DISCHARGE SUMMARY

Name	Master VENKATA ISHAN	**UHID**	CUV-00110885
Father/Guardian	Mrs RAJANI NAMBURI	**Age/Gender**	4 Y 6 M 17 D/ Male
Address	HNO 7-2-H/15 ,ROAD NO 15 ,PANCHAVATHI COLONY, Manikonda, Hyderabad, Telangana, INDIA		
IP No	IP25-00020467	**Admission Date**	16-05-2026
Ref Doctor	Self		
Discharge Date	17-05-2026		

Consultant:
Dr. MANCHUKONDA SANTHOSH KUMAR,
MBBS, DLO, DNB (ENT), Certified Training Program,
Fellowship in Implantation Otology,
Consultant Pediatric ENT& ENT surgeon
Co-Consultant:
Dr. Y. Arvind
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg.No. 84564.

DIAGNOSIS
ADENOTONSILLAR HYPERTROPHY

Surgical procedure : Coblation Adenotonsillectomy done on 16.05.2026.

Name	Master VENKATA ISHAN	UHID	CUV-00110885
IP No	IP25-00020467	Admission Date	16-05-2026

History: Master VENKATA ISHAN, 4 Years, 6 Months, 17 Days, male presented with history of persistent cold since 2 years prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital, Financial District for surgical management.

Examination: He was afebrile, maintaining saturations at room air (100%). Heart rate was 120/min and Respiratory rate - 26/min. Tonsils were enlarged bilaterally. Bilateral hypertrophied inferior nasal turbinates present. Deviated nasal septum present. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 25.58 kilo grams.

Investigations: Enclosed reports.

Surgery Notes:
- Grade - 4 adenoid.
- Grade - 3 tonsillar hypertrophy.
- Coblation Adenotonsillectomy.
- Intra capsular tonsillectomy.

Post-Operative Notes: Post operative period was uneventful. He was initiated on oral feeds gradually which he tolerated well. He was seen by Dr. Manchukonda Santhosh Kumar (Consultant Pediatric ENT& ENT surgeon) who advised to continue conservative management. He remained hemodynamically stable during the hospital stay and operated site remained healthy. He is being discharged with the following advice.

Advice:
* Syrup. Augmentin DDS (Amoxicillin - 400mg + Potassium clavulanate - 57mg/5ml) 6 ml thrice daily (1 hour before food or 2 hours after food) for 7

days. (Should be kept in refrigerator after reconstitution, consume within 7-days).
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 8 ml thrice daily after food for 3 days.
*Syrup Alerid (5ml/5mg) 2.5ml per oral twice daily 1 hour before food for 5 days
* Nasoclear nasal drops, 3 drops in each nostril thrice daily for 5 days.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 8 ml (temperature >100*F, maximum 4 doses per day with 6 hour interval)
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. MANCHUKONDA SANTHOSH KUMAR, after 2 weeks in OPD at Financial District with prior appointment **(Review consultation will be charged)**.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

Name	Master VENKATA ISHAN	UHID	CUV-00110885
IP No	IP25-00020467	Admission Date	16-05-2026

To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. MANCHUKONDA SANTHOSH KUMAR,
MBBS, DLO, DNB (ENT), Certified Training Program,
Fellowship in Implantation Otology,
Consultant Pediatric ENT& ENT surgeon
Co-Consultant:
Dr. Y. Arvind
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg.No. 84564.

Smith+Nephew
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2200917
2028-10-13

SURGERY DETAILS

Date : 16/05/26

Patient Name: Mst. Venkata Date of Birth: 31/10/2021 Age: 4Y

Gender: M Ward : OT UHID No.: CUV-00110885

Date of Surgery: 16/05/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Coblation Adenotonsillectomy

Time in : 3:55 pm Time Out : 5:30 pm

	NAME	AMOUNT
1. Surgeon	: Dr. M Santhosh Kumar	
2. Anaesthetist	: Dr. USHA	
3. Assistant Surgeon	:	
4. OT Technician	: Bro. Suresh	
5. Circulating Nurse	: Vaishali	
6. Assistant Nurse	: Buddha / Srinivas	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others Cobulator

