

BAH-00656212 IP5-00174051
Baby PAYOSHNIKA PRAJNA SRI
15-12-2014 11 Y 5 M 5 D (F)
Dr. VENKAT RAM THYALAPALLI



SURGERY DETAILS

80222

Date : 20/5/2016

Patient Name: Baby Payoshnika Pragna Date of Birth: 15/12/2014 Age: 1 years

Gender: Female Ward: OT-III UHID No.: BAH-006562/2

Date of Surgery: 20/5/16 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Urticaria trigger 1+1 = (2)

Time in : 11:50 AM

Time Out : 1:30 PM

Trinity English.

	NAME	AMOUNT
1. Surgeon	Dr Venkatesh Thyalapalli	1 hour - 30 min - 45 min
2. Anaesthetist		
3. Assistant Surgeon		
4. OT Technician	Geetha	
5. Circulating Nurse	Deepa	
6. Assistant Nurse	Akhil, Suman	

- Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM 9017698 Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon
9017697

Signature of Circulating Nurse
y. Ramasubramanian

Order No:

Order by:

ESTIMATION SLIP

Pre-Approval

Date: 13-May UHID / IP No.: BAH-0065-6212 SI No. 80222
 Name of Patient: Baby Payoshnika Pragna Sri Age: 11 Gender: Female
 Father's / Husband's Name: Mr. Sharmaraju T
 Address: _____ Phone: _____

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~~Pop tower limb~~
 8 Plating
CONSUMABLES OF OT



Circulating staff: _____ Technician: _____ Date: _____ Time: _____

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>5.5 16.6 5</u>	11	—	Major Pack <u>Drape</u>	1	1	Inj Vit.K		
LMA <u>8/2/3</u>	1	01	Sutures			Cord Clamp		
ECG leads: A / P / N	5	03				Suction Catheter		
HME filter / A / P / N	1	01				Feeding Tube		
Syringes : 10 cc	10	02				Vaccum Suction Set		
05 cc	10	02	Gloves			Surgical Gloves		
02 cc	10	02	<u>2, 11, 2, 2, 1/1</u>	4	6	Gauze Pack		
01 cc	5	02	<u>2, 6, 6, 6, 6, 6, 6, 6, 6, 6</u>	2	1	Syringe 1ml / 2ml		
Cautery plate: A / P / N	1	01	Surgical blade	1	1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	01	Cautery pencil	2	1	NS spon	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1	01	Koochies			Fraxon	1	0
<u>minispike</u>	1	01	Ointments			<u>100, 50, 20</u>	4	1
<u>02 male</u>	1	—	Suction Catheter			<u>cast all size</u>	8	—
Fentanyl	1	1	Cap, Mask	1	1	<u>soft netz all size</u>	2	—
Morphine			Gauze Pack <u>(2)</u>	4	4	<u>INT. CEFTRIAXONE</u>	1	1
Ketamine			Mop Pack	1	1	<u>1 gm</u>		
Propofol	3	03	Steristrip					
Rocuronium	1	01	Underpad					
Glycopyrolate	1	01	Draw sheet					
Myopyrolate	1	01	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<u>Gauze</u>	3	3
Bupivacaine 0.25%			Chest Drainage Catheter			<u>Glaubeil</u>	4	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>Dexald</u>	1	—
Antibiotics			Bandage			<u>Dexatranexa</u>	1	—
<u>Dupum</u>	1	01	Tegaderm			<u>Soc + pmone</u>	1	—
Suppositories			Ioban			<u>Noyal proctrol</u>	1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin <u>12.5 mg / 25mg / 100mg</u>	1	—	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
<u>vaccum set</u>		01	Microshield					
<u>oral arrow 2/3</u>	1	—	Cotton Balls					
<u>paral arrow 2/4</u>	1	—	Latex Gloves					
<u>Syring 10ml Arrow</u>	1	01	Ramdione Scrub					
<u>Subconjunctival 2/10/4</u>	1	—	Saral					

Surgeon: _____ Anaesthesiologist: _____ Nurse: _____ OT Technician: _____
 Order No.: 9617599 Ordered by: _____
 Doc. No.: RCH / FRM / GENERAL / 125

Handwritten notes on a pink sheet of paper, including a table with columns and rows, and a section titled "DECLARATION".

Column 1	Column 2	Column 3	Column 4
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
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53	54	55	56
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73	74	75	76
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81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

DECLARATION

Handwritten signature and date at the bottom of the pink sheet.

Handwritten notes on a white sheet of paper, including a table with columns and rows, and a section titled "DECLARATION".

Column 1	Column 2	Column 3	Column 4
1	2	3	4
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57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

DECLARATION

Handwritten signature and date at the bottom of the white sheet.

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP # _____ nt: _____ Dept : _____

Date of Admission: _____ Discharge : _____ Time: _____

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

BAH-00656212 IP5-00174051
Baby PAYOSHNIKA PRAGNA SRI
15-12-2014 11 Y 6 M 6 D (F)
Dr. VENKAT RAM THYALAPALLI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/05/20	9:10 AM	ER	OT	Annub
20/5	3 PM	OT	III	Quig

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/05	Ir placement	①	17024	[Signature]
	PAC	①	17026	
21/5	NHA		06321	[Signature]

DIC

ANY OTHER INFORMATION

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.....

Date: 21/5/28 Time: 9:10am Prepared By: Nikita

<p>Staff Nurse</p> <p>Nikita</p>	<p>Shift / Ward</p> <p>1st floor</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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**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 : IP5-00174051 Admit Date : 20-May-2026 Admit Time : 08:28 AM UHID : BAH-00656212

Patient Details :

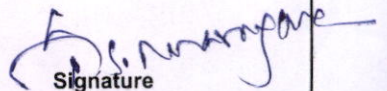
Patient Name : Baby PAYOSNIKA PRAJNA SRI TALLURI Age : 11 Y 5 M 5 D
Guardian : Mr T SIVANNARAYANA DOB : 15-12-2014
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : PLOT NO 192 & 197 APPLE HOMES, FLAT NO 202, BHAVYA NAGAR PHASE 3, SRINIVAS NAGAR, NEAR MNR COLLEGE, KUKATPALLY Boduppall Hyderabad Telangana INDIA 500092 Phone No : 9573267888
E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 412 Ward Name : 4F-OT COMPLEX
Room No : POST OP 412 Admission Type : First Visit

Contact Details :

Name : Mr T SIVANNARAYANA Relationship : Father
Contact Address : PLOT NO 192 & 197 APPLE HOMES, FLAT NO 202, BHAVYA NAGAR PHASE 3, SRINIVAS NAGAR, NEAR MNR COLLEGE, KUKATPALLY Boduppall Hyderabad Telangana INDIA 500092 Phone No : / 9573267888


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00656212 IPS-00174051
Baby PAYOSHNIKA PRAGNA SRI
15-12-2014 11 Y 5 M 8 D
Dr. VENKAT RAM THYALAPALLI (F)



Patient Name:

Baby Payoshnika Pragna Sri

UHID ID:

Bah-00656212

Department:

Consultant:

BAH-00656212 IP5-00174051
Baby PAYOSHNIKA PRAGNA SRI
15-12-2014 11 Y 5 M 6 D (F)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Name : Baby Payoshnika Pragna Sri Age/Sex 11yrs / Female
Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

</o kneepain (L>R)
(Knock Knee)

History of present illness :

As per informant, child apparently well
then had
noticed knockknee (&) kneepain
(L>R)
diagnosed to have
Genu Valgum (Distal end
of Femur)
Now for Plating
no H/o cold / cough
no H/o Vomiting / loose stool.

BAH-00856212 IP5-00174051
Baby PAYOSHNIKA PRAGNA SRI
15-12-2014 11 Y 6 M 8 D (F)
Dr. VENKAT RAM THYALAPALLI



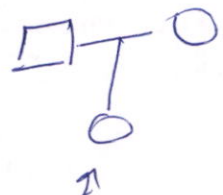
P

Physical Examination

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

Birth & Neonatal History:

Term / LSCS / 3kg
NO NICU admission



Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : } middle

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date



Pediatric History & Physical Examination

Anthropometry :

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

Weight (kgs)) 46.6kg (Centile _____)

On Examination :

Temperature : 98.2° F Pulse Rate : 90/min B.P. 99/53 SPO2 98% @ RA

Resp. rate and type of breathing : 20/min
regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

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

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S₁ S₂ Heard.

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : Soft, non tender

Auscultation : BS (+)

Spine : (N) External Genitalia : (N)

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

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Pediatric medicine

Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutrition : Good

Tone: (O) Power 4/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : nil

Reflexes :

DTR

(N)

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Genu Valgum (DIE of Femur) - knock knee
both plating.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic Stability

Planned Labs:

IV Cannula - CRP
(Done outside)
M/B Annab
20/05/26

Planned Management

- 1) Continue NPO
 - 2) IV fluids
 - 3) Shift to OT on call
- M/B Annab
20/05/26

Signature of the Doctor: J&J
Name of the Doctor: Jaya Sri
Date & Time: 20/05/26 @ 8:30 AM

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. VENKAT.RAM THYALAPALLI
Reg. No: 547790
Date & Time: 20/05/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 4:15pm	<p><u>CS/B Resident</u> K/E/O genu valgum post B/L O/E femur growth plating</p>	<p><u>Adv:</u> 1) Encourage orally pain & control 2) $\text{\textcircled{D}}$ 4m</p>
	<p>O/E. alert vitals stable chest clear</p>	<p>While</p>
21/5/16 (a) Sam		<p>Me Today.</p>

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Vijayalaxmi Desai Date : 21/5/26 Time : 8.45am

Diagnosis :

Hospital : RCH - B

Type of Referral :

Emergency

Urgent

Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature:

Findings and Recommendations :

Surgeon - Dr. Venkat Ram ~~H/E~~ → 11/F 46 kg

B/c genu valgum -
s/p growth plating done D/E of femur

O/E : alert

vitals stable

chest clear

~~throat healthy~~
distal pulses well felt

peripheries pink

active finger movmts (+)

Adv

- (D) today

- Flup ortho

Consultant :

Name : Dr. Vijayalaxmi Signature : [Signature] Date & Time : 21/5



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. guided growth @ elbow - P.E / James - Bialant
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.
- 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)
<u>Correction of elbow - knee.</u>	_____

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. Infection / wound gaps.
- b. _____

1. I authorize Dr. Venkat Ram Thyalapalli 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: [Signature]
 Name: [Name]
 Relationship with patient: father
 Date & Time: 20/5/26 @ 11 am

Witness:

Signature: T. Srisisha
 Name: T. Srisisha
 Date & Time: 20/5/26 @ 11 am

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Venkat Ram Thyalapalli Date: 20/5/26 Time: 11:00 am

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.	
b.	

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



OPERATION THEATER NOTES

Patient's Name : Age : Gender : Male Female

UHID No.: Weight : Height :

Surgeon : Dr. Venkat Ram Thyalapalli Asst. Surgeon :

Anesthetist : OT Nurse: OT Technician:

Pre-Operative Diagnosis: Bj genu valgum

Surgical Procedure :
1/2 femur - guided growth (8) oblique

Indications for Surgery :
dysplasia

Date : Start Time : 11:50 AM End Time : 1:30 PM

Pre Operative Preparations:

Post Operative Diagnosis: same

Peri-Operative Complications:

Operation Notes:

- L GA, tourniquet applied
- after thorough scrub & drapes
- medial incision given over knee region
- guide placed ~~over~~ (8) plate fixed
- fixation done in legum, tourniquet removed
- Dressing done
- patient to room in Mobile bed

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Baby PAYOSHNIKA PRAJNA SRI
15-12-2014 11 Y 5 M 5 D (F)
Dr. VENKAT RAM THYALAPALLI



POST-SURGICAL CARE PLAN FORM

Procedure Done: *pk of femur - 3, guided growth @ plate*

Post-Surgical Diagnosis: *3, genu valgum*

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

[Signature]
Treating Surgeon
(Signature & Stamp)

Date: *28/5/2015* Time: *1:20 PM*

Note: Plan of care will be readjusted if necessary.

BAH-00856212 IPS-00174051
 Baby PAYOSHNIKA PRAGNA SRI
 15-12-2014 11 Y 5 M 8 D (F)
 Dr. VENKAT RAM THYALAPALLI


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


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

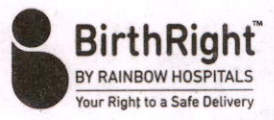
Patient :



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00858212
 Baby PAYOSHNIKA PRAGNA SRI
 15-12-2014 11 Y 6 M 6 D (F)
 Dr. VENKAT RAM THYALAPALLI



DICATION 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: 07

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayasri (JA)

Date & Time : 20/05/20 8:30AM

Nurse Name & Signature : Annab (A)

Date & Time : 20/05/20 9AM

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 Baby MAYOSHNIKA PRAGNA SRI
 15-12-2014 11 Y 8 M 8 D (F)
 Dr. VENKAT RAM THYALAPALLI



DRUG CHART

Date of Admission: 20/05/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

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 Baby PAYOSHNIKA PRAGNA SRI
 15-12-2014 11 Y 6 M 6 D (F)
 Dr. VENKAT RAM THYALAPALLI



Weight. 46.6 kg... Ward. OT

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Route	Start Date	Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Name & Signature of the Doctor		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Additional Instructions:		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		

VARIABLE DOSE		Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :			Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Route	Start Date	Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Name & Signature of the Doctor		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Additional Instructions:		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/12/2016	12:00pm	2mg TAXIM	1g	iv	[Signature]	[Nurses]
20/12/2016	12:20pm	2mg PARACETAMOL	1g	iv	[Signature]	[Nurses]
20/12/2016	4 PM 3:00pm	2mg IBOPROFEN	300mg	iv	[Signature]	[Nurses]

Signature

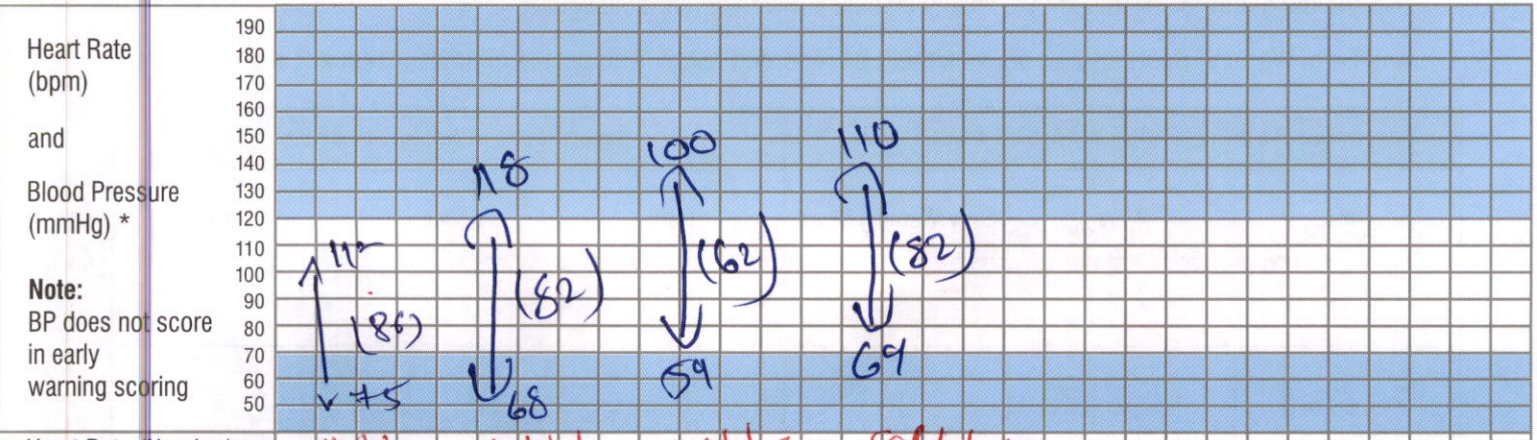
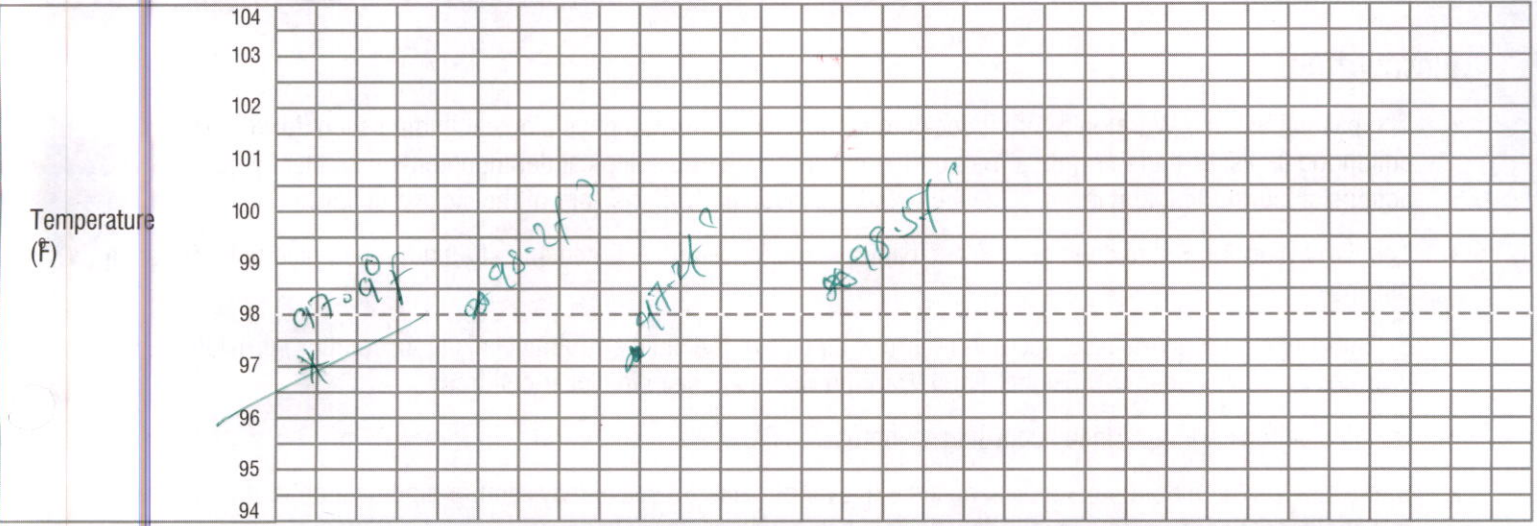
VERIFIED BY: Name



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/12/14 Time: 5:30 PM 10 PM 2 AM 6 AM

Doctor / Nurse / Family Concern? *SPM 10PM 2AM 6AM*



Heart Rate (Number) *110b/m 118b/m 100b/m 110b/m*



Resp Rate (Number) *26b/m 28b/m 28b/m 28b/m*

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) *0.2, 100%, 100%, 100%*

Conscious Level Normal / Altered

GCS * *5/15 5/15 5/15 5/15*

TOTAL SCORE
 Number of shaded boxes: 1 1 1 1
 Pain Score: 0 0 0 0
 Observer's Initials: D S S S

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient S

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 Baby PAYOSHNIKA PRAGNA SRI
 15-12-2014 11 Y 5 M 6 D (F)
 Dr. VENKAT RAM THYALAPALLI



UID 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			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	NO										
	03:00 pm	NO										
	04:00 pm											
	05:00 pm											
	06:00 pm	NO										
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm	NO										
	11:00 pm	NO										
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am	NO										
	05:00 am	NO										
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: CONFIRMED

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: _____ B.P./CRT: _____ SpO₂: 99% R.R.: 18 Last Feed: 8-15AM

Pre-OP Diagnosis: Bilateral lower limb knock knee Operation: _____ Date: 20/07/2026

Surgeon: Dr. Venkat Ram Anaesthesiologist: Dr. S. Mohan Technician: Joubhanni

TIME	11:50	12:00	12:15	12:30	12:45	1:00
N ₂ O (AIR/O ₂) LPM	10/10	10/10	10/10	10/10	10/10	10/10
HALO/ISO/SEVO	1/1/1	1/1/1	1/1/1	1/1/1	1/1/1	1/1/1
Drugs:	<u>Iv - MIDAZOLAM 2mg</u> <u>Iv - PENTANYL 100mg</u> <u>Iv - PROPOFOL 80mg</u> <u>Iv - PARACETAMOL 1g</u>					
Antibiotic	<u>Iv - TAXIM</u>					
Suppository	<u>4p</u>					
Blood Loss						
FI _{O₂} / Sa _{O₂}	100	100	100	100	100	100
ETCO ₂	35	34	35	35	34	35
ECG	SR	SR	SR	SR	SR	SR
Temperature	37.1	37.5	37.1	37.1	37.2	37.2
Urine Output						
Fluids	<u>RINGER LACTATE @ 200ml/hr</u>					
B.P.	[Graph showing BP fluctuations between 100-120 mmHg]					
V Systolic	[Graph showing Systolic BP fluctuations]					
A Diastolic	[Graph showing Diastolic BP fluctuations]					
X Mean	[Graph showing Mean BP fluctuations]					
Heart Rate	[Graph showing Heart Rate fluctuations]					
Tourniquet on Time						
Tourniquet off Time						
Throat Pack In						
Throat Pack Out						

LAB Values

ABG _____

GRBS _____

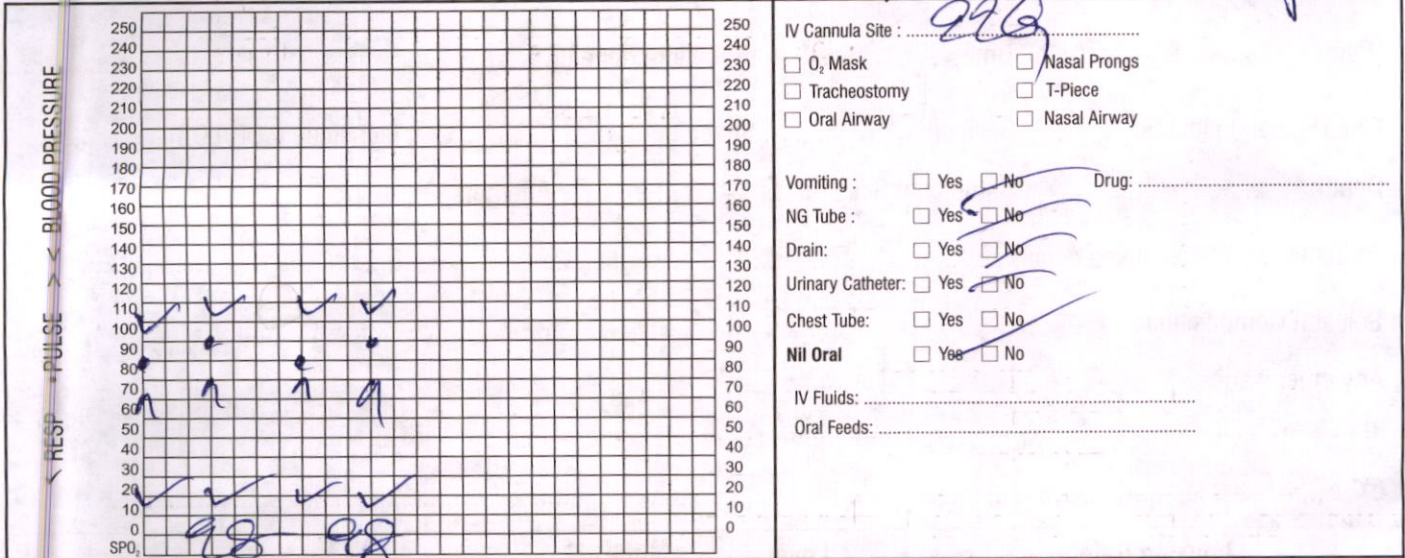
Others _____

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>RF hand</u> <input type="checkbox"/> Art Site: _____ <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>11:50AM</u> OP Start: _____ OP End: _____ Leave OR: <u>1:30 PM</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input checked="" type="checkbox"/> IV: <u>RF hand (22G)</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input checked="" type="checkbox"/> SGA <u>AMBU-3 size</u> <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# _____ at _____ cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: _____ <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____ <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity _____ <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: _____ Position: _____ Site: _____ Needle Size: _____ Depth: _____ Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin _____ cm Drug Name & Cont: _____ Bolus: _____ Infusion: _____ Block Level: _____ Comments: _____ Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. S. Mohan</u> Signature of the Doctor: _____
---	--	--	---



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. S Time Received : 1:35pm Time Discharged : 3pm



IV Cannula Site : 29G

O₂ 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 Apeic = 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
20/15	1:35pm	1	—	Dr. S

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. S
 Anaesthesiologist Signature : [Signature]
 Date & Time: 20/15/2014 @ 3pm

PACU Nurse Name : [Signature]
 PACU Nurse Signature : [Signature]
 Date & Time: 20/15/2014 @ 3pm

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): 111
 Date & Time: 20/15/2014 @ 3pm



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Payoshnika Pragna Sri Age : 11y Gender : Male Female

UHID NO: BAH-00656212 Surgeon Name: Dr. Venkat Ram

Anaesthesiologist : Dr. K. Sri Soms

Operative procedure planned : & plating

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 without numbness 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 mellitus
- Renal failure
- Hepatic disorders
- Shock
- Multiple organ failure
- Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others :

Comments : post op. O₂ support

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Payoshnika Pragna Sri the above mentioned operation / Diagnostic / Therapeutic procedures & plating

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists my significant risk and complications to my individual circumstances, and I have considered them before consenting to anaesthesia.

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, asthmatic reactions, headaches, I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.
That I 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 in need arises.
I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.
I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : P. S. Anurag Me
Name : P. S. Anurag Me
Relationship with Patient : father
Date & Time : 18/05/26 08:15pm

Witness :

Signature : T. S. Srisha
Name : T. S. Srisha
Date & Time : 18/05/26 08:15pm

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. K. S. Sanyal
Date & Time : 18/5/26 8:15pm

BAH-00656212 IP5-00174051
 Baby PAYOSHNIKA PRAJNA SRI
 15-12-2014 11 Y 5 M 5 D (F)
 Dr. VENKAT RAM THYALAPALLI

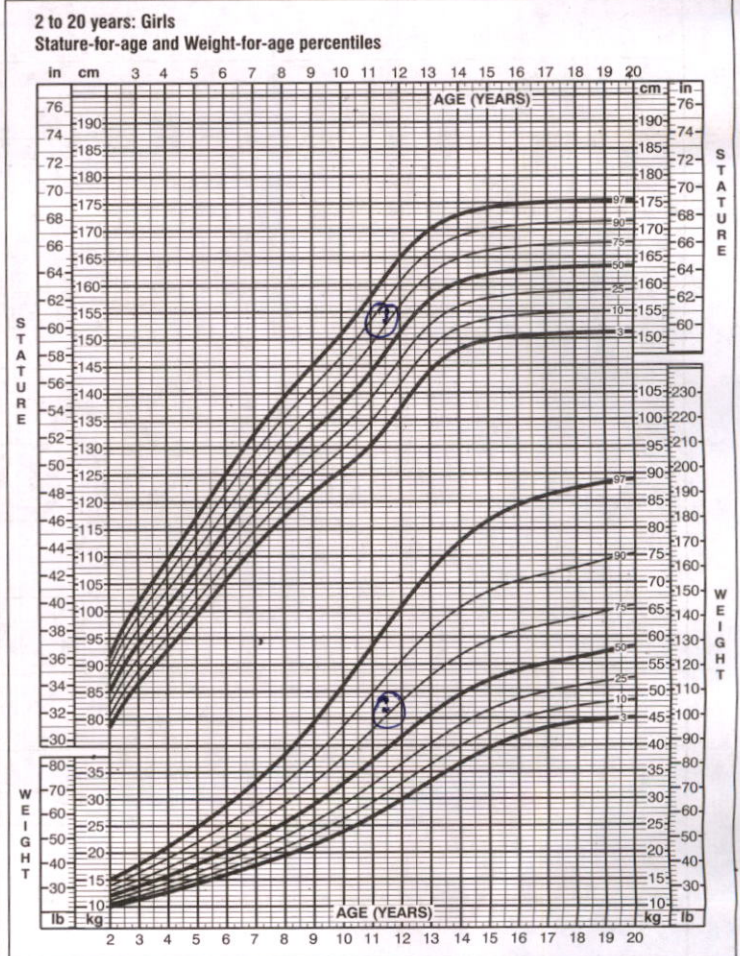
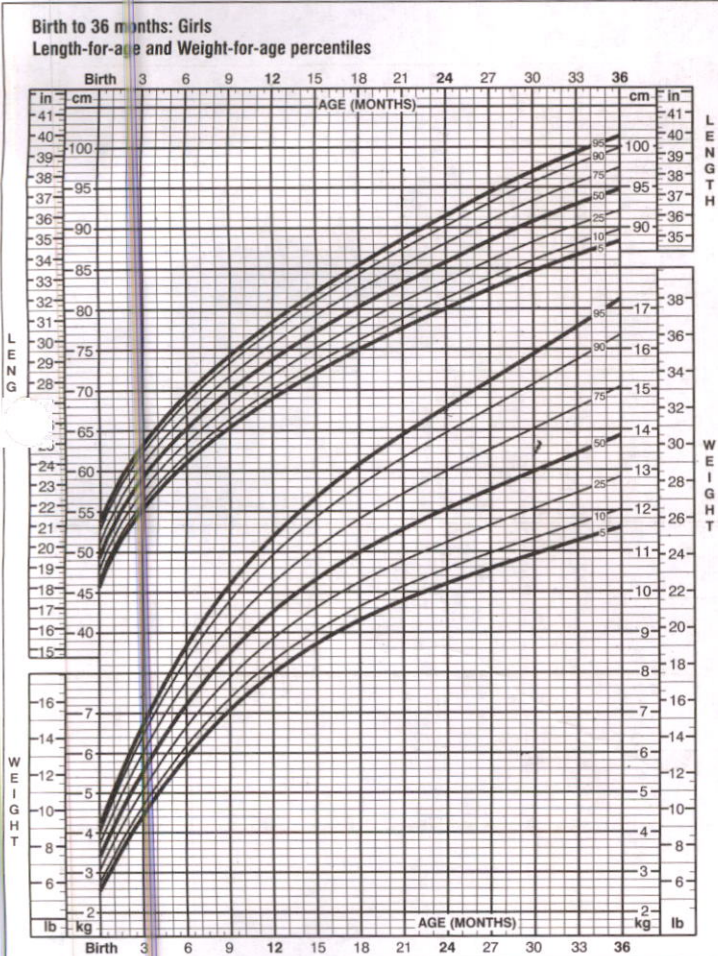


NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/5/2016 Time: 3pm

Weight: 46.6 kgs Centile: > 75th
 Height: 153 cms Centile: > 75th
 Inference: Overweight child
 RDA: - Calories: 1700 kcal/d Protein: 30g/d
 Diet Recommendations: Normal diet
 Re-Assessment: Avoid Spicy, Chilled, outside food
 Food Allergies: NO Veg/Non-veg: Non-veg
 Diagnosis: Genus Halgum
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: Sridha

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

