DISCHARGE SUMMARY

Rainbow® Children's Hospital

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Name	Master T PARTHAV RAM	**UHID**	BAH-00407632
Father/Guardian	Mr T L SRINIVAS	**Age/Gender**	7 Y 2 M 6 D/ Male
Address	~, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020631	**Admission Date**	26-05-2026
Ref Doctor	Self		
Discharge Date	27-05-2026		

Consultant:
Dr. Manish Gupta
MBBS & MS ENT, HMC13686
Pediatric ENT Surgeon & Modern Medicine
Reg.No: 960737
Co-Consultant:
Dr. Y. Arvind,
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg. No. 84564.

DIAGNOSIS

ADENOTONSILLAR HYPERTROPHY
S/P COBLATION ASSISTED ADENOTONSILLECTOMY

Surgical procedure : Adenotonsillor Hypertrophy done on 26.05.2026.

Name	Master T PARTHAV RAM	**UHID**	BAH-00407632
IP No	IP25-00020631	**Admission Date**	26-05-2026

History: Master T PARTHAV RAM, 7 Years, 2 Months, 6 Days, male presented with history of snoring & mouth breathing for 1 year 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 (98%). Heart rate was 85/min, Blood Pressure - 94/57mmHg and Respiratory rate - 20/min, regular. Local examination : Oral cavity : Tonsils Grade IV. Adenoid facies with crowded teeth+, high arched palate. Enlarged face. Tonsills 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: 23 kilo grams.

Investigations: Enclosed reports.

Indication for surgery : Coblation asssited Adenotonsilectomy done on 26.05.2026.

Surgery Notes:
- Under GA with oral endotracheal intubation.
- Coblation Assisted adenotonsillectomy done.

Post-Operative Notes: Post operative period was uneventful. He was initiated on oral feeds gradually which he tolerated well. He was seen by **Dr. Manish Gupta** (Pediatric ENT Surgeon & Modern Medicine) 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.

Name	Master T PARTHAV RAM	**UHID**	BAH-00407632
IP No	IP25-00020631	**Admission Date**	26-05-2026

Advice:

* Syrup. Augmentin DDS (Amoxicillin - 400mg + Potassium clavulanate - 57mg/5ml) 8 ml twice daily (1 hour before food or 2 hours after food) for 3 days (Should be kept in refrigerator after reconstitution, consume within 7-days)
* Syrup. Crocin DS (Paracetamol - 5ml/250mg) 7ml thrice daily after food for 1 day and SOS if pain/fever
* Otrivin-P nasal drops, 2 drops in each nostril thrice daily for 3 days.

Fever Management

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. MANISH GUPTA, 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.

To take appointment for OPD consultation at Rainbow **Banjara Hills /**

Name	Master T PARTHAV RAM	**UHID**	BAH-00407632
IP No	IP25-00020631	**Admission Date**	26-05-2026

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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

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MBBS & MS ENT, HMC13686
Pediatric ENT Surgeon & Modern Medicine
Reg.No: 960737
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BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

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SURGERY DETAILS

Date : 26/5/26

Patient Name: Mast. T. Parthav Date of Birth: Age: 7Y

Gender: M Ward : OT UHID No.: BAH - 00407632

Date of Surgery: 26/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Coblation Assisted Adenotonsillectomy

Time in : 10:50 Am Time Out : 11:50 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Manish	
2.	Anaesthetist	Dr. Srinivas	
3.	Assistant Surgeon	–	
4.	OT Technician	Br. Rambabu	
5.	Circulating Nurse	Br. Subhadeep	
6.	Assistant Nurse	Sr. Parathi	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Stac (ETD) used

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 80364/65/66 Order by: Aneer

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GA

CONSUMABLES OF OT

Circulating staff .... Technician : Raydaly .... Date : 28/05/2025 .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (PAED 4.0)		01	Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / ~~P~~ / N		05				Suction Catheter		
HME filter : A / ~~P~~ / N		01				Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		
05 cc		05	Gloves 7 1/2 + 7	2	2	Surgical Gloves		
02 cc		05				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / ~~1000ml~~		01	Koochies					
3-way 100 cm		01	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		4			
Ketamine			Mop Pack		1			
Propofol		01	Steristrip					
Rocuronium		01	Underpad		2	Infant Feeding (B)		1
Glycopyrolate			Draw sheet					
Myopyrolate	01	+ 02	Abgel			D.Aprons		2
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			Inj. Adrenaline		2
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
~~Antibiotics~~ MIDAZ		01	Bandage					
RELIPARA		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set (B-Dressing Done)		02			
Justin : 12.5 mg / ~~25mg~~ / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
O2 mask (P)		01	Microshield					
BIOXAMIC		01	Cotton Balls					
DEXAMETHASONE		01	Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon 00580314 | Anaesthesiologist | Nurse Parvathi / Aman | OT Technician

Order No. : 00580313 (CR ch) .... 80356 NSS .... Ordered by : ....

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

Rainbow Children's Hospital
BirthRight by Rainbow

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 : IP25-00020631 **Admit Date** : 26-May-2026 **Admit Time** : 08:10 AM **UHID** : BAH-00407632

Patient Details :

Patient Name	: Master T PARTHAV RAM	**Age**	: 7 Y 2 M 7 D
Guardian	: Mr T L SRINIVAS	**DOB**	: 20-03-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: ~ Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9966391218
		E-mail	: SAILAXMIDURGA.M@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 315 **Ward Name** : 3F -PRIVATE ROOM

Room No : PVT 315 **Admission Type** : First Visit

Contact Details :

Name	: Mr T L SRINIVAS	**Relationship**	: S/O
Contact Address	: ~ Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	:

Signature

Doctor Details :

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

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 20000.00
		Payor Name	: FAMILY HEALTH PLAN INSURANCE TPA LTD

BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

Last food - 9pm
Last water - 7:30Am

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mst. Parthav Ram Age : 7Yr Gender ☑ Male ☐ Female

Date : 26/5/26 Time of Arrival : 8:02 Am

Allergies: ☐ No ☒ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98 F. PR: 85b/m BP: 94/57 (76) RR: 24b/m SpO_2: 99% breathing @ 1 years

Chief Complaints: C/O) Salivating (+) C/O) Mouth [illegible]

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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:10 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 : Aryan

Signature of Triage Nurse : Aryan

Date & Time : 26/5/26. @ 8:03 Am

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/5/26 Time of arrival : 8:02 Am 8:50 Am

Chief Complaints: c/o Mouth breathing x 1 yeas RBS: 82 mg/dl

Height : ..... Weight : 23 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: 0/10 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 : 8:09 Am

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

Time AM	Nursing Notes
8:02	Assessed the condition Check the vital sign And Inform to doctor.

Samples collected by: YASEEN Time: 8:39AM

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 85b/m BP: 100/60 CFT: >2sec	Shift - out from ER to: OT
RR: 16b/m SPO_2 : 98%	Time of Shift - out: 9:35 AM
GCS: 15 Temperature : 98F	Handover given to: ..... (Nurse's Name)
Pain Score: —	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : YASEEN Signature of the Nurse : YA

Date & Time : 26-5-26

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ACTIVITY RECORD FOR BILLING

Name: ----------

BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

UHID No : ---------- sultant : ---------- 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
26-5-26	8:50 AM	ER	OT	YASEEN
26/5/26	3:20 pm	OT	WARD (315)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/5/26	CBP	18441	Sam
26/5/26	GRBS - 82 mg/dl.	18440	Sam

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/5/26	Syringe pump	4pm	27/5 @ 10am	8045	Keiran

Cross checked by Keka
27/5
10 am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/5/26.	I.V placement.	01	580117.	Sam
26-5-26	PAC	01	580141	YASEEN

ANY OTHER INFORMATION

Date : 26-5-26 Time : 8.50 AM Prepared By : YASEEN

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
YASEEN	OT		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

UHID ID: _____

Department: _____

Consultant: _____

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Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/O: Snoring & mouth breathing for 1 year.

History of present illness :

Apparently child was alright 1 year ago when he developed snoring and mouth breathing. ~~for~~

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Pediatric Multiorgan History & Physical Examination

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

Not significant.

Birth & Neonatal History:

Term / LSCS / CIAB / Smooth transition.

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

As per age.

Immunization History :

Up to date.

(P.T.O.)

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Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 23 Kg (Centile _____)

On Examination :

Temperature : 98 F Pulse Rate: 85/min B.P. 94/57 mmHg SPO2 98% RA

Resp.rate and type of breathing : 20/min, Regular

Rash —

Lymphadenopathy —

Oedema :

Allergies (if any): —

Respiratory System :

Inspection (any s/o distress) : WE: Oral cavity : tonsils grade IV Adenoid facies. Crowded teeth High arched palate. Enlarged face

Air entry & breath sounds : N

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : N

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.,)

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20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : ✓

Motor System:

Nutriton : ✓

Tone: ✓ Power ✓

Co-ordinator : ✓

Posture : ✓

Involuntary Movements : ✓

Reflexes :

DTR **Superficials:** ✓

Plantars ✓

Sensory System : ✓

Bladder / Bowel : ✓

Clinical Summary & Diagnostic:

S : Adenotonsilar Hypertrophy for Coblation Assisted Adenotonsillectomy.

(P.T.O.)

BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: bleeding, injection.

Desired goals of the treatment : Resolution of symptoms.

Planned Labs:

CBP.

NOTED BY ASEER
26-5-26
8:50AM

Planned Management

1) ~~INJ~~ INJ AUGMENTIN 690mg I/V TID.
2) INJ PARACETAMOL 345mg I/V 6 hourly
3) INJ PANTOPRAZOLE 20mg I/V OD.

Signature of the Doctor: Dr. Snehasree
Name of the Doctor: Dr. Snehasree
Date & Time: 26/5/26.

Signature of the Consultant: Dr. Manish Gupta
Name of the Consultant: Dr. Manish Gupta
Date & Time: 26/5/26 Awind 9:20AM.

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Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B DS. Owais.	
26/5/26.		
5pm	POD-0 - Adenotonsillectomy	
		Plan
	- No fresh complaints	
	at present	- encourage orals
	- orally - well	
		- continue same
	o/e - afebrile / alert	line of management
	hydration - fair	
		- TPR charting
	hemodynamically	
	stable.	- Inj. SOS
		noted by
		Dr. / [illegible] 26/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026 9:30 am	CWB Dr. Arvind	
	POD - 1 Adenotonsillectomy	
	No fever complaints. Oral intake good	
	O/E: GC Stable.	
	S/E: CVS: RS2 ⊕, No Murmur Resp: BLEAF ⊕ P/A: Soft CNS: WNL	
		Plan - DIS today - To continue medically

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

BAH-00407632 IP25-00020631
Master T PARTHAV RAM
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Dr. MANISH GUPTA

RESULT SHEET

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Date	26/5/26					
Time						
Hb	11.4					
PCV	34.4					
RBC	4.48					
WBC	6.99					
N/L	50/36					
Platelets	311					
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						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : D. Sudhakar

Date & Time : 26/5/26

Nurse Name & Signature: YASEEN

Date & Time : 26-5-26 @ 8:30 AM

Docu. No. : RCH / FRM / GENERAL / 090

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DRUG CHART

Date of Admission: 26/5/26 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:				

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

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REGULAR PRESCRIPTIONS Weight. 23 kgs Ward. ....

DRUG : INJ AMOXYCLAV				Date / Time	26-5-26	27/5
Dose	Route	Frequency	Start Date	12 Am	8:35 PM	Neeraj Sathika
690 mg	IV	TID	26/5/26			
Name & Signature of the Doctor Starting the Drugs:				8 Am		Neeraj Sathika
Additional Instructions:				4pm	Kalpana Kiran	
Daily Doctor's Endorsement by a Sign						

DRUG : INJ PARACETAMOL				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Date	12 Am	X	Neeraj Sathika
345 mg	IV	6 hourly	26/5/26			
Name & Signature of the Doctor Starting the Drugs:				12 Am	X	Neeraj Sathika
				12 pm	Kalpana Kiran	
Additional Instructions:				6pm	Kalpana Kiran	
Daily Doctor's Endorsement by a Sign						

DRUG : INJ PANTOPRAZOLE				Date / Time	26/5/26	27/5
Dose	Route	Frequency	Start Date	9:00 AM	9:45 PM	
20 mg	IV	OD	21/5/26			
Name & Signature of the Doctor Starting the Drugs:				6 Am		Sathika Neeraj
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : OTRIVIN-P NASAL DROPS				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Date	6 Am	X	Neeraj Sathika
2°	I/N	in each nostril BD	26/5			
Name & Signature of the Doctor Starting the Drugs: Dr. Owais						
Additional Instructions:				6pm	Kalpana Kiran	
Daily Doctor's Endorsement by a Sign						

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Weight. ..... Ward. .....

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
26/5	11:00 Am	Inj. TRANEXAMIC ACID	350mg	IV	✓	Gau Prasad
26/5	11:00 Am	Inj. DEXAMETHASONE	2.3mg	IV	✓	Gau Prasad
26/5	11:00 Am	Inj. PARACETAMOL	350mg	IV	✓	Gau Prasad
26/5	11:40 Am	Supp. DICLOFENAC	25mg	PR	✓	Gau Prasad

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I.V. FLUIDS CHART

Weight. 23 kgs Ward. .....

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
26/	11:00 h	RL	230				21/		

Signature .....

VERIFIED BY : Name .....

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26/5/26

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26.5.26 Time: 3.30pm 7pm 11 pm

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.8F 97.8F 97.1F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

103/66 101/63 99/68 57

Heart Rate (Number) 98 b/m 80 b/m 76 b/min

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 28 b/m 30 b/m 22 b/min

Resp Distress	Mod/ Severe / None / Mild	N	N	N
Receiving O_2(l/min) O_2Saturations (%)		98%	97%	100%
Conscious Level	Normal / Altered	N	N	N
GCS *		15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	
Observer's Initials				

ACTIONS

NB: Scores 3 should be ·ded overleaf

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/5/26

Time:	3	7
Doctor / Nurse / Family Concern?	Am	Am
Temperature (F) (scale 104–94)	98.6F	97.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50)	102 / 65	101 / 59 (71)
Heart Rate (Number)	75 b/min	72 b/min
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)		
Resp Rate (Number)	25 b/min	23 b/min
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	100%	100%
Conscious Level — Normal	N	N
Conscious Level — Altered		
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score		
Observer's Initials	[signature]	[signature]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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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

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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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FLUID CHART

26/5/21

Sheet No. : 1

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

Date	Time	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											
26/5/21	04:00 pm	No	Pedialyte		NO	NO			NO		0	[illegible]
	05:00 pm	IV	H2O		NO	NO			NO		0	[illegible]
	06:00 pm	fluids			NO	NO			NO		0	[illegible]
	07:00 pm		H2O		NO	M			NO	✓	0	[illegible]
Total Intake : 150 + 50 ml						**Total Output :** M – 0 U – 1						
	08:00 pm		Kichdi curd rice		NO	NO		NO	NO		0	[illegible]
	09:00 pm	NO	water 50ml		NO	NO		NO	NO		0	[illegible]
	10:00 pm	IV			NO	NO		NO	NO		0	[illegible]
	11:00 pm	fluids	water		NO	NO		NO	NO		0	[illegible]
	12:00 am		50 ml		NO	NO		NO	NO		0	[illegible]
	01:00 am				NO	NO		NO	NO		0	[illegible]
Total Intake : 100 mL						**Total Output :** M – 0 U – 0						
	02:00 am				NO	NO		NO	NO		0	[illegible]
	03:00 am	NO			NO	NO		NO	NO		0	[illegible]
	04:00 am	IV			NO	NO		NO	NO		0	[illegible]
	05:00 am				NO	NO		NO	NO		0	[illegible]
	06:00 am	fluids			NO	NO		NO	NO	✓	0	[illegible]
	07:00 am		H2O 50 ml		NO	NO		NO	NO		0	[illegible]
Total Intake : 50 ml						**Total Output :** M – 0 U – 1						

Total 24 hrs. Intake	350 ml	Total 24 hrs. Output	M – 0 U – 2

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27/3/26

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FLUID CHART

Sheet No. : 2

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

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Name: Partha Ram Age: 7y Sex: Male UHID.No: BAH 00407632

Date: 23/5/26 Time: 4.40pm Proposed Operation: Adenotonsillectomy

Diagnosis: Adenotonsillar Hypertrophy

B.P / CRT: Nil H.R: 96/Min Weight: 23. kg ASA Physical Status: ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.2	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.57	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 2.48	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS :

RESP : Snoring (+) Mouth breathing (+)

Diabetes :

CNS : Nothing significant

Renal :

Hepatic / GE :

Physical Activity:

Others : Term, LSCS, no NICU admission, no developmental delay

Past Anaesthetic History: Suturing over scalp & GA

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: (N) Mentohyoid Distance: (N) Neck: (N) Teeth: Upper incisor loose tooth (+)

Lungs : BAE (+)

Heart: S1S2 (+)

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:

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 consultation

Signature: Name: KUSHA

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: 7 8hr

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

H.R: 124/mt | B.P / CRT: 102/56 | SpO_2: 99% | R.R: 24/m | Last Feed: 9:00 hr

Pre-OP Diagnosis: Adenotonsillar hypertrophy Operation: Adenotonsillectomy Date: 26/5/26

Surgeon: Dr. Manish Anaesthesiologist: Dr Srinivas Technician: Subhashis

TIME	10:45	11:15	11:45
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
Inj. Propofol	60		
Inj. Fentanyl	50		
Inj. Midaz	0.5		
Inj Rocuronium	15		
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	39	40	39	38
ECG	NSR	NSR	NSR	NSR
Temperature				
Urine Output				
Fluids	RL			
Blood				

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (RT) UL
☐ Art Site:
☑ EKG Lead
☑ 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: 10:50 AM
OP Start: ↓
OP End: ↓
Leave OR: 11:50AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (LT) Hand 22G
☐ IV:
☐ IV:

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

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 5.5 at 16 cm
☑ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: ONE
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 SRINIVAS
Signature of the Doctor:

BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

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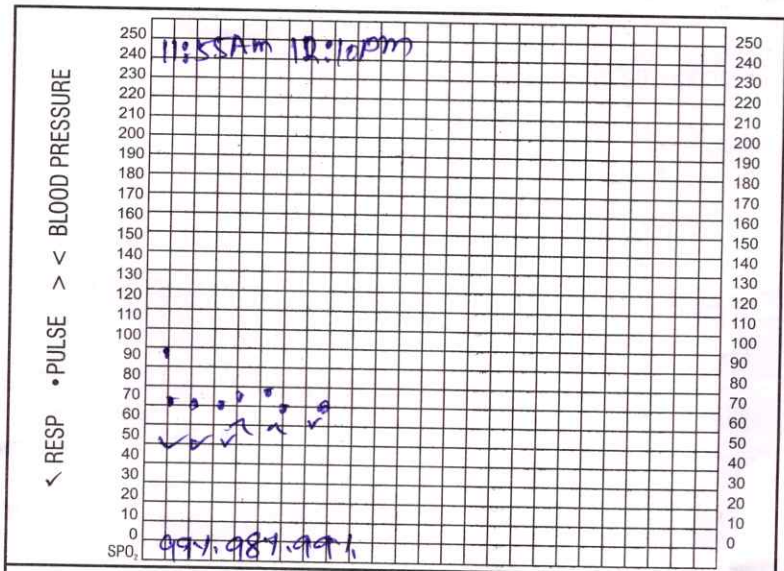
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Subhadeep Time Received : 11:55 Am Time Discharged : .....



