-00123398 IP5-00174622
ter SHIVAKOTI VIRAJ
10-2025 0 Y 7 M 22 D (M)
RAMESH SHIGHAKOLLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

NO: FC

Date : 2/6/26.

Patient Name: Master Shivakoti Viraj Date of Birth: 1/10/2025 Age: 7 month

Gender: male Ward : POT UHID No.: KBH-00123398

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

Name of the Surgery : Craniectomy & drilling of csd & CSA

Time in : 8.35 AM Time Out : 12.00 pm

	NAME	AMOUNT
1. Surgeon	: N S Ramesh	
2. Anaesthetist	: Dr. Akhila / Dr. Ravi	
3. Assistant Surgeon	:	
4. OT Technician	: BABU	
5. Circulating Nurse	: Benjamin	
6. Assistant Nurse	: Bikhai, Jyothi	

Special Equipment:
☐ Laparascopy 9639616 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☑ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Neuromonitoring, 9639616
Microscope used.

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9639615 Order by: Benjamin

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

-00123398 IP5-00174622
er SHIVAKOTI VIRAJ
)-2025 0 Y 7 M 22 D (M)
AMESH SHIGHAKOLLI

EXCISION OF REPAIR SPLIT CORD. MAL formation flow

CONSUMABLES OF OT

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

Circulating staff : .... Technician : J. Bapu .... Date : 2/6/26 .... Time : 8:30 Am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5 . 4.0 . 4.5	1+1+1	1	Major Pack Drape	1	1	Inj Vit.K 26 Middle	1	—
LMA 1½ / 2	1+1	—	Sutures VIC 2.0 3.0 5.0	2+2+2	1+1	Cord Clamp Trimmer blade	1	1
ECG leads : A / P / N	01	1	PDS 4.0 3.0 5.0	2+2+2	—	Suction Catheter Yankauer 13	2	1
HME filter : A / P / N	01	1	~~Monosyn 3.0 4.0~~	2+2	1	Feeding Tube Drawsheet	1	1
Syringes : 10 cc	20	6	~~Mersilk~~	2+2		Vaccum Suction Set		
05 cc	20	6	Gloves 6 . 6½ 7 7½	2+2+2	1	~~Surgical Gloves~~ Arowin 0.25	1	1
02 cc	20	0	PF 6 . 6½ 7 7½	2+2+4	1+2	~~Gauze Pack~~ Dermi marker	1	—
01 cc	5	2	Silk 2.0 3.0 4.0	2+2+2	1+1+1	Syringe 1ml / 2ml		
Cautery plate : A / P / N	01+1	1	Surgical blade 11+15+11	1+1+1	1+3	Surgical Blade # 20		
IV set + Blood set	01	1+0	NG tube 8, 10	1+1	1	~~Koochies (S)~~ Bone wax	2	1
RL + 25 + 3 ...	1+1	1+1+0	Cautery pencil	1	1	NS 500 ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	05+1+2	3+2+1	Koochies ~~small~~ medium	1	1	transofix	1	—
mini spike	01		Ointments Abgel	1	2	Multitube holder	1	—
Vaccu set	02	2	Suction Catheter			Iox Jelly	1	1
Fentanyl	01	1	Cap, Mask NHR	5	10	~~Multitube holder~~	1	
~~Morphine~~ Remifentanyl	1	1	Gauze Pack NHR	5	3+2	Inj. gentamycin	1	—
Ketamine			Mop Pack	1	1	Iox with Adriline	1	1
Propofol	10	1	~~Steristrip~~ Fibrillar Surgicel 1x2	1	1	20cc + 100cc + 50cc	1+1+1	1+0+0
Rocuronium	01	0	~~Underpad~~ Arm cover	1	1	Inj. ~~Taxim~~ Ceftriaxone 500mg	1	1
Glycopyrolate	01	0	Draw sheet ~~Abgel~~	2		Inj. Amikacin 250	1	1
Myopyrolate 9.00	02	—1	~~Abgel~~ Skin stappler	2	—	NS solution	[illegible]	—
Ondansetron dexona	01	01	Foleys catheter 6, 8	1+1	—	O.A 0.1	1+1	—
Pencan 25g/ Spinal Needle 22			Urobag Meter	1+1	1	N-A 16, 18, 20	1+1	—1
Bupivacaine 0.25%	01	1+2	Chest Drainage Catheter			O2 mask (P)	01	—1
Bupivacaine 0.25%(Heavy)			Romodrain bag stylate	1	1	50cc + Prolong E 5+5	2+2	2
Antibiotics Taxim 500 Amikacin 100	1+1	—	Bandage Tisseel 2ml	1	1	3way stopcock	05	—
Supcm	01	1	~~Tegaderm~~ CARMAN	1	1	Duodenum	01	+
Suppositories			Ioban	1	1	Softron 4, 6	3+3	2+2
Anamol : 80mg / 250mg / 170 mg			Double J Stent anaesthesia (P)	1	1	HOT Clip + AD kit	1+1	—
Supridol : 100mg			Vaccum Suction set	1	1+1	Gelco needle 22, 24	2+2	—
Justin : 12.5 mg / 25mg / 100mg	01	.	Plastic Bed Sheet	1	01	ET roplast adhesive	1+1	1+1
Tab. Misoprost : 200mg			Betadine Solution	1	1	midaz teplidine	1+1	1+0
3 clay 10cm + 100cm	3+3	—	Microshield	1	1	Cox Jelly + Coxkard	1+1	1+1
Gauze + yellow ...	5+2+5	3+0	Cotton Balls	10P	1	Camera cover	01	—
Dele + Towel	1+1	1+1	Latex Gloves	1	10P	micro scope cover	01	1
IV canula 22, 24	2+2	1	Ramdione Scrub	1	1	Tegaderm pad	1+1	—
O. sale, splint 3	2+1+1	1+0	Saral	1	—	Proto gown	1	1+1

