BAH-00659829 IP5-00176014
Master K RUDRANSH REDDY
11-09-2021 4 Y 9 M 25 D (M)
Dr. VENKAT RAM THYALAPALLI

Patient

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 6/7/26

Patient Name: K. Rudransh Reddy Date of Birth: 11-09-2021 Age: 4Y

Gender: Male Ward : P. OT UHID No.: BAH-00659829

Date of Surgery: 6/7/26 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : open reduction + internal fixation – (1) lower limb [illegible] 1+1=(2)

Time in : 11:15 pm (Trinity implant –) Time Out : 2.pm
T. Zonnin, elastic [illegible] – 2mm – (1)

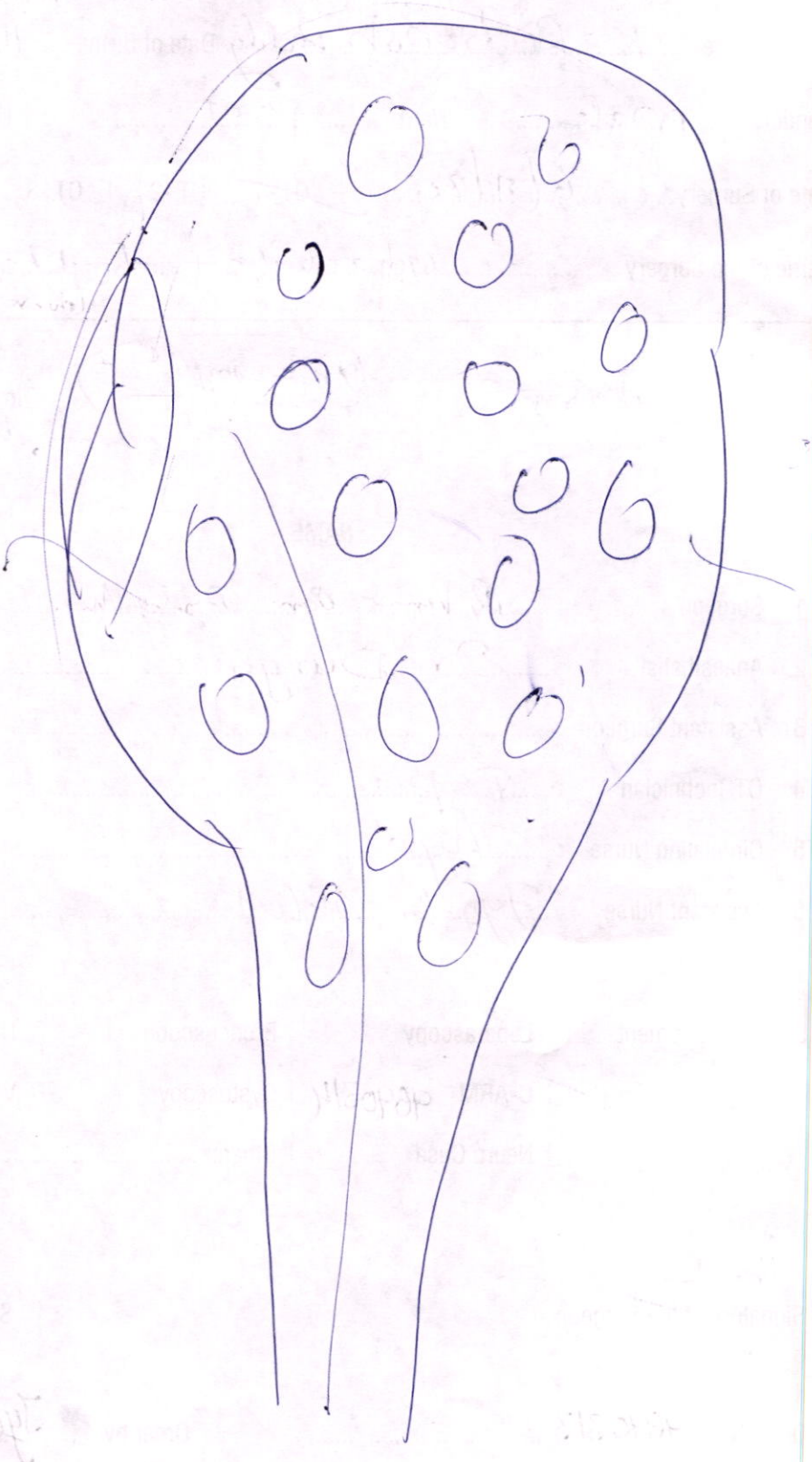
	NAME	**AMOUNT**
1. Surgeon	: Dr. Venkat Ram Thyalapalli	
2. Anaesthetist	: Dr. Durga	
3. Assistant Surgeon	:	
4. OT Technician	: Bapu	
5. Circulating Nurse	: Thejas	
6. Assistant Nurse	: Jyothi, Akhil	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☑ C-ARM 9690314 ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon Signature of Circulating Nurse

Order No: 9690313 Order by: Jyothi

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



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Bone ~~Graft~~ Grafting

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7/18.54 # CONSUMABLES OF OT

Technician : J. Bapu Date : 6/7/26 Time : 11 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5, 4.0, 4.5	1+1+1	—	Major Pack Drape	1	1	Inj Vit.K Inj. Vancomycin	1	1
LMA (2)	1	1	Sutures			Cord Clamp Armsling pouch (S)	1	1
ECG leads : A / (P) / N	5	3	monocryl 3-0, 4-0	2+2	—	Suction Catheter		
HME filter : A / (P) / N	1	1	monocryl 3-0, (4-0)	2+2	2	Feeding Tube Baby gown		1
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	3	Gloves			Surgical Gloves		
02 cc	10	2	G, 6½, (7), 7½	2+2	3	Gauze Pack		
01 cc	2	—	PF 6, 6½, (7), (7½)	2+2	3+2	Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	1	1	Surgical blade (11) (15)	1+1	3+1	Surgical Blade # 20		
IV set	1	1	NG tube (6) (7)	1	1+1	Koochies (S)		
RL	1	1	Cautery pencil	1	1	NS 500ml	1	1
NS : (10ml) / (100ml) / 500ml / 1000ml	3+2	10	Koochies			Trenphor	1	1
O2 mask (P)	1	—	Ointments			10cc, 5cc, 2cc (50cc)	2+2	1+1+1
Airway (0.1)	1+1	7	Suction Catheter			Inj. Lox E Adrenaline	1	1
Fentanyl	1	1	Cap, Mask	5/5	10/10	Jelly	1	—
Morphine			Gauze Pack (N) (R)	5+5	3+2	Cast All size	2+2	—
Ketamine			Mop Pack	1	1	soft role	2+2	
Propofol	3	1	Steristrip			Inj. Ceftriaxone 1g/m	1	1
Rocuronium	1	—	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	0	IV cannula (22) 24	1+1	1
Myopyrolate + Neostigmine	2	—	Abgel			Dexa	1	—
Ondansetron	1	1	Foleys catheter			Tranexa	1	1
Pencan 25g/ Spinal Needle (22)	1	1	Urobag			Minispike	1	1
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			Dextomide 50	1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Clonidine	1	—
Antibiotics			Bandage			Midaz	1	1
			Tegaderm			Jelly	1	—
Suppositories			Ioban			NG 5, 6, (7), (8), 9, 10		1+1
Anamol : 80mg / 250mg / 170 mg	1+1+1	—	Double J Stent			Suction cath 6, 8, 10		—
Supridol : 100mg			Vaccum Suction set	1	1	Nasal Airway 16, (18), 20	1+1+1	1
Justin : 12.5 mg / 25mg / 100mg	1+1	1	Plastic Bed Sheet	1	—	Soft Roll 4+6 in	1+1	—
Tab. Misoprost : 200mg			Betadine Solution		1			
Vaccum Set	1	1	Microshield	1	1			
Gauze	3	2	Cotton Balls	1	—			
Gloves all	4	—	Latex Gloves	1	1			
IV p.cm	1	1	Ramdione Scrub	1	1			
3-way 100+10cm	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 969037 Ordered by :

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176014 **Admit Date** : 06-Jul-2026 **Admit Time** : 09:57 AM **UHID** : BAH-00659829

Patient Details :

Patient Name	: Master K RUDRANSH REDDY	**Age**	: 4 Y 9 M 25 D
Guardian	: Mr SIVA REDDY	**DOB**	: 11-09-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 1-17, MAREPALLY, THIMMAI PET Timmaji Pet Mahabubnagar Telangana INDIA 509406	**Phone No**	: 8688315731/
		E-mail	: Dummy@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name : Mr SIVA REDDY **Relationship** : Father

Contact Address : 1-17, MAREPALLY, THIMMAI PET Timmaji Pet Mahabubnagar Telangana INDIA 509406 **Phone No** : / 8688315731

A T. Sandeep Reddy
Signature

Doctor Details :

Doctor Name	: Dr. VENKAT RAM THYALAPALLI	**Specialisation**	: ORTHOPEDICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	: Dr. FAISAL B NAHDI		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Curettage + Synthetic Bone Grafts + Nailing + shoulder spica

Anaesthesiologist: DR. KIRI RAMYA Surgeon: ....

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others DESATURATON

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team

  ☐ Regional Anaesthesia ☑ General Anaesthesia ☐ Monitored Anaesthesia Care

- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [signature]

Name: Siva Reddy

Relationship with patient: Father

Date & Time: 6/7/25 - 9:50AM

Witness:

Signature: [signature]

Name: pooja

Date & Time: 6/7/25 & 10:00am

Doctor (who is taking consent):

Signature: [signature] Name: DR. KIRIRAMYA Date 6/7/25 Time: 9:50AM.

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

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11-09-2021 4 Y 9 M 25 D (M)
Dr. VENKAT RAM THYALAPALLI

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATIO

Rainbow Children's Hospital — It takes a lot to treat the little.
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Name: K. Rudransh Reddy Age: 4 Y. Sex: M. UHID.No :

Date: 6/7/2026 Time: 9:35 AM Proposed Operation: Curettage + Synthetic Bone Grafting + Nailing + shoulder spica.

Diagnosis: Expansile Cystic lesion - (R) Proximal Humerus

B.P / CRT: <1 sec H.R: Weight: 18.5 kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 13.8	Glucose:	Protein:	HIV:	X-Ray:
PCV: 40.8	Urea:	Alb:	HBS Ag:	ECG:
WBC: 9.47	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.85 lakh	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: — NKDA —.

Medical History: CVS : TERM / LSCS / 4.1 kg. NONICU.
Diabetes : Uptodate immunised. No delay milestones.
RESP :
CNS : H/o - JUNE 2025 fall from bed → post fall no LOC, ENT.
Renal :
Hepatic / GE : Humerus fracture occurred
Physical Activity: Active.
Others : ↳ & MRI shoulder showed bone cyst in proximal Humerus → Biopsy → Unicameral Bone cyst
Past Anaesthetic History: ↓ reduction of # Humerus done - JUNE 2025.

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: >3 fing Mentohyoid Distance: >3 fingers Neck: (N) Teeth: (N)

Lungs : BAE (+) clear

Heart: S1 S2 (+)

CNS: Intact.

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : — Spine Exam for regional : (—).

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

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

Last meal 19/..., yesterday

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours } Explained
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: Secure IV cannula and take blood sample while taking securing cannula CBP.

Signature: [signature] Name: DR. K. SRI RAMYA.

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ANAESTHESIA CHART

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Pre Induction Assessment:

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

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

H.R: 94 B.P / CRT: 83/40 SpO_2: 99% R.R: 15/min Last Feed: 2hr

Pre-OP Diagnosis: right proximal humerus cyst s/p surgery Operation: Curettage synthetic bone graft Date: 6/7/24

Surgeon: Dr. Venket Ram Anaesthesiologist: Dr. Durga Bhavani Technician: Deepu

TIME 11:15am 12:15pm 1:15pm 1:45pm

N$_2$O /AIR /O$_2$ LPM 50%

HALO /ISO /SEVO 1%

Drugs:
MIDAZOLAM 0.8mg iv
EMLA NYL 40mg iv
PROPOFOL 100mg iv
KETAMINE 20mg iv
TRANEXAMIC ACID 250mg iv
Honey iv

Antibiotic: CEFTRIAXONE 600mg iv
Suppository: DICLOFENAC 12.5mg PR

FIO_2 / SaO_2 100/100 100/100 100/100 100/100 100/100 100/100 100/100 100/100 100/100 100/100 100/100 100/100

$ETCO_2$ 40 40 38 40 38 36 42 40 42 42 42 42 42

ECG NR NR NR NR NR NR NR NR NR NR NR NR NR

Temperature 36.0 36.5 37.0 37.5

Urine Output

Blood Loss: 13.5-8 x80x16 = 600ml

Fluids: RL 180ml/hr

Blood: NOTES 300-350ml

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: LL
☐ Art Site:
☑ EKG Lead 3 lead
☑ Temp Site R-axilla
☑ 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 Blanket

Times:
Anaes Start: 11:15AM
OP Start: 11:35AM
OP End:
Leave OR: 2pm.

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: LUL
☐ IV:
☐ IV:

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

☐ Mask ☑ SGA 2.0
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☑ Bilat = BS
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
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. Durga Bhavani
Signature of the Doctor:

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11-09-2021 4 Y 9 M 25 D (M)
Dr. VENKAT RAM THYALAPALLI

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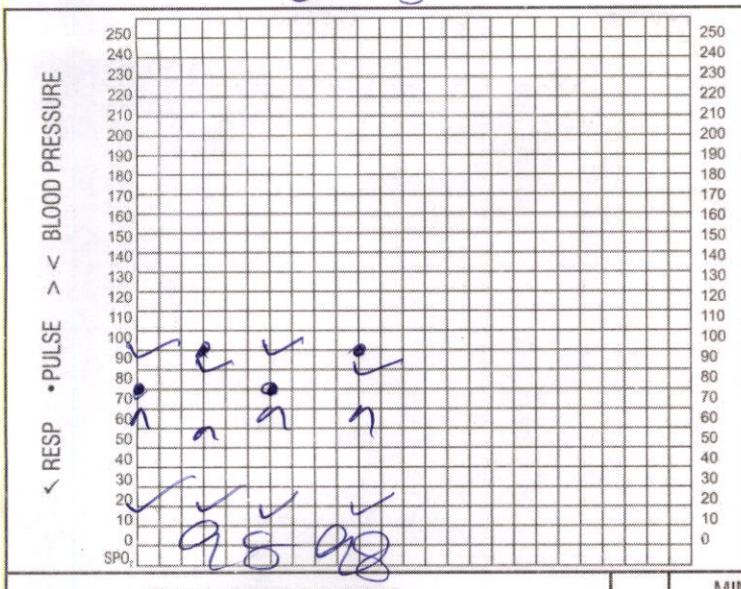
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 9:15pm. Time Discharged : .....



IV Cannula Site : 22G

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

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	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	2	2	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	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	1	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2		
	TOTAL	8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7	9:15pm	4/10	—	

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....
PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 6/7/26 @ 11pm

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): billing
Date & Time: 6/7/26 @ 11pm

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 : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Rudransh reddy BAH-00659829 IP5-00176014 Master K RUDRANSH REDDY 11-09-2021 4 Y 9 M 25 D (M) Dr. VENKAT RAM THYALAPALLI	6/7/26 @ 9:57 AM	6/7/26 @ 10:33 AM
	Transfer Ordered by Dr. prathiba	Reason for Transfer Procedure
From Unit ER	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 19	Number of Imaging Films NA	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ? op files

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Hand (L) —	(1)
2.	Adult (m) Kochel —	(1)
3.	Received with	
4.	ID Band and Consent date & time	
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NR. pooja	Dr. prathiba

Patient & Clinical Records Received by : Teena

Date & Time of Patient Received : 6/7/26 @ 10:55 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

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ACTIVITY RECORD FOR BILLING

Name : Rudransh

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/2/26	10:33AM	ER	OT	Pooja
6/2	4pm	OT	billing	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
06/07	CBP	67500	Tenave

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
06/07	IV placement	1	89818	Isse
	PAC	1	89821	Isse

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Venkata Ram Date : 6/7/26

Type of Admission: ☑ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: 9:30am Weight: 18.4 kg

Allergic History: .....

Chief Complaints:

Expansile Cystic lesion of Rt proximal humerus

Now came for Symptomatic bone grafting + nailing + shoulder spica

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

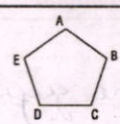
Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: .....

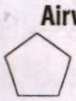
Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway



☑ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing

Rate: 26/min SpO_2 on FiO_2 98% on RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B/L AE (+)
Palpation Findings (If necessary).....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: .... CFT: Central .... / Peripheral ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: .... mmHg

Pulse Volume: Central .... / Peripheral ....

If in Shock: Compensated .... / Hypotensive ....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No ✓

Disability

GCS: 15/15 AVPU: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right .... / Left ....

Active Seizures: ☐ Yes ☑ No Sugars: ....

Signs of Neurological compromise ....

Exposure

Temp.: 98.3°F

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned: ~~CBP · on cannulation~~

NJB

Treatment Planned: Synthetic bone grafting + Nailing + shoulder spica

NPO to continue

IV fluids

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): ....

Assessment done by

Name of the Doctor: Dr. Ramya

Signature: [signature]

Date & Time: 6/7/26; 9:40am

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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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: GR 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 : Dr-Ramya

Date & Time : 6/7/26 ; 9:40am.

Nurse Name & Signature: POOJA

Date & Time : 6/7/26 @ 9:45 am.

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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

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

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

VERIFIED BY : Name ..... Signatu

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REGULAR PRESCRIPTIONS

Weight. 8.4 kg Ward. ....

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Weight. 18.4kg 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
6/7	11:30AM	INJ. CEFTRIAXONE	900MG	IV		
6/7	11:32AM	INJ. TRANEXAMIC ACID	280MG	IV		
6/7	11:33AM	INJ. PARACETAMOL	280MG	IV		
6/7	11:35AM	DICLOFENAC SUPPOSITORY	12.5MG	PR		

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

Master K RUDRANSH REDDY
11-09-2021 4 Y 9 M 26 D (M)
Dr. VENKAT RAM THYALAPALLI

I.V. FLUIDS CHART

Weight. 18.4kg 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
6/7/26	.	DNS (2/3rd maintanence)	IV	40			NOT connected		
6/7/26	11:15AM	RINGER LACTATE	IV	180			6/7/26		
6/7/26	1:20pm	RINGER LACTATE	IV	180					

Signature .....

VERIFIED BY : Name .....