

Patient Sticker

KUH-00162120 IP5-00173732
Master ATHARVA PRAMOD
04-08-2017 8 Y 9 M 8 D (M)
Dr. P V L N MURTHY

SmithNephew
EVAC[®] 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2200917
2028-10-13

Rainbow[®]
Children's
Hospital
...takes a lot to treat the little.

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...GERY DETAILS

Date : 12/5/26

Patient Name: Matt. Atharva Pramod Date of Birth: Age:

Gender: M Ward : UHID No.:

Date of Surgery: 12/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Adenotomillectomy & Coblation of
B/C Tuberculosis

Time in : 4:30pm

Time Out : 5:30pm

	NAME	AMOUNT
1. Surgeon	<u>P V L N Murthy</u>
2. Anaesthetist	<u>Dr. Sundhara</u>
3. Assistant Surgeon	<u>-</u>
4. OT Technician	<u>Beejan</u>
5. Circulating Nurse	<u>Bonu</u>
6. Assistant Nurse	<u>Suman</u>

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Coblator used → 960999

[Signature]
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 960999

Personal equipment used 10,000/-
Order by: [Signature]



Adeno, Turbinoplasty

CONSUMABLES OF OT

Circulating staff : Technician : Date : 12/8/2016 Time : 1:30pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.5, 5.5 (6)	11	1	Major Pack Torque	1	1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N	5	3				Suction Catheter		
HME filter : A/P/N	1	1				Feeding Tube		
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	4	Gloves b6.5 (10)			Surgical Gloves		
02 cc	10	4				Gauze Pack		
01 cc	5					Syringe 1ml / 2ml		
Cautery plate: A/P/N	1	0	Surgical blade b			Surgical Blade # 20		
IV set	1	1	NG tube b		2	Koochies (S)		
RL	1	1	Cautery pencil			Ne 500ml	1	1
NS : 10ml 100ml 500ml 1000ml	11	11	Koochies			Transderm	1	1
minis pte	1	1	Ointments			Adrenalin	5	3
small (p)	1	1	Suction Catheter			10cc	3	2
Fentanyl	1	1	Cap, Mask			Boston Clot drop	1	1
Morphine			Gauze Pack (N/R)	2	2	carlen	1	1
Ketamine			Mop Pack	1	1			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	1			
Myopyrolate	1		Abgel					
Ondansetron	1	0	Foleys catheter					
Pencan 25g/ Spinal Needle 22	1		Urobag					
Bupivacaine 0.25%	1		Chest Drainage Catheter			Gauze	3	
Bupivacaine 0.25%(Heavy)			Romodrain bag			Glycerol	4	
Antibiotics Aug 100	1	1	Bandage			Debrid	1	1
Douperin	1	1	Tegaderm			Dezaf-iramide	1	1
Suppositories			loban			50c-1pm line	1	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			piptaz 2.25	0	1
Supridol : 100mg			Vaccum Suction set	2	2		0	
Justin (12.5 mg / 25mg) 100mg	1	1	Plastic Bed Sheet	1				
Tab. Misoprost : 200mg			Betadine Solution	1				
vaccum set	1	1	Microshield	1	1			
Oral air way 21/8	1		Cotton Balls					
nasal air way 26/28	1		Latex Gloves	1	1			
Buway 100ml 100cm	1		Ramdione Scrub					
low cannula 20cc	1		Saral					

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173732

Admit Date : 12-May-2026

Admit Time : 02:14 PM UHID : KUH-00162120

Patient Details :

Patient Name : Master ATHARVA PRAMOD YEDURKAR

Age : 8 Y 9 M 8 D

Guardian : Dr. PRAMOD YEDUKRAR

DOB : 04-08-2017

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : FLATNO 218, SMR VINAY HIGHLAND,MIYAPUR
HYDERABAD MIYAPUR Hyderabad Telangana
INDIA 500049

Phone No : 9920079616/ 9920079616

E-mail : na123@gmail.com

Admission Details :

Bed Type : DAY CARE

Bed No : POST OP 410

Ward Name : 4F-OT COMPLEX

Room No : POST OP 410

Admission Type : First Visit

Contact Details :

Name : Dr. PRAMOD YEDUKRAR

Relationship : Father

Contact Address : FLATNO 218, SMR VINAY
HIGHLAND,MIYAPUR HYDERABAD MIYAPUR
Hyderabad Telangana INDIA 500049