Surgeon Anaesthesiologist Nurse OT Technician BAPU

Order No. : 9639713 .... Ordered by : ....

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

LBH-00123398 IPS-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Name :_____

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : 4/6/26 Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/06/26	9:20pm	AR	105	Subnur
2/6/26	7AM	105	OT	Aruna.
2/6	2:50	OT	105	Sujit.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/6.	surgical profile	55796	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/6	IV placement.	(1)	38203	
1/6	PAC	op		

ANY OTHER INFORMATION

Date : 4/6/26 Time : 11:30PM Prepared By : Aruna

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aruna	SPVT		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174622 **Admit Date** : 01-Jun-2026 **Admit Time** : 08:24 PM **UHID** : LBH-00123398

Patient Details :

Patient Name	: Master SHIVAKOTI VIRAJ	**Age**	: 0 Y 7 M 21 D
Guardian	: Mr SHIVAKOTI KARTHIK	**DOB**	: 11-10-2025 12:05 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 501, CASTELLO HOMES, CASA 11 BLOCK , LB NAGAR, BESIDE GLOBAL HOSPITALS Karmanghat X Roads Hyderabad Telangana INDIA 500035	**Phone No**	: 9849999986/ 9652489469
		E-mail	: RAJINISHETTY963@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 105 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 105 **Admission Type** : First Visit

Contact Details :

Name	: Mr SHIVAKOTI KARTHIK	**Relationship**	: Father
Contact Address	: FLAT NO 501, CASTELLO HOMES, CASA 11 BLOCK , LB NAGAR, BESIDE GLOBAL HOSPITALS Karmanghat X Roads Hyderabad Telangana INDIA 500035	**Phone No**	: 9849999986

S.Karthik.

Signature

Doctor Details :

Doctor Name	: Dr. RAMESH SHIGHAKOLLI	**Specialisation**	: PEDIATRIC NEURO SURGERY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	: Dr. RAMESH KONANKI		

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Patient Name: Koti Viraj

UHID ID:

Department:

Consultant:

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Pediatric Multiorgan History & Physical Examination

Name : Master Shivakoti Viraj Age/Sex 7m | Male

Information given by: Mother. Relationship

Chief Presenting Complaints & Duration (Chronologically)

k/c/o Spinal Dysraphism.
$D_{12} - L_1$ Syrinx.
Case for Detethering of spinal cord + 10 NM

History of present illness :

as per informant.

child was incidentally detected with spinal dysraphism on primary inspection @ birth

↓

following which he was adviced Detethering surgery.

after 6 months of age.

Danger signs → limb weakness.
bladder/bowel dysfunction
CSF leak.
Infections
delayed wound healing
retethering
} explained

no neurological deficit during development

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Pediatric Multiorgan History & Physical Examination

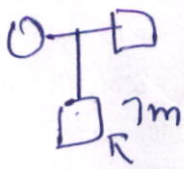
Past History : (Including details of any previous investigation or treatment)

Nil

Birth & Neonatal History:

Normal antenatal & perinatal transition

LSCS | 36+4 weeks | Oligohydramnios | 2.4 kg BWt



Birth & Socio Economic History:

About Father : middle.
About Mother :
Any additional Information :

Developmental History :

Adequate as per age. no developmental delay

Immunization History :

Immunized till date

(P.T.O.)

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 64cm (Centile _____) Height (cms): 42cm (Centile _____)

Weight (kgs)) 7.72kg (Centile _____)

On Examination :

Temperature : 97.9F Pulse Rate : 132 bpm B.P. 80/53 SPO2 98% @ RA

Resp.rate and type of breathing : ~~88~~ 30 bpm Regular.

Rash –

Lymphadenopathy – B/L Lower limb

Oedema : – CTEV & Dennis brown splint

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : BAE (+), Clear airways

Any addes sounds : Nil

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

Cardiovascular System :

Inspection of procordium : Normal

Heart Sounds : S_1S_2 (+)

Any murmur : –

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

Per Abdomen :

Inspection Normal

Palpation : Soft, non tender

Ausculation : Bowel sounds (+)

Spine : $D_{12}-L_4$ - Synix. Dysraphism External Genitelia :

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

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : adequate

Tone: Normal Power 4/5

Co-ordinator : well coordinated

Posture : Normal / CTEV

Involuntary Movements : Nil

Reflexes :

DTR +++ **Superficials:** +++

Plantars Elicited

Sensory System : Intact

Bladder / Bowel : Adequate

Clinical Summary & Diagnostic:

Came for Detethering of cord + IONM

(P.T.O.)

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Neuropathy

Desired goals of the treatment : Surgical management

Planned Labs:

Surgical Profile

Planned Management

- NPO after PAC instruction
- IVF DNS
- Blood reserve — PRBC 120ml.
- Shift to OT as per schedule for Dethetning of cord + IONM

Signature of the Doctor: Sohels
Name of the Doctor: Dr. Sohels
Date & Time: 7:15pm 01/06/25

Signature of the Consultant:
Name of the Consultant: Dr S. Ramesh
Date & Time:

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 22 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HIGH RISK CONSENT FOR SURGERY	
	(1) I/we attenders of patient master Shivakoti viraj 7 months, child has been explained about the condition of patient i.e. closed spinal dysraphism, a low lying cord, tethered cord, split cord malfunctions,	
	(2) I/we attenders have been explained about the sequence of surgery i.e. exploration, detethering of cord, +/- excision of [illegible] under GA [illegible]	
	(3) I/we attenders have been explained about sequence of surgery & complications involved in procedure i.e. excessive bleeding, injury to thecal sac, injury to nerve roots, chance of weakness of limbs, chance of involuntary passage of urine & motions, chance of [illegible], chance of infection, delayed wound healing, chance of tethering, chance of redo explorations, chance of post op ventilation, high risk to life, long term follow up requirement,	
	(4) I/we attenders have been explained about anesthesia related complications like hypoxia, hypothermia & cardio respiratory arrest	
	(5) I/we attenders of patient master viraj have been explained about the condition of patient, sequence of surgery & complications involved in procedure	
	(6) I/we attenders give consent to [illegible] & will not hold doctors/hospital staff for any untoward [illegible] under GA	
	Karthik (father) S. Karthik.	
	Rajani (mother) Rajani	

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 22 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/06 5:30pm	C/S/B Neuroteam	
	K/C/O spinal dysraphism c syrinx (D12-L1) s/p detethering of cord + TONM.	
	H/O : B/L CTEV post tenotomy c denis brown splint.	
	Ased at birth.	
	No neurological deficits / urinary incontinence	
	O/E: Child conscious Responding to command. Moving both limbs spontaneously. passed urine (+). D+R : +2 | +2 / +2 | +2 Tone - Normal.	Adv •) w/f fever spikes. •) vitals monitoring

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06 9AM	C/S/B Neuroteam	
	K/C/O ~~operated~~ closed spinal dysraphism c low lying tethered cord c $D_{12}-L_1$ dysjunx S/P: detethering of cord + IONM.	
	H/O B/L CTEV post tenotomy c Denis Brown Splint	
	No Neurological deficits / Urinary incontinence. Urine Output (+) Adequate	
	O/E: HMF: Sensorium - Good Accepting feeds Orally. Tone - N/N | N/N power: moving all 4 limbs spontaneously against gravity DTR: +2/+2 | +2/+2 cerebellar: no nystagmus.	Adv •) vitals monitoring •) check for USG - Abd & post void residual •) SOS IV tramadol

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

(P.T.O)

Patient Sticker
IP5-00174622
-00123398 (M)
ter SHIVAKOTI VIRAJ
0-2025 0 Y 7 M 22 D
RAMESH SHIGHAKOLLI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06	C/S/B Neuroteam	
	No fresh complaints	
	vitals - stable	
	Accepting feeds (N)	
	U.O : Adequate	
	passed stools	
	CNS: Tone - N/N / N/N	
	moving limbs against gravity, spontaneously.	
	HMF : (N)	[signature]
4/6	C/I/B Dr Ramesh sir	
	Child is doing well	
	no fever	
	Feeding well.	
	passing stool.	Plan
	good anti gravity movs	Alv ī Neurophysician.
	[illegible]	
	[illegible]	
	No [illegible]	
		[signature] (Dr S Ramesh)

Patient Sticke

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

O+

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	11/6/26					
Time						
Hb	11.7					
PCV	35.3					
RBC	5.35					
WBC	15.29					
N/L	26.1 / 65.6					
Platelets	443					
CRP						
ESR						
PCT						
RBS						
Na	138					
K	4.8					
Cl	110					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.3					
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	14/1.0					
APTT	45					
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 : HIV - 1&2 - Negative
HBSAg -
~~HCV~~ -

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

master Shivakoti Viraj

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: Ward

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 : Prof Dr Ramakrishna

Date & Time : 01/06/26 @ 9pm.

Nurse Name & Signature: Kavitha KJ

Date & Time : 01/06/26 @ 9pm

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

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 24 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 7.7 kg Ward ....

DRUG : Inj DEXAMETHASONE				Date▸ Time▾	2/6, 3/6
Dose	Route	Frequency	Start Dt.		
1mg	IV	TID	2/6	6AM	X
Name & Signature of the Doctor Starting the Drugs: Sahithi				2PM	X — Stop
Additional Instructions:				10PM	
Daily Doctor's Endorsement by a Sign					

DRUG : Inj MONOCEF				Date▸ Time▾	2/6, 3/6, 4/6
Dose	Route	Frequency	Start Dt.		
400mg	IV	BID	2/6	10 AM	OT
Name & Signature of the Doctor Starting the Drugs: Akhila					
Additional Instructions: @ 50mg/kg/dose				10 PM	
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 ....

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 24 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... 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 ....

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

shivakoti viraj

DRUG CHART

Date of Admission: 01/06/26 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 .....

11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

REGULAR PRESCRIPTIONS

Weight. 7.7kg Ward. ....

DRUG : Inj MONOCEF				Date ▸ Time ▾	2/6		
Dose	Route	Frequency	Start Date				
40mg	IV	12 hrly	2/6	10AM	8:45 AM OT		
Name & Signature of the Doctor Starting the Drugs: Sr. Sahithi							
Additional Instructions: CEFPODOXIME @ 5 mg/kg/dose				10PM			
Daily Doctor's Endorsement by a Sign							

change dose — 2/8/26

DRUG : Inj AMIKACIN				Date ▸ Time ▾	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
60mg	IV	12 hrly	2/6	10AM	8:45AM OT	Sona Sirisha	MDN
Name & Signature of the Doctor Starting the Drugs: Sr. Sahithi							
Additional Instructions: @ 7.5mg/kg/dose				10PM	X	Das Sirisha	
Daily Doctor's Endorsement by a Sign							

DRUG : Inj PANTOPRAZOLE				Date ▸ Time ▾	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
~~100mg~~ 8 mg	IV	OD	2/6				
Name & Signature of the Doctor Starting the Drugs: Sr. Sahithi				6AM	8pm Priyanka	Das Divya	Das Sirisha
Additional Instructions: ~@ 1 mg/kg/dose.							
Daily Doctor's Endorsement by a Sign							

DRUG : Inj PARACETAMOL				Date ▸ Time ▾	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
100 mg	IV	8 hrly	2/6.	6AM	X	Das Divya	Das Sirisha
Name & Signature of the Doctor Starting the Drugs: Sr. Sahithi				2PM	11AM OT 5:30 PM Priyanka	Sona	
Additional Instructions: ~@ 15mg/kg/dose				10PM	~~10PM~~	Das Sirisha	
Daily Doctor's Endorsement by a Sign							

Weight. 7·7 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	8:45AM	Inj MONOCEF	400mg	IV		
2/6/26	8:45AM	Inj. AMIKACIN	120mg	IV		
2/6/26	10:30AM	Inj-PARACETAMOL	100mg	IV		

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

Dr. RAMESH SHIGHAKOLLI

Master SHIVAKOTI VIRAJ
LBH-00123398 IP5-00174622

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/6/26	7:30pm	IVF DNS	I.V	30ml/hr	[signature]	[signature] / [signature]	2/6	[signature]	[signature] / [signature]
2/6/26	8:45 AM	RINGER LACTATE	IV	80ml/hr	[signature]	[signature] / BAR	[signature]	[signature]	[signature] / [signature]

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

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 22 D (M)
Dr. RAMESH SHIGHAKOLLI

. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

	6am	10am	1pm	6PM	10PM	2am
Doctor/Nurse/Family Concern?						
Temperature (F)	97.2F	97.5F	98.2F	99°F	97.5F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	Refused	Crying	Crying	100 (67) 56	99 (72) 60	101 (75) 65
Heart Rate (Number)				142 b/m	140 b/m	135 b/m
Resp. Rate (bpm) (Over 1 Minute) *				28 b/m	25 b/m	20 b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)		98%	99%	98%	100%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials						

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 incharge and PICU /NICU fellow or PICU/NICU 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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 22 D (M)
Dr. RAMESH SHIGHAKOLLI

: RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ...... Time:	1/6/26	2/6/26				
Doctor/Nurse/Family Concern?	10pm		6Am	6Pm	7Pm	10Pm
Temperature (F) (104–94)	97.2°F	96.8°F	97.0°F	100.0°F (Paracetamol given)	98.3°F	Refused
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	101/61 (72)	100/58 (70)	92/46 (56)	105/55 (68)		
Heart Rate (Number)	109b/m	101b/m	106b/m	120b/m		
[redacted]p. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	30b/m	29b/m	28b/m	26b/m		
Resp Distress — Mod/ Severe / None / Mild						
Receiving O_2(l/min) / O_2Saturations (%)	98%	98%	99%	98%		
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	0	0	0	0		
Observer's Initials	0	0	0			

Note: BP does not score in early warning scoring

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 incharge and PICU /NICU fellow or PICU/NICU 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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 24 D (M)
Dr. RAMESH SHIGHAKOLLI

. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/6 Time: 6am

Doctor/Nurse/Family Concern?

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

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

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

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 incharge and PICU /NICU fellow or PICU/NICU 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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 21 D (M)
Dr. RAMESH SHIGHAKOLLI

Patient St

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

		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	1									0	Aruna
1/6	11:00 pm	NIO NF			NA			NA			0	
	12:00 am	1		/							0	Aruna
	01:00 am							/			0	
Total Intake :						**Total Output :**						
	02:00 am	1		30ml							0	Aruna
	03:00 am	1		30ml		/			/		0	
	04:00 am	DNS		30ml							0	Aruna
2/6	05:00 am			30ml	NA			NA			0	
	06:00 am	1		30ml				/			0	Aruna
	07:00 am			30ml							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 22 D (M)
Dr. RAMESH SHIGHAKOLLI

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm		H2O	—	—	—	—	—	—	—	0	
Total Intake :						**Total Output :**						
2/6	02:00 pm		milk								0	
	03:00 pm										0	
	04:00 pm	no IVF									0	
	05:00 pm										0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
2/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	no IVF	milk								0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						**Total Output :**						
3/6	02:00 am											
	03:00 am											
	04:00 am	no IVF	milk								0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

LBH-00123398 IP5-00174522
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 24 D (M)
Dr. RAMESH SHIGHAKOLLI

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/6	08:00 am	1									0	
	09:00 am									✓	0	
	10:00 am	NO IVF	Milk		NA				NA		0	
	11:00 am	1					✓				0	
	12:00 pm									✓	0	
	01:00 pm										0	
Total Intake :						**Total Output :**						
3/6	02:00 pm	1	Milk								0	Aruna
	03:00 pm						✓			✓	0	
	04:00 pm	NO IVF	Milk		NA		✓		NA	✓	0	Aruna
	05:00 pm										0	
	06:00 pm	1		✓				✓			0	Aruna
	07:00 pm										0	
Total Intake :						**Total Output :**						
3/6	08:00 pm	1					1		✓		0	Shirish
	09:00 pm				NO					✓	0	
	10:00 pm	NO IVF	Milk				NP		NO		0	Shirish
	11:00 am						1			✓	0	
	12:00 am	1			✓			✓			0	
	01:00 am		Milk								0	
Total Intake :						**Total Output :**						
4/6	02:00 am	1					1		✓		0	Shirish
	03:00 am		Milk							✓	0	
	04:00 am	NO			NO		NP		NO		0	
	05:00 am	IVF					1			✓	0	Shirish
	06:00 am	1	Milk								0	
	07:00 am				✓			✓		✓	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 24 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

		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**	

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 22 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: MASTER SHIVAKOTI VIRAJ Age: 6M 18D Sex: M UHID.No : LBH 00123398

Date: 30/5/26 Time: 4.10 Proposed Operation: DETETHERING OF CORD + GA + IONM

Diagnosis: K/C/O SPINAL : Segmental Medullary gross dilatation syrinx low tethered

B.P / CRT: ..... H.R: ..... Weight: 7.1 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.7	Glucose:	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag:	ECG:	
WBC:	Creat:	Total Bill:	HCV:	2D Echo:	
Plate: 443	Na: 138	Dir. Bill:	Blood group: O Rh +ve	Stress/Anglo:	
PT: 14	K: 4.8	LDH:	T3	Other:	
PTT: 45	Ca++:	Alk phos:	T4		
INR: 1.0	Mg++:	Amylase:	TSH		
	Cl-: 110	SGOT/SGPT:			

Allergies: No known allergies

Medical History: CVS : —

RESP : normal. Diabetes : — C section — CSDB, Both 2 kg — No ICU admission

CNS : —

Renal : K/C/O Right Extra Renal Pelvis. POOR FUNCTION RT KIDNEY, BILATERAL CTEV. Good urine out

Hepatic / GE : —

Others : — R + HDN & pyelonephritis PUJ stricture.

Past Anaesthetic History: CTEV → LB NACHAR; — ↓GA NOV 2025

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : AEBE

Heart: S1 S2

CNS: NAD

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : LUL RUL | Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — Breast milk 4 hours before FORMULA MILK 6 hours before
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

CBC, Blood grouping

Signature: ..... Name: Dr Ankit

Docu. No. : RCH /FRM / CLINICAL / 044

-00123398 IP5-00174622
ter SHIVAKOTI VIRAJ
0-2025 0 Y 7 M 22 D (M)
RAMESH SHIGHAKOLLI

ANAESTHESIA CHART

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Pre

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Confirmed

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R.: 118/min | BP / CRT: ~3 sec | SpO₂: 98% | R.R.: | Last Feed:

Pre-OP Diagnosis: Tethered cord | Operation: De-tethering ̄c IONM | Date: 02/6 Feb

