

BAH-00655823 IP5-00173712
Master KOTHAPALLI DEVARSH
17-04-2017 9 Y 0 M 25 D (M)
Dr. MANISH GUPTA



SURGERY DETAILS

Date : 12/5/20

Patient Name: Mrs. Kothapalli Devarsh Date of Birth: 17/4/2017 Age: 9y

Gender: M Ward: POT UHID No.: BAH-00655823

Date of Surgery: 12/5/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Coblacian Aesstic Adenotomyley

Time in : ~~10:45 Am~~
10:45 Am

Time Out : 12:00 pm

	NAME	AMOUNT
1. Surgeon	Dr Manish Gupta	
2. Anaesthetist	A. Shabna	
3. Assistant Surgeon	-	
4. OT Technician	Anand	
5. Circulating Nurse	Anusil	
6. Assistant Nurse	Pamod	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Coblacian endo → 9604513

Signature of the Surgeon

Signature of Circulating Nurse
Anusil

Order No: 9604512

Order by: Anusil

Devarash Venkata
Patient Sticker

Adenotonsillectomy

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

12/5/20

Time: 10:30 AM

Circulating staff: ...

Technician: ...

Date: ...

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube PAC 5.0, 5.5, 6.0, 6.5	4+4	01	Major Pack Drape	1	1	Inj Vit.K		
LMA 2.5, 3	4+1	-	Sutures			Cord Clamp		
ECG leads: A/P/N	5	03				Suction Catheter		
HME filter: A/P/N	1	01				Feeding Tube		
Syringes : 10 cc	10	07				Vaccum Suction Set		
05 cc	10	05	Gloves 6.165, 7.75 20-22			Surgical Gloves		
02 cc	10	03	6.165, 7.75 20-22	1+1		Gauze Pack		
01 cc	3	-				Syringe 1ml / 2ml		
Cautery plate: A/P/N	1	-	Surgical blade			Surgical Blade # 20		
IV set	1	01	NG tube 6	2	1	Koochies (S)		
RL	1	01	Cautery pencil			NS 500ml	2	1
NS 10ml, 100ml, 500ml, 1000ml	4+4	4+2	Koochies			100	3	1
minisplce	1	01	Ointments			Transobex	1	1
vaccumset	1	01	Suction Catheter			Adrenalen	4	3
Fentanyl	1	01	Cap, Mask	9/5	sk	Savlen	1	1
Morphine			Gauze Pack (N)	9	2			
Ketamine			Mop Pack	1	-			
Propofol	3	02	Steristrip					
Rocuronium	1	01	Underpad					
Glycopyrolate	1	01	Draw sheet					
Myopyrolate	1	01	Abgel					
Ondansetron	1	-	Foleys catheter			midazolam	1	01
Pencan 25g/ Spinal Needle 22	1	-	Urobag			Oral airway (1,2)	4+1	-
Bupivacaine 0.25%	1	-	Chest Drainage Catheter			Nasal airway (2,2,2)	4+1	-
Bupivacaine 0.25%(Heavy)	1	-	Romodrain bag					
Antibiotics 1vpom	1	01	Bandage					
Aug (1.2gm)	1	01	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	2			
Justin : 12.5 mg / 25mg / 100mg	4+1	-	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Zubay 10+100cm	4+1	01	Microshield	1	1			
Glove and Gauze	4+4	-	Cotton Balls	1	1			
Tranexa + Dexa	2+1	2+1	Latex Gloves	1op	1op			
O2 mask (P)	1	-	Ramdione Scrub					
IV cannula	4+1	-	Saral					

Surgeon

21/24

Anaesthesiologist

Nurse

OT Technician

Order No. : 9604741

Ordered by :

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

ACTIVITY RECORD FOR BILLING

Name : BAH-00655823 IP5-00173712
Master KOTHAPALLI DEVARSH
17-04-2017 9 Y 0 M 25 D (M)
 UHID No Dr. MANISH GUPTA Consultant: _____ Dept : _____



Date of Admission: _____ Date of Discharge : 13/5/26 Time: 10 AM

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	9:18 AM	ER	OT	<i>[Signature]</i>
19/5	1:25 PM	OT	121D	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	<i>Dr vijayal Deshu.</i>	<i>13/5/26</i>	<i>9605773</i>	<i>(MP)</i>
2				
3				
4				
5				
6				
7				
8				
9				
10				