Phone No : 9920079616 / 9920952214

Pramod Yedurkar
Signature
Pramod Yedurkar

Doctor Details :

Doctor Name : Dr. P V L N MURTHY

Specialisation : EAR NOSE AND THROAT

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : HDFC ERGO GENERAL INSURANCE
CO LTD

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : _____ Time: _____

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

KUH-00162120 IP5-00173732
Master ATHARVA PRAMOD (M)
04-08-2017 8 Y 9 M 8 D
Dr. P V L N MURTHY



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	2:50 PM	ER	OT	R. D. Inya
12/5/26	6:45 PM	OT	301	Byer

Cross Consultation Visit

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

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Pediatric Multiorgan History & Physical Examination

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



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00162120 IP5-00173732
Master ATHARVA PRAMOD
04-08-2017 8 Y 9 M 8 D (M)
Dr. P V L N MURTHY

Patient Name:

Master Atharva Pramod

UHID ID:

Department:

Consultant:



Paediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 41.7 (Centile _____)

On Examination :

Temperature : 98.2 Pulse Rate : 98 B.P. 109/63 SPO2 96%

Resp. rate and type of breathing : 24/min

Rash _____ } Grade III Pericardial Supertrophy

Lymphadenopathy _____ } Grade III Pericardial Supertrophy

Oedema : _____

Allergies (if any): PENICILLIN DRUGS / IBUPROFEN

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+), clear

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S₁ S₂ Heard

Any murmur : _____

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

Per Abdomen :

Inspection : (N)

Palpation : Soft, non tender

Auscultation : BS (+)

Spine : (N) External Genitalia : (N)

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : Nil

Reflexes :

DTR

(N)

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Coblation Adenotonsillectomy
+ Turbinoplasty

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Master ATHARVA PRAMOD
04-08-2017 8 Y 9 M 8 D (M)
Dr. P V L N MURTHY



Patient

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complication

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

Planned Management
1) Continue NPO
2) IV fluids
3) Shift to OT on call
NIB
Restka
12/5/26

Signature of the Doctor: JN
Name of the Doctor: Jayash
Date & Time: 12/5/26

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. PVLN Murthy
Date & Time: 12/5/26

DR. PVLN MURTHY
Registration No. 4726



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	1			
9	General consent for treatment				
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	1			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	80			

Signature and Date :

[Handwritten Signature]
 12/1/20

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

OPERATION THEATER NOTES

Amount of Blood Loss:	Blood Transfused (in ML)
-----------------------	--------------------------

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

- 1 Symp. ZID Rox 100mg 7.5ml BID - 2wk
- 2 Symp. CROLIN DS 10ml TID - 2wk
- 3 Symp. OMNACORTIL 7.5ml BID - 1wk
- 4 T- LANA ZOLEDT 30ml BID - 2wk
- 5 TL TRANE KA 500ml BID - 2wk
- 6 BUTROCLOT solution 4ml w/w TID - 2wk
- 7 salt water gargle TID - 2wk

Name of the Surgeon: *Dr. P. N. Murthy*

Signature of the Surgeon: *P. N. MURTHY*

DR. P. N. MURTHY
 Registered
 NO: 47267

Date & Time: 12/5/26

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Dr. P V L N MURTHY



POST-SURGICAL CARE PLAN FORM

Procedure Done:
Post-Surgical Diagnosis:
Post-Operative Monitoring Parameters /Frequency:
Wound Care:
Drain /Special Lines/Catheters:
Special Patient Positioning and Requirements:
Nutritional Instructions:
When to Start Mobilization:
Special Referrals:
The new order for all required medications documented in the doctor order/medication sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Post-Operative Care Needed including Required Follow Up
Treating Surgeon (Signature & Stamp)
Date: Time:
Note: Plan of care will be readjusted if necessary.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Murtis
 Asst. Surgeon : _____
 Anaesthetist : Dr. Sabna
 Scrub Nurse : Uman

Patient Name : Prasad Age : 8y Gender : M
 UHID No. : 162120 Surgery Name : Adenotomomy
 Date : 12/5/20 In-time : 1:30pm Out-time : 5:30pm

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 Dr. P V L N MURTHY



Before Induction of Anaesthesia > 20

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN Time: 4 pm

Patient Has Confirmed

Identity Yes No
 Site Yes No
 Procedure Yes No
 Consent Yes No

Site Marked Yes No NA

Anaesthesia Safety Check Completed Yes No

Pulse Oximeter on Patient & Functioning Yes No

Does Patient have a:

Known Allergy? Augmentin Yes No
Amoxicillin clavulanate

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available Yes No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned Yes No NA

Blood Units Reserved Yes No NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? Yes No NA

Signature : Sundhara
 Name : Dr. Sundhara

TIME OUT Time: 4:45pm

Confirm all team members have introduced themselves by Name and Role. Yes No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

Correct Patient (Check ID Band) Yes No
 Correct Site Yes No
 Correct Procedure Yes No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 1 hour 10 min Yes No NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? Yes No NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes No NA

Is Essential Imaging Displayed? Yes No NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. Yes No

Signature : Sundhara
 Name : Sundhara

SIGN OUT Time: 5:15pm

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded Yes No
 That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) Yes No NA
 The Specimen is Labelled (including patient name) Yes No NA
 Whether there are any Equipment Problems to be addressed Yes No NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? Yes No

Cleanly staff not present in OT - 4
time out not done

DR. P V L N MURTHY
 Registration No: 47267

Signature : Dr. PVLN Murthy
 Name : Dr. PVLN Murthy



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

- 1. Adenotomyllectomy & Tonsillectomy
- 2. B/L Tuberoplasty

I acknowledge the following:

- 1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- 2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)

- 3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- a. Bleeding, Change in voice, no oral rehydration
- b. rec of adenoid

- 1. I authorize Dr. _____ and his / her team to perform the procedural sedation upon the patient / myself.
- 2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- 3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Pramod
Name: Pramod Dattatray Yedurkar
Relationship with patient: Father
Date & Time: 12/05/2026 @ 4pm

Witness:

Signature: Spyedurkar
Name: Sucheta Yedurkar
Date & Time: 12/05/2026 @ 4pm

Doctor (who is taking consent):

Signature: Dr. PVLN Murthy Name: P V L N MURTHY Date: 12/5/26 Time: 4 PM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.
b.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

KUH-00162120
 Master: ATHARVA PRAMOD
 04-06-2017
 Dr. P V L N MURTHY
 IP5-00173732
 8 Y 9 M 8 D
 (M)

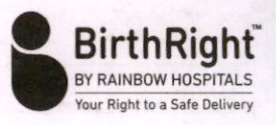


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	Seen by Resident	
11:30 PM	Asisr- Chronic Adenotonsillitis + HIT + DNS espox	
	slp - Adenotonsillectomy + coblation + B/L Tubingoplasty	
	No fever, vomitings, nasal bleeding	Plan - - Continue same - w/f fever, vomitings, nasal bleeding
	Child hemodynamically stable.	- Monitor vitals and Inform SOS
noted by Jyothi Bharath 0906532		
13/5/26 8:30 am	C/S/B Resident	
	no fever/vomiting	<u>Adv:</u>
	orally accepting	Ⓟ today
	pt - child alert vitals stable chest clear throat healthy	- Meds as per chart <u>Stipile</u>

Patient

KUH-00182120
Master ATHARVA PRAMOD
04-08-2017 8 Y 9 M 8 D (M)
Dr. P V L N MURTHY



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
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					

KUH-00162120 IP5-00173732
 Master ATHARVA PRAMOD
 04-08-2017 8 Y 9 M 8 D (M)
 Dr. P V L N MURTHY



MEDICATION RECONCILIATION FORM

Drug Allergies: ALLERGIC TO PENICILLIN group Not known any Drug Allergies
IBUGESIC: od drugs

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

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

Shifting From: ER Shifted to: OT

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayashri

Date & Time: 12/5/26 @ 2:10 PM

Nurse Name & Signature: penula

Date & Time: 12/5/26 @ 2:15 PM

KUH-00162120 IP5-00173732
Master ATHARVA PRAMOD
04-08-2017 8 Y 9 M 8 D (M)
Dr. P V L N MURTHY

CROSS CONSULTATION FORM

Doctor Name : Date : 13/5 Time : 9am

Diagnosis : chronic adenotonsillitis + HIT + DNS ± spur.
ep adenotonsillectomy/turbino-plasty

Hospital : RCH - B

Type of Referral :

Emergency

Urgent

Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

no fever/vomiting/bleeding
orally accepting
O/E : vitals stable
chest clear.
throat clear
healthy.

Adv

- ① ① today
- ② Flup ± ENT surgeon.

Consultant :

Name : *Dr. Anurag*

Signature : *Dr. Anurag*

Date & Time : 13/5/26

Dr. FAISAL B NANDI
Reg. No. 66228



mod

DRUG CHART

Date of Admission: 12/5/26 Drug Allergies: ALLERGIC TO PENICILLIN GROUP OF DRUGS Not known any Drug Allergies
IBUPROFEN

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



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
12/5	4 ³⁰ pm	INJ. PIPERACILLIN + TAZOBACTAM	4g	IV	[Signature]	[Nurses]
12/5	4 ²⁰ pm	INJ. DEXAMETHASONE	4mg	IV	[Signature]	[Nurses]
12/5	4 ²⁰ pm	INJ. TRANSAMICACID	600 mg	IV	[Signature]	[Nurses]
12/5	4 ²⁰ pm	INJ. PARACETAMOL	600mg	IV	[Signature]	[Nurses]
12/5	4 ³⁰ pm	DICLOFENAC	25 + 12.5mg	PIB	[Signature]	[Nurses]

VERIFIED BY : Name Signature

KUH-00162120 IP5-00173732
 Master ATHARVA PRAMOD
 04-08-2017 8 Y 9 M 9 D (M)
 Dr. P V L N MURTHY



Sheet No:

REGULAR PRESCRIPTIONS

Weight 41 Kg...

Ward

DRUG : T. TRAVEXA				Date/Time																	
Dose	Route	Frequency	Start Dt.																		
1 tab	PO	BD	12/5	10 AM	X																
Name & Signature of the Doctor Starting the Drugs: <u>Bhalath</u>																					
Additional Instructions: 1 tab = 500mg																					
Daily Doctor's Endorsement by a Sign																					
DRUG : BOTROCLOT SOLUTION				Date/Time																	
Dose	Route	Frequency	Start Dt.																		
	PO	TID	12/5	6 AM	X																
Name & Signature of the Doctor Starting the Drugs: <u>Bhalath</u>																					
Additional Instructions: → 2° in each nostril																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date/Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date/Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY NAME SIGNATURE

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

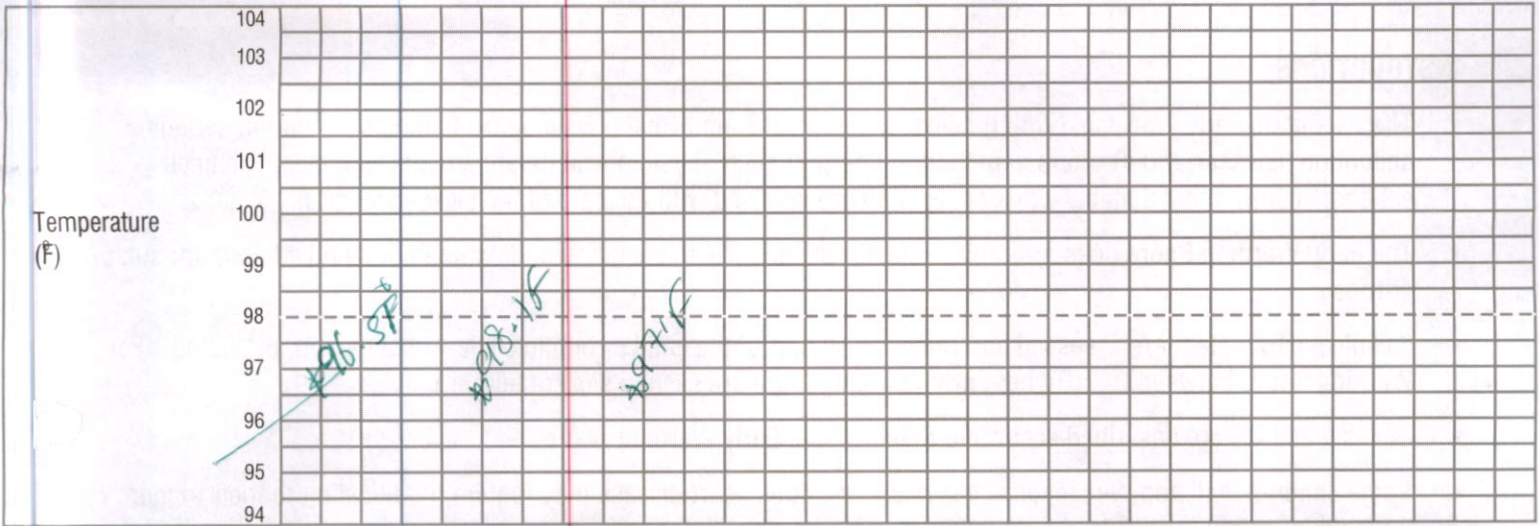
VERIFIED BY : Name Signature



EARLY WARNING SCORE: CHILDREN'S UNIT

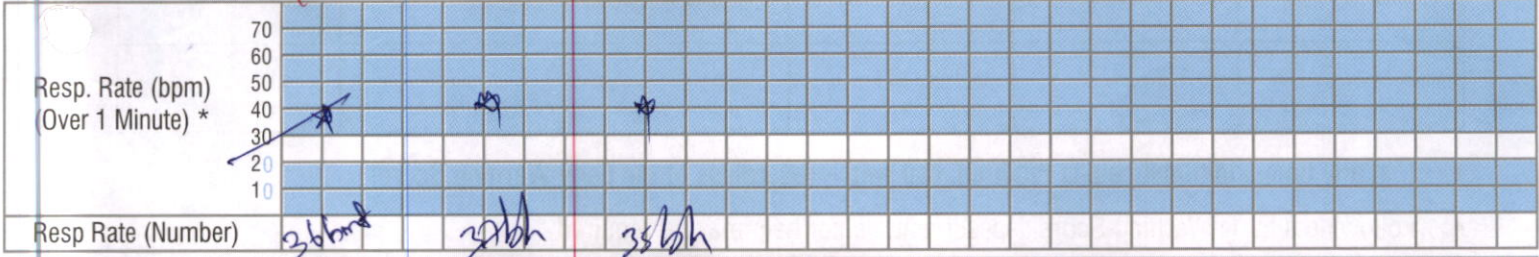
Date : 12/05/20 Time: 4PM 10PM 6AM

Doctor / Nurse / Family Concern?



Heart Rate (bpm)	
and	
Blood Pressure (mmHg) *	
Note: BP does not score in early warning scoring	

Heart Rate (Number) 98bpm 100bpm 88bpm



Resp Rate (Number) 36bpm 38bpm 35bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98% 99 100%

Conscious Level Normal Altered (15/15) 15/15 15/15

GCS * 15/15 15/15 15/15

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

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.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Stic

KUH-00182120
 Master ATHARVA PRAMOD
 04-08-2017 8 Y 9 M 8 D
 Dr. P V L N MURTHY (M)



LIQUID CHART

Sheet No. :

①
 12/5/20

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm									✓				
	04:00 pm													
	05:00 pm									✓	0	Q		
	06:00 pm										0	Q		
	07:00 pm										0	Q		
Total Intake :						Total Output : M-0								
	08:00 pm										0	Syath		
	09:00 pm										0	Syath		
	10:00 pm										0	Syath		
	11:00 pm										0	Syath		
	12:00 am										0	Syath		
	01:00 am										0	Syath		
Total Intake :						Total Output : U-2 M-1								
	02:00 am										0	Syath		
	03:00 am										0	Syath		
	04:00 am										0	Syath		
	05:00 am										0	Syath		
	06:00 am										0	Syath		
	07:00 am										0	Syath		
Total Intake :						Total Output : U-2 M-1								
Total 24 hrs. Intake						Total 24 hrs. Output						U-6 M-2		

KUH-00162120 IP5-00173732
 Master ATHARVA PRAMOD
 04-08-2017 8 Y 9 M 9 D (M)
 Dr. P V L N MURTHY



FLUID CHART



Sheet No. :

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

Name: Atharva Pramod Yedurka Age: 8y Sex: M UHID.No: KUH-00162120

Date: 11/5/26 Time: 11:55 AM Proposed Operation: Adenotonsillectomy

Diagnosis: Adenotonsillar hypertrophy, coblation turbidoplasty, thebromatis hypofactia

B.P / CRT: 100/60 mthy H.R: 100/min Weight: 41.4 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.5</u>	Glucose: <u>100</u>	Protein:	HIV:	X-Ray:
PCV: <u>37.8</u>	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC: <u>7300</u>	Creat: <u>0.09</u>	Total Bill:	HCV:	2D Echo:
Plate: <u>2.5</u>	Na:	Dir. Bill:	Blood group: <u>O positive</u>	Stress/Anglo:
PT: <u>14.8</u>	K:	LDH:	T3:	Other:
PTT: <u>27.4</u>	Ca++:	Alk phos:	T4:	Anti TPO: <u>0.7</u>
INR: <u>0.98</u>	Mg++:	Amylase:	TSH: <u>2.63</u>	

Vit-D = <4

Cl-:

SGOT/SGPT:

RA-Factor: 6.09 (w)

Allergies: Acute Urticaria →

Medical History: CVS: Nil

RESP: Nil

CNS: Nil

Renal: Nil

Hepatic / GE: Nil

Others: Milestones achieved on time

Past Anaesthetic History: -

Physical Exam:

Allergic to pollen. (2023)

Diabetes: Nil

C-section / Term / 2.8 kg / No NICU admission.

Physical Activity: Active

Vaccinated upto date

Airway: MP 1 2 B 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: (N) Teeth: missing canine, 1st premolar on lower jaw.

Lungs: BAC ⊕, clear

Heart: S, S2 ⊕

CNS: cl cl

Pregnant: Yes No NA

Venous Access Site: acessor

Spine Exam for regional: (P) lower jaw, 1st molar

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

Attendee

CURRENT MEDICATIONS	DOSAGE

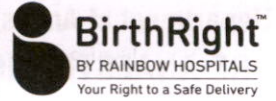
Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours (Explained)
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. K. Sri Lupa



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 100/nt B.P/CRT: 100/60 SpO₂: 100% R.R: 18/nt Last Feed: > 6 hrs

Pre-OP Diagnosis: Adenotonsillectomy + Tonsillectomy Operation: Adenotonsillectomy + Tonsillectomy Date: 01/31/20

Surgeon: Dr. Murthy Anaesthesiologist: Dr. Sundhar Technician: Ana

TIME	4:30	5	5:30	6
N ₂ O / AIR (%)	50 / 50	50 / 50	50 / 50	50 / 50
HALO / SO SEV	0 / 0	0 / 0	0 / 0	0 / 0
Drugs	<u>FENTANYL 80 mcg</u> <u>MDAZOLAM 1mg</u> <u>ROCURONIUM 20mg</u> <u>PROPOFOL 50 + 20mg</u> <u>ROCURONIUM 20mg</u> <u>PARALIC 600mg</u> <u>DEKAMETHAZONE 4mg</u> <u>DEMEDETOMIDINE 0.1mg/kg/ha</u>			
Antibiotic	<u>Rfx 24g</u>			
Suppository	<u>DICLOFENAC 25 + 12.5 mg</u>			
Blood Loss				
FI ₂ / SaO ₂	99	100	100	100
ETCO ₂	35	35	35	37
ECG	NSR	NSR	NSR	NSR
Temperature	37.5	37.4	37.2	37.0
Urine Output				
Fluids	<u>R 200 ml/hr</u>			
B.P				
V Systolic				
A Diastolic				
X Mean				
• Heart Rate				
Tourniquet on Time				
Tourniquet off Time				
Throat Pack In				
Throat Pack Out				

LAB Values

ABG

GRBS

Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>lra</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>skin</u> <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>4:30 pm</u> OP Start: <u>5:00 pm</u> OP End: <u>5:30 pm</u> Leave OR: <u>5:30 pm</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>lra</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal EIT# <u>5-5</u> at <u>18</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <u>FM</u> <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input checked="" type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>3</u> Attempts: <u>1</u> Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Sundhar</u> Signature of the Doctor: <u>Sundhar</u>
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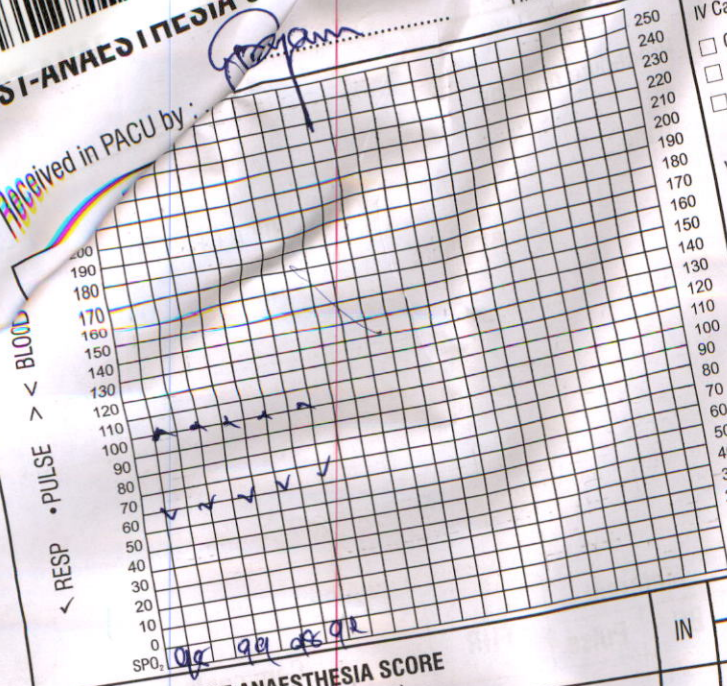
KUH-00162120
Master ATHARVA PRAMOD
04-08-2017
Dr. P V L N MURTHY
IP5-00173732
(M)

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: *[Signature]*

Time Received: *5:30*

Time Discharged: *6:45*



- IV Cannula Site: *L hand*
- O₂ Mask
 - Tracheostomy
 - Oral Airway
 - Nasal Prongs
 - T-Piece
 - Nasal Airway
- Vomiting: Yes No
- NG Tube: Yes No
- Drain: Yes No
- Urinary Catheter: Yes No
- Chest Tube: Yes No
- Nil Oral
- IV Fluids: *only*
- Oral Feeds: *only*

	IN	MINUTES			OUT
		30	60	90	
POST ANAESTHESIA SCORE (Modified Aldrete Score)					
Able to move 4 extremities voluntary or on command = 2	1	1	1	2	2
Able to move 2 extremities voluntary or on command = 1					
Able to move 0 extremities voluntary or on command = 0					
ACTIVITY					
Able to breathe & cough freely = 2	2	2	2	2	2
Dyspnea or limited breathing = 1					
Apneic = 0					
RESPIRATION					
BP \pm 20 of Pre Anaesthetic level = 2	2	2	2	2	2
Dyspnea or limited breathing = 1					
Apneic = 0					
CIRCULATION					
Fully awake = 2	1	1	2	2	2
Arousable on calling = 1					
Not responding = 0					
CONSCIOUSNESS					
Fully awake = 2	2	2	2	2	2
Arousable on calling = 1					
Not responding = 0					
COLOR					
Pink = 2	8	8	10	10	
Pale, dusky, blotchy, jaundiced, other = 1					
Cyanotic = 0					
TOTAL					

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/5	6:45	2/10		<i>[Signature]</i>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: *[Signature]*

Anaesthesiologist Signature: *[Signature]*

Date & Time: *[Signature]*

PACU Nurse Name: *[Signature]*

PACU Nurse Signature: *[Signature]*

Date & Time: *12/5/20 @ 6:45*

Intervention Frequency:

- Every eight hours for all hospitalized patients.
- Every 2 hours for first 24 hours
- After 24 hours every 4 hours
- Prior to pain relieving intervention
- With in 30-60 minutes after pain relief intervention