Surgeon: Ramesh | Anaesthesiologist: RE / AK / Tejas | Technician: Babu

TIME: 8⁴⁵ (9) 30 (10) 30 (11) 30 (12) 30 (13) 30

N₂O AIR/O₂ LPM
HALO/ISO/SEVO: MAC

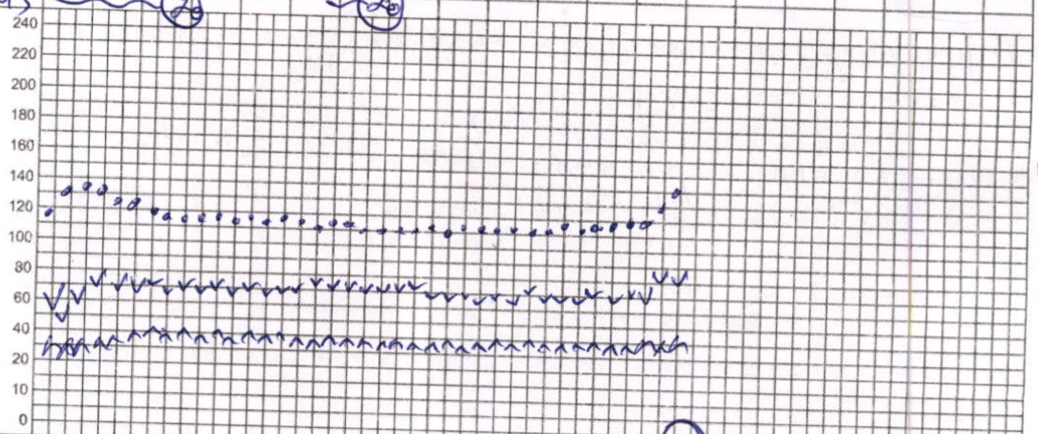
Drugs:
PROPOFOL 15 (infusion) →→→
FENTANYL
ROCURONIUM
REMIFENTANYL →→→
Inj PARACETAMOL

PROPOFOL TCI → Cp: 3.0 + REMIFENT 0.08 mcg/kg/min

100%

FiO₂ / SaO₂	0.45 / 99	100	100	100	99	100	100	100	100	100	100	100	100	100
ETCO₂	43	38	37	36	36	39	42	42	42	41	40	39	42	
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	
Temperature	36.3	35.6	35.6	36.2	36.5	36.7	36.7	36.5						
Urine Output			20ml		+50			+40 (150ml)						

Fluids / Blood: RL+1% Dext @ 30ml/hr →→→
Bolus 20 — 20



B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG ✗ | GRBS | Others

Antibiotic @ 9 AM
Suppository —
Blood Loss

NOTES
MABL
80×7×(11.7−10) / 11.7 ~80
87 – 100 (BP)
56 – 70
(66) (80)
Fluids
D− 70×4×4 − 112.5
D 56 28 28
M 28 28 28
R —
84

☑ Equipment Checked and Functional
☐ BP
☑ Cuff Site: ....
☐ Art Site: ....
☑ EKG Lead
☑ Temp Site
☑ FiO₂ Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: PRONE
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☑ Padding
☐ Awake

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

Times:
Anaes Start: 8.45 AM
OP Start: 9:40 AM
OP End: 12.05 pm
Leave OR: 12. pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 22G Rt hand
☑ IV: 24G Rt hand
☐ IV: ....

Induction
☑ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 3.5 at 10 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ONE
Difficulty Why? ....

☑ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☑ No ☐ NA

Name of the Doctor: Ravi
Signature of the Doctor: [signature]

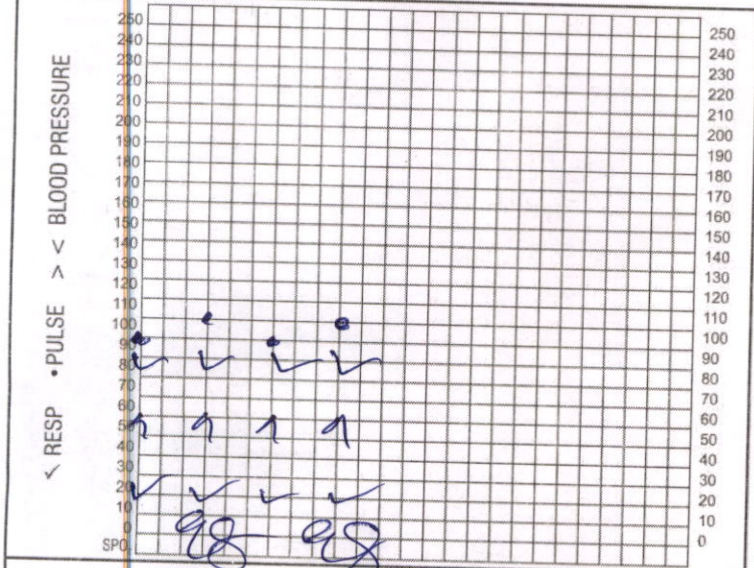
LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ (M)
11-10-2025 0 Y 7 M 22 D
Dr. RAMESH SHIGHAKOLLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PO... NIT RECORD

Received in PACU by : Durga Time Received : 12:10pm Time Discharged : 3pm



IV Cannula Site : [illegible]

☐ 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 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2		
		TOTAL	8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6/26	12:10pm	1	—	Durga

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

Anaesthesiologist Name : RAVI
Anaesthesiologist Signature: Ravi
Date & Time: 02/6/26 3pm

PACU Nurse Name : Durga
PACU Nurse Signature: Durga
Date & Time: 2/6/26 @ 3pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): LOS
Date & Time: 2/6/26 @ 3pm

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR		Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

LBH-00123398 IP5-00174622
Master SHIVAKOTI VIRAJ
11-10-2025 0 Y 7 M 22 D (M)
Dr. RAMESH SHIGHAKOLLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: DETETHERING OF CORD LOW

Anaesthesiologist: DR ANITT Surgeon: DR RAMESH

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others DESATURATION, BRADYCARDIA, CARDIOMYOPATHY

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☐ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
Signature: Rajani
Name: Rajani
Relationship with patient: MOTHER
Date & Time: 30/10/25 2.40 pm

Witness:
Signature: S. Sandhaya Rani
Name: Sandhaya Rani
Date & Time: 30/10/25 4.40 pm

Doctor (who is taking consent):
Signature: Name: Dr Ankith N Date 30/10/25 Time: 4.10 PM

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సహోజిటలీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

-00123398 IP5-00174622
ter SHIVAKOTI VIRAJ
0-2025 0 Y 7 M 22 D (M)
RAMESH SHIGHAKOLLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : .... Age : 7 Months Gender : ☑ Male ☐ Female

UHID No.: .... Weight : 7.8 Kg Height : ....

Surgeon : M. S Ramnath	Asst. Surgeon :	
Anesthetist : Dr. Aishwarya	OT Nurse: Bikhlai Tyothi, Benjamin	OT Technician: BAPU
Pre-Operative Diagnosis:		
Surgical Procedure : L1 laminectomy + [illegible] Detethering of the cord under GA, under Jonas		
Indications for Surgery : → tethered, low lying cord with [illegible]		
Date : 2/6/26	Start Time : 9.38 AM	End Time : 11.39 AM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

→ pt in prone position, pressure points padded, [illegible]
→ Jonas placed, L4-5 level identified by C-arm, incision marked
→ parts painted & draped
→ a [illegible] incision was given, subcutaneous tissue divided, Haemostasis acquired.
→ paraspinal muscle retracted subperiosteally, L1 laminectomy was done, through [illegible] was given, Haemostasis acquired,

→ Dura opened in a straight manner
→ Dura retracted using stt;
→ tethered ending nerve root was identified, using 'IONM'
& confirmed with increasing amplitude
→ Dura closed in layers with stt, checked with valsalva
→ Tissue identified placed, wound closed in layers without
drain, pt extubated & neurologically, Saa as preop

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Adv.

1. NBM till further order
2. IV fluids NS/RL
3. Inj MONOCEF
4. Inj AMIKACIN
5. Inj PAN
6. Inj PCM
7. Inj. DECADRON
8. watch for soakage of dressing
9. NURSING IN PRONE / LATERAL position

AVOID CONTAMINATION WOUND WITH URINE AND FAECES

Name of the Surgeon: M. S. RAMESH

Signature of the Surgeon: S. Ram [signature]

Date & Time: ....

[signature] IMRAMESH.

-00123398 IP5-00174622
er SHIVAKOTI VIRAJ
0-2025 0 Y 7 M 22 D (M)
RAMESH SHIGHAKOLLI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: ....

Post-Surgical Diagnosis: L5 laminotomy, detethering of the cord u GA

Post-Operative Monitoring Parameters /Frequency:

-1 AVOID CONTAMINATION WITH URINE AND FAECES

Wound Care:

NURSING IN PRONE / LATERAL POSITION

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

NURSING IN PRONE / LATERAL POSITION

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

Dr S.Ramesh

Treating Surgeon
(Signature & Stamp)

Date: .... Time: ....

Note: Plan of care will be readjusted if necessary.

-00123398 IP5-00174622
ter SHIVAKOTI VIRAJ
0-2025 0 Y 7 M 22 D (M)
RAMESH SHIGHAKOLLI

105

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 2pm

Weight: 7.72 kgs Centile: > 10th

Height: 69cms Centile: 25th

Inference: underweight child

RDA: — Calories: 98Kcals/kg/d Protein: 1.8g/kg/d

Diet Recommendations: Nanpro Stage-2 1:30ml Dilution with DBM Feeds

Re-Assesment: Continue Stage I weaning Foods HEE Advised.

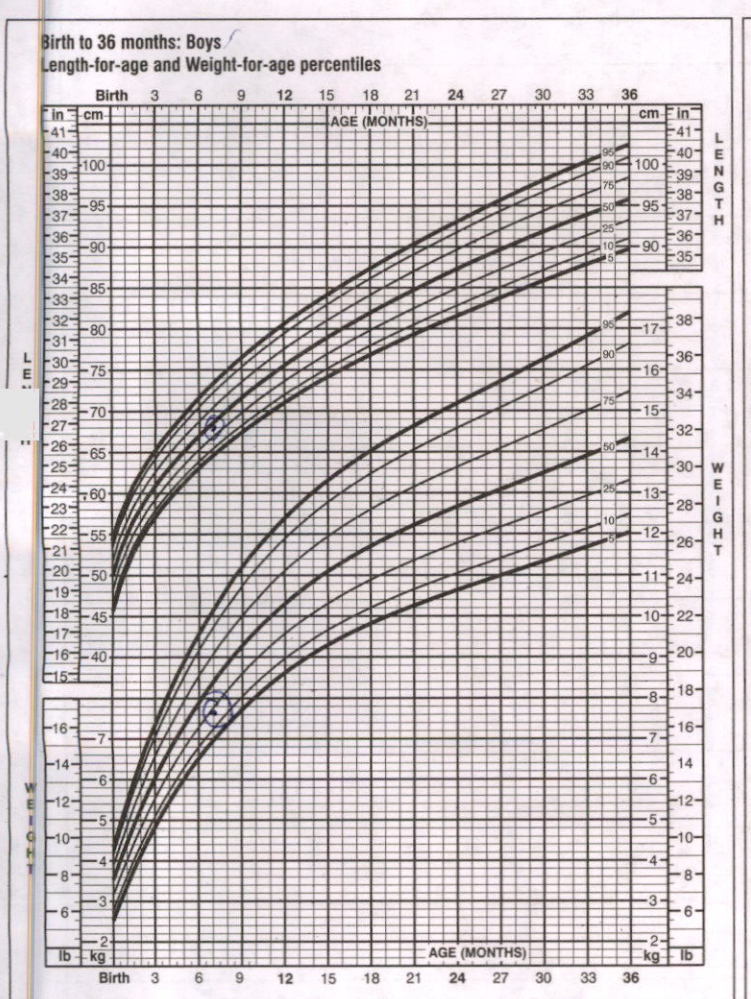
Food Allergies: NO Veg/Non-veg Veg

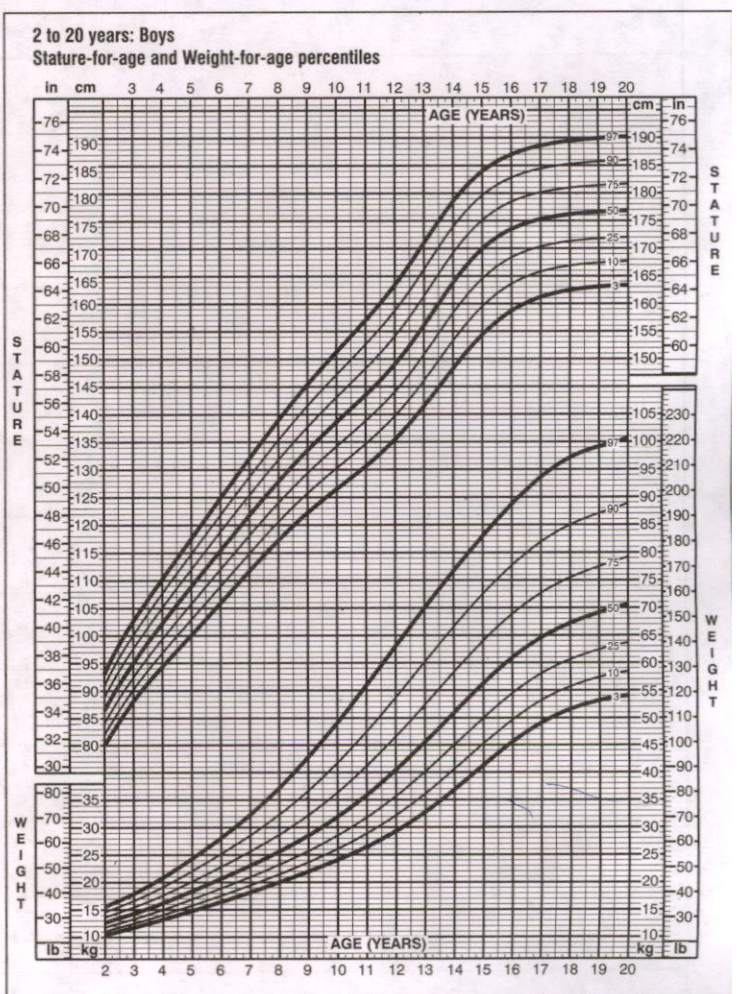
Diagnosis: Came for Detethering of Cord + LDNM

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: S. Harthik.

GROWTH CHART (BOYS)





Dietician's Name Mounika Dietician's Signature Mounika

Daily Notes:

3/6/26 12pm Child is stable Oral Intake is better

Continue c̄ DBM Feeds c̄ Nanpro stage I - 1:30 ml/dd

Continue c̄ stage 1 weaning Foods. - Mounika

4/6/26
10am

child is stable. oral intake is Better. continue c̄

DBm feeds c̄ Nan pro stage 1 & stage 1 weaning foods - Mounica.