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 576210/576211

Order by: Hanumanth

Docu. No. : RCH/FRM/GENERAL/114

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

CONSUMABLES OF OT

Technician : Navya Date : 16/05/26 Time : 3:55 Pm - 5:30 Pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 5.0		01	Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03				Suction Catheter		
HME filter : A / P / N		01				Feeding Tube # 6		02
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves 6½ + 7	04+02		Surgical Gloves		
02 cc		02				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		02	Koochies					
splint		01	Ointments					
cannula 22G		01	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack 1x5		05	~~Poto Gown~~		~~03~~
Ketamine			Mop Pack 1x5		01			
Propofol		01	Steristrip			E. Vac		01
Rocuronium		01	Underpad		02	savalan		01
Glycopyrolate			Draw sheet		08			
Myopyrolate		01	Abgel			NS - 1000ml		02
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		03			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
3 way 100cm		01	Microshield					
3 way 10cm		01	Cotton Balls					
Trapeza		01	Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Santosh Anaesthesiologist Dr. Nurse Hanumanth [signature] OT Technician Navya

Order No. : 25-0000570203/596214/6202/TECH Ordered by : ....

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

Rainbow Children's Hospital

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020467 **Admit Date** : 16-May-2026 **Admit Time** : 09:10 AM **UHID** : CUV-00110885

Patient Details :

Patient Name	: Master VENKATA ISHAN	**Age**	: 4 Y 6 M 16 D
Guardian	: Mrs RAJANI NAMBURI	**DOB**	: 31-10-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO 7-2-H/15 ,ROAD NO 15 ,PANCHAVATHI COLONY Manikonda Hyderabad Telangana INDIA	**Phone No**	: 9791135698/ 9632840615
		E-mail	: na123@gmail.com

Admission Details :

Bed Type	: MICU	**Bed No**	: POST-OP-01	**Ward Name**	: 4F -OT
Room No	: POST-OP-01	**Admission Type**	: First Visit		

Contact Details :

Name	: Mrs RAJANI NAMBURI	**Relationship**	: Mother
Contact Address	: HNO 7-2-H/15 ,ROAD NO 15 ,PANCHAVATHI COLONY Manikonda Hyderabad Telangana INDIA	**Phone No**	: / 9632840615

N. Rajani

Signature

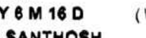
Doctor Details :

Doctor Name	: Dr. MANCHUKONDA SANTHOSH KUMAR	**Specialisation**	: EAR NOSE AND THROAT
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	: Dr. Y ARVIND		

Payment Details :

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

CUV-00110885 IP25-0002046
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mt-) venkata Age : 4y **Gender:** ☑ Male ☐ Female

Date : 16/5/26 Time of Arrival : 9:05 Am ☐ Not known

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ....

Source of Information : ☑ Parents ☐ Others (Specify) ....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98F PR: 120b/m BP: 98/57 (78) RR: 26b/m SpO₂: 100%

Chief Complaints: C/o-) Pt came for Adenotonsillectomy

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 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

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 9:08 Am

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. 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**

1. 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: ....

2. 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 : Aman

Signature of Triage Nurse : [signature]

Date & Time : 16/5/26 @ 9:07 Am

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

CUV-00110885 IP25-0002046
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/5/26 Time of arrival : 9:05Am

Chief Complaints: Pt came For Adenotoncillectomy RBS: ....

Height : .... Weight : 25.58kg BMI : .... Head Circumference (<2 years) ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/10 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 parent

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

Time of Initial assessment completed by ER Nurse : 9:08Am

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

Time	Nursing Notes
9:06Am	Assessed the pt general condition
	checked the vital signs

Samples collected by: Time:

Samples sent by : Nil Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			—		
		-Nil			

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 128bpm BP: .... CFT: <2sec	Shift - out from ER to: OT
RR: 26bpm SPO$_2$: 100%	Time of Shift - out: 9:50pm
GCS: 15 Temperature : 98°F	Handover given to: (Nurse's Name) Vaishali
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Nil

Name of the Nurse : Aram Signature of the Nurse : [signature]

Date & Time : 10/5/22 9:50pm

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: ______________________

UHID ID: ______________________

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Department: ______________________

Consultant: ______________________

CUV-00110885 IP25-0002046
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o Persistent cold :: 2 years

History of present illness :

A 4 year 6 month old male child was brought with c/o Persistent cold since 2 years - on & off.

Patient has c/o mouth breathing & snoring since 10 days.
c/o Cough +

No H/o Fever, Ear pain, discharge

Pediatric Multiorgan History & Physical Examination

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

Adenotonsillar hypertrophy

Pansinusitis

Birth & Neonatal History:

Term | ES CS | B.wt 3kg
NICU admission for 1wk i/v/o
Neonatal aspiration during first feed
H/o Cyanosis +

Birth & Socio Economic History:

About Father : —

About Mother : —

Any additional Information : —

Developmental History :

no developmental delay

Immunization History :

vaccinated as per schedule

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__________(Centile __________)

On Examination :

Temperature : 98°F Pulse Rate : 120/m B.P. __________ SPO2 100%

Resp.rate and type of breathing : 26 /m

Rash } ⊖

Lymphadenopathy } ⊖

Oedema : } ⊖

Allergies (if any): __________

Respiratory System :

Inspection (any s/o distress) : AEBE ⊕

Air entry & breath sounds : __________

Any addes sounds : __________

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

Cardiovascular System : S1S2 ⊕

Inspection of procordium : __________

Heart Sounds :__________

Any murmur :__________

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

Per Abdomen : Soft

Inspection__________

Palpation :__________

Ausculation :__________

Spine :__________ External Genitelia : __________

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

CUV-00110885 IP25-0002046
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Conscious, Alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Adenotonsillar hypertrophy

(P.T.O.)

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Hemodynamic instability
sepsis

Desired goals of the treatment : resolution of symptoms

Planned Labs:

-

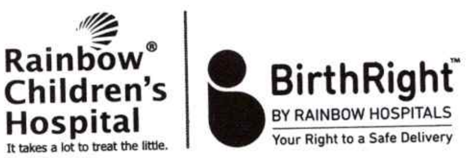
Planned Management

Adenotonsillectomy + Endoscopic sinus surgery (mini FESS)

Signature of the Doctor: Kasmeera
Name of the Doctor: Dr. Kasmeera
Date & Time: 16-05-2026

Signature of the Consultant:
Name of the Consultant: D. Y. Awani
Date & Time: 12/5/26 @ 10 am

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 7:45am	C&B Unnati	Dr. Y. Arun Rao
	Δsis :- post op adenotonsillectomy. mild to moderate pain (+) occasional blood tinged sputum. → to occult bleeding post op. Started taking orally → Decreased intake due to pain	
	vitals WNL Hemodynamically stable O/E :- Alert/Active/ Afebrile Hydration fair. PE :- (N) examination.	
		Plan Can D/c today if no setbacks after rounds. Continue Rx as charted.
[signature]	[signature] (Dr Arun) 17/5/26 @ 10:0.m	

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/2026 9.am	Y/C/B Dr. Asvind, Dr. [illegible]	
	Y/D/w Dr. Santosh	
	D: Post op Adenoidectomy.	
	- No new issues.	
	Vitals	
	HR: 90/min	Plan
	RR: 20/min	- on Obs.
	BP: 100/70mmHg	1) Augmentin
	temp: Afebrile	2) Analgesic Crocin DS
		3) Nasoclear NOD
		4) Alerid syrup
		[signature]

Docu. No. : RCH /FRM / CLINICAL / 088

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

DRUG CHART

Date of Admission: 16/5/26 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 / 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:																		