Unit by (PACU): *30*

12/5/20 @ 6:45

cer

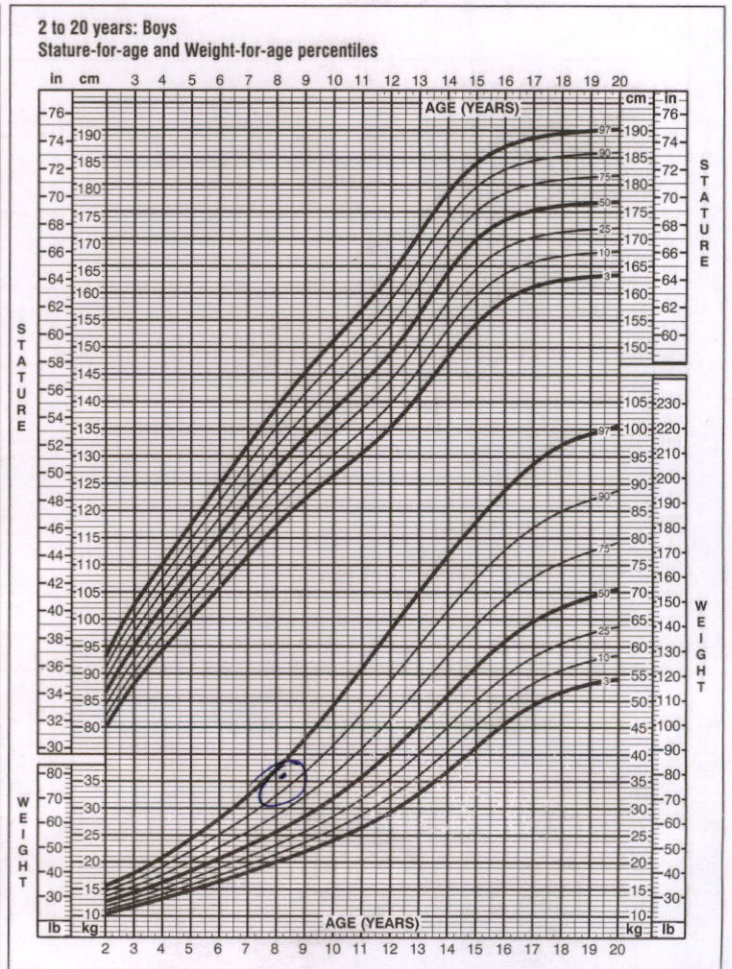
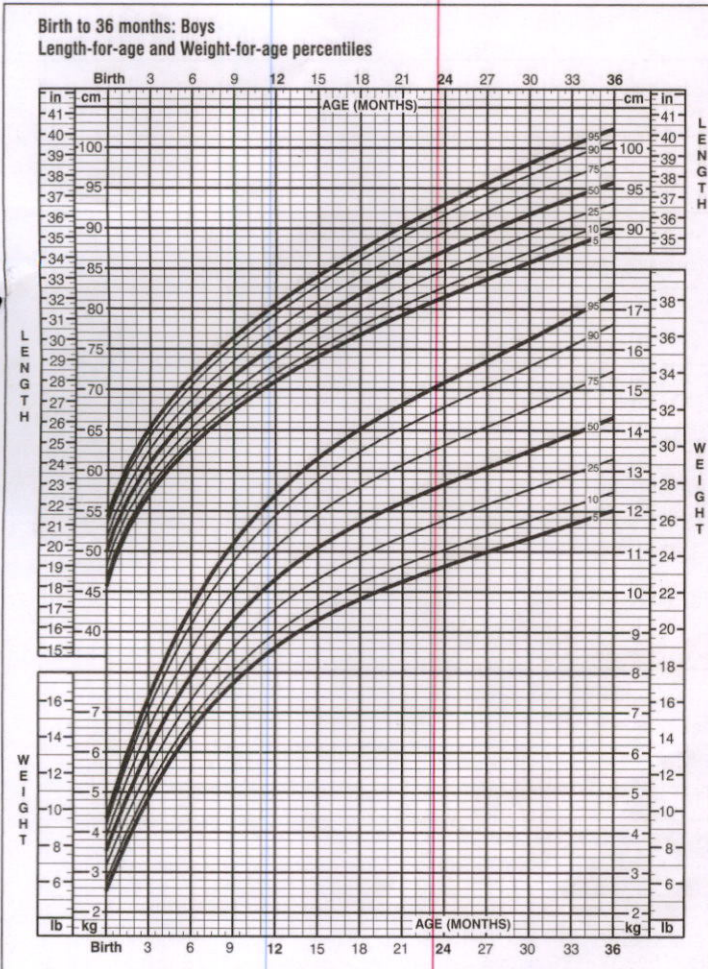
301

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 13/5/26 Time: 8:30

Weight: 41kg Centile: 79th
 Height: 120cm Centile: 79th
 Inference: normal weight child
 RDA: - Calories: 1550kcal/d Protein: 26g/m/d
 Diet Recommendations: soft rice
 Re-Assessment: avoid spic. & outside foods
 Food Allergies: No Veg/Non-veg: Veg
 Diagnosis: Adenotonsillectomy
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: laipha

Dietician's Signature: [Signature]

