

KUH-00079874 IP5-00174003
Baby HASVIKA PULAHARI
06-06-2019 6 Y 11 M 13 D (F)
Dr. P V L N MURTHY



SURGERY DETAILS

Date : 19/5

Patient Name: Baby Hasvika Pulahari Date of Birth: 6-6-2019 Age: 6y

Gender: F Ward: P-OT UHID No: 00079874

Date of Surgery: 19/5 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Adhesiolysis, omentectomy & coeliotomy + BIL + cell trophoblasty

Time in : 8:45 AM

Time Out : 9:45 AM

	NAME	AMOUNT
1. Surgeon	P V L N MURTHY	
2. Anaesthetist	DR. SHREE	
3. Assistant Surgeon		
4. OT Technician	DR. PRASHANTH	
5. Circulating Nurse	DHYA	
6. Assistant Nurse	AKHIL	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others: Colector used -

Signature of the Surgeon: [Signature] Signature of Circulating Nurse: [Signature]

Order No: 9615667 Order by: [Signature]

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ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5	2:30 pm	ER	OT	[Signature]
19/5	11:46 AM	OT	146	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR - Ujjala	20/5/26	9617048	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

Aashvika
Patient Sticker
6y/f

Adeno + Tuberculosis



5007712

WHT-00079874

CONSUMABLES OF OT

Circulating staff : Technician : Date : 19/5/20 Time : 8 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.5-6	144	01	Major Pack Drape	1	1	Inj Vit.K		
LMA 2 1/2	01	-	Sutures			Cord Clamp		
ECG leads : A/P/N	5	03				Suction Catheter		
HME filter : A/P/N	01	01				Feeding Tube		
Syringes : 10 cc	10	07	PF			Vaccum Suction Set		
05 cc	10	05	Gloves 6.6.5 7.7.5 2 1/2 2 1/2	2	2	Surgical Gloves		
02 cc	10	03	PF, 2 1/2		11	Gauze Pack		
01 cc	-	-				Syringe 1ml / 2ml		
Cautery plate : A/P/N		-	Surgical blade			Surgical Blade # 20		
IV set	01	01	NG tube 6	2	2	Koochies (S)		
RL	01	01	Cautery pencil			Ng 500ml	2	2
NS : 10ml / 100ml / 500ml / 1000ml	14	14	Koochies			100 50	2	2
mini spike	01	01	Ointments			Fraxiparin	1	
Guane	02	01	Suction Catheter			Adrenalin	5	5
Fentanyl	01	01	Cap, Mask	8/5	5/1	Calben	1	1
Morphine			Gauze Pack (N/R)	3+3	3/1	Bostoclot	1	1
Ketamine			Mop Pack	1	1			
Propofol	02	02	Steristrip					
Rocuronium	01	01	Underpad	1	1	Atropine 1ADR	14	14
Glycopyrolate	01	-	Draw sheet	1	1	Lox coord 1/2ly	14	14
Myopyrolate	01	01	Abgel			Ng suction tube	10/0	-
Ondansetron	01	-	Foleys catheter			midax	01	01
Pencan 25g/ Spinal Needle 22			Urobag			Nasal Airway		
Bupivacaine 0.25%	01	-	Chest Drainage Catheter			2 1/2 2 1/2	14	-
Bupivacaine 0.25%(Heavy)			Romodrain bag			oral Airway		
Antibiotics			Bandage			2 1/3	14	-
Amoxicillin 1.2 gm	01	01	Tegaderm			medepm bc	01	-
Suppositories			Ioban			0 1/2 mask (1)	01	01
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	2	Dr caulls 18, 20	14	-
Justin 125 mg / 25mg / 100mg	14	01	Plastic Bed Sheet	1	-	socket pmo line	14	14
Tab. Misoprost : 200mg			Betadine Solution			Dermide 100mg	01	-
Vaccum Set	01	01	Microshield	1	0			
Dexa + Dermide	14	14	Cotton Balls	10	10			
Tranaxa + pm	24	14	Latex Gloves	10	10			
Gloacal + clonon	54	-	Ramdione Scrub					
100m 100 cm 3 way	14	01	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 9619583 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174003 Admit Date : 19-May-2026 Admit Time : 07:20 AM UHID : KUH-00079874

Patient Details :

Patient Name	: Baby HASVIKA PULAHARI	Age	: 6 Y 11 M 13 D
Guardian	: Mr FEEROJKUMAR PULAHARI	DOB	: 06-06-2019
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: FLAT NO - E1305, APARNA SAROVAR ZENITH APT , NALLAGANDLA , Serilingampally Hyderabad Telangana INDIA 500019	Phone No	: 8790137130/ 8897048419
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type	: DAY CARE	Bed No	: POST OP 409	Ward Name	: 4F-OT COMPLEX
Room No	: POST OP 409	Admission Type	: First Visit		

Contact Details :

Name	: Mr FEEROJKUMAR PULAHARI	Relationship	: Father
Contact Address	: FLAT NO - E1305, APARNA SAROVAR ZENITH APT , NALLAGANDLA , Serilingampally Hyderabad Telangana INDIA 500019	Phone No	: 8790137130 / 8897048419

Feeroj Kumar
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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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	1			
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	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	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)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list <i>Thrombopen</i>	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	<i>Extra</i>				
	Total No. of Pages	<i>47</i>			

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**
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

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06-06-2019 8 Y 11 M 13 D (F)
Dr. P V L N MURTHY



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Hasvika

Information given by: mother

Age/Sex 6/F

Relationship good

Chief Presenting Complaints & Duration (Chronologically)

c/o recurrent URTI
snoring / mouth breathing / x 6m
poor sleep

History of present illness :

↓
evaluated on OP basis
found to have adenoid & tonsillar
hypertrophy.

↓
now admitted for surgical mx
no fever / vomiting / cough.



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N)

Birth & Socio Economic History:

About Father : _____

About Mother : _____ (N)

Any additional Information : _____

Developmental History :

appropriate for age

Immunization History :

uptodate

History & Physical Examination

Anthropometry

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 27.5 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 118/min B.P. 92/60 SPO2 100%
Resp. rate and type of breathing : 20/min

Rash _____
Lymphadenopathy (-)
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : (N) BAE (+)
Any added sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : (N)
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : soft / NT / no HSM
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

chronic adenotonsillitis + B/L HIT.
now for adenotonsillectomy +
turbinoplasty.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: bleeding

Desired goals of the treatment : Surgical management

Planned Labs:

CBP
N/A
P/rod
19/05/26
@ 7:20 PM

Planned Management

- 1) Shift to OT
- 2) IVP DNS
- 3) Cont NPO

Signature of the Doctor: Akhile

Signature of the Consultant:

Name of the Doctor: Dr. Akhile

Name of the Consultant: DR. PVLN MURTHY

Date & Time: 19/5/26
5pm

Date & Time:

Registration No: 47267

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Murthy Date : 19/5/26

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

Start Time of Assessment: 7:10 am Weight: 27kg

Allergic History:

Chief Complaints:
Chronic adenotonsillitis
& HIT.
for surgery.

Pediatric Assessment Triangle

A Appearance - TICLS (N)

B Breathing

C Circulation

Normal
 Abnormal

Pallor
 Cyanosis
 Mottling
 Bleeding

Breathing

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Initial Physiological Status: Stable Unstable

Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No
 If Yes

Significant Past History:

Medication History: / @

Relevant Investigations:

Primary Assessment

Airway

Open
 Maintainable
 Not Maintainable

Breathing

Rate: 22/min SpO₂ on FiO₂: 100%
 Rhythm: Regular

Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAE (+) / clear

Palpation Findings (If necessary)

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 118/min CFT [Central / 228
Peripheral]

Any urgent interventions needed: Yes No
If Yes:

BP: mmHg
Pulse Volume: [Central
Peripheral / good]
If in Shock: [Compensated
Hypotensive]
Muffled Heart Sound: Yes No
Engorged Neck Veins: Yes No
Murmurs: Yes No
Liver Span:
ECG:
Any Signs of Heart Failure: Yes No



Disability

GCS: 15 AVPU:
Pupils: [Responsive Non-Responsive
Size [Right
Left]
Active Seizures: Yes No Sugars:
Signs of Neurological compromise: NERSD

Any urgent interventions needed: Yes No
If Yes:

Exposure



Temp.: 98.2° F
Any Rash: Yes No
If yes describe the rash
Active bleed: No
Lacerations Abrasions bruises
Describe:

Any urgent interventions needed: Yes No
If Yes:

Final Physiological Status: Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:
.....
.....
.....
.....
.....
.....
.....

CBP
N/B
Isp

Treatment Planned:
.....
.....
.....
.....
.....
.....
.....

- IVF DNR
- NPO
- Shift to OT

Need for Oxygen: Yes No if yes Low Flow

High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): chronic adenotonsillitis

Assessment done by
Name of the Doctor: Dr. Ahila
Signature:
Date & Time: 19/5

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor:
Signature:
Date & Time:



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. Adenotomyllectomy, Ecoblation + B/L Tonsillectomy
 2. _____

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)
<u>Good breath</u>	<u>Medical management</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. Bleeding, Change in voice, nasal regurgitation
 b. Sec of Acidity

- 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: Feeroj Kumar
 Name: Feeroj Kumar
 Relationship with patient: Father
 Date & Time: 19/05/2020

Witness:
 Signature: Shravani
 Name: Shravani
 Date & Time: 19/5/20 8:00 Am

Doctor (who is taking consent):
 Signature: [Signature] Name: P V L N Murthy Date: 19/5/20 Time: _____

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫైట్ బిల్డెన్ 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 / 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

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జి, 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.
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 భావ సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్: _____ సొక్సి: _____
 సంతకం: సంతకం:
 పేరు: పేరు:
 రోగితో సంబంధం: తేదీ & సమయం:
 తేదీ & సమయం:

డాక్టర్ : _____
సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : *Dr. P.V. Murthy*
 Asst. Surgeon :
 Anaesthetist : *Dr. Shug*
 Scrub Nurse : *P.V. Murthy*

Patient Name : *Baby. HASVIKA. leharoi* Age : *6y* Gender : *F*
 UHID No. : *00079574* Surgery Name : *Adeno + tonsillectomy*
 Date : *19/5* In-time : *8:45 Am* Out-time : *9:40 Am*

KUM-00079874 IP5-00174003
 Baby HASVIKA PULAHARI
 06-06-2019 6 Y 11 M 13 D (F)
 Dr. P.V.L.N. MURTHY


Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <i>8:37 AM</i>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <i>[Signature]</i>	
Name : <i>P.V. Murthy</i>	

TIME OUT	Time: <i>9:23 AM</i>
Confirm all team members have introduced themselves by Name and Role	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration?	<i>15m</i>
Anticipated Blood Loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<i>Risk of larynx</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<i>disinfect 30 mins</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : <i>[Signature]</i>	

SIGN OUT	Time: <i>9:45 AM</i>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : <i>P.V. Murthy</i>	

Patient No: IPS-00174003
 UJH-00079874
 Baby HASVIKA PULAHARI (F)
 6-01-2019 6 Y 11 M 13 D
 Dr. V L N MURTHY



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 19/5

Department : P.O.T Duration of Procedure :

Name of Surgeon : Dr. P. V. L. N. Murthy Date of Admission : 19/5

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic :	
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr. Anand Date & Time of antibiotic administration : 19/5/20 @ Date & Time procedure started : 19/5/20 @	

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

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Baby HASVIKA PULAHARI
16-06-2019 6 Y 11 M 13 D (F)
Dr. P V L N MURTHY



OPERATION THEATER NOTES

Patient's Name : Age : Gender : Male Female

UHID No.: Weight : 27.14 Height :

Surgeon : P V L N Murthy Asst. Surgeon :

Anesthetist : OT Nurse: OT Technician:

Pre-Operative Diagnosis: Ch. Adeno tonsillitis + HIT

Surgical Procedure :
Adeno tonsillectomy + Coblation
B/L Tullius plasty

Indications for Surgery :

Date : Start Time : 8:45 Am End Time : 9:45 Am

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adeno tonsillectomy + Coblation
B/L Tullius plasty

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D. P. V. L. N. MURTHY



POST-SURGICAL CARE PLAN FORM

Procedure Done: Adeno tonsillectomy & adenoidectomy + B/L Tonsillectomy

Post-Surgical Diagnosis: Adeno tonsillitis + HIT

Post-Operative Monitoring Parameters / Frequency:
Vitals, Breathing

Wound Care: Mouth wash, Nasal wash TID

Drain / Special Lines / Catheters:
—

Special Patient Positioning and Requirements:
Cervical

Nutritional Instructions:
veg soft diet

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
2 weeks

Treating Surgeon
(Signature & Stamp)

Date: 19/5/20 Time:

Note: Plan of care will be readjusted if necessary.

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 Baby HASVIKA PULAHARI
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 Dr. P. V. L. N. MURTHY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 20/5/17 8:20am	c/s/B Resident	
	child isafebrile	<u>Plan</u>
	doing well	
	No fresh complaint	① SYP AUGMENTIN
	start small quantity	② SYP OMNICORTIL
	of oral feeds.	③ NYZAL-M SYP
	NO bleeding, NO vomiting	④ CROCEIN DS
	<u>DIE</u>	⑤ T-TRAWERA 500mg
	EVS: S, S, ⊕	⑥ LANZOL DT
	RS: BAE ⊕, Sworing ⊕	⑦ SALT WATER GARGLING
	P/A: soft	Soheli
	ENT: clear	



CROSS CONSULTATION FORM

Doctor Name : Ujjwala Desai Date : 20/6/20 Time : 9am

Diagnosis : Adenotonsillectomy + B/L Turbinateplasty

Hospital : RCN, Banjara Hills

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 :

Adenotonsillectomy + B/L Turbinateplasty

No fever
 No bleeding
 mild pain (1)
 Oral intake - Good
 Urine output (2)
 Stool - passage
 Hemodynamically stable
 B/L AE (+), S/S (+) M.
 + LA Soft, N2

Plan

- 1) continue as per ENT adv
- 2) Add Augmentin Plus

RFA 1 week

Schick

Consultant :

Name : Ujjwala

Signature : _____

Date & Time : 20/6/20

DR. UJJWALA DESAI
Registration No. 90550

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 Dr. P V L N MURTHY



RESULT SHEET

Date					
Time					
Hb					
PCV					
FBC					
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					



DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. 27.5kg Ward.

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Syp AUGMENTIN DR</u>				Date Time <u>19/5/15</u>
<u>7.5ml</u>	<u>P/O</u>	<u>BID</u>	<u>19/5</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Ayushman</u>				<u>[Signature]</u>
Additional Instructions:				<u>[Signature]</u>
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Syp OMNACORTIL</u>				Date Time <u>19/5/15</u>
<u>5ml</u>	<u>P/O</u>	<u>BD</u>	<u>19/5</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Ayushman</u>				<u>[Signature]</u>
Additional Instructions:				<u>[Signature]</u>
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Syp XYZAL -h</u>				Date Time <u>19/5</u>
<u>5ml</u>	<u>P/O</u>	<u>OD</u>	<u>19/5</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				<u>[Signature]</u>
Daily Doctor's Endorsement by a Sign				

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 Dr. P V L N MURTHY



22
 135
 22

Sheet No:

REGULAR PRESCRIPTIONS

Weight 27.5 kg Ward

DRUG : <u>LYPCROUN DI</u>				Date Time	<u>19/5</u>																	
Dose	Route	Frequency	Start Dt.																			
<u>7.5M</u>	<u>P/O</u>	<u>TID</u>	<u>19/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Ayushma</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T. TRANEPA</u>				Date Time	<u>19/5</u>																	
Dose	Route	Frequency	Start Dt.																			
<u>1 tab</u>	<u>P/O</u>	<u>BD</u>	<u>19/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Ayushma</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T. LANZOL</u>				Date Time	<u>19/5</u>																	
Dose	Route	Frequency	Start Dt.																			
<u>30mg</u>	<u>P/O</u>	<u>OD</u>	<u>19/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Ayushma</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>SUPIBOGESIC</u>				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

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 Dr. P V L N MURTHY



She

REGULAR PRESCRIPTIONS

Weight

Ward

VERIFIED BY : Name Signature

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																			
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																			

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Weight. Ward.

Date Time	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
DRUG :	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.	

Date Time	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
DRUG :	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/05	8:45 Am	INJ PARACETAMOL	410 mg	IV	hs	Amos Durg
19/05	8:46 Am	INJ TRANEXEMIC ACID	400mg	IV	hs	Amos Durg
19/05	8:47 Am	INJ DEXAMETHASONE	2mg	IV	hs	Amos Durg
19/05	8:48 Am	INJ AUGMENTIN	800 mg	IV	hs	Amos Durg
19/05	8:49 Am	SUP DICLOFENAC	25mg	IV	hs	Amos Durg

VERIFIED BY Time Signature

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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						<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 : Akhila Akhila

Date & Time : 19/5/26 07:00 AM

Nurse Name & Signature: Rohini

Date & Time : 19/5 07:02 AM

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 Baby HASVIKA PULAHARI
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 Dr. P. V. L. N. MURTHY

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

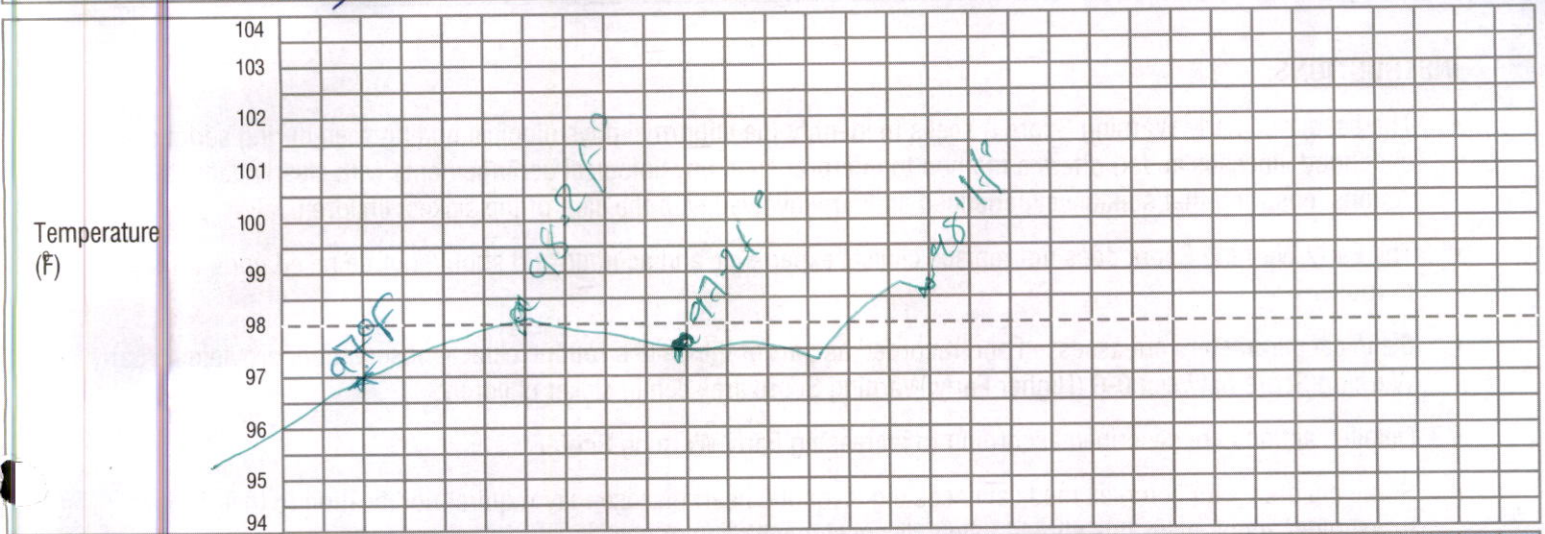
SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/5 Time: 5PM 10PM 2AM 6AM
 Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *
 Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
5PM	100	100/60
10PM	85	100/50
2AM	98	105/59
6AM	94	101/51

Heart Rate (Number)

100b/m 85b/m 98b/m 94b/m

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

24b/m 25b/m 28b/m 28b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturation (%)

99% 100%, 100%, 100%

Conscious Level Normal / Altered

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

TOTAL SCORE

Number of shaded boxes 1 1 1 1

Pain Score 5 5 5 5

Observer's initials S 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)



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	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
19/5	08:00 am	RL	270	—	—	—	—	—	—	0	Devi		
	09:00 am	RL	270	—	—	—	—	—	—	0	Devi		
	10:00 am	270	—	—	—	—	—	—	—	0			
	11:00 am	1000	—	—	—	—	—	—	—	0	Kauk		
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
19/5	02:00 pm	1	Michidi							0	Shree		
	03:00 pm	1	ice cream							0			
	04:00 pm	NO I.V	milk shake						✓	0			
	05:00 pm									0			
	06:00 pm									0			
	07:00 pm									0			
Total Intake :						Total Output :							
19/5/26	08:00 pm	1								0	Sowartha		
	09:00 pm	1								0			
	10:00 pm	NO I.V							✓	0			
	11:00 pm	1								0			
	12:00 am	1								0			
	01:00 am	1								0			
Total Intake :						Total Output :							
20/5/26	02:00 am	1								0	Sowartha		
	03:00 am	1								0			
	04:00 am	270								0			
	05:00 am	270								0			
	06:00 am	1								0			
	07:00 am	1								0			
Total Intake :						Total Output :							
Total 24 hrs. Intake												Total 24 hrs. Output	

Patient Sticker

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			
	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

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 19/5/26 Time: 12 PM

Weight: 27 kg Centile: >75th

Height: 123 cm Centile: >50th

Inference: overweight child.

RDA: - Calories: 1450 kcal/d Protein: 25 g/d

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy & outside foods.

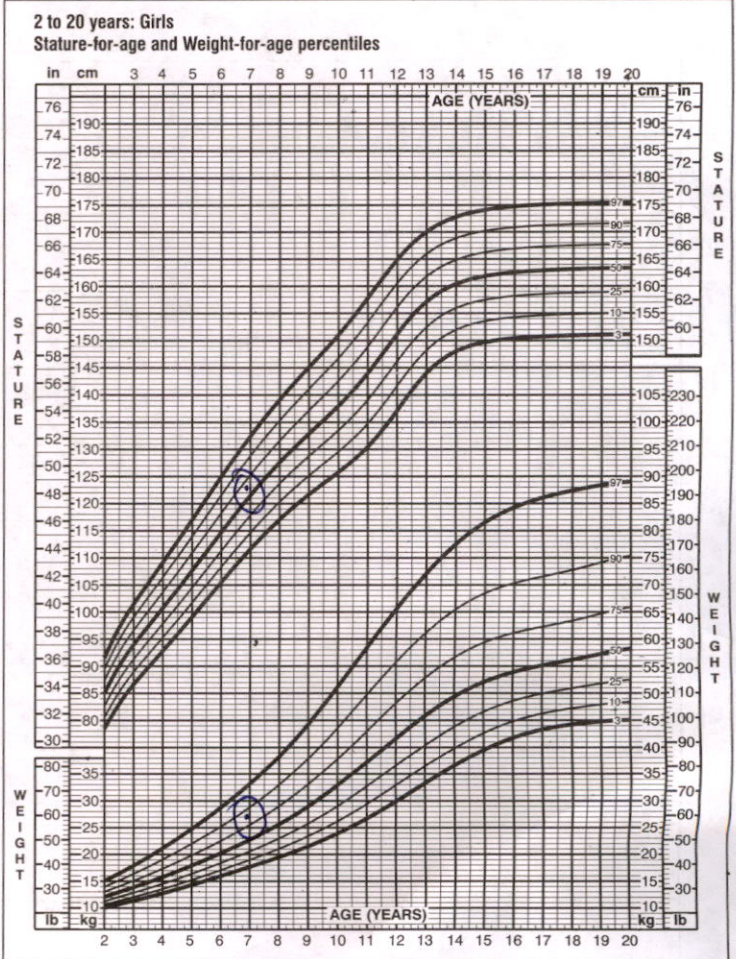
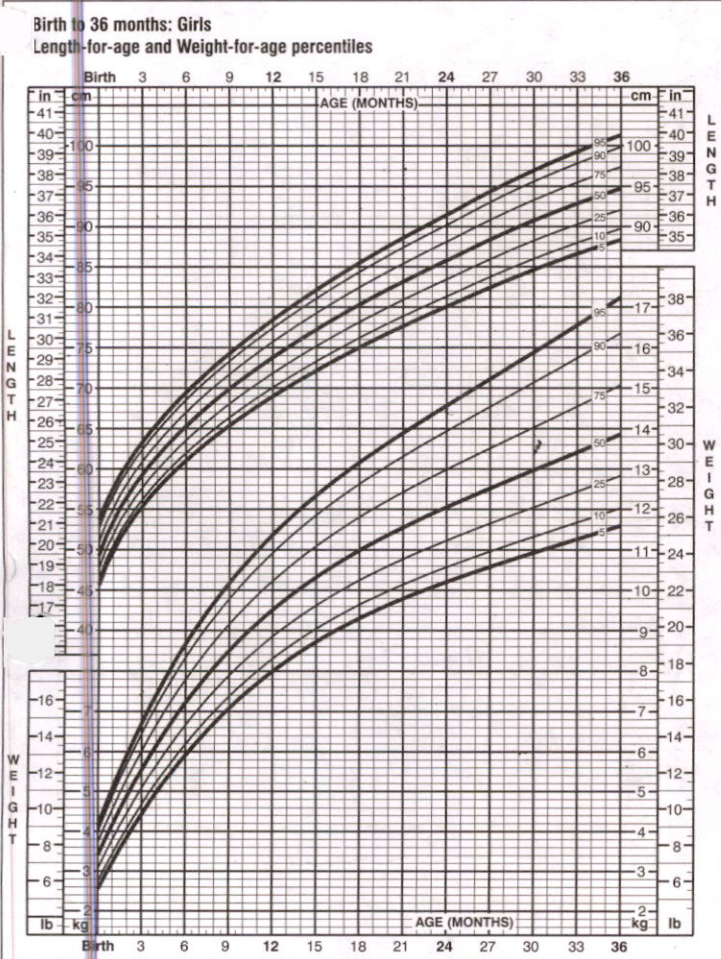
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Chronic Adenotonsillitis

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Shravani

GROWTH CHART (GIRLS)



Dietician's Name Mounica

Dietician's Signature Mounica

Daily Notes:

20/5/26

8am

child is stable. Intake is fair.

continue on soft diet

NW/1/26