CUV-00110885 IP25-0002046
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

REGULAR PRESCRIPTIONS

Weight. 25.58 kg Ward. 3rd A

DRUG : Inj AUGMENTIN				Date / Time	7/5
Dose	Route	Frequency	Start Date	12AM	[signature]
750mg	IV	8hrly	16/5/26	8AM	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				4PM	D1
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Inj PARACETAMOL				Date / Time	7/5
Dose	Route	Frequency	Start Date	12AM	[signature]
385mg	IV	8hrly	16/5/26	8AM	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				4PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Inj TRANEXA				Date / Time	7/5
Dose	Route	Frequency	Start Date	4AM	[signature]
250mg	IV	12hrly	16/5/26	4PM	
Name & Signature of the Doctor Starting the Drugs: [signature]					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : NASOCLEAR SALINE DROPS				Date / Time	16/5	7/5
Dose	Route	Frequency	Start Date	6AM	X	[signature]
3°	R/N	8hrly	16/5/26	2PM	X	
Name & Signature of the Doctor Starting the Drugs: [signature]				10PM	[signature]	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Master VENKATA ISHAN
CUV-00110885 IP25-0002046 .

Weight. 25.55 kgs Ward. 3A

VARIABLE DOSE		Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	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.	

VARIABLE DOSE		Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	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
16/5/26	4:02pm	Inj DEXAMETASONE	3mg	IV	Ashy	Vaishali / Vaishali
16/5/26	4:02pm	Inj TRANEXAMIC ACID	375mg	IV	Ashy	Vaishali / Vaishali
16/5/26	4:15pm	Inj PARACETAMOL	375mg	IV	Ashy	Vaishali / Vaishali
16/5/26	4:05pm	Supp. DICLOFENAC	25 mg	PR	Ashy	Vaishali / Vaishali
16/5/26	4:10pm	Inj AUGMENTIN	750mg	IV	Ashy	Vaishali / Vaishali

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

31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Master VENKATA ISHAN
CUV-00110885 IP25-0002046

I.V. FLUIDS CHART

Weight. 25.58 Ward. 3A

Date	Time	Composition 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
16-5-26		IVF - DNS (0.9%)	IV	67ml/hr (Full main)	[signature]	[signature] [signature]	16/5		[signature] [signature]
16/5/26	4 pm	RINGER LACTATE	IV	250 ml/hr		[signature] [signature]	16/5	[signature]	[signature]

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

CUV-00110885 IP25-0002045
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D
Dr. MANCHUKONDA SANTHOSH

18/5/26

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

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Observation 1
Date : .... Time:	
Doctor / Nurse / Family Concern?	11pm
Temperature (°F) (scale 94–104)	97.5°
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190). Note: BP does not score in early warning scoring	113/67 (76)
Heart Rate (Number)	104b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	
Resp Rate (Number)	23b/m
Resp Distress: Mod/ Severe / None / Mild	N
Receiving O_2(l/min)	
O_2Saturations (%)	99%
Conscious Level: Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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.

Patient Sticker

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)

CUV-00110885 IP25-0002046
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

17/8/26

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Entry 1	Entry 2
Date : .... Time:		
Doctor / Nurse / Family Concern?	3AM	7 AM
Temperature (F) (104 – 94)	97.5°	97.4°
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50) Note: BP does not score in early warning scoring	110/68 (70)	110/67 (75)
Heart Rate (Number)	104b/m	106b/m
Resp. Rate (bpm) (Over 1 Minute) * (70 – 10)		
Resp Rate (Number)	22b/m	23b/m
Resp Distress: Mod/ Severe; None / Mild	N	N
Receiving O_2(l/min) / O_2Saturations (%)	99%	98%
Conscious Level: Normal; Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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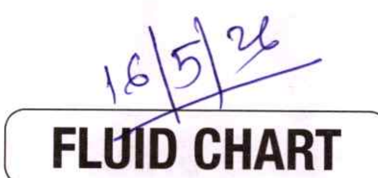
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

CUV-00110885 IP25-0002046
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH



16/5/26

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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 :**						
16/5	08:00 pm										0	
	09:00 pm	NO		NO	NO	NO			NO		0	[signature]
	10:00 pm	I		I	NO	NO			NO		0	[signature]
	11:00 pm	V	[illegible]	V	NO	NO			NO		0	[signature]
	12:00 am	F		F	NO	NO			NO	—	0	[signature]
	01:00 am				NO	NO			NO		0	[signature]
Total Intake : I— 100ml						**Total Output :** M—0 U—1						
16/5	02:00 am	NO		NO	NO	NO			NO		0	[signature]
	03:00 am				NO	NO			NO		0	[signature]
	04:00 am	I		I	NO	NO			NO		0	[signature]
	05:00 am	V			NO	NO			NO		0	[signature]
	06:00 am			V	NO	NO			NO		0	[signature]
	07:00 am	F		F	NO	NO			NO	✓	0	[signature]
Total Intake : I— 300ml [?]						**Total Output :** M—0 U—1						

Total 24 hrs. Intake	I— 100ml

Total 24 hrs. Output	M—0 U—1

Docu. No. : RCH /FRM / CLINICAL / 092

Patient Sticker

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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	

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Master Venkata Ishan. Age: 4yr. Sex: Male UHID.No : CUV-110885

Date: 12/5/26 Time: 11:00n Proposed Operation: Adenotonsillectomy + endoscopic sinus sx

Diagnosis: Adenotonsillar hypertrophy

B.P / CRT: .... H.R: .... Weight: 25.584 ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: NONE

Medical History: CVS : H/o cyanosis (? aspiration after first feed)

RESP : No recurrent episodes Diabetes : –

CNS : H/o cough & cold. from 1 wk back

Renal :

Hepatic / GE : Mouth breathing (+) Physical Activity: (N)

Others : LSCS / B.wt ~3kg / Term GA / NICU admission for 1 wk of H/o Neonatal H/o cyanosis (+) aspiration during first ...

Past Anaesthetic History: Nil

Physical Exam:

Airway: MP 1 2 (3) 4 Mouth Opening: (N) Mentohyoid Distance: ✓ Neck: ✓ Teeth: No loose teeth

Lungs : B/L clear

Heart: S1S2

CNS: NAD

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : ✓ Spine Exam for regional : NA

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☑ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL – Water / ORS 2 Hours ✓ – Others 6 Hours ✓
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

– CBP during cannulation
–

Signature: [signature] Name: Dr. SRINIVAS

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Confirmed

Physical Status: ☑ Patient Identified | ☑ Consent Present | ☑ Chart Reviewed

H.R: 122 | B.P / CRT: 98/66 mm(1) | SpO_2: 100% | R.R: | Last Feed: Jelly

Pre-OP Diagnosis: Adenotonsillar hypertrophy | Operation: Adenotonsillectomy + FACES | Date: 16/5/26

Surgeon: Dr. Santosh | Anaesthesiologist: Dr. UK ; Dr. AL | Technician: Anil, Navya

TIME	3:55	4:00	4:15	4:30	4:45	5:00	5:15	5:30 pm
N_2O / AIR / O_2 LPM	50/50							
HALO / SO / SEVO	MAC							
Drugs:								
Inj. MIDAZOLAM	1mg							
Inj. FENTANYL	50							
Inj. PROPOFOL	50							
Inj. ROCURONIUM	12							
Inj. DEXAMETHASONE	3							
~~Inj. ONDANSETRON~~								
Inj. TRANEXAMIC ACID	325							
Inj. PARACETAMOL		375						
Inj. MYOPYROLATE								
FIO_2 / SaO_2	100%	100%	100%	100%	100	100	100	100
$ETCO_2$	36	38	40	40	36	38	39	38
ECG	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	36.1	—	37.2	—		37.5		—
Urine Output								
Fluids	RL → 250 ml/hr							
Blood								

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (chart scale 0–240)

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

Antibiotic: Inj. AUGMENTIN 750mg

Suppository: Supp. DICLOFENAC 25mg

Blood Loss

NOTES

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: ......
☐ Art Site: ......
☑ EKG Lead 3
☑ Temp Site
☑ FIO_2 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: 3:59 pm
OP Start: ......
OP End: ......
Leave OR: 5:30 pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ......
☐ ART: ......
☐ IV: 22G (L) UL
☐ IV: ......
☐ IV: ......

Induction
☐ IV ☑ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 4.5 at 13 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: Rocuronium
☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 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. ASHWARYA
Signature of the Doctor: [signature]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Vaishali Time Received : .... Time Discharged : ....

✓ RESP • PULSE > < BLOOD PRESSURE (chart 0–250, SPO₂): 99°C, 99°C

IV Cannula Site : (L) side
☑ 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: Water.
Oral Feeds: DNS.

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		01	2	2		A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		02	2	2		Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		02	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		01	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		02	2	2		
		TOTAL		08	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
16/5/26			As per Anaes	vaishali
			✓	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr S. Mohan
Anaesthesiologist Signature: [signature]
Date & Time:

PACU Nurse Name : vaishali
PACU Nurse Signature: Vai
Date & Time: 16/5/26

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 reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): ....
Date & Time: ....

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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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 : ....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : MASTER VENKATA ISHAN. Age : 4yr Gender : Male ☑ Female ☐

UHID NO: CUV-110885 Surgeon Name: Dr. SANTOSH KUMAR

Anaesthesiologist : Dr. SRINIVAS

Operative procedure planned : ADENOTONSILLECTOMY + ENDOSCOPIC SINUS SURGERY

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others :

Comments : BRONCHOSPASM, LARYNGOSPASM.

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon (me) / my patient ISHAN. the above mentioned (operation) / Diagnostic / Therapeutic procedures Adenotonsillectomy + Endoscopic Sinus Surgery

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : N. Rajani

Name : Rajani Nambari

Relationship with Patient: Mother

Date & Time : ....

Witness :

Signature : ....

Name : ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : [signature]

Name : SRINIVASA RAO

Date & Time : 12/5/26 11:00 A

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Smith&Nephew
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2200917
2028-10-13

OPERATION THEATER NOTES

Patient's Name : Mst. Venkata Ishan Age : 4Y Gender : M

UHID.: CUV-00110885 I.P.No. : 25-00020467 Weight :

Surgeon : Dr. M Santhosh.	Asst. Surgeon : —
Anesthetist : Dr. Usha -	OT Nurse : Br. Buddha Br Srinivas

Surgical Procedure : coblation Adeno tonsillectomy

Indications for Surgery :

Date : 16/5/26	Start Time : 3:55 pm	End Time : 5:30pm

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

- Grade IV Adenoid
Grade 3 tonsillar hypertrophy
coblation Adenoidectomy
Intracapsular Tonsillectomy

POST - OPERATIVE ORDERS :

1- Inj. Augmentin 500mg
IV BD

2- Inj. PCM 300mg IV TID

3- Nasodrop n/d
3° | 3° | 3°

4. Inj. Tranexa 250mg
IV BD

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : .... Time : ....

PATIENT TRANSFER FORM

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

<table>
<tr><td>Treating Consultant Name</td><td>Date & Time of Admission
16/5/26 @ 9:10 am</td><td>Date & Time of Transfer Order
16/5/26 @ .</td></tr>
<tr><td></td><td>Transfer Ordered by
Dr. kasmiver.</td><td>Reason for Transfer
Surgery</td></tr>
<tr><td>From Unit
ER</td><td>To Unit
OT</td><td>Information to Attendant
Yes ☐ (marked) No ☐</td></tr>
<tr><td>Number of Sheets in Clinical File
20</td><td>Number of Imaging Films
~~3~~</td><td>Personal belongings including clinical documents. If any handed over to attendant
Yes ☐ No ☐
If yes, what ?</td></tr>
</table>

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

DR. Santhosh

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Aayan.	

Patient & Clinical Records Received by : Vatsala

Date & Time of Patient Received : 16/5/26 9:50 AM

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.	Date & Time of Admission	Date & Time of Transfer Order
CUV-00110885 IP25-00020467 Master VENKATA ISHAN 31-10-2021 4 Y 6 M 16 D (M) Dr. MANCHUKONDA SANTHOSH	16/5/26 @ 9:10 Am	16/5/26 @
	Transfer Ordered by	**Reason for Transfer**
	Dr. Usha	post-op-care
From Unit	**To Unit**	**Information to Attendant**
OT		Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
26	opfile - 1	Yes ☐ No ☐ (struck through) If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	/	/
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Buddha Dev 16/5/26 @	Dr. Usha

Patient & Clinical Records Received by : Keka [signature]

Date & Time of Patient Received : 16/5 @ 8:20 pm

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

O·T

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

(576003)

Patient Name: MASTER VENKATA ISHAN	Age: 4Y	Gender: FEMALE
UHID No: CUV-00110885 IP No: 25-00020467	Date: 16/05/26	Time: 09:52AM.
Diagnosis: ADENOID HYPERTROPHY		

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml ✓	100MCG	–
2.	Morphine Sulphate Inj. 15mg/Ml	–	–
3.	Remifentanil Hydrochloride Inj. 2MG	–	–
4.	Remifentanil Hydrochloride inj. 1MG	–	–

Doctor Name: Dr. AISHWARYA

Doctor Registration No: TSMC/FMR/20434

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 25-00020467

Date: 16/05/26

Aadhaar No. of the Patient (Optional): –

		Remarks
1.	**Name :** MASTER VENKATA ISHAN	
2.	Complete postal address (with contact number, if any)	H-NO: 7-2-H/15, ROAD NO 15, PANCHAVATHI MANIKONDA, INDIA
3.	Brief description of the illness	ADENOID HYPERTROPHY.
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	FENTANYL CITRATE

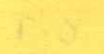
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
16/5/26	FENTANYL CITRATE	ONE	N. Rajan	–
–	–		–	–

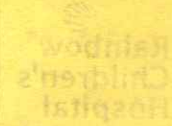
Dispensed by (Name & ID No.): K PRASANTH (016002) Signature: [signature]

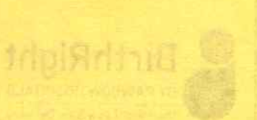
Received by (Name & ID No.): M. PRASHANTH (011994) Signature: [signature]

Time: @ 11AM

Docu. No: RCH / FRM / CLINICAL / 133







NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD)

Patient Name: | Age: | Gender:

UHID No.: | IP No.: | Date: | Time:

Diagnosis:

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Fentanyl Citrate Inj. 50mcg/Ml		
2	Morphine Sulphate Inj. 15mg/Ml		
3	Remifentanil Hydrochloride Inj. 2MG		
4	Remifentanil Hydrochloride Inj. 1MG		

Doctor Name: | Doctor Registration No.:

Signature:

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: .... Date: ....

Aadhaar No. of the Patient (Optional): ....

		Remarks
1	Name	
2	Complete postal address (with contact number if any)	
3	Brief description of the illness	
4	Whether registered with any other registered medical practitioner/ recognized medical institution (if yes, details of the records)	
5	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb impression of the patient / Patient Attender	Remarks, if any

Dispensed by (Name & ID No.): .... Signature:

Received by (Name & ID No.): .... Signature:

Time:

Doc. No: RCH/FRM/CLINICAL/133

ACTIVITY RECORD FOR BILLING

CUV-00110885 IP25-00020467
Master VENKATA ISHAN
31-10-2021 4 Y 6 M 16 D (M)
Dr. MANCHUKONDA SANTHOSH

Name: --

UHID No : -- -------- Consultant : ------------------------- Dept : -----------------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/5/26	9:25 Am	ER	OT	Aaya.
16/5/26	8:26pm	OT	word (314-A)	Vaishali
17/5/26.		314 A	Billing	Kusuma.

Cross Consultation Visit

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

Docu. No. : RCH / FRM / GENERAL / 145

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	Cap.		
16/5/26	GRBS - 89 mg/dL	₹400	[signature]
	9:40pm		

Cross checked by Kusuma 17/5/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/5/26	Syringe pump	12.10Am	17/5/26 @ 8Am	6314	Kusuma.

Cross checked by Kusuma 17/5/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/5/26	I.v placement	01	6248	[illegible]
16/5/26	PAC	01	6250	[illegible]
17/5/26	NHA	1	6325	Kusuma

Cross checked by Kusuma 17/5/26.

ANY OTHER INFORMATION

* op File given

[illegible]

Date : 16/5/26 Time : 9:50pm Prepared By : [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]	07		