

Patient Sticker

BAH-00657453 IP5-00174599  
Baby NARALA JHANVI  
05-06-2015 10 Y 11 M 27 D (F)  
Dr. ALLU CHANDANA

SmithNephew  
EVAC<sup>®</sup> 70 XTRA HP  
WITH INTEGRATED CABLE  
REF EIC5874-01  
LOT 2201075  
2028-10-21

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

TOP history  
Sketcher 02/06/26

80523

### SURGERY DETAILS

Date : 1/6/2026

Patient Name: Baby - Narala Jhanvi Date of Birth: 5/6/2015 Age: 10 year

Gender: ~~Male~~ Female Ward: P-OT UHID No: BAH-00657453

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

Name of the Surgery : Coblation Adenotonsillectomy + Closed Nasal Bone Reduction & GA

Time in : 3:40 PM

Time Out : 5:15 PM

**NAME**

**AMOUNT**

- 1. Surgeon : Dr. Chandana
- 2. Anaesthetist : Dr. Arifi
- 3. Assistant Surgeon : —
- 4. OT Technician : Venkat
- 5. Circulating Nurse : Benjamin
- 6. Assistant Nurse : Suman

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others *Coblator → 9638167*

Signature of the Surgeon *[Signature]*

Signature of Circulating Nurse *[Signature]*

Order No: 9638166

Order by: *[Signature]*

*Coblation Adeno  
 tonsilectomy*



**CONSUMABLES OF OT**

Circulating staff : ..... Technician : *Prashanth/wenlak* Date : ..... Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>(2.5, 5, 5.5)</i>	111	1	Major Pack <i>Drape</i>	1	1	Inj Vit.K		
LMA <i>1 1/2, 2</i>	111	—	Sutures			Cord Clamp		
ECG leads : A/P/N	05	8				Suction Catheter		
HME filter : A/P/N	01	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves <i>6-6 1/2, 7-7 1/2 2+2+2</i>			Surgical Gloves		
02 cc	10	0	<i>Pf. 6-6 1/2, 7-7 1/2 2+2+2</i>			Gauze Pack		
01 cc	05	—				Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	1	NG tube <i>6</i>	2	2	Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	111	110	Koochies			Scalton	1	1
<i>Mini Spike</i>	01	1	Ointments			Jelly	1	—
<i>O2 mask</i>	01	1	Suction Catheter			<i>Adaline</i>	5	3+2
Fentanyl	01	1	Cap, Mask <i>HR</i>	5	5	<i>100 F 5cc</i>	3+3	1
Morphine			Gauze Pack <i>HR</i>	5	5	<i>Anawin 0.25%</i>	1	1
Ketamine			Mop Pack	1	1	<i>26 g needle (shorten) 1+1</i>		
Propofol	03	2	Steristrip			<i>Soframycin</i>		1
Rocuronium	01	0	Underpad			<i>Velpex</i>	1	1
Glycopyrolate	01	0	Draw sheet			<i>Medobal Nasal Pad</i>	1	1
Myopyrolate	01	1	Abgel			<i>Rhachet of Postic</i>	1	1
Ondansetron	01	0	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<i>Gauze + Gloves all</i>	4+4	—
Bupivacaine 0.25%			Chest Drainage Catheter			<i>Dura + Tranera</i>	1+1	1+1
Bupivacaine 0.25%(Heavy)			Romodrain bag			<i>Dermed (100)</i>	01	1
Antibiotics <i>IV pcm</i>	01	1	Bandage			<i>50cc + pmo line</i>	1+1	1+1
<i>Aug (1.2g)</i>	01	1	Tegaderm			<i>Metoprolol</i>	01	1
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	2			
Justin : <i>(12.5 mg)</i> 25mg / 100mg	1+1	1	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
<i>Vaccum set</i>	10	1	Microshield	1	1			
<i>Oral airway 1, 2</i>	1+1	—	Cotton Balls	1	0			
<i>Nasal airway 2, 2.4</i>	1+1	—	Latex Gloves	100	100			
<i>IV Cannula 22, 24</i>	1+1	—	Ramdione Scrub	1	—			
<i>3way 10cm + 100cm</i>	1+1	1	Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : *9637980*

Ordered by : *[Signature]*

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

# ESTIMATION SLIP

see - Appendix  
 80523

Date: 28/05/2026 UHID / IP No.: BAU-00557653 SI No. \_\_\_\_\_

Name of Patient: Baby. Noorah. Shamsi Age: 10y/11m Gender: F.

Father's / Husband's Name: Mr. Jagananth Corporate / Occupation: Business

Address: \_\_\_\_\_ Phone: 7032871233 Email: \_\_\_\_\_

Procedure / Plan: Closed Reduction / Coeliotomy Adenotomyllectomy Under GA +/- Imperia. Tubinate

MODE OF PAYMENT:  SELF  TPA: Star health  GIPSA: \_\_\_\_\_  OTHERS: \_\_\_\_\_

**TARIFF INFORMATION:**

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges		
O.T. Consumables		Subject to approval by TPA / Insurance Company
Instrument Charges		Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations		As per actual - Not Included in Estimation
Equipment Charges	Monitor: Oxygen	Infusion pump / Syringe pump:
	Ventilator: Conventional: HFO-SLE 5000:	HFO Sensormedix:
	Phototherapy: Single Surface: Double Surface:	Triple Surface: (E-31)
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		As per actual - Not Included in Estimation
Package		<u>PK102 + 10y OT</u> <u>77500. + 7500 + 3000</u>
Others		<u>24,000 (self purchase)</u> <u>10000 of his</u>
Initial Minimum Deposit		<u>15,000 &amp; Final Bill Amount</u>

- REMARKS:**
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
  - The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
  - In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations and/or procedures from the date of admission will be according to the higher category.
  - Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
  - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
  - For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
  - During Non-working hours of O.T (8:00 PM to 7:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm.
  - Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
  - Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

**DECLARATION**

I, Mr. Jagananth, have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: \_\_\_\_\_  
 Signature of the Financial Counselor: \_\_\_\_\_



ADMISSION SHEET

Registration Details :



Admission No : IP5-00174599 Admit Date : 01-Jun-2026 Admit Time : 01:11 PM UHID : BAH-00657453

Patient Details :

Patient Name : Baby NARALA JHANVI Age : 10 Y 11 M 27 D  
Guardian : Mr NARALA JESHWANTH DOB : 05-06-2015  
Gender : Female Religion :  
Occupation : Martial Status : Single  
Address (H) : FLAT NO 804, BLOCK F, NCL SINDHU Phone No : 7032871423/ 7032771423  
APARTMENTS Suchitra Hyderabad Telangana E-mail : NOMAIL@GMAIL.COM  
INDIA 500067

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 402 Ward Name : 4F-OT COMPLEX  
Room No : PRE OP 402 Admission Type : First Visit

Contact Details :

Name : Mr NARALA JESHWANTH Relationship : Father  
Contact Address : FLAT NO 804, BLOCK F, NCL SINDHU Phone No : 7032871423  
APARTMENTS Suchitra Hyderabad Telangana  
INDIA 500067

  
Signature

Doctor Details :

Doctor Name : Dr. ALLU CHANDANA 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 : STAR HEALTH AND ALLIED  
INSURANCE CO LTD

### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_  
 UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

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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
11/6/26	1:50pm	ER	OT	B
11/6/26	7:24pm	OT	339	Quel

### Cross Consultation Visit

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









**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.


**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

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Dr. ALLU CHANDANA  


BAH-00657453

IP5-00174599

Baby NARALA JHANVI

05-06-2016

10 Y 11 M 27 D (F)

Dr. ALLU CHANDANA



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

Go Trauma to nose by hit on 27/5/26 @ home

Abj bleeding - spont halted.

Cold since 2 days.

No Snoring

Mouth breathing

Sleep issues

on 5 of since 1yr

History of present illness :

Child was admitted for above mentioned complaints.

Planned for closed reduction nasal bones

Coblation Adenotonsillectomy under GA

NO fresh complaints.

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**& Physical Examination**

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

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**Birth & Neonatal History:**

1.6 kg / Twin - 2 / FCH / LSCG . no twin delivery /  
CIAB / NICU stay for feed establishment & wt gain



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

**Developmental History :**

} Development upto age

**Immunization History :**

Given as per age (upto date)



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
Weight (kgs) ) 27.84 (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98F Pulse Rate : 83/min B.P. 106/59(71) SPO2 98% on RA

Resp. rate and type of breathing : \_\_\_\_\_

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.,) \_\_\_\_\_

#### Cardiovascular System :

Inspection of precordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur : \_\_\_\_\_

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

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Ausculation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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

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### History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_ (N)

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_ (N)

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

#### DTR

Plantars \_\_\_\_\_ (N)

#### Superficials:

#### Sensory System :

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

Fracture nasal bones / Adenotonsillar Hypertrophy

Came for closed reduction nasal bones + Coblation Adenotonsillectomy  
under GA



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_

**Planned Labs:**

CBP

PT-INR

APTT

CT, BT.

M/B Anab  
1/6/26

**Planned Management**

NPO to continue <sup>from</sup> → 8am  
Surgery @ 2:30pm

Iv fluids

M/B Anab  
1/6/26

Signature of the Doctor: Ranya

Name of the Doctor: Dr. Ranya

Date & Time: 1/6/26 2:45pm

Signature of the Consultant:

Name of the Consultant: Dr. Chandana

Date & Time: 1/6/26 3pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06 7pm	CSIB Resident	
	Δ: chronic Adenofonsillitis + Fracture nasal bones	
	s/p: Adeno tonsillectomy + Coablation + closed nasal bone reduction	Plan
	child isafebile No post op vomiting Throat Pain (7) No nasal bleed	① Duj Augmentin
		② Duj Pantoprazole
		③ Duj Paracetamol
		④ Betadine gargle
	nilab stabe	⑤ syp Relient Plus
		⑥ SYP. IBUGESIC PLUS.
02/06	CSIB Resident	
	NO Bending of thumb associated with pain. relieved after few minutes	Plan NO dose. Calcium level. ALP, vit D level Soliel





# CROSS CONSULTATION FORM

Doctor Name : Dr. Annapurna . T Date : 2/6/21 Time : 10am

Diagnosis : chronic Adenotonsillitis + nasal bone fracture

Hospital : .....

**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:

S/P Adenotonsillectomy + closed reduction of nasal bones  
 Signature:

**Findings and Recommendations :**

child is afebrile  
 mild throat pain ⊕  
 No Vomiting  
 Nasal bleed  
 Oral soft food - ⊕  
 O/E  
 child is alert, active  
 hemodynamically stable  
 CVS - S.S ⊕  
 RS - BAE ⊕  
 P/A - soft  
 ENT clear

Plan

- ① Medication as per ENT advice  
 dic as per ENT advice.
- ② AzP, S. Co, I Co, AzP, 2504 curacillin.
- ③ Ortho consultation +/- genetics
- ④ regarding hypermobility of jts - elbow, interphalangeal.

**Consultant :**

Name : Annapurna T. Signature : [Signature] Date & Time : 2/6/21

Dr. Padavarthy Annapurna  
 Reg. No: 53054

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 Dr. ALLU CHANDANA



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**RESULT SHEET**

Date					
Time					
Hb	13.1				
PCV	40.4				
RBC	4.86				
WBC	8.48				
N/L	45/49				
Platelets	316				
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	16/1.9				
APTT	45				
CSF Protein / Sugar					
Cells					
N/L					



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Your Right to a Safe Delivery

# 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)

- COBALTION ADENOTONSILLECTOMY +/- INFERIOR TURBINATE REDUCTION
- CLOSED NASAL BONE REDUCTION

### I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- 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)
- Relief from Snoring - Reduction of nasal bone fracture	N/A

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:

- BLEEDING
- LARYNGOSPASM

- I authorize Dr. \_\_\_\_\_ and his / her team to perform the procedural sedation upon the patient / myself.
- 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.
- 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: \_\_\_\_\_ (N. Jeshwanth)  
 Name: \_\_\_\_\_  
 Relationship with patient: father  
 Date & Time: 1/6/26 @ 3pm

### Witness:

Signature: P.S.  
 Name: N. Shwetha  
 Date & Time: 1/6/26 @ 3pm

### Doctor (who is taking consent):

Signature: \_\_\_\_\_ Name: Dr. Chandana Date: 1/6/26 Time: 3pm



## 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) 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 అవస్థి 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: .....

BAH-00657453 IP5-00174599  
Baby NARALA JHANVI  
15-06-2015 10 Y 11 M 27 D (F)  
Dr. ALLU CHANDANA

Patient



Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## OPERATION THEATER NOTES

Patient's Name : ..... Age : 10 Yr Gender :  Male  Female

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

Surgeon : ..... Asst. Surgeon : .....

Anesthetist : Dr. Aditi

OT Nurse: Suman, Berpina

OT Technician: Venkat

Pre-Operative Diagnosis:

# Nasal Bones / Chronic Adenotonsillitis

Surgical Procedure :

Coblation Adenotonsillectomy  
+ # Nasal Bone Reduction JGA

Indications for Surgery :

Date : 16/26

Start Time : 3:50pm

End Time : 5:00pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

JGA, pt in Rose's position  
Boyle Davis mouth gag applied.  
B/L Tonsillectomy and endoscopic  
adenoidectomy done with coblation  
DNS to left / (R) Nasal Bone depressed  
fracture.  
Closed Nasal Bone Reduction done with  
Walsham forceps. etc Nasal packing  
done. pop applied to support the  
Nasal Bridge.

Amount of Blood Loss:

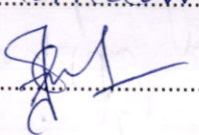
Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

- NPO until fully awake
- Inj. AUGMENTIN - 600mg/iv/q8h
- Inj. PCM - 400mg/iv/q8h
- Inj. PAN 20mg/iv/qm/od.
- Syp. RELENT- plus  
5ml — 5ml.
- Inj. DEXA 2.5mg/iv/qpm and  
(2doses) 8am.
- Betadine gargles q4h.

Name of the Surgeon: Dr. Chandana

Signature of the Surgeon: 

Date & Time: 1/6/26

BAH-00657453 IP5-00174599

Baby NARALA JHANVI

05-06-2015 10 Y 11 M 27 D (F)

Dr. ALLU CHANDANA

Patient Stic



# POST-SURGICAL CARE PLAN FORM

*Closed*

Procedure Done: ..... *Coblation Adenotonsillectomy + Nasal Bone*

Post-Surgical Diagnosis: ..... *Chronic Adenotonsillitis + Fracture Reductions*  
*Nasal Bones , JGA*

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: *1/6/20* Time: *5pm*

Note: Plan of care will be readjusted if necessary.

BAH-00657453 IP5-00174599  
 Baby NARALA JHANVI  
 05-06-2015 10 Y 11 M 27 D (F)  
 Dr. ALLU CHANDANA

Patient Stic



## MEDICATION RECONCILIATION FORM

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

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

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

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp. Mecocef 100mg	5ml	PO	BD	31/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Syp. Fe					<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: Dr. RAMYA

Date & Time: 1/6/26 12:40pm

Nurse Name & Signature: Annab A

Date & Time: 1/6/26 1:30pm

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 Baby NARALA JHANVI  
 05-06-2015 10 Y 11 M 27 D (F)  
 Dr. ALLU CHANDANA



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 27.84 Ward 3rd floor

<b>DRUG :</b> BETADINE GARGLE				Date Time																	
Dose	Route	Frequency	Start Dt.																		
P/O	P/O	TID	01/06																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Signature  
Name

Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

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

BAH-00857453 IP5-00174599  
 Baby NARALA JHANVI  
 05-06-2016 10 Y 11 M 27 D (F)  
 Dr. ALLU CHANDANA



# DRUG CHART

Date of Admission: ..... 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)

<b>DRUG :</b> OYP IBUGESIC PLUS				Date Time															
Dose	Route	Frequency	Start Date																
10ml	PO	SOS	02/06																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

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

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

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



BAH-00657453 IP5-00174599  
 Baby NARALA JHANVI  
 05-06-2016 10 Y 11 M 27 D (F)  
 Dr. ALLU CHANDANA

Weight ... 27.8 kg. Ward. ....



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

DRUG :

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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

DRUG :

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/6/26	7:40 AM	Nebulisation = DUOLIN	1 Respuh.	Neb. P/N	Ashy	Dingel Jeenu
1/6/26	3pm	BUGMENTIN	675mg	IV	[Signature]	Beena Beenu
1/6/26	3.35	INSJ DEXA	3mg	in	[Signature]	Dingel Beenu
1/6/26	3.40	INSJ TRANEXA	400 mg	iv	[Signature]	Dingel Beenu
1/6/26	3.40	INSJ PARACETAMOL	400 mg	iv	[Signature]	Dingel Beenu
1/6/26	3.50	SUPPOSITORIES DILUPENAC	25 mg	PR	[Signature]	Dingel Beena
1/6/26	11pm	INSJ DEXA 2	2.5mg	IV	[Signature]	Prathiba Kavitha

Verified by: Name

Signature





## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

BAH-00657453 IP5-00174599  
 Baby NARALA JHANVI  
 05-06-2015 10 Y 11 M 27 D (F)  
 Dr. ALLU CHANDANA



# FLUID CHART

Sheet No. : .....

- 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 Thrombophlebitis 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 :** \_\_\_\_\_

16/6	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm		H <sub>2</sub> O										
	07:00 pm		Booth										

**Total Intake :** \_\_\_\_\_ **Total Output :** \_\_\_\_\_

16/6/26	08:00 pm									0		
	09:00 pm		H <sub>2</sub> O							0		
	10:00 pm									0		
	11:00 pm									0		
	12:00 am		Soup							0		
	01:00 am									0		

**Total Intake :** \_\_\_\_\_ **Total Output :** \_\_\_\_\_

16/6/26	02:00 am									0		
	03:00 am									0		
	04:00 am		H <sub>2</sub> O							0		
	05:00 am									0		
	06:00 am									0		
	07:00 am									0		

**Total Intake :** \_\_\_\_\_ **Total Output :** \_\_\_\_\_

**Total 24 hrs. Intake** *orally taken*

**Total 24 hrs. Output** *U=1, M=0*



# 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6/20	08:00 am		Mouth lool								0	} skin	
	09:00 am										0		
	10:00 am		H-O								0		
	11:00 am										0		
	12:00 pm		H-O								0		
	01:00 pm												0
<b>Total Intake :</b>						<b>Total Output :</b> M-U-							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

BAH-00657453 IP5-00174599  
 Baby NARALA JHANVI  
 05-06-2015 10 Y 11 M 27 D (F)  
 Dr. ALLU CHANDANA

# CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant Baby NARALA JHANVI

Operative Procedure: CLOSED REDUCTION OF NASAL BONES + COAGULATION ADENO TONSILLECTOMY

Anaesthesiologist: Dr. ADITI Surgeon: DR. CHANDANA IN PERSON SURBINAS REDUCT ID

**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 DESATURATION, BRADYCARDIA, LARYNGOSPASM

**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: Jeshwanth  
 Relationship with patient: FATHER  
 Date & Time: 30/5/21 3:36

**Witness:**  
 Signature: [Signature]  
 Name: Shwetha  
 Date & Time: 30/5/21 3:36

**Doctor (who is taking consent):**  
 Signature: [Signature] Name: Dr Aditi Date: 30/5/21 Time: 3:36

## 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.

లిజనల్ 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 లిస్ట్:

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.  
 లిజనల్ 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, అలెర్జి ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, లిజనల్ 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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



Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

Name: BAH ODG 57453 Age: 10y 11m Sex: R UHID.No: BAH ODG 57453  
 Date: 30/1/21 Time: 3:28 Proposed Operation: Closed reduction of nasal bone  
 Diagnosis: Fracture nasal bones / Adenomatous hypertrophy  
 B.P./CRT: ..... H.R: ..... Weight: 27.7 ASA Physical Status:  1  2  3  4  5  
144 hypertrophy bone coarctation Adenomatous hypertrophy Infused herbmat reduct.

Laboratory Data:

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

Allergies: No known allergy

Medical History: CVS: —  
 RESP: — snoring mouth breath Diabetes: .....  
 CNS: — no sleep issues  
 Renal: —  
 Hepatic / GE: — Physical Activity: —  
 Others: —

Past Anaesthetic History: —

Physical Exam:  
 Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: @ Neck: @ Teeth: @  
 Lungs: AEBE  
 Heart: S1S2  
 CNS: NAD

Pregnant:  Yes  No  NA Venous Access Site: RA Spine Exam for regional: .....

