CUV-00166344 IP5-00176214
Master KANALUGARI VENKATA
09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

Patie

24-Jun
80908

ENTERED

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 10/07/26

Patient Name: Mast. Venkata Date of Birth: 9-12-2015 Age: 10y

Gender: Male Ward : OT UHID No.: CUV-00166344

Date of Surgery: 10/7/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : ~~Adenotonsillectomy~~ & Coblation

Time in : 4.45 pm Time Out : 5.30 pm

	NAME	AMOUNT
1. Surgeon	: PVLN Murthy	
2. Anaesthetist	:	
3. Assistant Surgeon	: —	
4. OT Technician	: Shirisha	
5. Circulating Nurse	: Thejas	
6. Assistant Nurse	: Sujatha	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblator used = 9696957

Signature of the Surgeon

Thejas
Signature of Circulating Nurse

Order No: 9696956 Order by: Benjamin

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

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Adeno

CONSUMABLES OF OT

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Circulating staff : ..... Technician : ..... Date : ..... Time : 3.30 pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
RAE ET tube 5/5.5/6	HH	01	Major Pack Drape	1	1	Inj Vit.K		
LMA 3	01	—	Sutures			Cord Clamp		
ECG leads (A) / P / N	05	03				Suction Catheter		
HME filter : (A) / P / N	01	01				Feeding Tube		
Syringes : 10 cc	10	02				Vaccum Suction Set		
05 cc	10	02	Gloves			Surgical Gloves		
02 cc	10	02	6, 6½, 7, 7½	4½	—	Gauze Pack		
01 cc			P: 6, 6½, (A) 7½	2½	1½	Syringe 1ml / 2ml		
Cautery plate (A) / P / N	11	—	Surgical Blade			Surgical Blade # 20		
IV set	01	01	NG tube 6	2	2	Koochies (S)		
RL	11	01	Cautery pencil			NS 50ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	HH	H	Koochies			Ranitidine	1	1
nivii Spike	01	01	Ointments			DCLoxacin	2½	1
Guam	02	03	Suction Catheter			Levalon	1	1
Fentanyl	01	01	Cap, Mask	3/3	3/3	Inj Adrenalin	3	3
Morphine			Gauze Pack (A)	5½	2			
Ketamine			Mop Pack	1	—			
Propofol	03	02	Steristrip					
Rocuronium	01	01	Underpad	1	1			
Glycopyrolate	01	01	Draw sheet	1	1	nivilan	01	01
Myopyrolate	01	01	Abgel			Nasal Airway		
Ondansetron	01		Foleys catheter			2 2½	HH	—
Pencan 25g/ Spinal Needle 22			Urobag			oral Airway		
Bupivacaine 0.25%			Chest Drainage Catheter			1/2	HH	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			IV Canula 20/22	HH	1 —
Antibiotics Agmentin 1.2g	01	01	Bandage			metaprolol	01	—
O2 mask (A)	01		Tegaderm			Tramdone	01	—
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	HH	01	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
Vancomycin	01	01	Microshield	1	—			
Dexa + Doxeride	HH	HH	Cotton Balls	1	—			
Tranaxa + pcm	HH	HH	Latex Gloves	1	1			
Gloveal + Clopeg	5H	—	Ramdione Scrub					
10cm + Hopcm 3	HH	01	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 1698726 Ordered by : .....

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

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CROSS CONSULTATION FORM

Doctor Name : Dr. Annapoorna T Date : 11/7/2026 Time : 9am

Diagnosis : s/p adenotonsillectomy POD-1

Hospital : RCH-B

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Signature:

Findings and Recommendations :

child doing well
orally accepting

O/E: alert
vitals stable
chest clear.
throat healthy

Adv:
1.) Ⓓ today
2.) F/up ENT
3) IBUGESIC Syp (10ml)

Consultant :

Name : Dr. Annapoorna Signature : Date & Time : 10 Am. 11/7/26

Doc. No. : RCH / FRM / CLINICAL / 049

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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 : IP5-00176214 **Admit Date** : 10-Jul-2026 **Admit Time** : 01:39 PM **UHID** : CUV-00166344

Patient Details :

Patient Name	: Master KANALUGARI VENKATA TEJASWIN	**Age**	: 10 Y 7 M 1 D
Guardian	: Mrs KANALUGARI KALYANA VEENA	**DOB**	: 09-12-2015
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 303, SRIHANS SRI VENKATESWARA NIVAS, DURGA NAGAR , KRISHNA REDDY PET Patancheruvu I E Medak Telangana INDIA 502319	**Phone No**	: 8008443925/ 8099620343
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 411 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 411 **Admission Type** : First Visit

Contact Details :

Name : Mrs KANALUGARI KALYANA VEENA **Relationship** : MOTHER

Contact Address : FLAT NO 303, SRIHANS SRI VENKATESWARA NIVAS, DURGA NAGAR , KRISHNA REDDY PET Patancheruvu I E Medak Telangana INDIA 502319 **Phone No** : 8008443925

Signature

Doctor Details :

Doctor Name : Dr. P V L N MURTHY **Specialisation** : EAR NOSE AND THROAT

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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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : ____ CUV-00166344 IP5-00176214 Master KANALUGARI VENKATA 09-12-2015 10 Y 7 M 1 D (M) Dr. P V L N MURTHY ___Consultant: _____ Dept : _____

Date of Admission ___Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	2.19 pm	ER	OT	
10/7/26	7.48 pm.	OT	315	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Anuradha	11/7	SOS.	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/07	IV Placement	(1)	6253	Samshy
	PAE Done on	op Beg.	—	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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315

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1+1			
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	1			
10	Consent for Surgery				
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				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
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				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	otnw :-	6			
	bnw :-	2			
	Total No. of Pages	31			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 11/7/26

(P.T.O)

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

CUV-00166344 IP5-00176214
Master KANALUGARI VENKATA
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Dr. P V L N MURTHY

Patient Name: K. VENKATA TEJASWIN

UHID ID: _____

Department: _____

Consultant: _____

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09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

4o snoring
mouth breathing / 2 month

History of present illness :

OSA – Adenotonsillar hypertrophy ⊕

Plan surgery today

No H/o fever, cough, cold

Pre – ESR-67.
CBP – 12/ 10.55/ 431
N/L – 38/47.
CT Scan of PNS – Adenoid hypertrophy causing severe narrowing of nasopharyngeal airway.

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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

1st/2.2kg/Term/No NICU Stay

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for age

Immunization History :

Immunized till date

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 33.6 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 89/min B.P. 105/58 (70) SPO2 98% on RA

Resp.rate and type of breathing : 22/min

Rash —

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : S1S2 ⊕

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

Per Abdomen :

Inspection

Palpation :

Ausculation : Soft

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System : Alert

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Adenotonsillohypertrophy - Plan of Adenotonsillectomy & Ablation present

(P.T.O.)

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Master KANALUGARI VENKATA
09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

Blood test-Done.

NB
Bhavani
10/12/26

Planned Management

NPO
PAC-Done
WFDOJ
Kx - Coblation - Adenotonsillectomy

Signature of the Doctor: N. Pm

Name of the Doctor: N. Pavithra

Date & Time: 10/12/26 1.22 pm

Signature of the Consultant:

Name of the Consultant: Dr. P.V.L.N. Murthy

Date & Time: 10/12/26 1.22 pm

DR. P V L N MURTHY
Registration No: 47267

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OPERATION THEATER NOTES

Patient's Name : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No.: ..... Weight : ..... Height : .....

Surgeon : PVLN Murthy	Asst. Surgeon :	
Anesthetist : Dr. Durga	OT Nurse: Sujata	OT Technician: Shiva
Pre-Operative Diagnosis: Chr. Adenotonsillitis		
Surgical Procedure : Adeno tonsillectomy & Coblation		
Indications for Surgery :		
Date :	Start Time :	End Time :
Pre Operative Preparations:		
Post Operative Diagnosis:		
Peri-Operative Complications:		
Operation Notes: Adeno tonsillectomy & Coblation		

(P.T.O.)

