351 IP5-00174858
Master LUQMAN AHZAM KHAN (M)
31-10-2012 13 Y 7 M 8 D
Dr. KOKKULA PRANEETH



DISCHARGE CRITERIA – PICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

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

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

Signature of the Doctor:

Name of the Doctor :

Date & Time:



PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 07/06/26 Time: 7:50 PM

Patient Assessment Form:

Informant: Father Mother Other

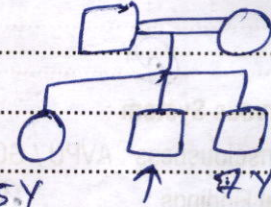
Presenting Complaints / Chief Complaints :

Fever, Headache since 10 days
Fever on and off since 10 days relieved with medication
not-associated with cough, cold, vomitings or loose stools.
Headache localized to right side of head
intermittent
associated with loss of consciousness and
frequent falls.

Past History (Including previous treatment and investigations) : No significant past history

H/o ear discharge in bilateral ear (5) years back.

Birth and Developmental History :



Immunization History : Immunized as per NIS

H / O Allergy : [Tachycardia & Salbutamol nebs]

Family History : No H/o similar complaints in the family

INITIAL ASSESSMENT

RBS : Temperature : 98°F Weight (kg) : 42-6 kg

Respiratory System Findings:

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

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 19/min

..... B/L air entry (+)

SPO2: 97-98% O by NC / FM / NRB mask / Oxyhood, at Room air L/min

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

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

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

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

CXR : -

Cardio Vascular System Clinical Exam : Heart Rate : 75/min Cardiac Rhytho : Regular

(Heart sounds, murmur etc.) : S1S2 (+)

Quality of Pulses : Good cap refill Time : 3 sec Liver Edge : 2 cm cm below Rt costal margin

Blood Pressures : NIBP : 100/65 IBP : CVP :

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

Any Other Infusions : -

Last 2D Echo Findings : -

Size of the heart and lung fields in latest CXR :

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

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

Infection and Antibiotics :

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

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

Describe c/s Reports :

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics : Ceftriaxone

Abdominal Exam : Soft, Nontender

No organomegaly

ENT Exam : (+)

Central Nervous System :

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

Neurological Findings : Pupils B/L 2mm - reacting to light

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

CEMRI -> large peripherally enhancing, altered signal intensity intraparenchymal lesion measuring 47x34x32mm in subcortical white matter of (R) Temporal lobe & significant per-lesional edema, causing mild mass effect as described. Possibility of cerebral abscess is more likely than neoplastic lesion

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

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

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

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

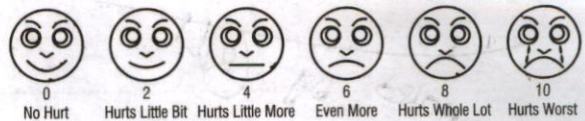
- d. Socio-economic Screening Criteria: Screening is Positive Negative
- Living alone Suspected abuse or neglect
- Cultural or religious background that would need to know for the plan of care Unable to assess due to lack of family

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

Pain Screening:

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

Pain Score "Whenever Applicable"



Location:

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

Character: localized diffuse sharp aching referred vague burning / soreness

Frequency: constant intermittent occasional

Pain Management done Yes No

Nutritional Evaluation: Well nourished.

Current Medications: Ceftriaxone

Provisional Diagnosis : Right temporal SOL

Prism III score at 24 hrs of admission : Worse SOFA Score :

Referred Patient - Self Referral - Rainbow Patient "

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

Referring Consultant :

Admitting Consultant : Dr. Faqhan

Indication for PICU referral :

PLAN OF CARE

Preventive aspects of the treatment : Brain damage

Desired goals of the treatment : Hemodynamic stability

PLANNED INVESTIGATIONS

CBP
Blood grouping
PLT
RP2
PT, APTT, INR
Blood ds (20ml / 20ml)

Noted by (Signature)

PLANNED MANAGEMENT

Inj. Ceftriaxone
Inj. Vancomycin
Inj. Levetiracetam
Inj. Esomeprazole

3% Nacl to start
Plan for surgery T/M
20 ECTO
USG Abdomen
Reserve 20 PRBC
PAC, POC to do

Noted by (Signature)

Final Diagnosis : Right temporal SOL ? Abscess

Doctor's Signature : Bharath

Name : Bharath Reddy

Date : 7/6/26

Time : 8:00 PM

Consultant's Signature : (Signature)

Name : Dr. Bharath

Date : 7/6/26

Time : 9:00 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>2/6/2020 <u>6:30 pm</u></p>	<p><u>cls B Dr. Praneeth</u></p>	
	<p>clo right sided Intracranial space occupying lesion. 2 Brown Abscess</p>	<p><u>Plan</u> ① 3/1 Nant. ② Plan for Surgery tomorrow.</p>
	<p>History of febrile nodes back</p>	<p>③ 2D-ECHO ④ USG abdomen</p>
	<p>Now no headache (mainly in right frontal) intermittently</p>	<p>⑤ PAC, POC to do ⑥ Review about PPRC</p>
	<p>No episodes of unconsciousness, dashing for 3-4 months in last 10 days.</p>	<p>⑦ Anti-epileptic medication ⑧ Craniotomy and excision of lesion</p>
	<p>MRI - do soon</p>	<p><u>Dr. Praneeth</u> 2/6/2020 6:30 pm</p>

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 Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/10/2012 5:00 PM	<p><u>Counselling Note</u></p>	<p>OK counselling No Discharge for</p>
	<p>Parents have been counselled that child has abscess in the brain. There is swelling around the abscess. We have to operate the child. We have to find out the reason for abscess formation. Child needs 4-6 weeks of antibiotics. Child will be in PICU today. Parents were counselled about complications of surgery and chance of seizure.</p>	
<p><u>M</u> <u>Praneeth</u></p>		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/2020	e/s/B Pilo yellow	Dr. Vikar
3:00pm	Dr- Right temporal lobe	Plan
	Space occupying lesion.	
	? Brain Abscess	① Trace labs
		CBP
		PCT
		RP2
	→ H/o fever today back (treated as malaria as per parents)	PT/APTT/ENR.
	→ H/o headache (Right frontal region intermittently)	Blood Grouping
	- H/o 7 episodes of unconsciousness, last one for 34 minutes (2 seizures). No post ictal symptoms.	② To place rectal temp line and 31. May through rectal temp line
	outside MRI Brain done also Temporal USG (Right) ? cerebral Abscess.	③ Pij. Ceftriaxone
		Pij. Vancomycin
		Pij. Esomeprazole for deacidification
	o/e child is Alert Active HR - 80/min	④ NPO from 2:00 AM
	SpO2 - 99% + Room air RR - 18/min	⑤ PAC and POC to do
	BP - 106/56 mmHg	⑥ Reserve 20mls PRBC.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Resp - Bilateral crepts equal No added Sore	⑧ Nil Seizures / No Raised ICP
	<p>CNS:- Higher mental functions Normal No cranial Nerve palsies GCS - 15/15 pupils B/L 3mm and Reacting to light child follows command No focal Neurological deficit No elevated ICP No meningeal signs</p>	<p>⑧ Echocardiogram → Blood cl → 2D ECHO USA Abdomen ENT consultation.</p>
	<p>plA - soft No organomegaly US - S1, S2 @ 000.</p>	<p>Noted by (R) [Signature] T/G @ 7:30 PM</p>
		<p>[Signature]</p>

BAH-00658351 IP5-00174858

Master LUQMAN AHZAM KHAN

31-10-2012 13 Y 7 M 8 D (M)

Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/16/2021 8:00pm	c/d/w Dr. Nageshwar Rao (Cardiologist)	
	ECG leads changed ECG changed	Impressions
		- No structural changes
		- Normal studs
		A
		Drugs
		noted by [Signature]

BAH-00658351
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 8 D (M)
 Dr. KOKKULA PRANEETH



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 07/06/2026 Day of Admission : 1 Today's Date & Time : 08/06/2026

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

OVERVIEW	Diagnosis : <i>Right temporal lobe space occupying lesion ? Brain Abscess</i>	Current Issues :	
VITAL SIGNS	Today's Wt. (kg) :	Temp.:	Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :		
	<i>B/L air entry (+), clear</i>		
	CXR :	<i>No cardiomegaly</i>	
	SPO ₂ :	<i>98%</i>	
	O ₂ by NC / FM / NRB mask / Oxyhood, at <i>Room air</i> L / min		
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :		
	Ventilatory Settings : Leak around ETT : Delivered Vt :		
	ABG : EtCO ₂ : P/F ratio : O.I. :		
	Chest Physiotherapy Plan : Suctioning Needs :		
	Any Nebbs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :		
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <i>HR-74/min S1S2 (+)</i>		
	Quality of Pulses : <i>Good vol</i> cap refill Time : <i><2sec</i> Liver Edge : cm below Rt costal margin		
	Blood Pressures : NIBP : <i>105/50 mmHg</i> IBP : CVP :		
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min		
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min		
	<input type="checkbox"/> Milrinone mcg / kg / min		
	Any Other Infusions :		
	Last 2D Echo Findings : <i>normal</i>		
	Size of the heart and lung fields in latest CXR : <i>No cardiomegaly</i>		
	Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care : <i>(RE) Hand 20G cannula</i>		
CNS	Neuro Exam : <i>E4 V5M6</i>		
	Pupils : <i>2mm B/L reacting to light</i> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Types of Sedation : Types of Paralysis :		
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : <i>Inf - Levamisole</i>		
	Plan of Care : Ramsay Sedation Score :		

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>138</u> K <u>4.8</u> Cl <u>109</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft, non tender</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :				
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Blood c/s</u> Describe c/s Reports : <u>Inj. Vancomycin 2d</u> Other Labs (Latex, Serology, etc) : <u>Inj. ceftriaxone</u> Ongoing Antibiotics :				
NEPHROLOGY ISSUES	Sr. Creat : <u>0.5</u> Bld. Urea : <u>6</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :				
	Relevant Labs (CBP etc) : <u>CBP (7/6)</u> Any Coagulopathy : <u>9140</u> <u>11.8</u> <u>51/34</u> Relevant Transfusion History : <u>243000</u> Plan of Care :				
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA If yes, then details :		Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :		
	FINAL COMMENTS <u>Shift patient to OT on call.</u>				

Doctor's Name (Handover given) : Bhaleth
 Signature : Bhaleth
 Date & Time : 08/06/2026; 8 AM

Doctor's Name (Handover taken) : Dr. Pratyush
 Signature : [Signature]
 Date & Time : 08/06/26, 8 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/2026	C/S/B Neuroteam	
	<p>cpo headache in (RT) fronto-temporal region :: 4 days apw frequent falls c transient loss of consciousness :: 4 days</p> <ul style="list-style-type: none"> ↳ 2-3 episodes / day ↳ lasting for ~ 2 minutes - 3 minutes ↳ postural, immediately after standing ↳ not apw postictal drowsiness 	
	<p>H/O fever x 10 days back - treated as malaria</p>	<p>↳ antimalarials / antibiotics</p>
	<p>Issues: Headache frequent falls c LOC</p>	<p>Rx -> on ceftriaxone Vancomycin; levipil</p>
	<p>Outside MRI: Ring enhancing lesion in (RT) temporal lobe (?ICSO) (?abscess)</p>	
	<p>O/E: vitals: stable HMF: responding to commands Speech: (N) EOM - full B/L pupils NSRL Tone - Normal Power >4/5 >4/5 >4/5 >4/5 DTR: +3 +3 +3 +3 No facial weakness</p>	<p>Adv</p> <ul style="list-style-type: none"> ↳ vitals monitoring ↳ planned for S₂ (craniotomy & excision) <p>noted by Jibay</p>

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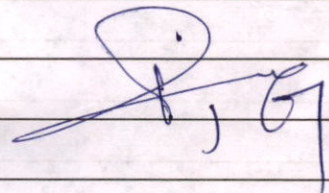
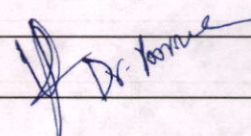
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	No cerebellar/meningeal signs	<u>Plan</u>
	VSG Abnormal. ↳ Porto Systemic shunt in liver	1) If further seizures to add c lacosamide
	+ liver Abnorm	2) LFT.
	No ear infections @ 5yr stage	3) T/c 3% NS in hand. @ 0.5mg/kg/hr.
		3) T/c Antibiotics + (Bact + Vancog) metronidazole
		4)
		Abhishek
		noted in Book
		- 800mg 9/10/12



Khan.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/10/26 10 am	Counselling notes by Dr. Abhishek Jain	Bed 7.
	child has neurological symptoms - possible focal non motor seizure. USG Abdomen showed liver Abscess & portosystemic shunt. MRI brain showing ring enhancing lesion - possibly Abscess in Rt temporal region. Its compression on the surrounding brain parenchyma.	
	We are giving medication, Antibiotics & Antiepileptic medication & Anti edema measures.	
	Medical management alone might not be sufficient. child needs surgical intervention and Biopsy if needed. Post surgical complications explained.	
	Risk of brain stem compression symptoms explained & worsening of symptoms explained.	
	Cardiologist opinion is being taken to r/o any cardiac involvement b/c high risk of such complications.	
		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	c/d/w Dr. Farhan	Plan
2pm		
	<p>Dr- s/p craniotomy + drainage of brain abscess / Abernathy malformation / ? liver abscess.</p>	<ol style="list-style-type: none"> 1) Start cloxacillin 2) Neurosurgeon counseling 3) Gastroenterology & cardiology consultation.
	<p>on O_2 = NP @ 2L/min</p>	<ol style="list-style-type: none"> 4) Send HIV
	<p>RR-20/min</p>	<ol style="list-style-type: none"> 5) Counsel family regarding AFP
	<p>SpO_2 - 100%</p>	
	<p>BP - 120/70 mm Hg</p>	
		<p>Dr. Prathibha</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s/B PICU Fellow
8/6/22 2 PM	child shifted from OT Right temporal s/p craniotomy + drainage of abscess	Plan
	Duration of surgery - 2hr.	- TO send ✓ pus for gram stain
	Input - 700ml. (RT 600ml.) 1/2 NS 100ml.	✓ pus for c/s.
	output - 700ml.	✓ AFB stain & culture
	Bl loss - 100ml.	✓ KOH smear c/s.
	NO intra-op events.	✓ abscess wall for biopsy & ck CSF for PCR (out lab)
	HR - 90/min	- Continue low flow via NP @ 2lit/hr
	RR - 22/min	- Neuroprotective measures Head midline.
	SpO ₂ - 100%	Head end elevation 30
	BP - 110/60 mmHg	- NPO till further plan
	chest - air entry B/c ⊕ NVBS	- w/t fever spikes
	P/A - soft	- Dr. Nageshwar Rao opinion
	CVS - S1. ⊕	- Dr. Alishe opinion - Dr. Henish opinion
		- send ABG (now) - send Retroviral. - pain medication

noted by Dr. Sops
Alishe

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/26 2 PM	c/d/w	Dr. Alisha
		Plan
		- send α -Fetoprotein
8/8/26 2 PM	c/d/w	Dr. Harish.
		Plan
		- conservative management
		noted by Aves 2:30 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Ali Rha

Room No: 1

Date & Time	Progress Notes	Doctor's Order
8/6/26		Counselling notes
SPM	condition of child explained to father and relatives that child has malformation called Athermally malformation in which portal vein carrying blood from intestines is directly opening into IVC.	
	Because of this there are also nodules developed in liver which can turn malignant. Plan to do MRI after discharge on flu and further plan explained and if required need of liver transplant explained. Child ammonia, albumin, liver function has been checked. Special test called alpha fetoprotein level sent.	
	To look for other malformations, 2D echo will be done. Child need to be followed up after discharge.	
	Father	K. Sekhar

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/28 4PM	c/s/B	PICU Team
	Right temporal lobe SOL abscess / Sp craniotomy + drainage of abscess.	Plan - continue 60% MF
	? Avascular malformation	- Allow orally once awake
	? Evolving hepatic abscess.	- neuroprotective measures
	On O ₂ via NP @ 2lit/min.	Head midline
	Hemodynamically stable.	Head end elevation 30%.
	Chest - air entry B/L ⊕	- w/ fever spikes.
	P/A - soft	- TO trace
	CNS - S ₁ , S ₂ ⊕	pus for gram stain, AFB stain
	CNS - interacting parents.	pus for ck., KOH smear.
	preferring to sleep	abscess wall biopsy
	HR - 70/min	- Dr. Nageshwarao opinion.
	RR - 22/min	- Trace Retroviral
	SpO ₂ - 99%	- send and trace CUE
	BP - 120/70 mmHg.	- s ₂ -electrolytes (In)
		w/old by HIVes A:rspu
		- Continue Antiedema measures
		Sripastu



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/16/2012	ch 13 Neurons	
	① Temporal lobe SOL (Abscess)	
	Sp Craniotomy + drainage of Abscess	
	? Aberrant malformation	
	? Evolution of hepatic abscess	
Staf:	gram positive (Aerobic/Aerobic)	Strep tocoei Enterococci
	① Not vaccinated	Mg
	Post Op → sensorimotor	① Trace C/F/C/S
	Accepting orally	② 2D Echo
	No headache / blurry	③ monitor vitals
	EOM - full, pupils - reactive	
	Pupils / B	
	② u / m / h / a (4/5)	
	DTR e / b / t / d / l	

[Handwritten signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 9/6/26 Hau	C/S/B Neurology	
	① temporal sul	
	S/P craniotomy + ICD	
	+ liver abscess	
	S d/t postsystemic shunt	
	<u>Issues</u>	<u>ph</u>
	→ No fever	① shift to ward
	→ consciousness good	② trace reports.
	<u>0/2</u>	
	conscious	③ remove Foley,
	som full	arterial line.
	No facial weakness	
	Speech good	④ allow orally.
	none ④	⑤ reports management plan by Dr. Nagaraju
	Good aetigravity	⑥ Dr. Alisha - Gastro
	movement	as co-consultant
		Dr. Praneeth



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/06/2026	Shifting notes	
9/6/2026 6pm	C/S/B Neuroteam	
	A: (R) temporal (CSOL) ? Abscess. s/p: craniotomy + excision	
D/E:	Issues: <u>No fever spikes</u> <u>No FND.</u>	
	child conscious	
	Oriented	
	vitals: stable	
	B/L pupils NSRL	
	Tone - N/N N/N	
	B/L symmetrical antigravity movements (+)	
	DTR: +2 +2 +2 +2	



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 01/06 Day of Admission : 3 Today's Date & Time : 09/06/2020
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 1) Right temporal ICSOL - Brain abscess sh drainage 2) Abernathy malformation 3) Evolving Hepatic abscess in (L) lobe of liver.	Current Issues :
	VITAL SIGNS Today's Wt. (kg) : 42 Temp.: A&H Blood sugar issues : 139 @ 6 AM	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BIL AE (+)	
	CXR :	
	SPO ₂ : 98% T ROOM air O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs : Any Nebbs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR = 72 bpm	
	Quality of Pulses : good cap refill Time : < 3sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : 120/69 (86) IBP : CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR : Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : (L) Hand day 2 Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care : Arterial line Removal	
CNS	Neuro Exam : Ev. Vg. MG	
	Pupils : BIL equal RTL Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : @ ml/hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na 134 K 4.3 Cl 109 Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : SGOT-42 SGPT-29 T.Bil 0.4 S.Albumin-3.1 Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Other Relevant Labs : Tab Amoxiclox - day 2	
HEMATOLOGY	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	
	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :	
FINAL COMMENTS	absent cl, gl, KOH stain ↓ on 31. Nacl shifting toward	

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

Signature : *AK*

Date & Time : 09/06/26 8:00 AM

Doctor's Name (Handover taken) : Dr. Pradyumna

Signature : *UP*

Date & Time : 9/6/26, 8 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Bed 7

Date & Time	Progress Notes	Doctor's Order
9/6/26. 7:00am	Counseling notes	Dr. Ramesh Konanki
	The child is hemodynamically stable plan to shift to ward Continue iv antibiotics for 4-6 weeks	
	The primary concern is liver related malformation for which gastroenterology team will take care.	
Dr. Praneeth		Dr. Ramesh Konanki

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 11am	ds/B Dr. Farhan	Plan
	<p>Ass:- Right temporal lobe abscess / s/p craniotomy + excision /</p> <p>Abernathy malformation / evolving liver abscess</p> <p>on room air hemodynamically stable No fever spikes Normal oral intake Other systemic exam? (N) CNS - EYVIMS No focal deficits</p>	<p>1) Trace pue ds, KOH mount</p> <p>2) Continue antibiotics</p> <p>3) Send to RCH for 2D-Echo</p> <p>4) Shift to ward by 2 PM 2 PM</p> <p>5) Trace AFP</p> <p>[Signature]</p>
9/6/26 11:10am	Bedside counseling notes	-Dr. Farhan
	<p>patient's attendants have been counseled about the condition of the child i.e,</p> <p>→ child is stable.</p> <p>→ He has vascular malformation, we will shift to cardiac institute and get 2D-Echo done today.</p> <p>→ we will shift to room today.</p> <p>[Signature]</p>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/04/24 4PM	C/S/B. Qaabo Team	[C/S/B - Dr. Alota]
	<p>(P) Temporal lobe abscess. HP craniotomy + excision Abscessing malformation ± evolving & liver abscess</p>	<p>Plan</p>
		1x Drugs as per chart
	o/c - Hemodynamically stable.	2x To do
	Chest clear	Triphasic CT at planned
	P/A - soft	at planned.
	CNS - NAD	3x monitor vitals
	AFP - Negative.	q w/H fever
	Amnionia - (N)	episode. <u>Dr. Kumar</u>
	RA - SpO ₂ = 95%	
	RA - ABG PO ₂ 72.	
	Bubble contrast.	
	echo s/o. intrapulmonary shunting	

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Date & Time	Progress Notes	Doctor's Order
9/6/26 6pm	<p>elc/B Neuroteam</p>	
	<p>→ No fever spikes → No vomitings / loose stools / seizures</p>	
	<p><u>D/E</u>: HMF: sensorium - good accepting feeds orally B/L pupils NSRL EOM - full Tone - N/N N/N</p>	<p>Adv ① vitals monitoring</p>
	<p>DTR +2 +2 +2 +2</p>	
	<p>B/L asymmetrical anti gravity movements ④</p>	

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 9:15 AM	<p>acute illness with headache. → to PDD3. ⊕ temporal abscess with type II port systemic shunt</p>	<p>25/2/26</p>
	<p>no fever spikes - no pain @ the cannula site ⊕ seroconversion - no deficits.</p>	
	<p>Q/R: vitals → stable - HOF ⊕ - CV - EOM full, AL, MPile ESR. - ⊕ tones power & reflexes. - no meningeal or cerebellar signs.</p>	<p>Adv. - Trace 4s - vitals - ⊕ w/ Garte's signs regarding further imaging. J. [Signature]</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	S/B Dr. Alisha	Plan:
10:25 AM	No abnormality malformation	① Trace culture &
	Type 2.	decide on antibiotics.
	with ? liver abscess	② To do MR
	in the left lobe.	poreto venogram
		+
		MRI abdomen
	• No fever spikes	on follow up.
	• Sensorium - good	(can do it along
		with brain imaging)
	O/E: GCS: 15/15	
	chest: clear	
	P/A: soft.	
	Dr. Dema	Dr. Dema
	[Signature]	[Signature]

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 10 D (M)
 Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5pm	C/S/B Neuroexam	
	<ul style="list-style-type: none"> • No fresh complaints / headache • No fever spikes • No focal neurological deficits • \odot sensorium. 	
	O/E:	Adv
	HMF - \odot	Trace pus C&S -
	EOM - full; B/L pupils NSRL	Vitals monitoring
	Tone } \odot	
	power } \odot	
	Reflex - $\frac{2+}{2+} \mid \frac{2+}{2+}$	
	No meningeal / cerebellar signs	
	Emp. Organism: Streptococcus	
	(pus C/S)	L C/S R/L



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5:30pm	<p style="text-align: center;"><u>cls/b Dr. Praveen</u></p> <p>Δ Brain Abscess Aberrant malformation Hepatic Nodule (Provisionally streptococcus growing in pus clots) - good oral intake = No Headache complaints</p>	<p style="text-align: center;"><u>Plan:</u></p> <p>1) chole cts of pus 2) Drainage Ctm 3) prec line change Ctm if present one not working / Swelling ⊕</p> <p style="text-align: right;">Kanthu</p>
11/6/2026	<p style="text-align: center;"><u>cls/b Dr. Praneeth</u></p> <p>no fever/seizures o/e child stable no focal deficits</p>	<p style="text-align: center;"><u>Adv</u></p> <p>① MRI portovenogram ^{and abdomen} + CEMRI ^{C cut part} Brain ↓ 2 weeks after surgery can be done together</p> <p>② discharge on vanco + ceftriaxone</p> <p>③ Stop metronidazole</p> <p>④ trace cts</p> <p>⑤ Rlv Dr. KNR / Dr. M. Srinivas Dr. Abisha after MRI</p> <p>⑥ To decide on Plev line</p>

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 10 D (M)
 Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026 8:30 AM	<u>C/S/B Resident</u> Δ: Brain Abscess Abermthy malformation No fever spikes No fresh complaints o/e: child alert/active Vitals - stable oral Intake - good	<u>Plan</u> 1) NPO. from now, IV fluids 2) keep PICC line, ^{thin} ready (8cm). 3) Trace culture reports 4) Continue Antibiotic 5) Inform GPs
		<u>Dr. Jayanth</u>
11/6/2026 8:30 AM	<u>C/S/B Neuroteam</u> Rt temporal Abscess & Abermthy formation & ?linabases	
	No fever spikes No headache / FNO / seizures Oral intake - good	<u>Adv</u>
	<u>o/e:</u> HMF - (N) EOM - full B/E pupils NSRL Tone - N / N N / N Power - normal DTR: +2 in both UL & LL Vitals - stable No cerebellar/meningeal signs	<ol style="list-style-type: none"> ① Trace C&S report ② Decide on PICC line ③ Metronidazole stopped R/Q 1 week
		<u>Ry</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026 10am	c/s/B Neuroteam (Dr. Abhishek)	
	<p>Δ: (R) Temporal Abscess & Aberrant formation & ? line abscess.</p> <p>O/E: vitals stable</p> <p>No focal neurological deficits</p>	<p>Abi</p> <p>① plan PICC line</p>
	c/s/B Dr. Farhan	
11/6/26 10AM	<p>Δ: (R) Temporal Brain Abscess & Aberrant malformation</p> <p>child on room air</p> <p>Vitals stable.</p> <p>No fever complaints</p>	<p>Plan</p> <ol style="list-style-type: none"> 1) Continue NPO 2) Trace pur c/s to decide on IV antibiotic 3) Plan discharge Today. 4) To place PICC line in PICU.
10:30AM	<p>pur ch: ⁴⁰ streptococcus Intermediate</p> <p>Sensitive to penicillin</p> <p>can stop Vancomycin after today night dose.</p>	<p>⇒ O/C on IV ceftriaxone for 2 weeks.</p> <p>To decide further on follow up.</p> <p><i>(Signature)</i></p>
		Abhishek.

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 10 D (M)
 Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 11:50 AM	<u>procedure notes</u>	
	Under aseptic precautions	8cm leader-flex line
	kept on left arm, procedure	unsuccessful.
	<u>Vitals.</u>	
	HR - 74	
	BP - 100/50 (80) mmHg	<u>plan:</u>
	RR - 24.	1. Monitor vitals.
		2. SLBA to word.
		M Dr. Kocubes

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 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 11 D (M)
 Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 9 AM	d/s/b m. kumar	
	<p>1 - ? Aberrant Myofibrils 2 - Brain Abscess (R) Temporal Lobe s/p Craniotomy</p>	
	<p>Large nodule in Sp 2/3 - Regenerative App - (R)</p>	
Inactivity	<p>Diagnosed as being aberrant in vss system of abdomen age for Pain abdomen - Not treated</p>	
	<p>NO episode of Encephalopathy</p>	
	<p>Month back fever Ab</p>	<p>MH 5-47</p>
	<p>Diagnosed as LOC</p>	
		<p>Ab</p>
<p>Dissected Dr. Praveen / Mr. Alina</p>	<p>Needs CT Thoracic Lies along CT head after 3 weeks - will Review after CT</p>	<p>CT - Lumbar</p>

00658351 IP5-00174858
 Dr. LUQMAN AHZAM KHAN (M)
 1-10-2012 13 Y 7 M 8 D
 Dr. KOKKULA PRANEETH



CROSS CONSULTATION FORM

Doctor Name: Dr. Alshah Date: 8/6/26 Time: 11 AM

Diagnosis: Cerebral Abscess / Aberrant Malformation

Hospital: RCH-BH

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for: Opinion Co-Management Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____
 Findings and Recommendations: Difficulty in playing / can't fatigueably

no headache @ sided days

on evaluation - cerebral abscess (+)

USG suggested of

- Aberrant malformation

- PV to IVC portosystemic shunt

- intrahepatic portal veins are atretic

- left lobe lesion (+)

- 2 x 2 x 2 cm nodule

(Non liquified) (? abscess ? nodule)

o/e

clubbing (+)

SPO2 = 97% on nasal prongs

GCS 15/15

INR = 1.3

Hb = 11.8

LFT / ~~AM~~ NH3 awaited

Consultant :

Name: Dr. Alshah Signature: _____ Date & Time: 8/6/26

11 AM

Adv

To do

• NH₃

• AFP

• MR PV (MR porto venogram)

+ MRI abd (for nodule characterization)

• Amoebic serology

Reviewed with reports

↓

• NH₃ = 48

• AFP awaited

• albumin = 3.1

↓

Adv

for Aberrantly Morphology →

① AFP

② MRI abd + MR Portovenogram

③ Detailed Echocardiography
(for features of RVH)

⊕ Bubble echo (for ? Hepatopulmonary syndrome)

④ URINE R/E ⊕ urine dipstick

For hepatic nodule

D/d

Abscess

↓
To do
amoebic serology

⊕ RU USG → ? liquefaction

nodule
(w/ relation to
aberrantly)
(Detail assessment
with
MRI Abdomen)

IP5-00174858
 BAH-00658351
 Master LUQMAN AHZAM KHAN (M)
 31-10-2012 13 Y 7 M 7 D
 Dr. KOKKULA PRANEETH


RESULT SHEET

Date	7/6/26	8/6/26	09/6		
Time	8:20pm	8:30am			
Hb	11.8				
PCV	37.1				
RBC	4.39				
WBC	9140				
N/L	51/34				
Platelets	243000				
CRP					
ESR					
PCT	0.072				
RBS					
Na	138	137	134		
K	4.8	4.5	4.3		
Cl	109	112	109		
Ca/Mg					
Phosphate					
Urea	6				
Creatinine	0.5				
ALP	21	214			
SGPT	29	29			
SGOT	42	42			
T.Bill/Conj	0.4/0.1	0.4/0.1			
T.Protein	6.6	6.6			
S.Albumin	3.1	3.1			
S.Globulin	3.5	3.5			
A/G Ratio	0.8	0.8			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	17/1.3				
APTT	40				
CSF Protein / Sugar					
Cells					
-N/L	HCO ₃ ⁻ 19				

Date	08/06/26					
Time	4pm					
CUE - Alb	protein - Nil					
CUE - Sugar	Glucose - Nil					
CUE - Ketones	Ketone Bodies - Nil					
CUE - PUS Cells	leucocytes ⊖					
CUE - RBC Cells	pus cells 1-2					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 8/6/26 : α-feto protein - 1.30 (negative)

HIV - non reactive

8/6/26 :
 pus for gram stain -
 pus for culture -
 AFB stain & culture -

Radiology : USG : KOTI smears & c/s -

X-Ray : address wall for Biopsy & c/s -

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.) :



MEDICATION RECONCILIATION FORM

Drug Allergies:

Not known any Drug Allergies

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

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

Shifting From:

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. LEVETIRACETAM	29mg	IV	12hrly	9/6 10AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. VANCOMYCIN	500mg	IV	6hrly	9/6 12PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. ESOMEPRAZOLE	40mg	IV	OD	9/6 6AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ. LEVETIRACETAM	500mg	IV	12hrly	9/6 10AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ. METRONIDAZOLE	420mg	IV	8hrly	9/6 6AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	TAB. AMPICLOX	2tabs	PO	6hrly	9/6 12PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	INJ. PARACETAMOL	600mg	IV	8hrly	9/6 8AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	INJ. TRAMADOL	40mg	IV	8hrly	9/6 6AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Bharath Reddy Bharath

Date & Time: 09/06/2026; 3:00pm

Nurse Name & Signature:

Date & Time:

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 8 D (M)
 Dr. KOKKULA PRANEETH



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: PW

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Praveen N.P.

Date & Time : 27/6/26

Nurse Name & Signature : Neeraj J

Date & Time : 07/06/26



Sheet No:

REGULAR PRESCRIPTIONS

Weight 42kg Ward

DRUG : INJ. METRONIDAZOLE Date/Time 8/6 9/6 10/6

Dose	Route	Frequency	Start Dt.
420ms	IV	TID	08/06

Name & Signature of the Doctor Starting the Drugs: Dr. Kokkula Praneeth

Additional Instructions: Stop on 10/6/2016 9am

Daily Doctor's Endorsement by a Sign: u u u

DRUG : Tab. AMPICLOX Date/Time 8/6 9/6

Dose	Route	Frequency	Start Dt.
2 tabs	POG	Q6H	8/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Pratyaksha

Additional Instructions: 1 tab = AMPICILLIN 250mg + CLOXACILLIN 250mg

Daily Doctor's Endorsement by a Sign: u u

DRUG : Inj. PARACETAMOL Date/Time 8/6 9/6

Dose	Route	Frequency	Start Dt.
600mg	IV	TID	8/6

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: change to oral

Daily Doctor's Endorsement by a Sign: u u

DRUG : Inj. TRAMADOL Date/Time 8/6 9/6

Dose	Route	Frequency	Start Dt.
40mg	IV	TID	8/6

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: change to oral

Daily Doctor's Endorsement by a Sign: u u

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight: 42 kg Ward: PW0

DRUG: <u>INJ LEVETRIAXONE</u>				Date			
				Time	<u>8/6</u>	<u>8/6</u>	<u>9/6</u>
Dose	Route	Frequency	Start Date				
<u>2 grams</u>	<u>IV</u>	<u>BD</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs:				<u>10AM</u>	<u>X</u>	<u>Time</u>	<u>8/6</u>
<u>Dr. Praneeth</u>						<u>Praneeth</u>	<u>Praneeth</u>
Additional Instructions:				<u>10PM</u>	<u>QD</u>	<u>Praneeth</u>	<u>Praneeth</u>
Daily Doctor's Endorsement by a Sign				<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
DRUG: <u>INS. VANCOMYCIN</u>				Date			
				Time	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>
Dose	Route	Frequency	Start Date				
<u>500 mg</u>	<u>IV</u>	<u>6 hourly</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs:				<u>6AM</u>	<u>QD</u>	<u>Praneeth</u>	<u>Praneeth</u>
<u>Dr. Praneeth</u>				<u>12PM</u>	<u>QD</u>	<u>Praneeth</u>	<u>Praneeth</u>
Additional Instructions:				<u>6AM</u>	<u>QD</u>	<u>Praneeth</u>	<u>Praneeth</u>
Daily Doctor's Endorsement by a Sign				<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
DRUG: <u>INJ-esomeprazole</u>				Date			
				Time	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>
Dose	Route	Frequency	Start Date				
<u>40 mg</u>	<u>IV</u>	<u>QD</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs:				<u>6AM</u>	<u>QD</u>	<u>Praneeth</u>	<u>Praneeth</u>
<u>Dr. Praneeth</u>							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign				<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
DRUG: <u>INJ LEVETRIAXONE</u>				Date			
				Time	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>
Dose	Route	Frequency	Start Date				
<u>500 mg</u>	<u>IV</u>	<u>BD</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs:				<u>10AM</u>	<u>X</u>	<u>Time</u>	<u>8/6</u>
<u>Dr. Praneeth</u>						<u>Praneeth</u>	<u>Praneeth</u>
Additional Instructions:				<u>10PM</u>	<u>QD</u>	<u>Praneeth</u>	<u>Praneeth</u>
Daily Doctor's Endorsement by a Sign				<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Change to oral of metformin 7/6/20.

Stop shift to oral 9/6/20



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
8/6/26	11:30 AM	Lq. MANNITOL	80ml	iv	@hmy	Nishu thya
8/6/26	12:00pm	Inj-DEXAMETHASONE	4mg	iv	@hmy	Nishu thya
8/6/26	1:15pm	Inj-PARACETAMOL	600mg	iv	@hmy	Nishu thya
8/6/26	1:40pm	Inj-ONDANSETRON	4mg	iv	@hmy	Nishu thya
11/6/26	12pm	INJ PARACETAMOL	400mg	iv	h	



I.V. FLUIDS CHART

Weight. Ward.

		Position of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/6	2:30 pm	IVF. DNS	IV	20	AA	RL SL	8/6	AA	RL SL
8/6	7:30 pm	IVF DNS	IV	50	AA	RL SL	08/6	AA	RL SL
7/6	7:30 pm	3/1 Nacl	IV	20	AA	RL SL	8/6	Re	RL SL
8/6	11:30 AM	RINGER LACTATE	IV	300ml/hr	(Rinj)	RL SL	8/6	(Rinj)	RL SL
8/6	11:40 AM	1/2 NORMAL SALINE	IV	20ml/hr	(Rinj)	RL SL	8/6	Re	RL SL
8/6	1:15 PM	RINGER LACTATE	IV	300ml/hr		RL SL	8/6	Re	RL SL
8/6	5:30 PM	8-1 NS	IV	26 ml/hr	Jayabi	RL SL	9/06		RL SL
08/6	6 pm	IVF DNS	IV	30 ml/hr	AA	RL SL	9/06		RL SL
11/6	8:30 AM	IVF-DNS (2/3rd)	IV	40	Jayabi	RL SL			RL SL

Signature

VERIFIED BY: Name

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6 Time: 2am 6am 10AM
 Doctor / Nurse / Family Concern?

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

Handwritten notes: 97.5°F, 98.0°F, 98.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110			
	100			

Handwritten notes: 100/70, 114/70, 105/59

Note: BP does not score in early warning scoring

Heart Rate (Number)	106b	106b	102b/m
Resp. Rate (bpm) (Over 1 Minute)			
Resp Rate (Number)	26b	26b	26b/m

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

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

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

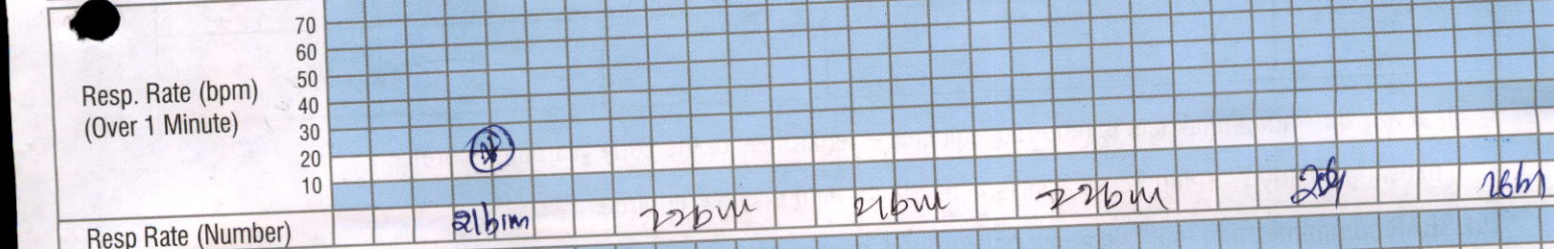
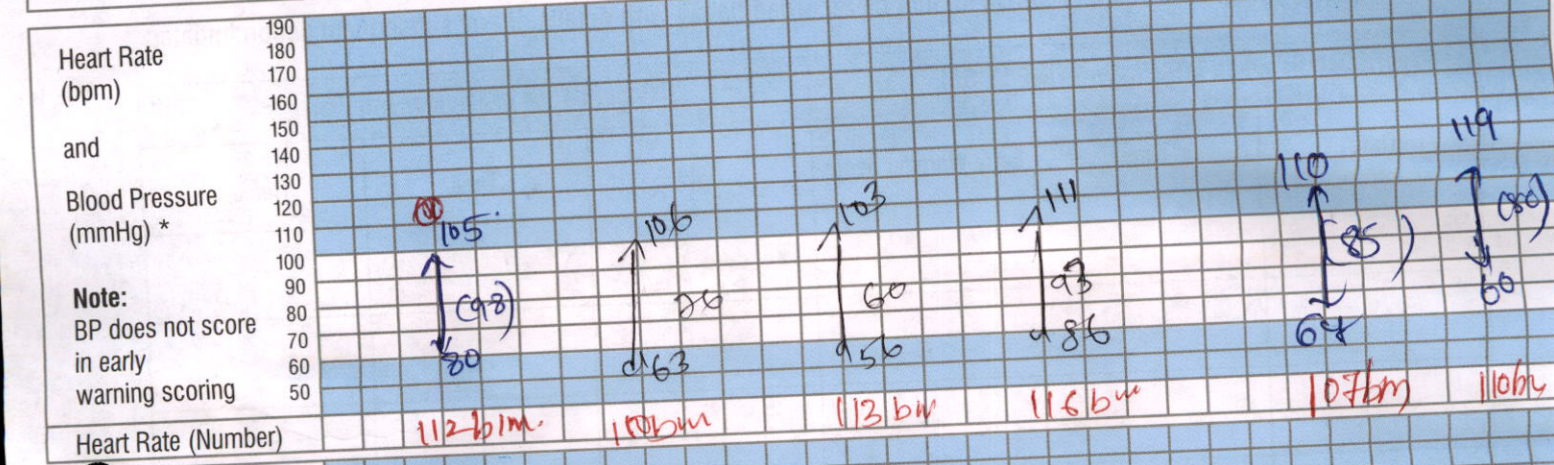
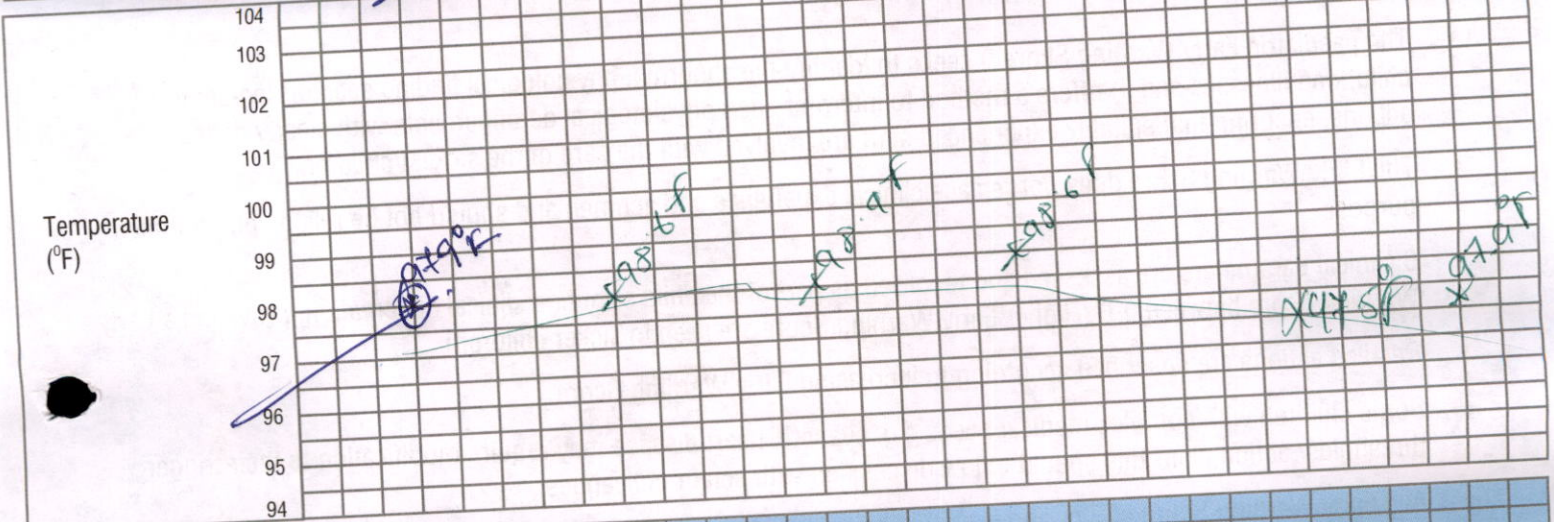
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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)



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/6/26 Time: 7:30 PM
 Doctor / Nurse / Family Concern? 10 PM 10:15 10:30 6 AM 6 PM 10 PM



Resp Distress	Mod/ Severe None / Mild						
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	99%	92%	95%	99%	98%
Conscious Level	Normal Altered	15/15	15/15	14/15	14/15	15/15	15/15

TOTAL SCORE		1	1	1	1	1	1
Number of shaded boxes		6	6	6	6	6	6
Pain Score		0	0	0	0	0	0
Observer's Initials		AK	AK	AK	AK	AK	AK

- 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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :			<i>piculine</i>			Total Output :							
	02:00 pm												
	03:00 pm											0	<i>Praveen</i>
	04:00 pm	<i>NO salad</i>										0	<i>Praveen</i>
	05:00 pm	<i>SVF</i>										0	<i>Praveen</i>
	06:00 pm											0	<i>Praveen</i>
	07:00 pm											0	<i>Praveen</i>
Total Intake :			<i>piculine</i>			Total Output :							
	08:00 pm											0	
	09:00 pm											0	
	10:00 pm	<i>NO SVF</i>										0	<i>Susha</i>
	11:00 pm											0	
	12:00 am											0	<i>Susha</i>
	01:00 am											0	
Total Intake :			<i>piculine</i>			Total Output :							
	02:00 am											0	
	03:00 am											0	<i>Susha</i>
	04:00 am	<i>NO SVF</i>										0	<i>Susha</i>
	05:00 am											0	<i>Susha</i>
	06:00 am											0	
	07:00 am											0	
Total Intake :			<i>piculine</i>			Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

BAH-00658351
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 10 D (M)
 Dr. KOKKULA PRANEETH

IPS-00174858

FLUID CHART



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm	no IV												
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output :								
	08:00 pm													
	09:00 pm													
	10:00 pm	no IV												
	11:00 pm	no IV												
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am													
	03:00 am													
	04:00 am	no IV												
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00658351 IPS-00174858
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 10 D (M)
 Dr. KOKKULA PRANEETH



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/6/20	08:00 am	Dys									0	[Signature]	
	09:00 am			40ml							0		
	10:00 am			40ml							0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm												0
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake []

Total 24 hrs. Output []

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN (M)
 31-10-2012 13 Y 7 M 10 D
 Dr. KOKKULA PRANEETH

FLUID CHART



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
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	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: Luqman Ahzam Khan Age: 13Y Gender: Male Female

UHID.No : BAH-00658351 Date: 7/6/26

I Raees Khan S/o, D/o, W/o, Naeem Khan hereby

declare that our patient Master/Baby Luqman Ahzam who is related to me as Son

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 7/6/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

brain abscess,
need surgery for brain abscess

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

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

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

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

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

Patient Attendant : [Signature]

Signature:

Name: Raees Khan

Relationship with Patient: Father

Date & Time: 7/6/2026 ; 11PM

Witness : [Signature]

Signature:

Name: Lain

Date & Time: 7/6/26 @ 11PM

Doctor (who is taking the consent) :

Signature: [Signature]

Name: Bhaseeth Reddy

Date & Time: 7/6/26 ; 11PM

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి

నేను s/o. d/o. w/o

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫోర్స్ పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫర్డ్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (ఐ.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

DOCU.No.: RCHBH/FRM/CLINICAL/013

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR SPECIAL PROCEDURES



Patient Name : **BAH-00658351 IP5-00174858**
Master LUQMAN AHZAM KHAN Gender: Male Female
31-10-2012 13 Y 7 M 8 D (M)
Dr. KOKKULA PRANEETH

UHID No :  ent : PICU Date : 8/6/26

I S/D/W/O

Here by give consent for procedure of : urinary catheter insertion

For my patient, Named : AHZAM

The doctors have clearly explained to me that the procedure has following possible complications:
pain
hematuria

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :
nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. K. Sathya

Patient Attendant :
Signature : Asra
Name : Asra Khanam
Relationship with Patient: Mother
Date & Time : 8-6-2026 12Am

Witness :
Signature : Vindhya
Name : Vindhya
Date & Time : 8-6-2026 11am

Doctor (who is taking the consent) :
Signature : [Signature]
Name : K-SATHYA
Date & Time : 8/6/26 11AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

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

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

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తేదీ మరియు సమయము

CONSENT FOR SPECIAL PROCEDURES



BAH-00658351 IP5-00174858
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 7 M 8 D (M)
Dr. KOKKULA PRANEETH

Patient Name :

Gender: Male Female

UHID No :

ICCU

Date : 8/6/26

I S/D/W/O

Here by give consent for procedure of : arterial line insertion

For my patient, Named : Ahzam

The doctors have clearly explained to me that the procedure has following possible complications:

pain

Hematoma

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: DR - K. SATHYA

Patient Attendant :

Signature : Asma

Name : Asma Khanam

Relationship with Patient: Mother

Date & Time : 8-6-2026 11am.

Witness :

Signature : Vinodhija

Name : Vinodhija

Date & Time : 8-6-2026 11am

Doctor (who is taking the consent) :

Signature : K. SATHYA

Name : K. SATHYA

Date & Time : 8/6/26 11am

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

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

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్వాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Luqman Ahzam Khan Gender: Male Female

UHID No : Department : puw Date :

I S/D/W/O

Here by give consent for procedure of : rederline

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

Bleedy, rejection, swelling, pain

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Vikal

Patient Attendant : [Signature]
Signature :

Name : Shera Ibrahim

Relationship with Patient: MAMA

Date & Time : 7/6/2017 @ 8pm

Witness : [Signature]
Signature :

Name : [Signature]

Date & Time : 7/6/26 @ 8pm

Doctor (who is taking the consent) : [Signature]
Signature :

Name : [Signature]

Date & Time : 7/6/2017 @ 800pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

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

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్వాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



NURSING CARE RECORD



Shift: Morning Afternoon Night

Date: 9/6/26

Assessment: Baby having mild infection related to his disease condition.

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	⇒ Assess the pt general condition.	2:05pm	⇒ Assessed the pt general condition.	By doing all the procedures the baby condition is Improving
3pm	⇒ provide the comfortable position.	3:05pm	⇒ provided the comfortable position.	
4pm	⇒ provide side rail.	4:05pm	⇒ provided side rail.	
5pm	⇒ Check the vitals.	5:05pm	⇒ checked the vitals.	
6pm	⇒ Administer the medication as per doctors order.	6:05pm	⇒ Administered the medication as per doctors order.	
7pm	⇒ Baby having picc line.	7:05pm	⇒ picc line care need to give	

Re-Assessment: N/A

Special Notes: Use the I.V filters in the peripheral lines, & out filters don't give anything by cannula (or) picc line. strictly follow.

Nurse Signature: [Signature] Nurse Name: praneela (015802) Date & Time: 9/6/26 @ 8pm



NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 10/6/2012

Assessment: pt. of trauma poor intake

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 pm	Assess the pt general condition.	9 pm	monitored vital sign	By done all implementation as per order
9 pm	maintained IO chart	10 pm	monitored vital sign	
10 pm	provide comfortable position	11 pm	maintained IO chart	
11 pm	Administered medication	12 AM	provided comfortable position	
		6 AM	Administered medication	

Re-Assessment:

Special Notes:

ATI pick line

Nurse Signature:

Nurse Name: Sushma

Date & Time: 10/6/2012 @ 12 PM

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 10 D (M)
 Dr. KOKKULA PRANEETH



NURSING CARE RECORD



Date: 10/16/20

Time: _____ noon Night

Assessment: pt heavy chest

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the pt general condition	10am	Assess pt general condition.	by done above all the care pt condition normal
10pm	provide comfortable position	11am	provided comfortable position	
2am	monitor vital signs	210am	monitored vital signs	
6am	maintain 16 chest	610am	maintained 16 chest	
8a	Ensure safety	810a	Ensured safety	
	Administer medications as per chart		Administered medications as per chart	

Re-Assessment: monitored vitals, maintained 16 chest

Special Notes:

Nurse Signature: Nurse Name: Anitha (9010544) Date & Time: 11/16/20

Patient Sticker

NURSING CARE RECORD




Shift: Morning Afternoon Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
				

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Praneeth Department: PIU Date of Admission: 07/06/26

SITUATION	Diagnosis: <u>9 Assess.</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area	<u>ER</u>		<u>1st floor</u>	<u>1st floor</u>	<u>1st floor</u>	<u>1st floor</u>	
	Shift Time	<u>8:00pm</u>		<u>2pm - 8pm</u>	<u>5PM - 8PM</u>	<u>8-5</u>	<u>8:00 - 11:00</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NIL</u>		<u>NIL</u>	<u>NA</u>	<u>nil</u>	<u>nil</u>	
	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ASSESSMENT	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	
	Vital Signs:	Temp:	<u>98°F</u>		<u>97.9F</u>	<u>98.4F</u>	<u>98.1</u>	<u>97.5F</u>
		Res:	<u>20 bpm</u>		<u>21bpm</u>	<u>22</u>	<u>22</u>	<u>26b</u>
		SpO ₂ :	<u>94% RA</u>		<u>100%</u>	<u>100%</u>	<u>100</u>	<u>99%</u>
		Pulse:	<u>75 bpm</u>		<u>102b</u>	<u>106</u>	<u>107</u>	<u>112</u>
		BP:	<u>102/65</u>		<u>105/80</u>	<u>106/60</u>	<u>110/67</u>	<u>96/70</u>
	Fall Risk Score:	<u>12</u>		<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	
Pain Score:	<u>0/10</u>		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Recommendations	Safety Needs:	<u>yes</u>		<u>side rail</u>	<u>side rail</u>	<u>no</u>	<u>yes</u>	
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	
	Others Specify:	<u>nil</u>	<u>P</u>	<u>NA</u>	<u>NA</u>	<u>nil</u>	<u>yes</u>	
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Special Orders / Medications:	<u>nil</u>		<u>NA</u>	<u>NA</u>	<u>no</u>	<u>nil</u>		
Post Operative Procedure Special Orders:	<u>nil</u>		<u>NA</u>	<u>NA</u>	<u>no</u>	<u>NA</u>		
Handed Over By Name :	<u>Abhishek</u>		<u>Praneeth</u>	<u>Sudhanshu</u>	<u>Swaral</u>	<u>Abhishek</u>		
Signature :	<u>[Signature]</u>		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>7/6</u>		<u>7/6/26</u>	<u>7/6</u>	<u>7/6</u>	<u>7/6</u>		
Time:	<u>8:00pm</u>		<u>8pm</u>	<u>8PM</u>	<u>8P</u>	<u>8:00pm</u>		
Taken Over By Name :	<u>Rahul</u>		<u>Sudhanshu</u>	<u>Praneeth</u>	<u>Abhishek</u>	<u>Swaral</u>		
Signature :	<u>[Signature]</u>		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>7/6/26</u>		<u>7/6</u>	<u>7/6</u>	<u>7/6</u>	<u>7/6</u>		
Time:	<u>8:10pm</u>		<u>8pm</u>	<u>8:00pm</u>	<u>8:00pm</u>	<u>8:00pm</u>		



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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

THE HUMPTY DUMPTY SCALE

7/6 8/6 9/6 10/6 11/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4	4	4	4	4	4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	1
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			12	12	12	12	12

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

Bed in low position	Yes	✓	✓	✓	✓	✓
Call device within reach	Yes	✓	✓	✓	✓	✓
Wheels Locked	Yes	✓	✓	✓	✓	✓
Room free of clutter	Yes	✓	✓	✓	✓	✓
Adequate Lighting	Yes	✓	✓	✓	✓	✓
Wheel Chair Support	Yes	✓	✓	✓	✓	✓
Other Intervention(s) Specify	No	X	X	X	X	X
Nurse's Name :	Mamun	Rahul	Pran	Sub	Pran	
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date :	7/6	8/6	9/6	10/6	11/6	
Time :	6:55 pm	6 AM	14 pm	6A		



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/6/26	7 AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ref
9/6/26	12 AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	AR	[Signature]
9/6/26	2 PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
9/6/26	1 PM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Seshing
10/6/26	6 AM	8/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Seshing
10/6	9 AM	8/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ar
10/6	10 PM	8/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ar
11/6	8 AM	8/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		Ar
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

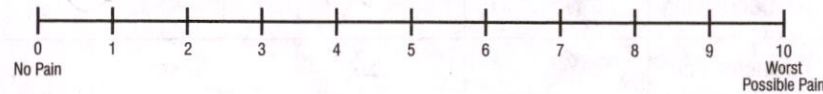
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
04/06/16	8:30	0	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ramesh
7/6	11pm	0	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Rahul
8/6	6am	0	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	Rahul
8/6/26	8pm	2	surgical site	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	my Tramadol	Aives
8-6-2026	4pm	0	NO	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO	Vindhya.
8-6-2026	6pm	2	Surgical site	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Aching <input type="checkbox"/> Burning	<input checked="" type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PCN given	Vindhya
8-6-2026	7pm	0	NO	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Vindhya.
8/6/26	10pm	1	surgical site	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Aching <input type="checkbox"/> Burning	<input checked="" type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj PCN inj Tramadol	fee
9/6/26	1AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	RA
9/6/26	4AM	1	surgical site	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input checked="" type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inj-PCN Tramadol	Rta

Re-assessment Frequency:

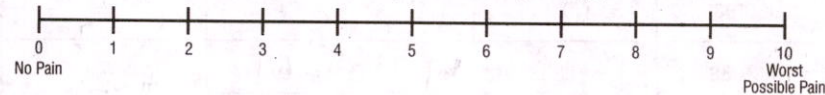
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

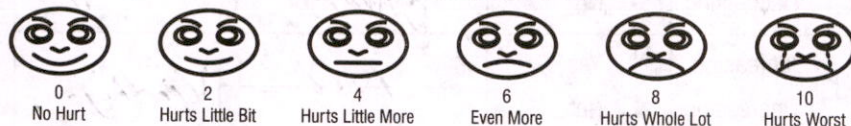
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

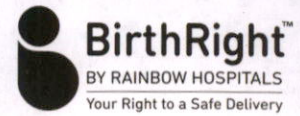
Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



BAH-00658351
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 10 D (M)
 Dr. KOKKULA PRANEETH

CHECKLIST FOR THROMBOPHLEBITIS



10/6/20

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

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

Signature of Shift In Charge :
 Signature : Name :

Signature of Ward In Charge :
 Signature : Name :

Patient ID

BRADEN 'Q' SCALE



11/6

				Date :			
				Time :			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:xtremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4		

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

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

TOTAL SCORE	28		
Evaluator's Name	<i>[Signature]</i>		

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BRADEN 'Q' SCALE

				Date :	6/10	8/2	05/4	10/6
				Time :	PM	AM		AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	Kumar	Red	Red	Red

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-17 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: 7/6/26 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time						
Can we remove Central Line today (Discuss in the clinical round)	7/6/26	Night	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8/6/26 DA1	<input type="checkbox"/> Yes <input checked="" 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
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood at insertion site (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any peeling of dressing? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dressing clean and dry? (If no inform the doctor)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any leakage at insertion site? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing intact and labelled properly			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central line changed on			NA		NA			
Name of the Nurse			Rahul		Aiven			
Signature of the Nurse			Rahul		Aiven			



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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



CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	8.6.2026 Day	8/6/26 Night	10/6				
Can we remove Central Line today (Discuss in the clinical round)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood at insertion site (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any peeling of dressing? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dressing clean and dry? (If no inform the doctor)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any leakage at insertion site? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing intact and labelled properly			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central line changed on			NO	NO	NO				
Name of the Nurse			Vindhyaja	RA	Sushug				
Signature of the Nurse			Vindhyaja	RA	SW				

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN (M)
 31-10-2012 13 Y 7 M 8 D
 Dr. KOKKULA PRANEETH



BED SIDE CHECK LIST FOR NURSES

Date:	8/6	9/6							
Doctor's Orders	followed	followed							
Carried out or not	carried out	carried out							
Bed Side	clean	clean							
Structured Handover done	Done	Done							
IV Site	Yes	Yes							
Central Lines <i>picc line</i>	Yes	Yes							
Arterial Lines	NA	Yes							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	Given	Given							
Eye Care	Given	Given							
Mouth Care	Given	Given							
Sterillum Bottle, Stethoscope	Bed side	Bed side							
Suction Bottle (Should be clean & empty)	clean	clean							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	loaded	loaded							
Ventilator Tubing, (Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling, Correct Preparation)	labeled	yes							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Rahul	Arven							

Checked & Handover given by
 Name of the Nurse : *Rahul*
 Signature : *Rahul*
 Date & Time : *8/6/26 @ 6AM*

Checked & Handover taken by
 Name of the Nurse : *Arven C. Nay*
 Signature : *Arven*
 Date & Time : *8/6/26 8:00 AM*

117

Patient Sticker
 Regman Akjam Khan.
 BAH-00658351
 117



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	16			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent	2			
16	Consent for (special procedure / Sedation)				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	3			
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra	1			
Total No. of Pages		58			

Signature and Date : Sane
 10/10/26

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Farhan

Date: 7/6/2026

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: 6:30 pm Weight: 42.6 Kg

Allergic History: NO

Chief Complaints: clo headache : 4 days
R/W frequent episodes of loss of consciousness & falls

Pediatric Assessment Triangle
 A Appearance - TICLS (N)

B C Circulation

Breathing

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Normal
 Abnormal

Pallor
 Cyanosis
 Mottling
 Bleeding

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No
 If Yes

Significant Past History: H/o malaria (+) 1 week back

Medication History: H/o antibiotic (Ceftriaxone & sulbactam) & antimalarials x 3 days (Tr. Artesunate)

Relevant Investigations:

Primary Assessment


Airway

Open
 Maintainable
 Not Maintainable

Breathing

Rate: 22/min SpO₂ on FiO₂ 97% L RA
 Rhythm: (N)
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BDE (+)
 Palpation Findings (if necessary).....

Any urgent interventions needed: Yes No
 If Yes

Circulation  HR: 80/min

BP: 102/65 mmHg

Pulse Volume: Central Peripheral *good*

If in Shock: Compensated Hypotensive

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

CFT Central *43 sec* Peripheral *43 sec*

Murmurs: Yes No


Liver Span:

ECG:

Any Signs of Heart Failure: Yes No

Any urgent interventions needed: Yes No

If Yes:

Disability  GCS: 15/15 AVPU:

Pupils: Responsive Non-Responsive


Size: Right Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise *DTR +2/+2*
+3/+3

Any urgent interventions needed: Yes No

If Yes:

Exposure  Temp.: 98°F

Any Rash: Yes No

If yes describe the rash:

Active bleed *(E)*

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
- Shock - Compensated Hypotensive
- Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: *(N)*

.....

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Labs Planned: *2 EDTA, 2 plain*

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Treatment Planned:

.....

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.....

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): *Cerebral SOL - ? cerebral abscess/ neoplasm.*

Assessment done by Name of the Doctor: *DR. SOWJANYA* Sr. Doctor on Duty (If necessary) Name of the Sr. Doctor:

Signature: *[Signature]* Signature:

Date & Time: *7/6/26* Date & Time:

ABERNATHY | HRB | Brain Abscess

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00658351 IP5-0017485
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 7 M 8 D
Dr. KOKKULA PRANEETH



Name: Maat Luqman Ahzam Khan Age: 13 Sex: M UHID.No: BAH-00658351

Date: 7/16/26 Time: 8:30 PM Proposed Operation: Right temporal craniotomy & excision of lesion

Diagnosis: Right temporal SOL ? Abscess

B.P / CRT: 102/65 H.R: 80/min Weight: 42.6 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.8</u>	Glucose: <u>6</u>	Protein: <u> </u>	HIV: <u> </u>	X-Ray: <u> </u>
PCV: <u> </u>	Urea: <u> </u>	Alb: <u> </u>	HBS Ag: <u> </u>	ECG: <u> </u>
WBC: <u>9110</u>	Creat: <u>0.5</u>	Total Bill: <u> </u>	HCV: <u> </u>	2D Echo: <u> </u>
Plate: <u>243000</u>	Na: <u>138</u>	Dir. Bill: <u> </u>	Blood group: <u> </u>	Stress/Anglo: <u> </u>
PT: <u>17</u>	K: <u>4.5</u>	LDH: <u> </u>	T3: <u> </u>	Other: <u> </u>
PTT: <u>40</u>	Ca++: <u> </u>	Alk phos: <u> </u>	T4: <u> </u>	<u>MAR</u>
INR: <u>1.3</u>	Mg++: <u> </u>	Amylase: <u> </u>	TSH: <u> </u>	
	Cl-: <u>112</u>	SGOT/SGPT: <u> </u>		

Allergies: NKDA

Medical History: CVS: ⊖ Birth H/o → Nil significant

RESP: NO H/o fever / URI Diabetes:

CNS: H/o headache x 4 days, H/o giddiness / ? LOC ⊕

Renal: NO H/o vomiting

Hepatic / GE: ⊖ Physical Activity: Active

Others: H/o treatment & Antibiotics for malaria / resolved now.

Past Anaesthetic History: Nil.

Physical Exam: afebrile, conscious oriented, alert.

Airway: MP 1 2 3 4 Mouth Opening: > 3 cm Mentohyoid Distance: Ⓜ Neck: Ⓜ Teeth: Intact

Lungs: BAER

Heart: S2 ⊕

CNS: AMF ⊕, NFN ⊕, ACE-H/15

Pregnant: Yes No NA Venous Access Site: Ⓜ 20G Spine Exam for regional: -

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA Ⓜ hard

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>B. LEVITERACETAM</u>	<u> </u>
<u>B. CEFTRIAXONE</u>	<u> </u>
<u>B. VANCOMYCIN</u>	<u> </u>

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL Water / ORS 2 Hours / Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:
 - To have investigations CBP, PT/PTT, BUN/CRE, RFT.
 - To see anal. J.D.P.R.B.
 - witness
 - consent pending

Signature: [Signature] Name: Dr. Anil



ANAESTHESIA CHART



Pre Induction Assessment: 11:30 AM

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 84 B.P/CRT: 110/62 SpO₂: 100 R.R: 20 Last Feed: >6 hrs

Pre-OP Diagnosis: Cerebral abscess Operation: Craniotomy + drainage of abscess Date: 8/6/26

Surgeon: Dr. Praneeth / Dr. Sri Partha Anaesthesiologist: Dr. RCL / Dr. AK Technician: Nishant / Bapu

TIME	1136	1200	1230	1300	1330	1400	1430	1500	1530	1600	1630	1700	1730	1800	1830	1900	1930	2000
N ₂ O (AIR) O ₂ LPM	0.6																	
HALO (SO) (SEVO) MAC																		
Drugs:																		
IV MIDAZOLAM	2mg																	
IV FENTANYL	60mcg																	
IV KETAMINE	25mg																	
IV ROCURONIUM	20mg	5mg		7mg														
IV DEXAMETHASONE	4mg																	
IV OXANDOLONE																		
ORAL ACETAMOL					600mg													
FiO ₂ (SaO ₂)	100	100	100	100	99	100	98	98										
ETCO ₂	36	35	35	35	36	35	34	35										
ECG	SR	SR	SR	SR	SR	SR	SR	SR										
Temperature	36	36	36	36	36	36	36	36										
Urine Output			250															

Antibiotic

Suppository

Blood Loss

100ml

NOTES

MABL

75x42(11.8-10)/11.8

~450ml

75x42(11.8-11)/11.8

~200ml

50% 95

108 133

62 89

LAB Values

ABG: pH 7.4
pO₂ 32
pCO₂ 102
 GRBS: 12000-10 (17)

Equipment Checked and Functional

BP

Cuff Site: LL Radial

Art Site: LL Radial

EKG Lead

Temp Site: Esophagus

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: 11:15 AM

OP Start: 12:12 PM

OP End:

Leave OR:

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART: LL Radial

IV: LL 20G

IV: LL 20G

IV: APICline

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 6.5 at 17 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: ROCURONIUM

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# MAC 4 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. Anurag K

Signature of the Doctor: [Signature]

BAH-00658351 IP5-00174858
 Master LUQMAN AHZAM KHAN
 31-10-2012 13 Y 7 M 8 D (M)
 Dr. KOKKULA PRANEETH



**ESSENTIAL NARCOTIC PRESCRIPTION FORM
 (MEDICAL RECORD)**

2726

Patient Name: Master. Luqman Ahzam Khan Age: 13 yrs. Gender: male
 UHID No: BAH-00658351 IP No: 00174858 Date: 8/6/26 Time: 10.45 AM
 Diagnosis: CRANIOTOMY

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Inj. Fentanyl Citrate 100 mcg / 2 ml	<u>100mcg</u>	<u>S03</u>
2.	Fentanyl Citrate 25 mcg patch	<u>-</u>	<u>-</u>
3.	Inj. Morphine 15 mg / ml	<u>-</u>	<u>-</u>

Doctor Name: Sangeetha
 Signature: [Signature]

Doctor Registration No: 082657

**NARCOTIC DISPENSING FORM
 APPENDIX 4 – FORM NO. 3E**

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

Registration No: 00174858 Date: 8/6/26

Aadhaar No. of the Patient (Optional):

1.	Name: <u>Master. Luqman Ahzam Khan</u>	Remarks
2.	Complete postal address (with contact number, if any)	<u>H.No. 2-5-27, Madani Road, off Water Tank, Khadappa, Jalandhar, Punjab, India - 143160</u>
3.	Brief description of the illness	
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	<u>Inj FENTANYL</u>

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>8/6/26</u>	<u>Inj FENTANYL</u>	<u>ONE</u>	<u>[Signature]</u>	

Dispensed by (Name & ID No.): Sangeetha Signature: [Signature]
 Received by (Name & ID No.): B. P. W. 02183 Signature: [Signature]
 Time: 10:50 AM



POST OPERATIVE - DOCTORS HANDOVER FORM

OT to PICU NICU MICU WARD

Date: 8/6/26 Time: 2:10pm

Name of the Surgery: ⁽¹²⁾ Craniotomy + drainage of abscess

Drugs used for sedation during surgical procedure: MIDAZOLAM | FENTANYL | KETAMINE.
2mg 60mcg 25mg

IV Fluids type / amount used using surgical procedure:

RL → 600ml 1/2 NS - 100ml

Input 700 ml Output 700 ml Blood Loss 100 ml

Blood Transfusion if any Nil

Any intra operative event: Nil

On arrival to PICU / NICU / MICU / WARD:

Temp: Afebrile HR: 85 RR: 20 BP: 116/79 CRT: <3 sec

Peripheries: warm SpO₂: 98% on O₂ via NP @ 2L

Urains: -

ET Tube: Cuffed Uncuffed

Size of ETT: Length of Fixation of ETT:

Surgeon's Notes: Yes No

Time of Arrival to Unit: 2:15pm

Handover given by:

Handover taken by:

Anesthesiologist's Name Dr. Akhila K

Doctor's Name Dr. Prabhak


Signature: [Signature]

Signature: [Signature]

Date & Time: 8/6/26 2:15pm

Date & Time: 8/6/26, 2:15pm


PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00658351 IP5-00174858 Master LUQMAN AHZAM KHAN 31-10-2012 13 Y 7 M 8 D (M) Dr. KOKKULA PRANEETH 		Date & Time of Admission 7/June/2026	Date & Time of Transfer Order 9/6/2026 @ 2:15pm
		Transfer Ordered by Dr. praneeth	Reason for Transfer Post-operative Recovery
From Unit OT	To Unit PICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 40+	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, what?		Patient shifted with ID band: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No:
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Infusion pump	2	
2.	Syringe pump	1	
3.	monitor with cables	1	
	op file	1	
5.	Films.	5	
Pending Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Thejas		Name of Person Ordered Transfer Dr. Ravi	
Patient & Clinical Records Received by : Praneeth			
Date & Time of Patient Received : 9/6/26 @ 3pm			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00658351 IP5-00174858 Master LUQMAN AHZAM KHAN 31-10-2012 13 Y 7 M 10 D (M) Dr. KOKKULA PRANEETH 		Date & Time of Admission 7/6/26 7:50pm	Date & Time of Transfer Order 11/6/26 10:30AM
		Transfer Ordered by Dr. matheen	Reason for Transfer PICC line
From Unit 117	To Unit PICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, what?	Patient shifted with ID band: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No:	
Number of Imaging Films -			

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	USG Abdomen	①
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring sawanthi	Name of Person Ordered Transfer Dr. matheen.
--	---

Patient & Clinical Records Received by :

Ashu

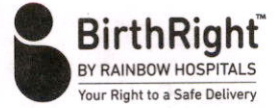
Date & Time of Patient Received :

11/6/26 10:30AM

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

- Unavailable Bed Nurse not Available Available Bed not ready

CONSENT FOR SPECIAL PROCEDURES



Patient Name **BAH-00658351 IP5-00174858** Gender: Male Female
Master LUQMAN AHZAM KHAN
UHID No : **31-10-2012 13 Y 7 M 11 D (M)** rtment : Date : **11/6/26**
Dr. KOKKULA PRANEETH
I S/D/W/O

Here by give consent for procedure of : **Leadertex 19ue**
For my patient, Named : **Luqman**

The doctors have clearly explained to me that the procedure has following possible complications:
Bleeding, Infection

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :
NPI

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :
Signature :
Name : **Ramesh Khan**
Relationship with Patient: **father**
Date & Time :

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name : **Dr. Mathew**
Date & Time : **11/6/26 10:30 AM**

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

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

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR SPECIAL SEDATION



Patient Name: Gender: Male Female

UHID No: Department: Date: 11/16/26

I S / D / W / O

Here by give consent for procedure for my patient :

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation :
- Possible complications from the procedure of sedation:
.....
.....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :
Signature :
Name : Rakesh Kumar
Relationship with Patient: father
Date & Time :

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name :
Date & Time :

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. విభాగము

తేదీ

నేను కుమారుడు / కుమార్తె / భార్య

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

● సెడేషన్ రకం

● మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....

.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



INFORMED CONSENT FOR HIGH RISK PROCEDURE / SURGERY

Name: LUQMAN KHAN Age: Gender: Male Female

UHID.No : BAH-00658351 Date: 7/6/2026

I / We have been explained by Dr. Praneeth about the medical condition and the proposed procedure.

I / We have been told that our patient LUQMAN KHAN has the following Medical Conditions / Diagnosis:

RIGHT TEMPORAL # SOL ? ABSCESS

Proposed Treatment / Procedure / Operation:

RIGHT TEMPORAL CRANIOTOMY AND EXCISION OF LESION

I / legal guardian, have been explained in the language understood by me / us, about the medical condition mentioned above and that our patient has following risks involved during the hospital stay

BLEEDING, SEPSIS, ICU STAY, SEIZURES, NEED FOR IV ANTIBIOTICS, RECURRENCE, RESIDUAL LESION

I / We have been explained risk, benefits and alternatives of the procedure. POST-OP VENTILLATION

I / We have been informed that the ongoing treatment in the Intensive Care Unit involves the risk of unsuccessful results, complications, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results of the procedure or treatment.

I / We have understood the consequences of not undergoing the proposed treatment.

I / We hereby give (my / our) full consent for the above – mentioned treatment.

I / We also indemnify the hospital, the concerned Doctors and the hospital staff in case of any adverse consequences arising from the treatment.

Patient (Or Patient Relative / Guardian):

Signature: [Signature]

Name: Raees Khan

Date & Time: 7/6/2026

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Dr. Praneeth

Date & Time: 7/6/2026

Witness

Signature: [Signature]

Name: Muzaffar

Relative / Legal Guardian: (Relationship with Patient) Cousin

Address: Nanded

Date & Time: 7/6/2026



OPERATION THEATER NOTES

Patient's Name : LUQMAN AHZAM KHAN Age : 13Y Gender : Male Female

UHID No. : BAH-00658351 Weight : 42.6 Kg Height :

Surgeon : Dr. PRANEETH K Asst. Surgeon : Dr. SRIDARTHA Y

Anesthetist : DR. AKHILA OT Nurse : JYOTHI, ALAM OT Technician : NISHANTH

Pre-Operative Diagnosis: RIGHT TEMPORAL ~~CRAN~~ ABSCESS

Surgical Procedure : RIGHT TEMPORAL CRANIOTOMY AND ABSCESS EXCISION

Indications for Surgery : INFECTION, RAISED INTRACRANIAL PRESSURE

Date : 08.06.26 Start Time : 12.012 PM End Time : 1.10 PM

Pre Operative Preparations:

3X BETADINE

Post Operative Diagnosis: RIGHT TEMPORAL ABSCESS

Peri-Operative Complications: NONE

Operation Notes:

1. Patient laid supine under GA. Head turned to left.
2. Linear skin incision made and temporalis muscle flap raised
3. Right temporal craniotomy made and dura opened in T-shape.
4. Brain bulge noted and yellowish-discoloration of pia noted.
5. Right middle temporal cortisectomy made and abscess opened. ~ 40 cc of thick-yellow pus drained.
6. Abscess wall thick, firm and excised in piecemeal fashion. Complete abscess wall removal done

7. Hemostasis achieved
8. Brain lax, pulsatile after abscess excision.
9. Dura closed and bone flap replaced
10. Wound closed in layers.
11. Sterile dressing done

Amount of Blood Loss: 100 ml

Blood Transfused (in ML) —


Name and Number of Surgical Specimen sent for examination:

PUS for GRAM STAIN & CULTURE / AFB STAIN & CULTURE / KOH SMEAR & CULTURE
 ABSCESS WALL FOR BIOPSY AND CULTURES

Peri-Operative Complications:

None

Name of the Surgeon: Dr. SRIPARNA

Signature of the Surgeon: 

Date & Time: 08/06/26 2pm

BAH-00658351 IP5-00174858
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 7 M 8 D (M)
Dr. KOKKULA PRANEETH

Patient



POST-SURGICAL CARE PLAN FORM

Procedure Done: RIGHT TEMPORAL CRANIOTOMY AND ABSCESS EXCISION.....

Post-Surgical Diagnosis: RIGHT TEMPORAL ABSCESS.....

Post-Operative Monitoring Parameters /Frequency:

VITALS Q1H
PUPIL Q2H ACS Q1H

Wound Care:

DRESSING

Drain /Special Lines/Catheters:

FOLEY'S CATHETER IN-SITU

Special Patient Positioning and Requirements:

- HEAD MIDLINE
- HEAD END ELEVATION - 30°

Nutritional Instructions:

NPO TILL FURTHER ORDERS

When to Start Mobilization:

RESTRICTED TILL FURTHER ORDERS

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Dr. SRIPARTHA Y

Date: 08/06/20 Time: 2pm.....

Note: Plan of care will be readjusted if necessary.



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Craniotomy & Excision of lesion

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Praneeth

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

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

Others Bronchospasm, Laryngospasm, Bleeding, Post procedure ventilatory support

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: [Signature]

Name: Races Khan

Relationship with patient: Father

Date & Time: 7/6/26 @ 9 PM

Witness:

Signature: [Signature]

Name: [Name]

Date & Time: 7/6/26 @ 9 PM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Anneer Date 7/6/26 Time: 9 PM



అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్:

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

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 9/6/26 Time: 3:30 PM

Weight: 42.6 kgs Centile: >10th

Height: 164 cms Centile: >50th

Inference: Underweight child

RDA: - Calories: 1800 kcal/d Protein: 32g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled and outside foods.

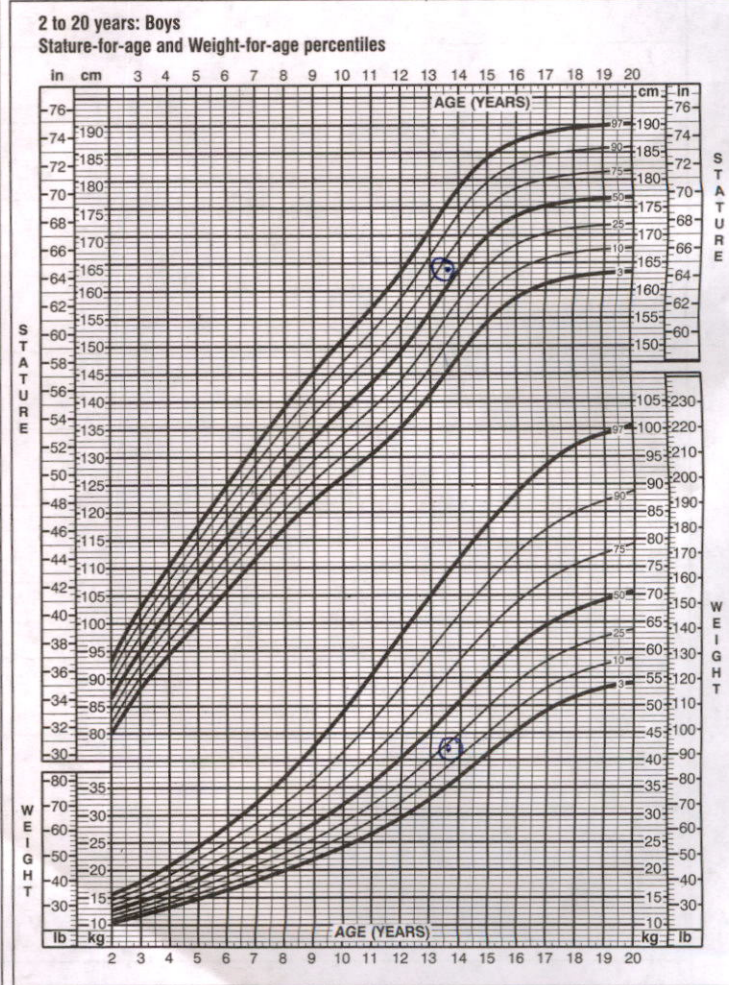
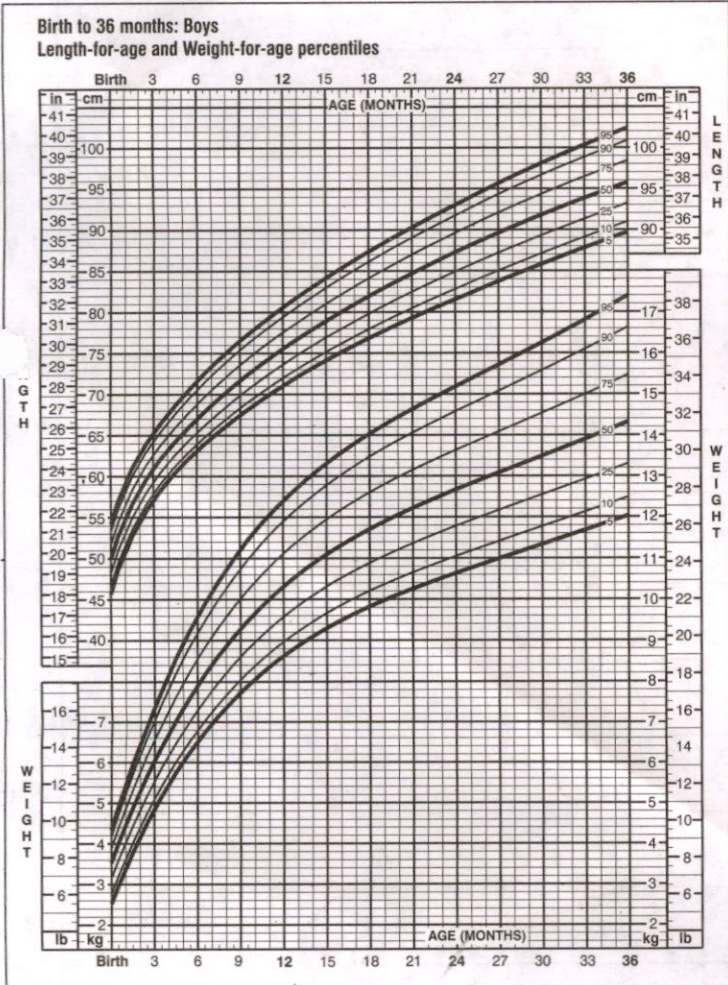
Food Allergies: No Veg/Non-veg non-veg

Diagnosis: Cerebral scl - ? urebral abscess / neoplasm

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *Fazifa*

GROWTH CHART (BOYS)



Dietician's Name: *N.Kitha*

Dietician's Signature: *N.Kitha*