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

FOOD: - 8' clock  
 WATER: - 11' clock

CURRENT MEDICATIONS	DOSAGE
DROP EPISYCLONOPYRIMIN DROPS	TD3
Syrup Febuxostat LCSP	2.5ml BD
Syrup monoflor	5ml BD

Pre-Operative Instructions:  
 1. DVT Prophylaxis :  
 2. NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$  1 COCONUT 2hr WATER  
SOLID FOOD / MILK  
 3. Informed Consent:  Standard  High Risk  
 4. Post Operative Pain Management:  Discussed with Patient  
 5. Other Instructions:  
CBC, IV cannulation  
Nebulisation before surgery

Signature: [Signature] Name: Dr Aditi N



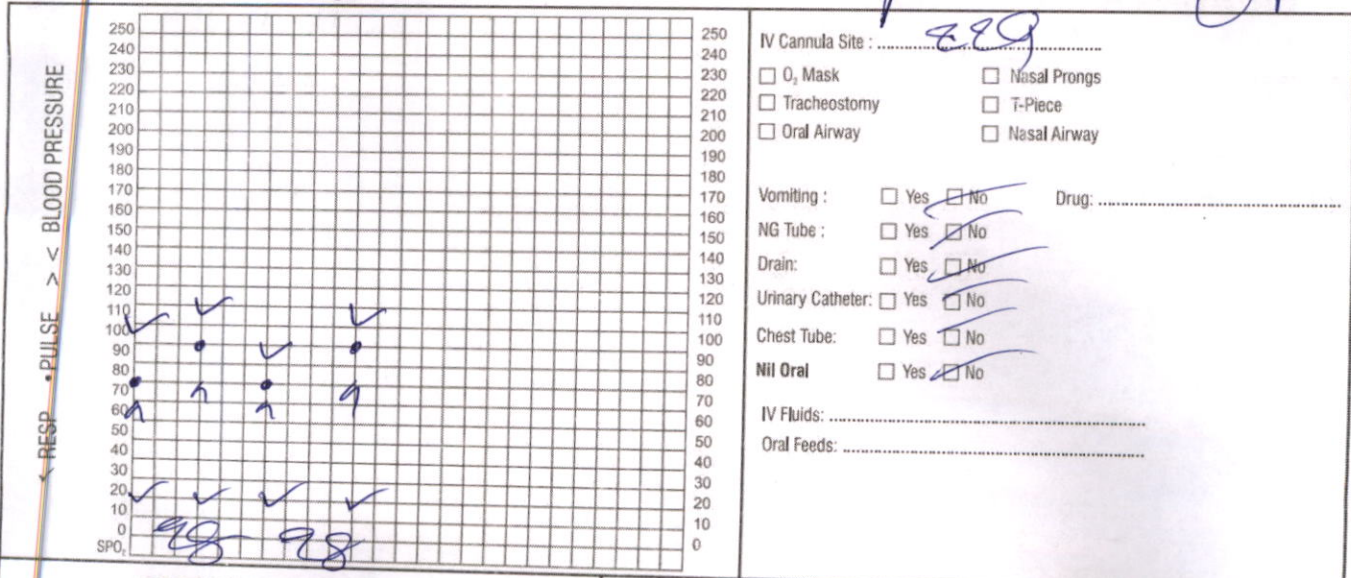
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 Dr. ALLU CHANDANA

POST-AI



RECORD

Received in PACU by : Durg Time Received : 5:20pm Time Discharged : BT



IV Cannula Site : 339

O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway

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

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 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 = 2 Dyspnea or limited breathing = 1 Apehic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
1/6	5:20pm	1/10	—	<u>Durg</u>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : Dr. Swathi  
 Anaesthesiologist Signature : [Signature]  
 Date & Time : \_\_\_\_\_  
 PACU Nurse Name : [Signature]  
 PACU Nurse Signature : [Signature]  
 Date & Time : 1/6/26 @ 5pm

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

Transferred to Unit by (PACU): 339  
 Date & Time: 1/6/26 @ 5pm



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 Baby NARALA JHANVI  
 05-08-2015 10 Y 11 M 28 D (F)  
 Dr. ALLU CHANDANA

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## NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/6/26 Time: 9 am

Weight: 27.8 kgs Centile: 25th

Height: 144 cms Centile: > 50th

Inference: Underweight child

RDA: - Calories: 1600 kcal/d Protein: 29 g/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy outside foods

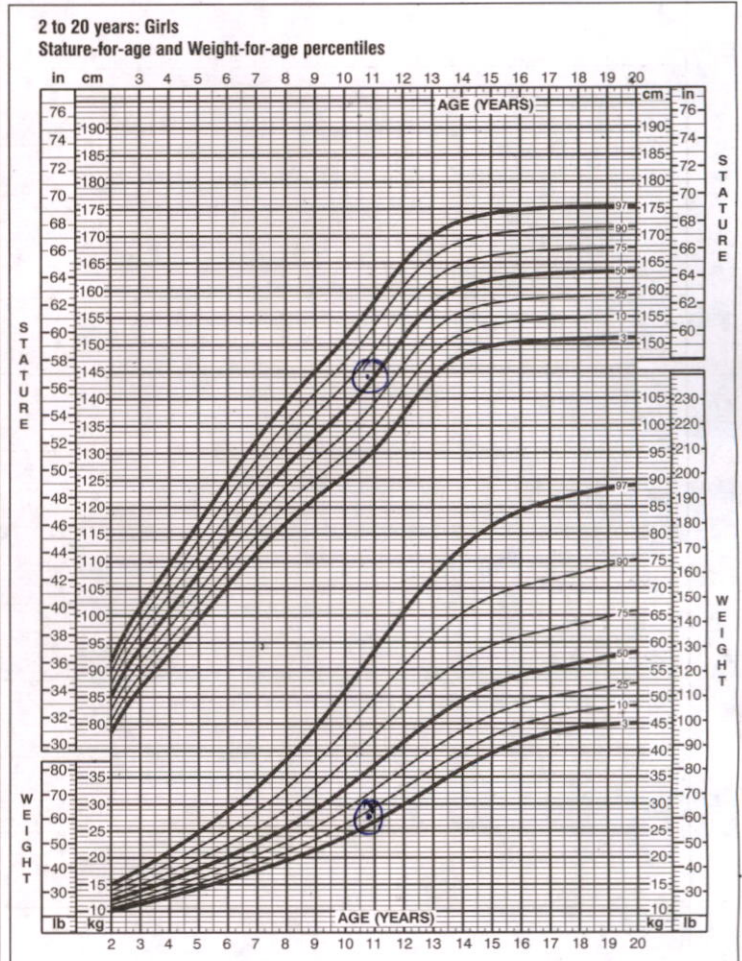
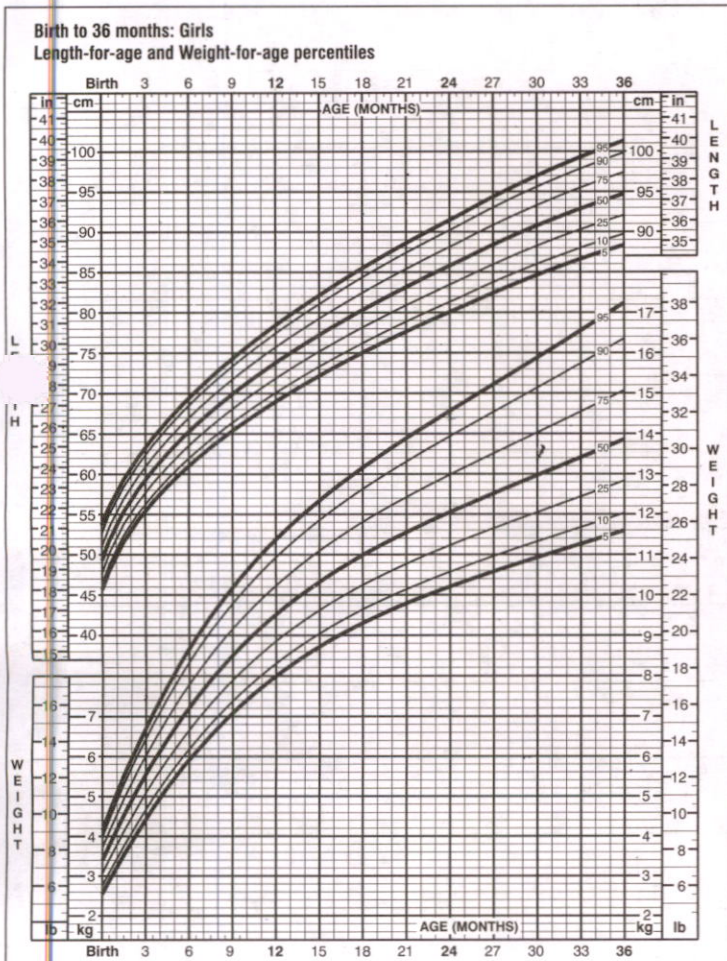
Food Allergies: NO Veg/Non-veg: Non - Veg

Diagnosis: Adenotonsillectomy

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

### GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: [Signature]