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Syp. AUGMENTIN ~~DDS~~ ~~625~~ 5ml BID 2wks

2 Syp. XYZAL-M 5ml BID 2wks

3 Syp. CROCIN DS 7.5ml TID 2wks

4 T. TRANEXA 500mg ½ tab BID 2wks

5 Salt water gargle TID 2wks

DR. P.V.L.N.MURTHY
DR. P.V.L.N. MURTHY
REGISTRATION NO: 47207

Name of the Surgeon: Dr LN Murthy

Signature of the Surgeon:

Date & Time: 10/7/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	10/7 9am C/S/B Resident	
	Δ: S/P adenotonsillectomy POD-1	
	no fever.	Adv.
	doing well.	1.) Medications as charted
	O/E: alert stable vitals throat healthy chest clear.	2.) (D) today
		Akhila

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	24/6/26					
Time	10:47					
Hb	12					
PCV	37.6					
RBC	4.73					
WBC	10.55					
N/L						
Platelets	431					
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.,) : .....

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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: ..... Shifted to: .....

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 : N. Prathusha MRS

Date & Time : 10/7/16, 1:30pm

Nurse Name & Signature: Bhavani

Date & Time : 11/7/16 @ 2pm

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K. VENKATA TEJASWIN

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DRUG CHART

Date of Admission: 10/7/26 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 / 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 ....

09-12-2016 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS

Weight. 33.6 Ward. .....

DRUG : SYP. AUGMENTIN ES

Dose	Route	Frequency	Start Date
5ml	PO	12H	10/7

Name & Signature of the Doctor Starting the Drugs: N. Prathibha

Additional Instructions:

Date	Time																
10/7		11/7															
	10AM	X															
	10PM	✓															
		A	A														

Daily Doctor's Endorsement by a Sign

DRUG : SYP. XYZAL-M

Dose	Route	Frequency	Start Date
5ml	PO	12H	10/7

Name & Signature of the Doctor Starting the Drugs: N. Prathibha

Additional Instructions:

Date	Time																
10/7		11/7															
	10PM	X															
	10AM	✓															
		A	A														

Daily Doctor's Endorsement by a Sign

DRUG : SYP. CROCIN DS

Dose	Route	Frequency	Start Date
7.5ml	PO	8H	10/7

Name & Signature of the Doctor Starting the Drugs: N. Prathibha

Additional Instructions:

Date	Time																
10/7		11/7															
	6AM	X	Jyothi														
	2PM	X															
	10PM	Jyothi															
		A	A														

Daily Doctor's Endorsement by a Sign

DRUG : ~~TAB.~~ TRANEXAMIC 500mg AUD

Dose	Route	Frequency	Start Date
½ tab	PO	12H	10/7

Name & Signature of the Doctor Starting the Drugs: N. Prathibha

Additional Instructions:

Date	Time																
10/7		11/7															
	10AM	X															
	10PM	✓															
		A	A														

Daily Doctor's Endorsement by a Sign

Dr. P V L N MURTHY

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

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
10/7	4:45pm	INJ. AMOXICILLIN POTASSIUM CLAVULANATE	990MG	IV	Dr. BC	Shyam Thu
10/7	4:50pm	INJ. PARACETAMOL	495MG	IV	Dr. BC	Shyam Thu
10/7	4:46pm	INJ. DEXAMETHASONE	3MG	IV	Dr. BC	Shyam Thu
10/7	4:46pm	INJ. TRANEXAMIC ACID	495MG	IV	Dr. BC	Shyam Thu
10/7	4:50pm	DICLOFENAC suppository	25MG	PR	Dr. BC	Shyam Thu

VERIFIED BY - Name ..... Signature

09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

Master KANALUGARI VENKATA
IPS-00176214 CUV-00166344

I.V. FLUIDS CHART

Weight. [illegible] kg 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
10/7/20.		DNS	IV	60	[signature]				
10/7	4:45pm	RINGER LACTATE	IV	130	[signature]	[signature] [signature]	10/7	[signature]	[signature] [signature]

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

CUV-00166344 IP5-00176214
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Pati

10/17

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FLUID CHART

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	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: 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											
10/17	06:00 pm	Water	50 ml	–	–	–	–	–	–	0	0	A
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm										0	Yasu
	09:00 pm		HO				1				0	Yasu
	10:00 pm					NP					0	Yasu
	11:00 pm		HO							✓	0	Yasu
	12:00 am						1				0	Yasu
	01:00 am		HO								0	Yasu
Total Intake :						**Total Output :**	v 1	m 0				
	02:00 am										0	Yasu
	03:00 am		HO				1				0	Yasu
	04:00 am					NP					0	Yasu
	05:00 am		HO							✓	0	Yasu
	06:00 am						1				0	Yasu
	07:00 am		HO								0	Yasu
Total Intake :						**Total Output :**	v 1	m 0				

Total 24 hrs. Intake	2ml	Total 24 hrs. Output	v 2 m 0

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Master KANALUGARI VENKATA
09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

FLUID CHART

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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.

		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**	

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Dr. P V L N MURTHY

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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 Adenotonsillectomy & Coblation

2 .....

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)
Good healthy	

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, Nasal regurgitation,
b. Rec. of Adenoids

1. I authorize Dr. PVLN Murthy 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: .....
Name: K. Kalyana Veena
Relationship with patient: Mother
Date & Time: 10/07/2026 @ 4.40 pm

Witness:
Signature: .....
Name: Rebbavapu Vani
Date & Time: 10/7/2026 @ 4.40 pm

Doctor (who is taking consent):
Signature: ..... Name: PVLN Murthy Date 10/7/26 Time: 4.40 PM

(P.T.O)

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, 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.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. 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: .....

పేర్లు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. PVLN murthy
Asst. Surgeon :
Anaesthetist : Dr. Durga
Scrub Nurse : Sujata

Patient Name : Kanalugari Venkata Age : 10Y Gender : M
UHID No. : CUV-00166344 Surgery Name : Adenotonsekebop
Date : 10/7/20 In-time : 4:45 pm Out-time : 5:30 pm

CUV-00166344 IP5-00176214
Master KANALUGARI VENKATA
09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 4:40 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? ☐ Yes ☑ No

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 :
Name : Dr Shilpa

Before Skin Incision ➤➤

TIME OUT Time: 4:50 pm

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? ☑ 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 :
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 5:15 pm

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

Signature :
Name : PV LN murthy

Patient

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Master KANALUGARI VENKATA
09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : ....10/7/26....

To Be Filled In By Assigned Nurse :

Department : ....P-OT.... Duration of Procedure : ....1 hr....

Name of Surgeon : ....Dr. PVLNMurthy.... Date of Admission : ....10/7/26....

ndle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic : Inj. Augmentin	Thyagu
2.	Hair Removal ☐ Yes ☒ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Thyagu
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	Thyagu
4.	Name of doctor or staff administering the antibiotic : Dr. Dungen..... Date & Time of antibiotic administration : 10/7/26 @ 4.45pm Date & Time procedure started : 10/7/26 @ 4.51 pm	Thyagu

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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Master KANALUGARI VENKATA
09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

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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:

☐ Yes ☐ 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.

Redo PAC.

CUV-00166344 IP5-00176214
Master KANALUGARI VENKATA (M)
10 Y 7 M 1 D
09-12-2015
Dr. P V L N MURTHY

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

UHID.No: CUV-00166344

Name: Master Kanalugari Venkata Tejaswini Age: 10yrs Sex: M Proposed Operation: Coblation Adenotonsillectomy

Date: 30/6/20 Time: 3:25pm

Diagnosis: Weight: 32.88kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

B.P / CRT: H.R:

Laboratory Data:

Hgb: 12	Glucose:	Protein:	HIV:	X-Ray:
PCV: 37.6	Urea:	Alb:	HBS Ag:	ECG:
WBC: 10.15	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 4.31 lakh	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT: 13	K:	LDH:	T3	Other:
PTT: 42	Ca++:	Alk phos:	T4	
INR: 1.1	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

C. section / Term / 2.2kgs / No NICU / Vaccination upto date / Milestones upto date

Diabetes:

Medical History: CVS: } Not significant
RESP: On & off cold
CNS: Occasional Nasal bleed (+)
Renal:
Hepatic / GE:
Others:

Physical Activity: Active

Past Anaesthetic History:

Physical Exam: Mentohyoid Distance: (N) Neck: (N) Teeth: All teeth

Airway: MP 1 (2) 3 4 Mouth Opening: 3F (+)

Lungs: BAE (+), Clear

Heart: S1S2 (+)

CNS: Grossly intact

Venous Access Site: Access

Spine Exam for regional: (N)

Pregnant: ☐ Yes ☐ No ☑ NA

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-operative Instructions:

Prophylaxis: co-amoxiclav

NPO ORAL → Water / ORS 2 Hours → Others 6 Hours } explained

Informed Consent: ☑ Standard ☐ High Risk

Post Operative Pain Management: ☑ Discussed with Patient

Other Instructions:

Signature: Srisurya Dr.

Name: Dr. Srisurya Dr. Durgesh

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CUV-00166344 IP5-00176214
Master KANALUGARI VENKATA
09-12-2015 10 Y 7 M 1 D (M)
Dr. P V L N MURTHY

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: ☑ Patient Identified

H.R: 110 | B.P / CRT: 111/65 | ☑ Consent Present | Fasting Status: Confirmed

Pre-OP Diagnosis: Adenotonsillar hypertrophy | SpO2: 99% | R.R: 16 | ☑ Chart Reviewed

Surgeon: Dr. Murthy | Operation: Adenotonsillectomy | Last Feed: 7 hr

Anaesthesiologist: Dr. Durga Bhavani | Date: 10/7/26

Technician: Sirisha

TIME: 4.45pm ... 5.45pm

N_2O /AIR / O_2 LPM: 50%

HALO / SEVO: 4%

Drugs:
INJ. MIDAZOLAM 2MG IV
FENTANYL 60MCG + 10MCG IV
PROPOFOL 100MG IV
ROCURONIUM 15MG IV
PARACETAMOL 495MG IV
DEXAMETHASONE 2MG IV
ONDANSETRON 4.95 MG IV

FIO_2 / SaO_2: 99/100/100
$ETCO_2$: 35 36 36
ECG: normal sinus
Temperature
Urine Output

Fluids / Blood: RL 330ml/hr

Antibiotic: IV AUGMENTIN 990MG IV

Suppository: PR MEFENAMIC 25MG

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: RUL
Art Site:
EKG Lead: 3 lead
IV Site: Left Hand

Temp:
☑ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☑ Other: Blanket

Times:
Anaes Start: 4.45pm
OP Start: 5pm
OP End: 5.30pm
Leave OR:

Anaesthesia:

Induction:
☑ Inhal
☐ RSI

Airway:
☐ SGA
☐ Oral ☐ Nasal
ET at 17 cm
☐ Nasal ☐ Cuff
☐ Topical

☐ Direct Vision
☐ Stylette / Bougie
Blade#
Difficulty / Attempts: 1

Regional:
Extremity
☐ Spinal ☐ Epidural ☐ Caudal
Specify:
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: [signature]

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Patient Sticker

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POST-ANAESTHESIA CARE UNIT RECORD

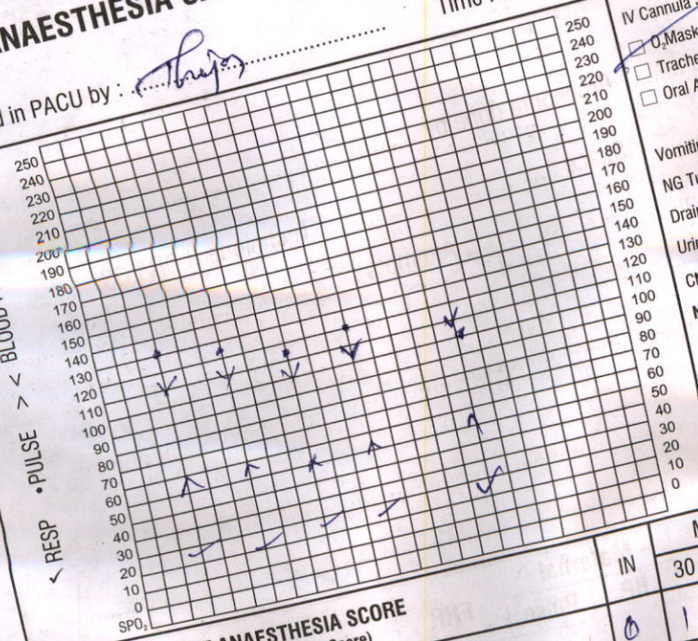
Received in PACU by : ..... Time Received : 5.40 pm Time Discharged : 7.40

IV Cannula Site : RUL
☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Drug: —

Nil Oral
IV Fluids: Nil
Oral Feeds: allowed

< RESP • PULSE > < BLOOD PRESSURE



POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES 30	60	90	OUT
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	0	1	2		2
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	0	1	2		2
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2		2
	TOTAL	6	8	10		10

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 MANAGEMENT FORM

Date	Time	Pain Score	Intervent	Signature
10/7/16	7.26 pm	1/10	NIL	Thy

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

Anaesthesiologist Name : Dr Shilpa Dr Shilpa

Anaesthesiologist Signature: 10/7/16 at 7.40 pm

Date & Time:

PACU Nurse Name : Suman

PACU Nurse Signature:

Date & Time: 10/7/16 at 7.40 pm

Reassessm
1. Every
2. For po
a. patients.
b.
c. chronic pain, patient with ag
d. urs

nsferred
ver intervention
& Time:
ain

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural

Depth: ..... Position : ..... Space : ..... Technique (LOR/LOS) .....

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	Level Right	Maternal BP	Maternal Pulse	FHR	Comments

R: ..... SVD / Instrumental / LSCS (if LSCS Details)

Delivery Details .....

Time : .....

Removed by and Tip Inspec .....

Catheter .....

Patient Satisfaction : .....

Discharge /Shifting ordered by .....

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Cobleton Adenotonsillectomy Surgeon: Dr. PVLN murthy

Anaesthesiologist: Dr. Durga Bhavani

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 Hemodynamic Changes, On suppual laryngospasm, Bronchospasm

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: K

Name: K. Kalyana Veena

Relationship with patient: mother.

Date & Time: 10/2/26 2:30pm

Witness:

Signature:

Name: CHIRAPATHY

Date & Ti 10/2/26 2:30pm

Doctor (who is taking consent):

Signature: Name: Dr. Durga Bhavani

Date 2/2/26

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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.

లీజనల్ 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.
  ☐ లీజనల్ 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, లీజనల్ 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 వారికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

సాక్షి: .....

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

రోగి అటెండెంట్

తేదీ & సమయం: .....

(P.T.O)

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/7/26 Time: 8 am

Weight: 33.6 kg Centile: 75th

Height: 138 cm Centile: 75th

Inference: well child

RDA: — Calories: 1650 kcal/d Protein: 29 gm/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid Spicy & outside foods

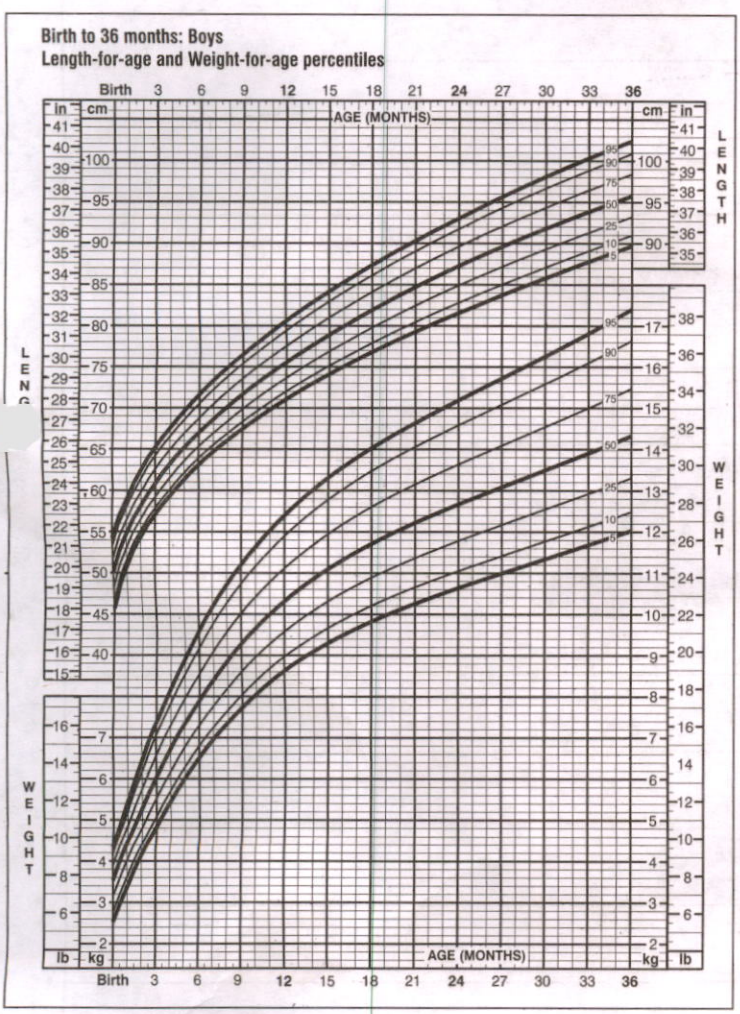
Food Allergies: NO Veg/Non-veg veg

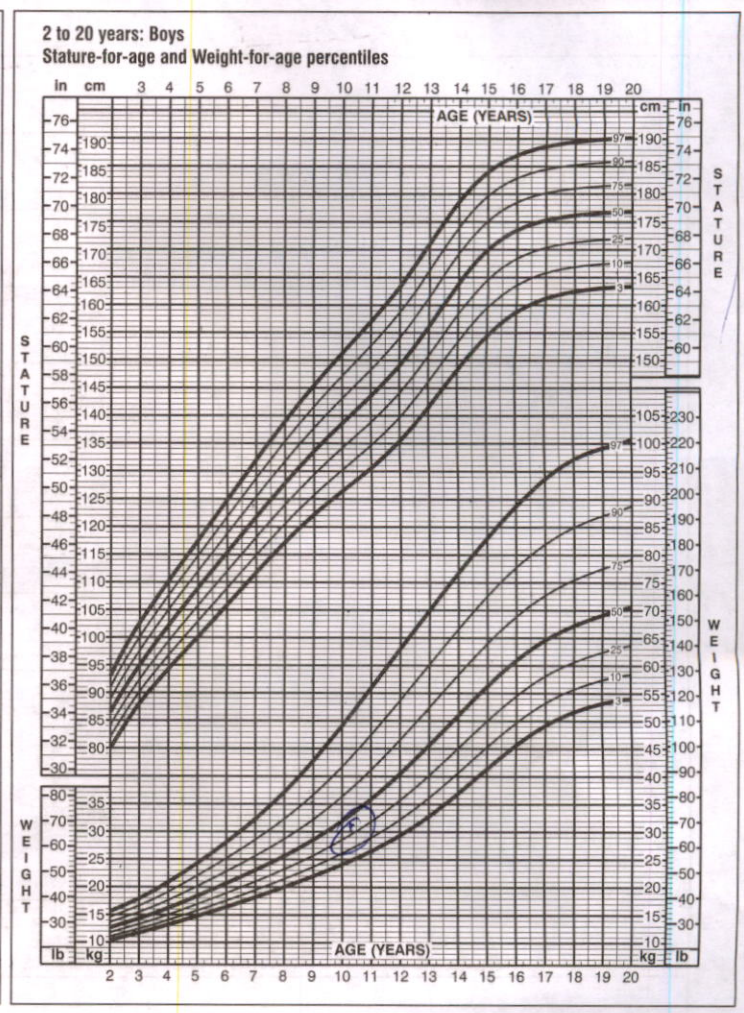
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: R. Vs.

GROWTH CHART (BOYS)





Dietician's Name ..... Dietician's Signature .....

Docu. No. : RCHBH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes: