


ACTIVITY RECORD FOR BILLING

VIH-00159179 IP-00060238
Master **AQUIB ASHRAF**
21-12-2022 3 Y 5 M 15 D (M)
Dr. **JYOTI BATHRA**

Name: -----
UHID No : ----- IF  Itant : ----- Dept : L-22
Date of Admission : 5/6/26 Time : 11:29 AM Date of Discharge : ----- Time: -----
Room / Bed No : 0.5 Ward : 0.5 Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	@ 12 PM	DR	OT	<i>[Signature]</i>
05/6/26		OT	Recovery Room	<i>[Signature]</i>

Cross Consultation Visit

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



SURGERY DETAILS

Date : 05/06/26

Patient Name: Mast. Aquib Ashraf Date of Birth: 21.12.2022 Age: 3yr

Gender: Male Ward: OT UHID No.: 0159179

Date of Surgery: 05/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : (2) high location of sac

Time in : 1pm Time Out : 1:30pm

NAME

AMOUNT

- | | | |
|----------------------|-----------------------------------|-------------|
| 1. Surgeon | : Dr. Jyoti Bothra | : OT-Charge |
| 2. Anaesthetist | : Dr. Madhav | |
| 3. Assistant Surgeon | : - | |
| 4. OT Technician | : Br. Rakesh | |
| 5. Circulating Nurse | : Br. Anil / Sr. Manika / Meghana | |
| 6. Assistant Nurse | : Br. Ratan / Sr. Bhavani | |

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3087181/3087180

Order by: Sr. Manika



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery


CONSUMABLES

OF OT

Signature of Dr. Jyoti
Ant

Patient Name :
Gender M F UHIS/II
Date :

Ref. No. F/CONB/SUR/OT/02
VIH-00159179 IP-00060238
Master AQUIB ASHRAF
21-12-2022 3 Y 5 M 15 D
Dr. JYOTI BOTHRA



Circulating Staff : Technician : *Pabeeh*

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit. K		
LMA			Sutures <i>9915</i>		<i>1</i>	Cord Clamp		
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<i>3</i>				Vaccum Suction Set		
05 cc		<i>4</i>	Gloves <i>PP 6 1/2</i>		<i>1</i>	Surgical Gloves		
02 cc			<i>Sq 6 1/2</i>		<i>2</i>	Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade <i>No. 15</i>		<i>2</i>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		<i>3</i>	Koochies					
<i>Relipara</i>		<i>1</i>	Ointments			<i>Indegowns</i>		<i>3</i>
<i>miderzax</i>		<i>1</i>	Suction Catheter					
<i>Fentanyl capnography (P)</i>		<i>1</i>	Cap. Mask		<i>1</i>			
Morphine			Gauze Pack		<i>1</i>	<i>Dwater bowl</i>		<i>2</i>
Ketamine			Mop Pack					
Propofol		<i>1</i>	Steristrip					
Rocuronium			Underpad					
<i>Glycopyrolate pyralate</i>		<i>1</i>	Draw Sheet					
Myopyrolate			Abgel <i>Allesorb</i>		<i>1</i>			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22 <i>(Pead)</i>		<i>1</i>	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		<i>1</i>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <i>8582</i>		<i>1</i>			
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5mg/25 mg/ 100 mg		<i>1</i>	Plastic Bed Sheet		<i>1</i>			
Tab. Misoprost : 200 mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		<i>1</i>			
			Ramdione Scrub					
			Saral					

Surgeon: *Dr. Jyoti* Anaesthesiologist: *Dr. Madhav* Nurse: *Mana* OT Technician: *Dr. Bhavani / Dr. Ratan*

Order No. : *3087175 / 3087174* Ordered by :



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060238
Patient Name Master AQUIB ASHRAF
Age/Sex 3 Y 5 M 15 D / Male
Date 05/06/2026 13:19
Payor SELF PAY
UHID VIH-00159179

Ward N 0 GF-EMERGENCY
Bed Name ER 102
Order No 0003087174
Prescription No PRIP-1289981
Dispensed Date 05/06/2026 13:43

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
3	CAPNOGRAPHY NASAL CANNULA-PEAD		GENERAL	CGBMD01	03/29	1	200.00	200.00
4	DISPOSABLE APRONS STERILE XL	Mediblu		26050203	04/28	1	120.00	120.00
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K92	01/31	3	28.13	84.39
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
7	Encore Microptic gloves- 6.5		H	2510072605	10/28	1	117.00	117.00
8	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	8	10.00	80.00
9	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	170724	06/27	1	100.00	100.00
10	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
11	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	1	69.10	69.10
12	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
13	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	72I9038	06/30	3	16.14	48.42
14	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	3	450.00	1,350.00
15	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
16	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252093	11/27	1	737.08	737.08
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
18	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	VYGON		030725AG	07/30	1	302.00	302.00
19	SURGICAL BLADE 15	Surgeon	GENERAL	160625	05/30	2	7.67	15.34
20	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	R11250902	10/28	1	175.00	175.00
21	VICRYL RAPIDE 5-0 9915W	ETHICON SUTURES-J&J C1		AW6665	04/30	1	885.00	885.00
Total :							4,223.32	5,445.21

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Receiver Name



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

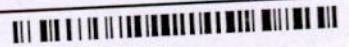
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Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

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DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.



INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060238	Ward	N 0 GF-EMERGENCY
Patient Name	Master AQUIB ASHRAF	Bed Name	ER 102
Age/Sex	3 Y 5 M 15 D / Male	Order No	0003087188
Date	05/06/2026 13:41	Prescription No	PRIP-1289982
Payor	SELPAY	Dispensed Date	05/06/2026 13:43
UHID	VIH-00159179		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
Total :							425.00	425.00

Receiver Name
32680
04020

Authorized Signature
Pharmacist Name : SHEEPA PALANI

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature
Pharmacist Name : SHEEPA PALANI

for RAINBOW CHILDREN'S MEDICARE LIMITED

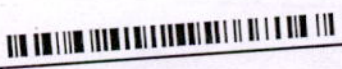
Handwritten notes:
44282
43654
218301
350
800
1040

Receiver Name
301059
21141

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	D WATER 10 ML AMPULE	Aculife Health Care	H	2254224	10/28	2	2.58	5.16
Total :							2.58	5.16

IP No	IP-00060238	Ward	N 0 GF-EMERGENCY
Patient Name	Master AQUIB ASHRAF	Bed Name	ER 102
Age/Sex	3 Y 5 M 15 D / Male	Order No	0003087175
Date	05/06/2026 13:23	Prescription No	PRIP-1289980
Payor	SELPAY	Dispensed Date	05/06/2026 13:42
UHID	VIH-00159179		

INPATIENT ISSUES AGAINST ORDERS



Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

DL NO :
VAT TIN : 36920283145
CIN : L85110TG1998PLC029914

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Tel No : 040-42462200, Ext 2000,2001,2002

RAINBOW CHILDREN'S MEDICARE LIMITED
Rainbow Children's Hospital - Secunderabad



ADMISSION SHEET

Registration Details :



Admission No : IP-00060238

Admit Date : 05-Jun-2026

Admit Time : 11:29 AM UHID : VIH-00159179

Patient Details :

Patient Name : Master AQUIB ASHRAF

Age : 3 Y 5 M 15 D

Guardian : MR.FEROZ ASHRAF

DOB : 21-12-2022

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : H.NO : 17-1-126/B ,FLAT NO : 201 , GS
GALAXY COMPLEX,NEAR SANTOSH NAGAR,
OLD WATER TANK ROAD,FLAT NO : 201 , GS
GALAXY COMPLEX,NEAR SANTOSH NAGAR,
OLD WATER TANK ROAD Santosh Nagar
Colony Hyderabad INDIA 500059

Phone No : 8639150524/ 7013697886

E-mail : FERAZASHRAF92@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

Contact Details :

Name : MR.FEROZ ASHRAF

Relationship : Father

Contact Address : H.NO : 17-1-126/B ,FLAT NO : 201 , GS
GALAXY COMPLEX,NEAR SANTOSH
NAGAR,OLD WATER TANK ROAD,FLAT NO :
201 , GS GALAXY COMPLEX,NEAR SANTOSH
NAGAR,OLD WATER TANK ROAD Santosh
Nagar Colony Hyderabad INDIA 500059

Phone No : 8639150524


Signature

Doctor Details :

Doctor Name : Dr. JYOTI BOTHRA

Specialisation : PEDIATRIC SURGERY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00159179 IP-00060238
 Master AQUIB ASHRAF
 21-12-2022 3 Y 5 M 15 D (M)
 Dr. JYOTI BOTHRA



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 5/6/26 Time of arrival : 11:02 am

Chief Complaints : c/o pt came for surgery @ high location of face.

Height : 88 cm Weight : 10.75 kg BMI : - Head Circumference (<2 years) : -

Allergies: Yes No Medications Blood Transfusion Food Other: -

If yes, identify : -

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

Character Location Frequency Duration

RISK FOR FALL:

If patient is < 6 years
 tick below fall risk intervention directly

If Patient is > 6 years
 Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:
 • Wheelchair Yes No
 • Uses furniture for support Yes No

Gait/Transferring:
 • Bedrest / immobile Yes No
 • Weak Yes No
 • Impaired Yes No

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected

- Mobility Problem
- Walking Problem
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

- Underweight
- Overweight
- Feeding Problem
- Special diet
- Special feeding method

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: - (Date/Time): -

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 11:06 am



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00159179 IP-00060238
Master AQUIB ASHRAF
21-12-2022 3 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Aquib Ashraf Age/Sex 3 years m
Information given by: mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

swelling in (L) scrotal area, :- 25 days
afw pain whole examination

History of present illness :

child brought by parents with 40 swelling in
left scrotal area :- 25 days
↓
On examination - (L) hydrocele
↓
admitted for (L) high ligation of
sc.

NPO for solids since 6:30 AM morning
liquids since 8 AM morning

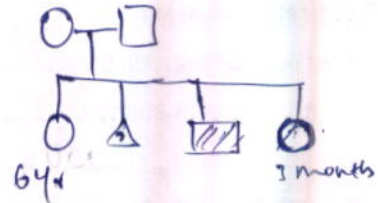


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / avro / 8.5kg / no. NICU stays



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} class III

Developmental History :

Appropriate for age small delay

Immunization History :

Received vaccination upto date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 10.7 kg (Centile _____)

On Examination :

Temperature : 97.3°F Pulse Rate : 120/min B.P. 104/71 SPO2 98%

Resp. rate and type of breathing : 24/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-) Swelling in (L) Scrotal area

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : B/c symmetrical chest movement

Air entry & breath sounds : BAE (+)

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : SOFT

Ausculation : RS (+)

Spine : (N) - External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : intact

Motor System:

Nutriton : _____

Tone : Ⓟ Power 4/5 all limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : Ⓟ

Reflexes : +

DTR ++ Superficials: +

Plantars flexor

Sensory System : +

Bladder / Bowel : No incontinence

Clinical Summary & Diagnostic:

Ⓟ Hydrocele - admitted for left high ligation of Sac.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications

Desired goals of the treatment: To treat current condition

Planned Labs:

CBP ✓ done on
OPD basis
now

Planned Management

- 1) NPO
- 2) Start feeds to O7

NPO for solids since
6:30 Am morning
for liquids since
8 Am morning

Noted by S.H. Khan @
5/6/26 @ 12 Pm.

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: M. Vicharya

Name of the Consultant: M. Jyoti Bothra

Date & Time: 5/6/26

Date & Time: _____

[Faint handwritten notes at the bottom of the page]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>5/6/22</u>	SFB DC Spine	
	d/o High location fcae	
	Stable	
	<u>Adv</u>	
	Can be DC	
	f	
	R	

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Aqib Ashraf Age: 3yrs 6m Sex: M UHID.No: VIIH 00159179

Date: 05/06/26 Time: 11:00 AM Proposed Operation: Left high ligation of Sac

Diagnosis: left Hydrocele

B.P / CRT: 104/71 H.R: 97/min Weight: 10.7 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: NKDA

Medical History: CVS: (-)
 RESP: Diabetes: (-)
 CNS:
 Renal:
 Hepatic / GE: Physical Activity: Good
 Others:

Past Anaesthetic History: nil significant

Physical Exam:
 Airway: MP (1) 2 3 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N)
 Lungs: BAG (+) clear
 Heart: S1 (+) S2 (+)
 CNS: NAD

Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional: (N)

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 $\begin{cases} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{cases}$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. Madhav

CBP on cannulation



ANAESTHESIA CHART



Pre induction Assessment:

Change in Patient Condition: Yes No **Fasting Status:** Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 100bpm B.P / CRT: 87/45 mmHg SpO₂: 100% on RA R.R: 16/min Last Feed: 6hrs ago

Pre-OP Diagnosis: left hydrocele Operation: left high ligation of Sac Date: 5/1/25

Surgeon: Dr. Jyoti Anaesthesiologist: Dr. Madhav / Dr. Brunda Technician: Rakesh, Vaishnavi

TIME	N ₂ O / AIF / LPM	HALO / ISO / SEVO	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
21:15	2		dry MIDAZOLAM 0.5mg IV FENTANYL 20mcg IV PROPOFOL 20+20+20mg IV PARACETAMOL 150mg IV		Diclofenac 12.5mg p/e		
21:30							
21:45							
22:00							
22:15							
22:30							
22:45							
23:00							
23:15							
23:30							
23:45							
24:00							

LAB Values

ABG

CRBS

Others

Equipment Checked and Functional

BP

Cuff Site: RTU

Art Site: RTU

EKG Lead 3 lead

Temp Site Scin

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: 1pm

OP Start: 1.30pm

OP End: 1.30pm

Leave OR: 1.30pm

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP: _____

ART: _____

IV: 24G RTU

IV: _____

IV: _____

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# _____ at _____ cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: _____

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# _____ Attempts: _____

Difficulty Why? _____

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify: _____

Spinal Epidural Caudal

Others: _____

Position: lateral

Site: Sacral hiatus

Needle Size: 25G (A) Depth: _____

Parasthesia Yes No

Catheter at skin _____ cm

Drug Name & Conc: 10mc 0.25%

Bolus: Bupivacaine

Infusion: _____

Block Level: _____

Comments: _____

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

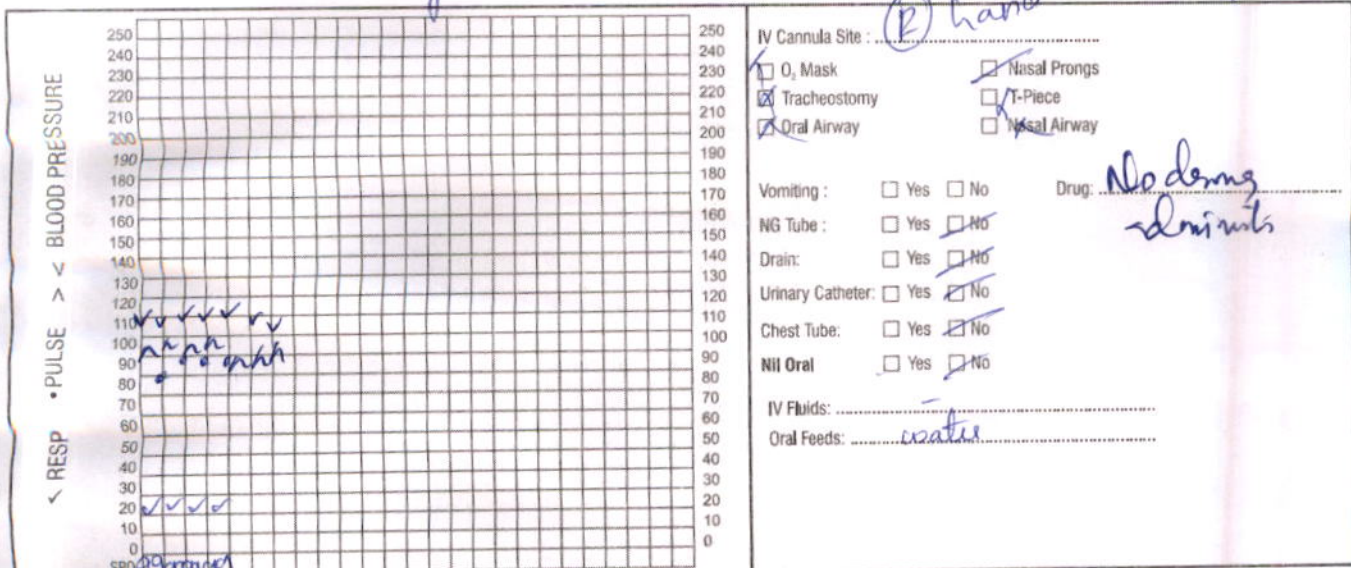
Name of the Doctor: _____

Signature of the Doctor: Dr. P. Madhav



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr Ruby P Time Received : 1:40 PM Time Discharged : 6 PM



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
5/6/22	2:30 PM	0	-	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Madhan / Dr. Rendra

Anaesthesiologist Signature: [Signature]

Date & Time: 5/6/22 2:20 PM

PACU Nurse Name : Dr Ruby P

PACU Nurse Signature: [Signature]

Date & Time: 5/6/22 2:20 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): Ruby P

Date & Time: 5/6/22 2:20 PM

Patient Sticker

Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

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 21-12-2022 3 Y 5 M 15 D (M)
 Dr. JYOTI BOTHRA



WT: - 10.76kg
 Ht: - 88cm
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Aquib Ashraf Age : 3 yrs
 Date : 5/6/26 Time of Arrival : 10:57am

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known

Source of Information: Parents Others (Specify) _____

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 99.3F PR: 120b/m BP: 104/71 (80) RR: 24b/m SpO₂: 98%

Chief Complaints: clot came for surgery @ high irrigation of ear.

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

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

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.

Signature of Parent / Guardian
 Triage Completion Time : 11:00am

Communicable Disease Triage Screening

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Kerathy
 Date & Time : 5/6/26 @ 11:00am

Signature of Triage Nurse : [Signature]

Rainbow Children's Medicare Ltd.

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

Karkhana Main Road, Kakaguda, Secunderabad - 500009.

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

GST: 36AABCR4014M1ZE email: vrchbilling@rainbowhospitals.in

CIN: L85110TG1998PLC029914 www.rainbowhospitals.in


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OPERATION THEATER NOTES

Patient's Name : Master AQUB ASHRAF	Age : 3 Y 5 M 15 D	Gender : Male
UHID :VIH-00159179	I.P. NO. 00060238	WEIGHT : 10.7 kg
Surgeon : Dr.. JYOTI BOTHRA	Asst surgeon : Dr -	
Anaesthetist : Dr Madhav	OT Nurse : S/N <i>Bharani, Retas</i>	
Surgical Procedure :. Left High ligation of sac		
Indications for Surgery : Left Hydrocele		
Anaesthesia - GA		
PRE-OPERATIVE PREPARATION- Betadine skin preparation		
OPERATIVE NOTES: Findings: Left fluid filled processus vaginalis Procedure notes: <ul style="list-style-type: none">- Left mid inguinal lower crease incision- EOA opened- Sac delineated from vas and vessels and divided- Proximal end ligated and transfixed- Distal sac laid open- Incision closed in layers		
DISCHARGE ORDERS: <ol style="list-style-type: none">1. Diet as advised.2. Remove dressing after 3 days and daily bath3. Syp. Crocin-DS (5ml/240mg) 3ml BD for 2 days and then SOS for pain/fever > 100°F (maximum 6th hourly).4. Kindly consult Dr. Jyoti Bothra, Consultant Pediatric Surgeon & Urologist, after 1 week in OPD with prior appointment (This consultation will be charged).		

Consultants Surgeon's Name

Dr. JYOTI BOTHRA

Date : *5/6/26*

Consultant Surgeon's Signature

Time : *2:30*

[Handwritten Signature]



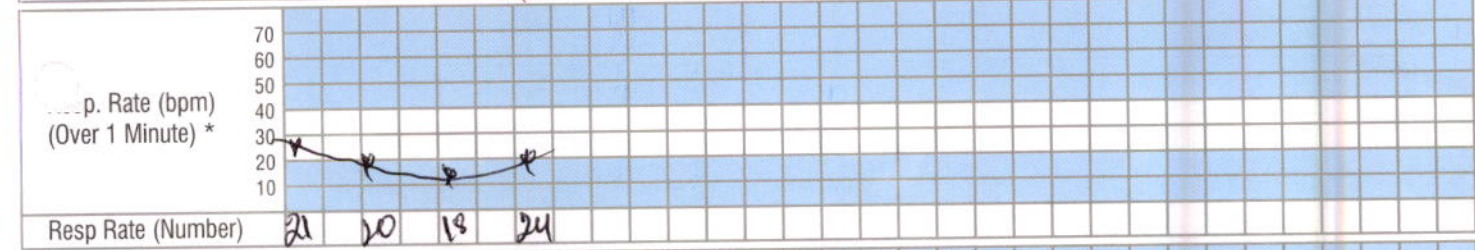
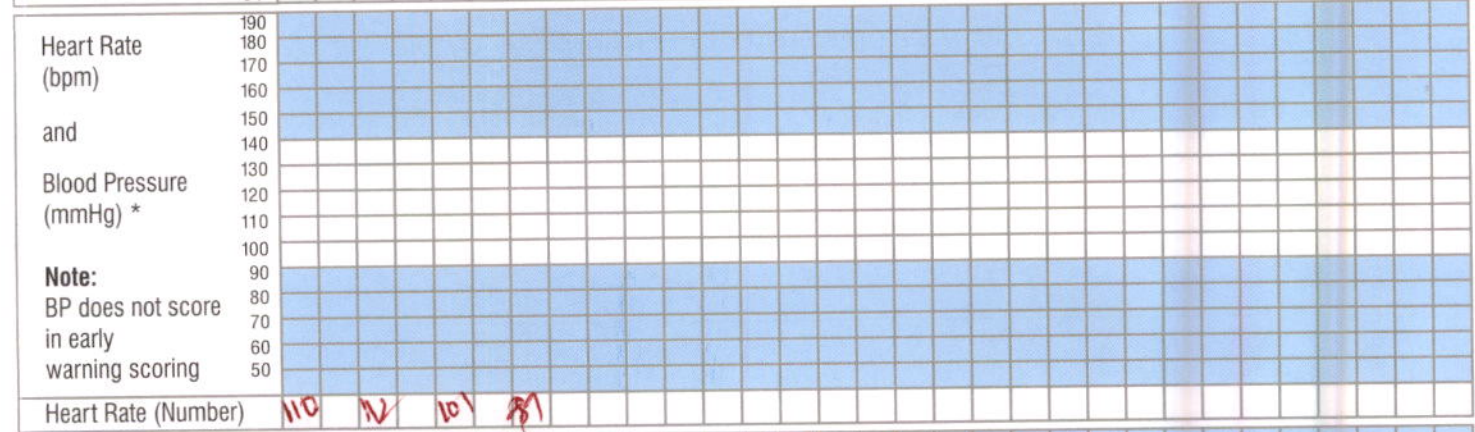
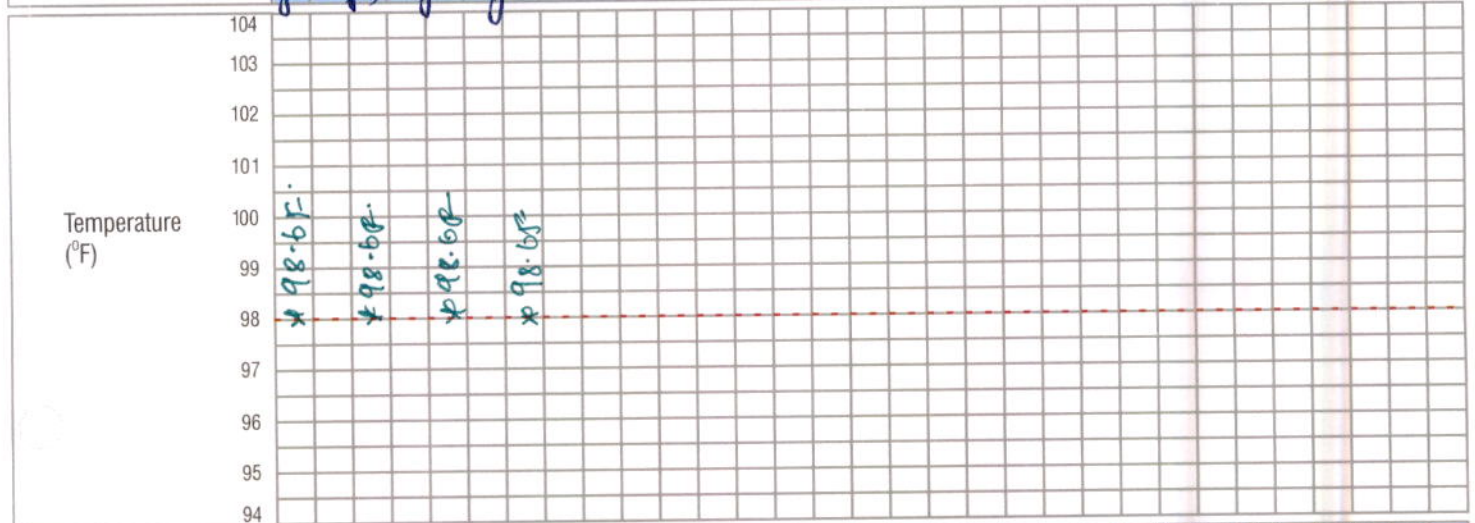


Patient

INITIAL / 125

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/6/26 Time: 2 1 2 3
 Doctor / Nurse / Family Concern? fn fn fn fn



Resp Distress	Mod/ Severe None / Mild				
Receiving O ₂ (l/min)	O ₂ Saturations (%)	<u>Nil</u>	<u>99</u>	<u>98</u>	<u>99</u>
Conscious Level	Normal / Altered	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
GCS *		<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>

TOTAL SCORE				
Number of shaded boxes	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Pain Score	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Observer's Initials	<u>fn</u>	<u>fn</u>	<u>fn</u>	<u>fn</u>

- 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)

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 Dr. JYOTI BOTHRA



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	NBM									6	} CP	
	12:00 pm	NBM									6		
	01:00 pm	NBM									6		
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



DRUG CHART

Date of Admission: 5.16.12.6 Drug Allergies: Nil 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



		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
5/6/25	11:00PM	SUPP. DICOFENAC	12.5MG	PR	B de	Dr Dr
5/6/25	1:40PM	INT-PARACETAMOL	150MG	IV	B de	Dr Dr

Signature
VERIFIED BY : Name