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 : IP5-00173712 Admit Date : 12-May-2026 Admit Time : 08:34 AM UHID : BAH-00655823

Patient Details :

Patient Name : Master KOTHAPALLI DEVARSH VENKATA SAI Age : 9 Y 0 M 25 D
Guardian : Mr KANAKARAJU DOB : 17-04-2017
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : 3-16-104/9, 2ND FLOOR, VENKAT REDDY Phone No : 9032181683/
NAGAR RAMANTHAPUR Hyderabad E-mail : 9032181683@gmail.com
Telangana INDIA 500013

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 411 Ward Name : 4F-OT COMPLEX
Room No : POST OP 411 Admission Type : First Visit

Contact Details :

Name : Mr KANAKARAJU Relationship : Father
Contact Address : 3-16-104/9, 2ND FLOOR, VENKAT REDDY Phone No : / 9032181683
NAGAR RAMANTHAPUR Hyderabad Telangana
INDIA 500013


Signature

Doctor Details :

Doctor Name : Dr. MANISH GUPTA 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 : GO DIGIT GENERAL INSURANCE
LIMITED



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Manish Gupta Date : 12/5/26

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

Start Time of Assessment: Weight: 36 kg

Allergic History:

Chief Complaints:
1. Recurrent episodes of
sore throat since 2 years
- Oral breathing
- Snoring since 2 year

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

C Circulation

Normal
 Abnormal

Pallor
 Cyanosis
 Mottling
 Bleeding

↑ 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: Similar illness in past

Medication History:

Relevant Investigations:

Primary Assessment

Airway Open
 Maintainable
 Not Maintainable

Any urgent interventions needed: Yes No
 If Yes

Breathing Rate: 24/min SpO₂ on FIO₂ 99.1% RA
 Rhythm: regular
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: RACE
 Palpation Findings (if necessary)

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 81/min CFT Central 23sec Peripheral

Any urgent interventions needed: Yes No

If Yes

BP: 94/64 (7) mmHg

Murmurs: Yes No

Pulse Volume: Central Peripheral good

Liver Span:

If in Shock: Compensated Hypotensive

ECG:

Muffled Heart Sound: Yes No

Any Signs of Heart Failure: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: 15/15 AVPU:

Any urgent interventions needed: Yes No

If Yes

Pupils: Responsive Non-Responsive
Size Right Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure



Temp.: 97.9°f

Any urgent interventions needed: Yes No

If Yes

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

- 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: CRP
x15
Chronic
12/1/21

Treatment Planned:
1) NPO since 10pm solids
7AM water
2) Continue npo
3) IVF - D5 1/2 NS 70ml/hr
4) vital monitoring q4hr
5) shift to U7

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): Chronic Adenotonsillitis / now came to

Assessment done by
Name of the Doctor: Dr Sai
Signature: [Signature]
Date & Time: 12/5/26

Coitation assisted Adenotonsillectomy
Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor:



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00655823 IPS-00173712
Master KOTHAPALLI DEVARSH
17-04-2017 9 Y 0 M 26 D (M)
Dr. MANISH GUPTA



Patient Name: _____ *cb*

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

elo Recurrent episodes of sore throat }
Oral breathing } x 2 years
Snoring }

History of present illness :

child apparently asymptomatic 2 years ago
later child developed
Recurrent episodes of sore throat
since 2 years
more aggravated with cold item intake
Associated with fever
relieved on medication

Oral breathing }
Snoring } since 2 years
more aggravated with cold items,
seasonal variations
relieved on medication



on investigation child diagnosed with Grade (II)
adenoids & Tonsillar hypertrophy

Now come for coblation assisted Adenotonsillectomy



Pediatric Multiorgan History & Physical Examination

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

Similar illness since 2 years

Birth & Neonatal History:

Term / CEAR / ~~NO~~ NICU

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 36 kg (Centile _____)

On Examination :

Temperature : 97.9°f Pulse Rate : 81/min B.P. 94/64 (7 months) SPO2 99.1. PRA

Resp. rate and type of breathing : 24/min
Regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : BACF+

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S2+

Any murmur : NO MURMUR

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

Per Abdomen :

Inspection _____ (N)

