G1P3A

KUH-00029899 IP5-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

SmithNephew
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2203235
2028-11-06

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80896

SURGERY DETAILS

Date : 01/07/26

Patient Name: Master. Hanseth Talasila Date of Birth: 02/11/2015 Age: 10y 8m 2D

Gender: male Ward : P. OT - II UHID No.: BAH - 00029899

Date of Surgery: 01/07/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Adenoidectomy & Coblation of BL Turbinoplasty

Time in : 9:14 am Time Out : 10:30 AM

		NAME	AMOUNT
1.	Surgeon	PVLN murthy	
2.	Anaesthetist	Dr. Ramya	
3.	Assistant Surgeon		
4.	OT Technician	Gowthami	
5.	Circulating Nurse	Swapna	
6.	Assistant Nurse	Bobi das	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblator used → 9687384

Signature of the Surgeon

Signature of Circulating Nurse

personal equipment used 7500/-

Order No: 9687383 Order by: G. Ramadevi

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

KUH-00029899 IP5-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

ADEPO + Turbinoplasty

CONSUMABLES OF OT

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Circu... Technician : ..... Date : 9/7 ..... Time : 9am

Anaesthesia Disposables (S-1)	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (5.0. 5.5 6.0	1+1+1	1	Major Pack (Drape	1	1	Inj Vit.K		
LMA 2½	01	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5	3				Suction Catheter		
HME filter : A / P / N	01	1				Feeding Tube		
Syringes : 10 cc	20	8				Vaccum Suction Set		
05 cc	20	8	Gloves 6.6.5. 7.7.5	2+2+2	—	Surgical Gloves		
02 cc	20	8	6.6.5 (7.7.5	2+2+1	2	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	1	NG tube 6 NO	2	2	Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml (500ml) (1000ml	2+1+1	1+1	Koochies			Transamix	1	1
new spike	01	0	Ointments Sepgurd gel	1	—	Tolc 5cc (2cc	2+2	2+1
Vacay set	01	1	Suction Catheter			Sawlon	1	1
Fentanyl	01	1	Cap, Mask 5/50	10/50		Adrenalin	5	5
Morphine			Gauze Pack (NTR0	2+2	1+1	Fluidshield mask	2	2
Ketamine			Mop Pack	1	—	Dermi Marker	1	1
Propofol	03	2	Steristrip					
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	1	Draw sheet	1	1			
Myopyrolate	01	1	Abgel					
Ondansetron	01	1	Foleys catheter			O A. 1,2	1+1	—
Pencan 25g/ Spinal Needle 22			Urobag			2 A. 22,24	1+1	—
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			B > m 2 (P)	01	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Drained (500)	01	1 (50ml
Antibiotics Augmentin 1.2g	01	1	Bandage			50cc + propofol	1+1	1+1
SU pcm	01	1	Tegaderm 8582	1	1	NG + suction	all	—
Suppositories Rectop 2.25	01	1	Ioban			Aflopine + Adrenaline	1+1	1+1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Midaz + epidine	1+1	1+1
Supridol : 100mg Airtopp 00	1	1	Vaccum Suction set	2	2	Cox Jelly + Coxicam	1+1	1+1
Justin : 12.5 mg / 25mg / 100mg	01	1	Plastic Bed Sheet			Soft roll 4/6	1+1	—
Tab. Misoprost : 200mg			Betadine Solution			metopolol	1	1
2 way 10cm 16cm	1+1	1	Microshield	1	1			
Gauze + Glove	5+4	2	Cotton Balls					
Dexo + Tramcee	1+2	1+2	Latex Gloves	10P	10P			
SU Cefo. 200 2g	1+1	—	Ramdione Scrub					
Q. sol, spline 1,3	1+1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9687727 Ordered by : .....

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

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7:05 pm

ESTIMATION SLIP

Pre Appnl.

Date : 26/06/2026 UHID / IP No. : KUH-00029893 Sl No. 80896

Name of Patient : Master. Hanith. T Age: 10y 7m Gender: M.

Father's / Husband's Name : Mr. Vamshikrishna Corporate / Occupation : Govt to Govt

Address : Phone : 6309456777 Email:

Procedure / Plan : Endoscopic Adenoidectomy & Ablation. B/L Turbinoplasty.

MODE OF PAYMENT : ☐ SELF ☑ TPA : MA | Oriental. ☐ GIPSA: OTHERS

TARIFF INFORMATION : Dr. PVLN Murthy.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges	✓	✓	X	✓						
Doctor's Fee				1 Day						
L. Tax				Apply.						

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	Surgeon. 7500
O.T. Consumables →	Subject to approval by TPA / Insurance Company
Instrument Charges Coblator + Debrider 7500 + 13000	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations Endo	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 :	

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Endo As per actual - Not Included in Estimation
Package PPNE-01 + PPNE07	-100400
Others Vaccination	23,000 (Self purchase)
Initial Minimum Deposit →	15000 & Final Bill Clear

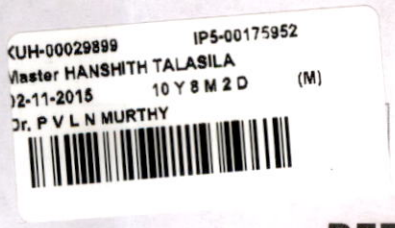
REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **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.** #12: Nasal Cyclic
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. # Room Asst SX STA.
5. 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.
6. **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.** Diet chi / IPF / PR / IPAC cost
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), 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
8. 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.
9. 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. Vamshikrishna 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 | Father. Signatory Relationship | Chitra. Signature of the Financial Counselor



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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				
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	1+3			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
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+1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	2			
32	Investigation Values (result sheet)				
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				
	Extra	6			
	Billing	2			
	Total No. of Pages	36			

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

Signature and Date : L. Vijaya (P.T.O)
05/07/2026.

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

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 : IP5-00175952 **Admit Date** : 04-Jul-2026 **Admit Time** : 06:32 AM **UHID** : KUH-00029899

Patient Details :

Patient Name	: Master HANSHITH TALASILA	**Age**	: 10 Y 8 M 2 D
Guardian	: Mr TALASILA VAMSI KRISHNA	**DOB**	: 02-11-2015
Gender	: Male	**Religion**	: Hindu
Occupation	: Others	**Martial Status**	: Single
Address (H)	: #PLOT NO 17, SATYADAYA APTS FLAT NO 403,YELLAREDDYGUDA Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 6309456777/ 8885742099
		E-mail	: nomailid@gmail.com

dmission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 401 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 401 **Admission Type** : First Visit

Contact Details :

Name : Mr TALASILA VAMSI KRISHNA **Relationship** : Father

Contact Address : #PLOT NO 17, SATYADAYA APTS FLAT NO 403,YELLAREDDYGUDA Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 6309456777 / 8885742099

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 : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

KUH-00029899 IP5-00175952
Master HANSHITH T
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

Name :_____ _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
04/01/26	7 AM	ER	OT	
4/1/26	12:50 pm	OT	236	
		ICU	23	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR Faisal BN AHDI	5/1/26	9688593	
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
4/7	IV placement	1	8570	Rafiq
	2 pac Done in Op basis			
4/7	NHA	(1)	9687736	Hanlap

DC

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

KUH-00029899 IP5-00175952
Master HANSHITH T
02-11-2015 10 Y 8 M 2 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)

History of present illness :

Open mouth breathing, snoring ⊕
Breathing issues
Seizures, Headache.

CT PNS → DNS, AIT, Adenoids, sinusitis

KUH-00029899 IP5-00175952
Master HANSHITH T
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

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

H/o febrile seizures @ 2 & 4 yrs of age

Birth & Neonatal History:

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History : (N)

Immunization History : as per schedule

(P.T.O.)

KUH-00029899 IP5-00175952
Master HANSHITH T
02-11-2016 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 27.9kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 72/min B.P. 99/51 SPO2 98%.

Resp.rate and type of breathing : 24/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : NAD

Air entry & breath sounds : NAE, B/L crepts.

Any addes sounds : B/L fine crepts, +

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

Cardiovascular System :

Inspection of procordium : NAD

Heart Sounds : S1 S2 P

Any murmur : –

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

Per Abdomen :

Inspection NAD

Palpation : Soft, LN/P

Ausculation : BS +

Spine : _____ External Genitelia : _____

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

KUH-00029899 IP5-00175952
Master HANSHITH T
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves :

Motor System:

Nutriton :

Tone: N Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Endoscopic Adenoidectomy & coblation
B/L Turbinoplasty.

(P.T.O.)

KUH-00029899 IP5-00175952
Master HANSHITH T
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Done on OP D basis.

CBP
12.3 / 6,650 (39.6%) / 2.66 lakhs

PT - 17.1, INR - 1.1, APTT - 31
ESR - 2, vit D - 30, B_{12} - 305
Blood group - B positive
CUE - N, IgE - 10, ALO - 191, CRP - 0.6
HB SAG, HCV Ab, HIV 1&2 - Negative

Planned Management

1. NBM
2. IVF D/S
3. Shift to OT

NB (illegible)

DR. P V L N MURTHY
Registration No: 47267

Signature of the Doctor: .....
Name of the Doctor: Dr Keerthi
Date & Time: 4/7/26.

Signature of the Consultant: .....
Name of the Consultant: Dr. P.V.L.N Murthy
Date & Time: 4/7/26.

KUH-00029899 IP5-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

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OPERATION THEATER NOTES

Patient's Name : Master. Hanseth Talasila Age : 10y 8m 2d Gender : ☑ Male ☐ Female

UHID No.: BAH-0.0029899 Weight : 28 kgs Height : .....

Surgeon : PVLN Murthy	Asst. Surgeon :	
Anesthetist : Dr. Ramya	OT Nurse: BOBI	OT Technician: Gowthami

Pre-Operative Diagnosis: Chr. Adenadits + H1T + DNS

Surgical Procedure : Adenoidectomy & Coblation B/L Turbinoplasty

Indications for Surgery :

Date : 04/04/26	Start Time : 9:30am	End Time : 10:20am

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenoidectomy & Coblation B/L Turbinoplasty

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Syp. AUGMENTIN - DDS 5ml BID 2wks

2 Syp - XYZAL-M 5ml BID 2wks

3 Syp - OMNACORTIL 5ml BID 1wk

4 Syp. CROCIN DS 7.5ml TID 2wks

5 T. LANAZOLE DT 30mg BID 2wks

6 T. TRANEXA 500mg ½ tab BID 2wks

7 NASO Clear Saline wash TID 2wks

Name of the Surgeon: DR. P.V.K.MURTHY

Registration No; 47267

Signature of the Surgeon:

Date & Time: 4/7/26

KUH-00029899 IP5-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/2/26 12:30 PM	Seen by Resident	
	Post adenoidectomy c coblation.	
	c B/L turbinoplasty.	
		Plan
	Child asleep	1. Drugs as charted
	hemodynamically stable	2. Monitor vitals 4th
	Chest clear	inform SOS
	abdomen soft.	3. Encourage orally once awake
		Saluteri
5/2/26 9 AM	Seen by Resident.	
	Δ S/S - Post adenoidectomy c coblation	
	& B/L turbinoplasty	
	X No fresh issues	Plan
	Child alert. afebrile	1. D/C today
	accepting orally	Saluteri
	hemodynamically stable	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCHBH /FRM / CLINICAL / 088

KUH-00029899 IP5-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
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CROSS CONSULTATION FORM

Doctor Name : Dr faisal Date : 5/7/26 Time :

Diagnosis : post adenoidectomy

Hospital : RCH - BH

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:

Opinion on Mc.

Signature:

Findings and Recommendations :

adenoiditis + HIT + DNS
s/p adenoidectomy c coblation
+ B/L turbinoplasty

no fever/pain/bleeding
Accepting orally

D/E
Child alert, afebrile
Hemodynamically stable
Throat healthy

Plan
1. can be discharged today
2. F/U c ENT surgeon

Consultant :

DR. FAISAL B NAHDI
Registration No: 66228

Name : Dr. faisal Signature : Date & Time : 5/7/26.

5/7 10.30 Am

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

KUH-00029899 IP5-00175952
Master HANSHITH T
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

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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						

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.,) : .....

Pat[illegible]

KUH-[illegible] IPG-[illegible]
Master [illegible] [illegible] (M)
02-11-[illegible]
Dr. P V L N MURTHY

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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: .... 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						☐ 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 : .... [signature] ....

Date & Time : .... 4/2/26 7am. ....

Nurse Name & Signature: .... [signature] ....

Date & Time : .... 04/02/26 [illegible] ....

Docu. No. : RCHBH /FRM / GENERAL / 090

KUH-00029899 IP5-00175952
Master HANSHITH T (M)
02-11-2015 10 Y 8 M 2 D
Dr. P V L N MURTHY

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DRUG CHART

Date of Admission: 4/7/26 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 ....

KUH-00029899 IP5-00175952
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02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS Weight. 28kg Ward. .....

Dose	Route	Frequency	Start Date	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Syp AMOXYCILLIN CLAVULANATE ES

Dose	Route	Frequency	Start Date	Date / Time
5ml	PO	BD	4/7	4/7 10AM ✓ 5/7 10AM ✓

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: (5ml/600mg)

Daily Doctor's Endorsement by a Sign

DRUG : Syp XYZAL-M

Dose	Route	Frequency	Start Date	Date / Time
5ml	PO	BD	4/7	4/7 10AM ✓ 10PM ✓

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Syp OMNACORTIL

Dose	Route	Frequency	Start Date	Date / Time
5ml	PO	BD	4/7	4/7 10PM ✓ 5/7 10PM ✓

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: (5ml/5mg)

Daily Doctor's Endorsement by a Sign

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Sheet No: .... **REGULAR PRESCRIPTIONS** Dept. 28 kg Ward. ....

DRUG : Syp PARACETAMOL				Date/Time	4/7	
Dose	Route	Frequency	Start Dt.	6am	X	
9ml	PO	TID	4/7			
Name & Signature of the Doctor Starting the Drugs: Sahithi				2pm	5pm Hemly Barnali	
Additional Instructions:				10pm	8.5 Dipu	
Daily Doctor's Endorsement by a Sign						

DRUG : T. LANZOL				Date/Time	4/7	5/7
Dose	Route	Frequency	Start Dt.			
30mg	PO	OD	4/7			
Name & Signature of the Doctor Starting the Drugs: Sahithi				6am	2pm Hemly Barnali	Dipu
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. TRANEXA				Date/Time	4/7	5/7
Dose	Route	Frequency	Start Dt.	8am	✓	Mouli Barnali
1/2 Tab	PO	BD	4/7			
Name & Signature of the Doctor Starting the Drugs: Sahithi				10pm	Dipu	
Additional Instructions: 1 tab = 500 mg						
Daily Doctor's Endorsement by a Sign						

DRUG : NASOCLEAR Saline wash				Date/Time	4/7	5/7
Dose	Route	Frequency	Start Dt.	6 AM	X	Mouli Barnali
	Nose	TID	4/7			
Name & Signature of the Doctor Starting the Drugs: Sahithi				2 pm	X	
Additional Instructions: each nostril saline wash				10 pm	8.5 Dipu	
Daily Doctor's Endorsement by a Sign						

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

Docu. No. : RCHBH /FRM / CLINICAL / 108 (P.T.O.)

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept. .... Ward. ....

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

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

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

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

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

Patient Sticker

Weight. 28kg Ward. OT

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
4/7	9.30AM	INJ. AUGMENTIN	840MG	IV		Bobi Gautami
4/7	9.35AM	INJ. TRENEXAMIC ACID	420MG	IV		Bobi Gautami
4/7	9.45AM	INJ. DEXAMETHA-SONE	2MG	IV		Bobi Gautami
4/7	9.45AM	INJ. PARACETA-MOL	420MG	IV		Bobi Gautami
4/7	9:50AM	SUPPOSITORY DICLOFENAC	25MG	P/R		Bobi Gautami
4/7	10:15AM	INJ. METAPROLOL	2MG	IV		Bobi Gautami

Signature .....

VERIFIED BY : Name .....

Master HANSHITH T
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (Intention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7		DNS	IV	50.			not Continued		
4/7	9.30 AM	RINGER LACTATE	IV	250ml/hr			4/7		

Signature .....

VERIFIED BY : Name .....

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)2-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

4/7/26.

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

5-12

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	2pm	6pm	10pm	2AM	6AM	10AM
Doctor / Nurse / Family Concern?						

Temperature (F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

98.6F | 98.2F | 99F | 98.7F | 98.6F | 99.2F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

	2pm	6pm	10pm	2AM	6AM	10AM
BP	109 (63) 59	107 (59) 61	104 (60) 61	100 (71) 60	99 (74) 60	100 (70) 60
Heart Rate (Number)	115b/m	117b/m	109b/m	102b/m	103b/m	106b/m

Resp. Rate (bpm) (Over 1 Minute) *

70 / 60 / 50 / 40 / 30 / 20 / 10

	2pm	6pm	10pm	2AM	6AM	10AM
Resp Rate (Number)	24b/m	23b/m	25b/m	23b/m	23b/m	26b/m
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2(l/min)	RA	RA	RA	RA	RA	RA
O_2Saturations (%)	99%	100%	99%	99%	98%	100%
Conscious Level (Normal / Altered)					C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	HH	HH				

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

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

Patient Sticker

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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)

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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.

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											
4/7	11:00 am		H2O	—		—	—	—	—	—	0	Devi
	12:00 pm		Regular	—		—	—	—	—	—	0	Devi
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm		Kichidi	—							0	Hanifa
	03:00 pm		water	—							0	Hanifa
	04:00 pm	NIO		—			NP				0	Hanifa
	05:00 pm	IVF		—							0	Hanifa
	06:00 pm			—							0	Hanifa
	07:00 pm			—							0	Hanifa
Total Intake :		Good				**Total Output :**	M-0	U-2				
	08:00 pm		Baby	—							0	Swathi
	09:00 pm		urine	—			PP				0	Swathi
	10:00 pm	NO		—							0	Swathi
	11:00 pm	IVF		—							0	Swathi
	12:00 am			—							0	Swathi
	01:00 am			—							0	Swathi
Total Intake :		Good				**Total Output :**	M-0	U-2				
	02:00 am		—	—							0	Swathi
	03:00 am		—	—							0	Swathi
	04:00 am	NO	—	—			PP				0	Swathi
	05:00 am	IVF	—	—							0	Swathi
	06:00 am			—							0	Swathi
	07:00 am			—							0	Swathi
Total Intake :		Good				**Total Output :**	M-0	U-1				

Total 24 hrs. Intake	Good	Total 24 hrs. Output	M-0 U-5

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Dr. P V L N MURTHY

FLUID CHART

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Sheet No. : 5/7

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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02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 4/7/26

Assessment: Acute pain & Discomfort

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
10:40	Assess the pt General Condition.	10:45	Assessed the pt General Condition.	pt is Conscious & oriented
10:50	Relieve pain & Discomfort	10:55	Relieved pain & Discomfort	vital stable
11Am	monitor vital signs	11:5Am	monitored vital signs	no bleeding
11:10	monitor for bleeding	11:15Am	monitored for bleeding	no Vomiting
11:20	maintain NPO status	11:25	NPO broken, water given	supported
11:30	provide Psychological Support	11:35	provided Psychological Support	shifted
11:40	pt shift to the ward	11:45	pt shifted to the ward	

Re-Assessment: After surgery pt is Conscious & oriented

Special Notes: pt had Ice cream

Nurse Signature: ..... Nurse Name: ..... Date & Time: 4/7/26 @ 11:50 Am

Docu. No: RCHBH /FRM / CLINICAL / 148

KUH-00029899 IP5-00175952
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NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 4/7/26

Assessment: patient having pain

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
12pm ↓ 1pm ↓ 2pm ↓ 4pm ↓ 8pm	Assess the patient general condition. Monitor the vital signs. Maintain I/o chart. Administer the medication as per doctor order. Provide comfortable position. Maintain Good Nutritional status.	12pm ↓ 1pm ↓ 2pm ↓ 4pm ↓ 8pm	Assessed the patient general condition. Monitored the vital signs. Maintained I/o chart. Administered the medication as per doctor order. Provided comfortable position. Maintained Good Nutritional status.	All plans are Implemented as per doctor order.

Re-Assessment: Re-Assessment was done.

Special Notes: W/F Bleeding

Nurse Signature: Hyg Nurse Name: Hasifa Date & Time: 04/07/26 @ 8pm.

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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 Adenoidectomy & Coblation + B/L Tuebe Plasty

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, Rec. of Adenoids

b. .....

1. I authorize Dr. 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: Deepthi

Relationship with patient: Mother

Date & Time: 04-07-2026 09:10 AM

Witness:

Signature .....

Name: CHANDRA

Date & Time: 4/7/26 @ 9:10 AM

Doctor (who is taking consent):

Signature: ..... Name: DR. P V L N MURTHY Registration No: 47267 Dr PVLN murthy Date 4/7/26 Time: 9:10 am

Docu. No.: RCHBH/FRM CLINICAL / 027 (26)

(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 రైనో 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 భాషలో 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: .....

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : Dr. Damya
Scrub Nurse : Bose

KGH-00029599 IPS-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

Age : 10y Gender : M
Surgery Name : Adenoidectomy + Bil Turbinoplasty
Date : 02/07/26 In-time : 9:14 am Out-time : 10:50 AM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:10Am

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 : D. Ramdev
Name : Dr. D. RAMADEVI

Before Skin Incision ➤➤

TIME OUT Time: 9:30 am

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? Nothing ☐ 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 : Swapna
Name : Swapna

Before Patient Leaves Operating Room

SIGN OUT Time: 10:20Am

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

DR. P V L N MURTHY
Registration No: 47267

Signature :
Name : P.V.L.N. Murthy

KUH-00029899 IP5-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 04/04/26

To Be Filled In By Assigned Nurse :

Department : P.OT-II Duration of Procedure : .....

Name of Surgeon : Dr. P V L N murthy Date of Admission : 04/04/26

Bundle 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 1.2 gm	Sign
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	Sign
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Sign
4.	Name of doctor or staff administering the antibiotic : Dr. murthy / Jonathan Date & Time of antibiotic administration : 04/04/26 @ Date & Time procedure started : 04/04/26 @	Sign

- 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

KUH-00029899 IP5-00175952
Master HANSHITH TALASILA
02-11-2015 10 Y 8 M 2 D (M)
Dr. P V L N MURTHY

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 4/7/26 Time: 11:50 AM

Weight: 27.9 kgs Centile: <10th

Height: 123 cms Centile: >50th

Inference: underweight child

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

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy & outside foods

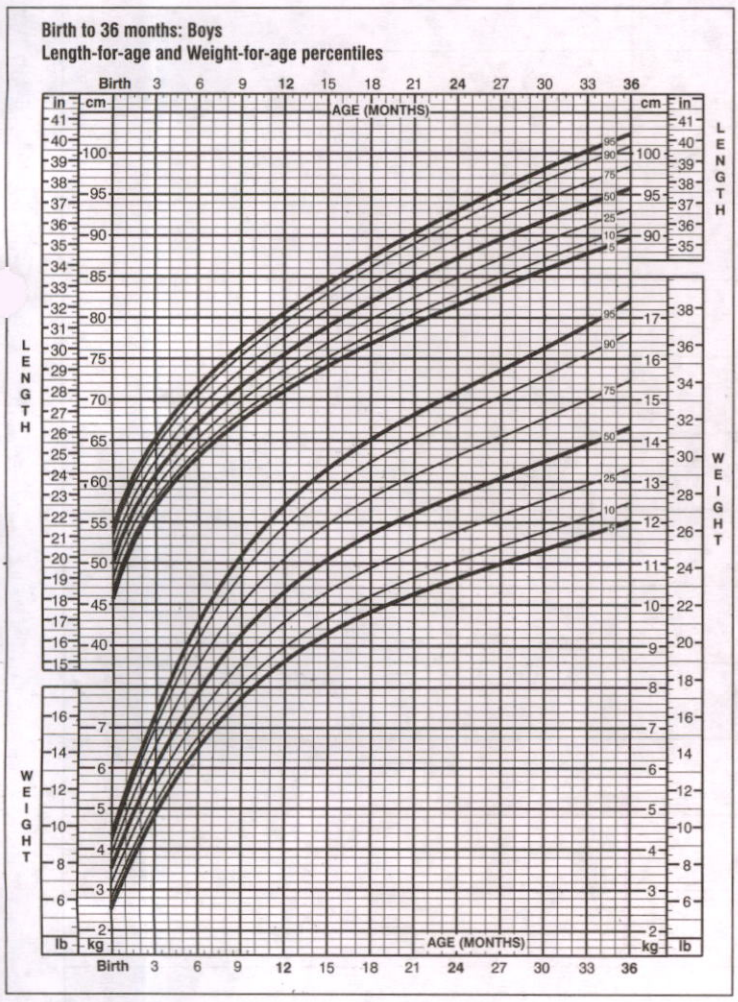
Food Allergies: NO Veg/Non-veg Non-veg

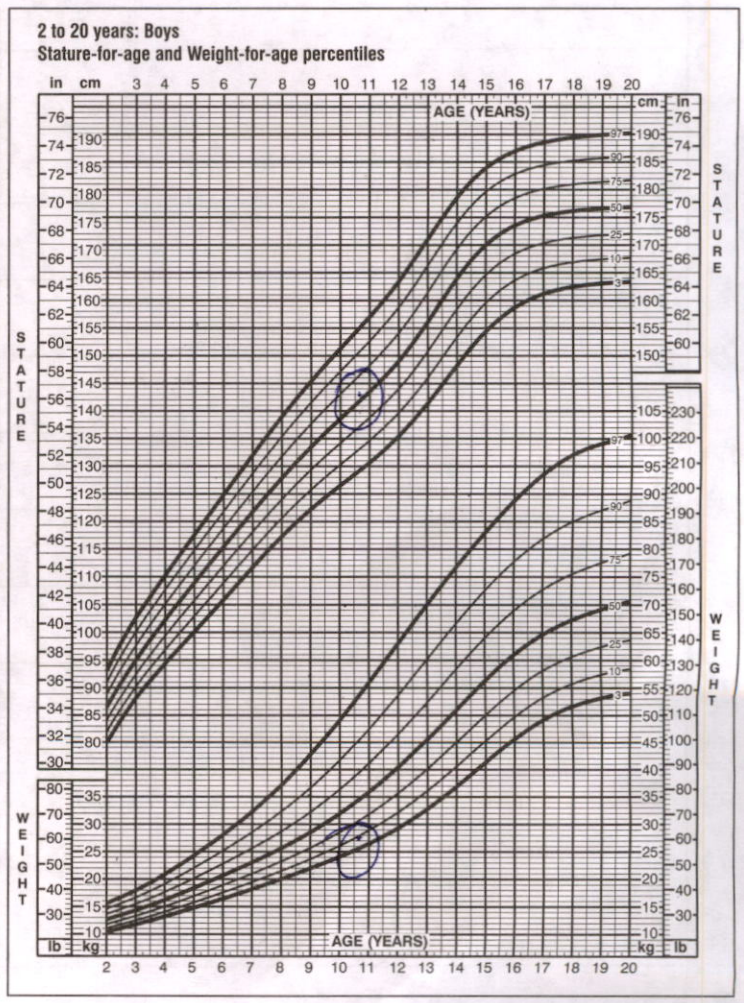
Diagnosis: Endoscopic Adenoidectomy & coblation

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: