

BAH-00657924 IP5-00174972
 Baby IRHAA NIZALIYA
 01-05-2020 6 Y 0 M 9 D (F)
 Dr. HARISH JAYARAM



SURGERY DETAILS

80566

Date : 10/6/26

Patient Name: Baby Ihaa Nizaliya Date of Birth: 1/6/2020 Age: 6 Y

Gender: F Ward : POT UHID No.: BAH -00657924

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

Name of the Surgery : Cysto genito scopy

Time in : 2:45 pm

Time Out : 3:00 pm

	<u>NAME</u>		<u>AMOUNT</u>
1. Surgeon	Dr. Harsh	.....	.....
2. Anaesthetist	D. Subramanyam	.....	.....
3. Assistant Surgeon	.....	.....	.....
4. OT Technician	Bapu.	.....	.....
5. Circulating Nurse	Jyothi	.....	.....
6. Assistant Nurse	Bridalal	.....	.....

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

Signature of the Surgeon
f. Harsh

Signature of Circulating Nurse
[Signature]

Order No: 9651815

Order by: Bdo [Signature]

BAH-00657924 IP5-00174972
 Baby IRHAA NIZALIYA
 01-09-2020 6 Y O M 9 D (F)
 Dr. HARISH JAYARAM



CONSUMABLES OF OT

Technician : Arshath Date : _____ Time : 1-30 PM

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube # 5.5-5.6	44	—	Major Pack <u>Doyle</u>	1	1	Inj Vit.K		
LMA <u>2/2/2</u>	1	—	Sutures			Cord Clamp		
ECG leads : A/P/N	05	03				Suction Catheter		
HME filter : A/P/N	01	1				Feeding Tube		
Syringes : 10 cc	10	6				Vaccum Suction Set		
05 cc	10	4	Gloves			Surgical Gloves		
02 cc	10	4	<u>6 1/2, 7, 7 1/2</u>	242	01	Gauze Pack		
01 cc	02	—	<u>PF 6, 6 1/2, 7, 7 1/2</u>	242	01	Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	01	NG tube <u>6</u>	1	1	Koochies (S)		
RL	01	0	Cautery pencil			<u>MS sponges</u>	1	0
NS : 10ml / 100ml / 500ml / 1000ml	44	14	Koochies			<u>Transderm</u>	1	0
<u>Ulipristal</u>	01	01	Ointments			<u>10cc saline</u>	242	01
<u>Nasal mask of O2 Mask (P)</u>	01	—	Suction Catheter			<u>Jelly</u>	1	01
Fentanyl	01	01	Cap, Mask	5/8	—	<u>Conceal cones</u>	2	02
Morphine			Gauze Pack <u>(N)</u>	5/8	02	<u>suction 10</u>	1	1
Ketamine			Mop Pack	1	0	<u>trans pore</u>	1	1
Propofol	03	01	Steristrip			<u>medial</u>	1	1
Rocuronium	01	—	Underpad	1	2			
Glycopyrolate	01	01	Draw sheet	1	0			
Myopyrolate	01	—	Abgel					
Ondansetron	01	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22	01	—	Urobag					
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			<u>gauze + gloves</u>	44	—
Bupivacaine 0.25% (Heavy)			Romodrain bag			<u>Debrat Dermol</u>	44	—
Antibiotics <u>IV pen</u>	01	1	Bandage			<u>Tranexa</u>	02	—
			Tegaderm			<u>50cc tramol</u>	14	7
Suppositories			Ioban			<u>soft roll (9, 6)</u>	242	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	14			
Justin : 12.5 mg / 25mg / 100mg	04	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	01			
<u>Vaccum set</u>	01	01	Microshield	1	—			
<u>3 ways 10/100cm</u>	14	—	Cotton Balls	1	01			
<u>04 [01]</u>	14	—	Latex Gloves	1	—			
<u>N/A [22/20]</u>	14	—	Ramdione Scrub					
<u>IV Camule [22/24]</u>	14	—	Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9651700

Ordered by Arshath

Doc. No. : RCH / FRM / GENERAL / 125

ESTIMATION SLIP

Preapproved

Date: 02/Jan/26 UHID / IP No.: BAR-00657924 No. **80566**

Name of Patient: _____ Age: _____ Gender: ♀

Father's / Husband's Name: Baby Ishaa Anandh Corporate / Occupation: by

Address: _____ Phone: 9891810914 Email: JP Anandh

Procedure / Plan: Cytotogenotyping & karyotyping (Oligonucleotide karyotyping)

MODE OF PAYMENT: SELF TPA: MA/NIA GIPSA: -30 min OTHERS

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>RA: (8000) (44720) + (16264) 11,000/h</u>
O.T. Consumables	<u>RA: (44720)</u>
Instrument Charges	Not Covered by TPA / Insurance company
Pharmacy Consumables & Investigations	<u>As per actual, Not Included in Estimation</u>
Equipment Charges	
Monitor :	Infusion pump / Syringe pump :
Ventilator : Conventional :	HFO-SLE 5000 :
Phototherapy : Single Surface :	HFO Sensormedix :
Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	<u>As per actual - Not Included in Estimation</u>
Package	
Others	
Initial Minimum Deposit	<u>As 15,000/- for initial dress change.</u>

ARRS: 25/10/20/2024

- The estimated amount may change according to duration of stay, medical condition, investigations, plan, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm.
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial, has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

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

Signature of the Client: Md Anandh Signatory Relationship: Father Signature of the Financial Counselor: [Signature]

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174972 Admit Date : 10-Jun-2026 Admit Time : 12:10 PM UHID : BAH-00657924

Patient Details :

Patient Name	: Baby IRHAA NIZALIYA	Age	: 6 Y 0 M 9 D
Guardian	: Mr MOHAMMAD AAVESH	DOB	: 01-06-2020
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: D 303, MUPPA GREEN GRANDEUR, Serilingampally Hyderabad Telangana INDIA 500019	Phone No	: 9891810914/ 9956737953
		E-mail	: MOAAVESH@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 404 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 404 Admission Type : First Visit

Contact Details :

Name	: Mr MOHAMMAD AAVESH	Relationship	: Father
Contact Address	: D 303, MUPPA GREEN GRANDEUR, Serilingampally Hyderabad Telangana INDIA 500019	Phone No	: 9891810914 / 9956737953

Avesh
Signature

Doctor Details :

Doctor Name	: Dr. HARISH JAYARAM	Specialisation	: PEDIATRIC SURGERY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

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

ACTIVITY RECORD FOR BILLING


Name : Ishaan Nizaliya

UHID No. : _____ || BAH-00657924 IP5-00174972 Patient: _____ Dept : _____
Baby IRHAA NIZALIYA
01-06-2020 6 Y 0 M 9 D (F)

Date of Admission: _____ Dr. HARISH JAYARAM of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	12:00pm	CR	OT	
10/6/26	6-15pm	OT	3357	

Cross Consultation Visit

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



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Children's
Hospital**

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**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00657924
Baby IRHAA NIZALIYA IPS-00174972
01-06-2020 6 Y 0 M 9 D (F)
Dr. HARISH JAYARAM



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Inhaa Age/Sex 6 / F
Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

cpo bleeding & white discharge over genital area x 1 year.

History of present illness :

↓
evaluated on OP basis.
child developed these complaints noted by mother since January 2025.

child has h/o trauma to genitalia while playing over bed frame in Jan 2025 - no bleed
Aug 2025 - bleed (+)

MRI pelvis - anterior urethral wall edema / inflammation

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Baby IRHAA NIZALIYA
01-06-2020 6 Y O M 9 D (F)
Dr. HARISH JAYARAM



Pediatric Multiorgan History & Physical Examination

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

[This section is crossed out with a large blue diagonal line.]

Birth & Neonatal History:

ⓐ perinatal transition

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

appropriate for age.

Immunization History :

immunised for age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 20.6 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 112/min B.P. 82/51 SPO2 96%

Resp. rate and type of breathing : 20/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE (+)

Any addes sounds : clear.

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : (N)

Any murmur : none

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

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : (N)

Spine : _____ External Genitelia : _____

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

Patient

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Baby IRHAA NIZALIYA
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Dr. HARISH JAYARAM



Pediatric Multiorgan History - Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

2

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

 suspected vaginal FB / urethritis
 now for cystogentisocopy + sedation



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: urethral trauma / structures /
bladder perforation

Desired goals of the treatment : surgical evaluation

Planned Labs:

CRP

Planned Management

1) NPO
2) Start IVF
3) Shift to OJ.

NIB
RECIKA
10/6/26

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Akhile
Date & Time: 10/6/26

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Nabeel
Date & Time: 10/6/26 @ 1:40

Dr. NABEEL ALAM QADRI
Reg. No. 75241

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01-06-2020 6 Y 0 M 9 D (F)
Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

Procedure Done: *Cystogenital surgery*

Post-Surgical Diagnosis: *Vaginitis under evaluation*

Post-Operative Monitoring Parameters /Frequency:

TPR monitoring every 15min for 1st hr

Wound Care:

-Nil-

Drain /Special Lines/Catheters:

-Nil-

Special Patient Positioning and Requirements:

-Nil-

Nutritional Instructions:

Full feeds as soon as child is fully awake

When to Start Mobilization:

As soon as possible

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

-Nil-

Treating Surgeon
(Signature & Stamp)

Dr. Nabeel Akram Qadri
Reg. No: 75241

Date: *10/1/20* Time: *3:00P*

Note: Plan of care will be readjusted if necessary.

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Baby IRHAA NIZALIYA
01-06-2020 6 Y O M 9 D (F)
Dr. HARISH JAYARAM



OPERATION THEATER NOTES

Patient's Name : Baby Isha Nizaliya Age : 6y Gender : Male Female

UHID No. : BAH-00657924 Weight : 20kg Height :

Surgeon : Dr. Harish Asst. Surgeon : Dr. Nabeel

Anesthetist : OT Nurse: OT Technician:

Pre-Operative Diagnosis: ? Urethritis ? Vaginal Foreign body -

Surgical Procedure :
Cystogenitoscopy

Indications for Surgery :
? Urethritis ? Vaginal Foreign body

Date : 10/6/26 Start Time : 2:47pm End Time : 3pm

Pre Operative Preparations:

Post Operative Diagnosis:

Vaginitis under evaluation

Peri-Operative Complications:

Operation Notes:

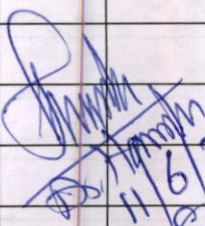
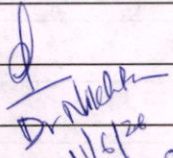
Findings

- Cystogenitoscopy done
- On Cystoscopy - Bladder - Normal, no trabeculations
- B/L urethral orifices - normal
- Genitoscopy done : No vaginal foreign body noted
- No vaginal discharge
mild vaginal erythema (7)

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 Baby IRHAA NIZALIYA
 01-06-2020 6 Y 0 M 10 D (F)
 Dr. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:25 AM	C/S/B Dr Harish	
	Afebrile vitals - stable	Adm
	P/A - soft	① Full feeds as tolerated ② At plan D/C today (11/6/26)
 11/6/26 8:25 AM Dr. HARISH JAYARAM Reg. No: 66254		 Dr. Nisha 11/6/26 8:30 AM
		N/S Sleema

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 Baby IRHAA NIZALIYA
 01-06-2020 6 Y O M 9 D (F)
 Dr. HARISH JAYARAM



RESULT SHEET

Date	10/6/20				
Time					
Hb	10.9				
PCV	33.7				
RBC	4.24				
WBC	8.60				
N/L	48/46				
Platelets	278				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

7th

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Dr. HARISH JAYARAM



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: ER Shifted to: OT

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Akhile Dr. Akhile

Date & Time: 10/6/26 & 10:30am

Nurse Name & Signature: Renuka

Date & Time: 10/6/26 & 10:50am



VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6	2:06 PM	IV AUGMENTIN	600mg	IV	[Signature]	Teena Bikkari
10/6/20	2:40 PM	Ij PARACETAMOL	300mg	IV	[Signature]	[Signature]

Signature
VERIFIED BY : Name

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 Baby IRHAA NIZALIYA
 01-06-2020 8 Y 0 M 9 D (F)
 Dr. HARISH JAYARAM

Pati



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signat

BAH-00857924
 Baby IRHAA NIZALIYA
 01-06-2020 6 Y 0 M 9 D
 Dr. HARISH JAYARAM (F)



Doc. No. : RCHBH/ FRM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6/20 Time: 11pm 6am

Doctor / Nurse / Family Concern? pm

Temperature (F)	104			
	103			
	102			
	101			
	100			
	99			
	98			
	97	*97.0	*98.1	*97.9
	96			
	95			
	94			

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

Heart Rate (Number) 97b/m 98 b/m 99 b/m

Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	0			
	0			
	0			
	0			

Resp Rate (Number) 22b/m 21b/m 21b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 97% 99% 99%

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 0

Pain Score 0 0 0

Observer's Initials E V V

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

* 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

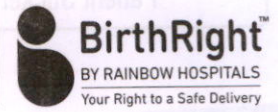
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

Patient

BAH-00657924 IP5-00174972
 Baby IRHAA NIZALIYA
 01-06-2020 6 Y O M 9 D (F)
 Dr. HARISH JAYARAM



UID CHART

Sheet No. :

10/6/26

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 Thrombo-phlebitis 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												
	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-00657924 IP5-00174972
 Baby IRHAA NIZALIYA
 01-06-2020 6 Y O M 10 D (F)
 Dr. HARISH JAYARAM



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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	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												
	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



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Cytopentoscropy

Anaesthesiologist: Dr SHABNA Surgeon: M Harish

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 Desaturation Bronchospasm Laryngospasm

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: Avesh
Name: MOHAMMAD AAVESH
Relationship with patient: Father
Date & Time: 09-06-2020 2:43P

Witness:

Signature: [Signature]
Name: Teenu
Date & Time: 9/6/2020 2pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr SHABNA Date 9/6/2020 Time: 2:42P

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, కాఫెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

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 వెనెస్ యాక్సెస్, ఆల్టిలియల్ లైన్, నాపోజిటివ్ లు, 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00657924 IP5-00174972
 Baby IRHAA NIZALIYA
 01-06-2020 6 Y 0 M 9 D (F)
 Dr. HARISH JAYARAM

Name: Irhaa Nizaliya Age: 6 Sex: Female UHID No: BA11 00 65 7929
 Date: 9/6/2020 Time: 2:37pm Proposed Operation: Cystogastroscopy
 Diagnosis: ulithiatic ? vaginal FB
 B.P / CRT: 138/80 H.R: 100 Weight: 20kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>10.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>2,76,000</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: w)

Medical History: CVS (-) -LSCS / 2.8kg / CIAB / No NICU admission

RESP: (-) Diabetes: - nil stones w)

CNS: (-) h/o Petrol seizure 1 episode

Renal: (-)

Hepatic / GE: (-) Physical Activity: active,

Others: (-)

Past Anaesthetic History: MRI ↓ MAC.

Physical Exam: No obvious facial deformity

Airway: MP 1 2 3 4 Mouth Opening: w) Mento-hyoid Distance: w) Neck: w) Teeth: w)

Lungs: clear

Heart: S, S2 w)

CNS: GCS-9w)

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

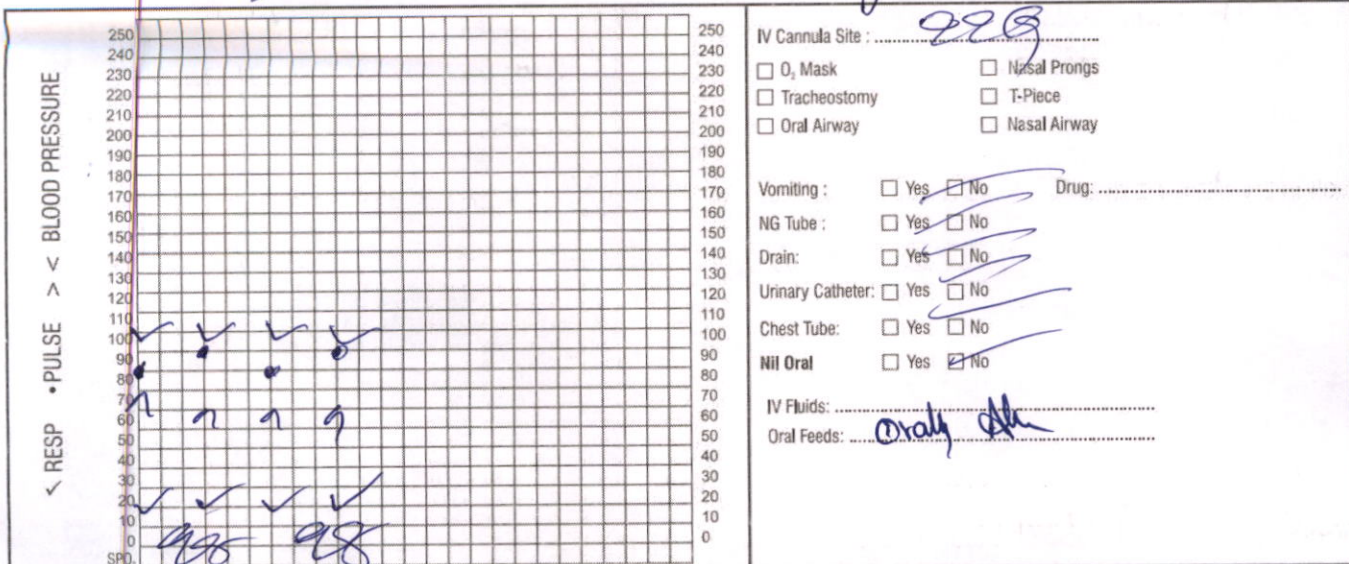
- DVT Prophylaxis:
- NIL ORAL $\left\{ \begin{array}{l} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: (G) (BP) on cannulation

Signature: [Signature] Name: M. SHARMA



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Durg Time Received : 3:55pm Time Discharged : 6:30pm



IV Cannula Site : 228

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

Vomiting : Yes No Drug: _____
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: _____
 Oral Feeds: Orally

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	3:55pm	~10	—	Durg

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Rajahini
 Anaesthesiologist Signature: _____
 Date & Time: 10/6/20 6m
 PACU Nurse Name : Durg
 PACU Nurse Signature: _____
 Date & Time: 10/6/20 6:30

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

Transferred to Unit by (PACU): 337
 Date & Time: 10/6/20 6:30

337

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 11/6/26 Time: 9.00am

Weight: 20kg Centile: 50th

Height: 100cm Centile: 50th

Inference: well child

RDA: - Calories: 1450kcal/d Protein: 2.5gm/d

Diet Recommendations: soft diet

Re-Assesment: avoid spic, chilled & outside foods

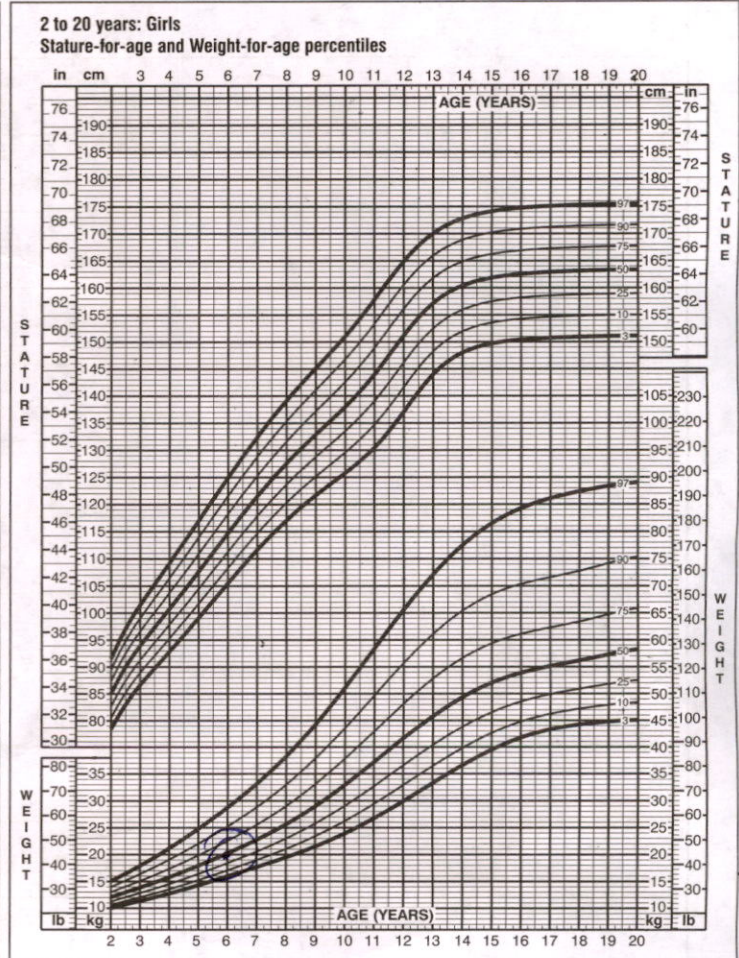
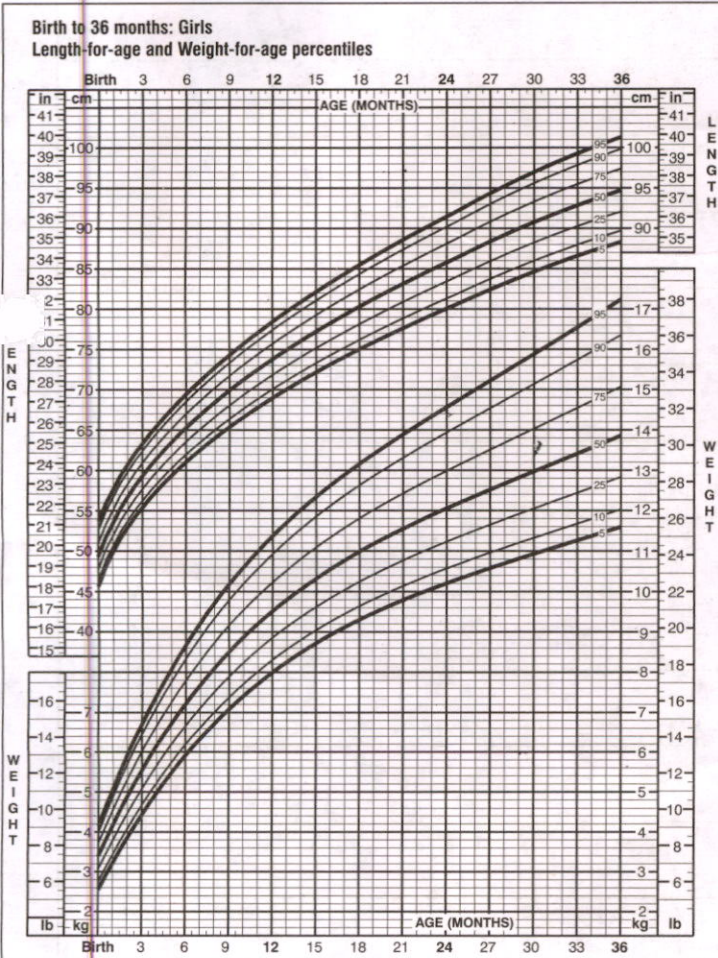
Food Allergies: NO Veg/Non-veg Non-veg

Diagnosis: Cystogenitostopy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (GIRLS)



Dietician's Name: *Saina*

Dietician's Signature: *[Signature]*