IV Cannula Site : (R) Hand

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

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

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 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		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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		1	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		-
		TOTAL		8	9	10		-

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/5/26			As per Axon	

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

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

Anaesthesiologist Name : Dr. SRINIVAS
Anaesthesiologist Signature:
Date & Time: 26/5/26 3:00 Pm

PACU Nurse Name : Br. Subhadeep
PACU Nurse Signature:
Date & Time: 26/5/26

Transferred to Unit by (PACU):
Date & Time: 26/5/26 @ 5:20 Pm

Patient Sticker

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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 : .....

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OPERATION THEATER NOTES

BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

Patient's Name : .....Age : .....Gender : .....

UHID.: ..... P.No. :.....Weight : 23kgs

Surgeon : Dr-Manish	Asst. Surgeon : —
Anesthetist : Dr. Srinivas	OT Nurse : Sr. parathi

Surgical Procedure :

Coblation Assisted Adenotonsillectomy

Indications for Surgery :

Adenotonsillar Hypertrophy

Date : 26/5/26	Start Time : 10:50 Am	End Time : 11.50 Am

PRE-OPERATIVE PREPARATION :

NBM for 6 hr

OPERATION NOTES:

↓ GA & oral Endotracheal intubation

Coblation Assisted Adenotonsillectomy done

POST - OPERATIVE ORDERS :

(1) NBM till further orders as advice of Anaesthetist
(2) Inj Augmentin 30mg/kg/IV BD
(3) Inj PCM 15mg/kg/IV 7.1D
(4) Otrivin P. nasal drops 2 drops each nostril BD

Dr. Manish Gupta

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 26/5/26 Time : 11.40 Am

O.T

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

(580129)

Patient Name: MASTER T PARTHAV RAM		Age: 7Y	Gender: MALE
UHID No: RAH-001,07637	IP No: 25-00020631	Date: 26/05/26	Time: 08:55AM
Diagnosis: ADENOIDS			

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: SRINIVASA RAO K

Doctor Registration No: 75578

Signature: [signature]

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

IP Registration No: 25-00020631 **Date:** 26/05/26

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

		Remarks
1.	**Name :** MASTER T PARTHAV RAM.	
2.	Complete postal address (with contact number, if any)	MANIKONDA, HYDERABAD, TELANGANA, INDIA 500089
3.	Brief description of the illness	ADENOIDS.
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
26/5/26	FENTANYL CITRATE	ONE	[signature]	–
–	–	–		–

Dispensed by (Name & ID No.): Bhaskar (C13734) Signature: [signature]

Received by (Name & ID No.): M. PRASHANTH (010494) Signature: [signature]

Time: 09:05 AM

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OT

PATIENT TRANSFER FORM

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BAH-00407632 IP25-00020631
Master T PARTHAV RAM
20-03-2019 7 Y 2 M 6 D (M)
Dr. MANISH GUPTA

	Date & Time of Admission	Date & Time of Transfer Order
	26/5/26 @8:10 AM	26/5/26 @3:20 PM
Treating Consultant Name: DR. MANISH	Transfer Ordered by: Dr. Srinivas	Reason for Transfer: post op care
From Unit: OT	To Unit: WARD (3/S)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 27	Number of Imaging Films: op file - (1)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Infrafer	01
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Br. Subhadeep @3:20 PM 26/5/26	Dr. Srinivas.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00407632 IP25-00020631 Master T PARTHAV RAM 20-03-2019 7 Y 2 M 6 D (M) Dr. MANISH GUPTA	26-5-26 @ 8:10 AM	26-5-26 @ 9:35 AM
	Transfer Ordered by Dr:- sneha	**Reason for Transfer** Admission
From Unit ER	**To Unit** OT	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File -11-	**Number of Imaging Films** —	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, what ? OP file given

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS & Intrafix	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
YASEEN	Dr:- sneha

Patient & Clinical Records Received by : [signature] 26/5/26

Date & Time of Patient Received :

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

Docu. No. : RCH /FRM / CLINICAL / 102