Palpation : soft

Auscultation : R1+

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

_____ (2)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (2)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars flexor

Sensory System :

_____ (2)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Chronic Adenotonsillitis
Now came for coblation assisted Adenotonsillectomy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Relief of symptoms, surgical correction

Desired goals of the treatment: Hemodynamic stability

Planned Labs:
CBP
~~AB~~
~~BUN/Cr~~
12/5/26

Planned Management
1) NPO since 10pm solids
7am water
2) Continue NPO
3) IVF DNR @ 7am/hr
4) Shift to OT
5) vital monitoring 3rd hourly

Signature of the Doctor: [Signature]
Name of the Doctor: Sai
Date & Time: 12/5/26

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Manish Gupta
Date & Time: 12/5/26 @ 10:25 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 3pm	<p>9/4/17 resident <u>Dr. Ayushman</u></p> <p>g/p Adenocarcinoma</p> <p>No fever Mild pain (+) No bleeding</p> <p>Oral intake - fair Urine output - good Child is hemodynamically stable</p>	<p><u>Plan</u></p> <p>Cont medⁿ as per chart</p> <p>o/w/f for bleeding, pain, fever</p> <p>o Soft diet</p> <p>Ayushman</p>
12/5 8:30am	<p>9/4/17 resident</p> <p>No fever, No pain or bleed Child is hemodynamically stable</p>	<p><u>Plan</u></p> <p>o/c body</p> <p>o Cont medⁿ as per chart</p> <p>Ayushman</p>



OPERATION THEATER NOTES

Patient's Name : M.S. Kothapalli Devarsh Age : 9y Gender Male Female

UHID No. : BAH-00655823 Weight : Height :

Surgeon : D. Manish Gupta Asst. Surgeon : [Signature]

Anesthetist : D. Shabna OT Nurse : Pawan D. Anand OT Technician : A. Menon

Pre-Operative Diagnosis: Adenotonsillar Hypertrophy

Surgical Procedure : Coblation Assisted Adenotomyllectomy

Indications for Surgery : Adenotonsillar Hypertrophy

Date : 12/5/26 Start Time : 11:06 AM End Time : 12:00 PM

Pre Operative Preparations:

NBM for 6 hrs

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

↓ GA E oral Endotracheal intubation
Coblation Assisted Adenotomyllectomy done

Post-op Instructions

- ① On Day 01 further orders as advised by Anaesthet
- ② 4y Augmentin 30 mg 1kg 1 to 2 hrs
- ③ 4y Pen 1.5mg 1kg 1 to 7.1g
- ④ Otitis - P. nasal drops 2 drops in each nostril 3x

[Signature]

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POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

When to Start Mobilization:

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: 12/5/20 Time:

Note: Plan of care will be readjusted if necessary.



CROSS CONSULTATION FORM

Doctor Name : Dr. V J Janade Devas Date : 13/5/26 Time : 8:30am

Diagnosis : Adenotonsillectomy

Hospital : REN. 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 : Chr. Adenotonsillectis
Came Op for Adenotonsillectomy.

mild
no pain
No fever
no bleeding
Oral intake - Good
Stools passed
Urine output - Good

Plan
cont med as per chart
etc today

Child is hemodynamically stable

Consultant :

Name : Drujwal Signature : [Signature] Date & Time : 13/5/26



Weight. 36 kgs Ward. OT

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/20	10:45am	Ty. DEXONA	3mg	IV	[Signature]	Amos Paul
12/5	10:50 am	Ty. TRANEXAMIC ACID	560mg	IV	[Signature]	Amos Paul
12/5	10:50 am	Ty. PARACETAMOL	560mg	IV	[Signature]	Amos Paul
12/5	10:00 am	Ty. BRUFEN	160mg	IV	[Signature]	Amos Paul
12/5	11:30AM	Eni. Augmentin	1 gram	IV	[Signature]	Amos Paul

Signature
VERIFIED BY: Name



I.V. FLUIDS CHART

Weight: 36 kg Ward: OT

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
12/5		IVF. DNS	IV	70ml/hr	Sai				
12/5	10:55 am	RINGER LACTATE	IV	300ml/hr	Amos	Amos			Amos

Signature
VERIFIED BY : Name

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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: *ICU*

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 : *Suj. Saini*

Date & Time : *12/5/26 @ 9 AM*

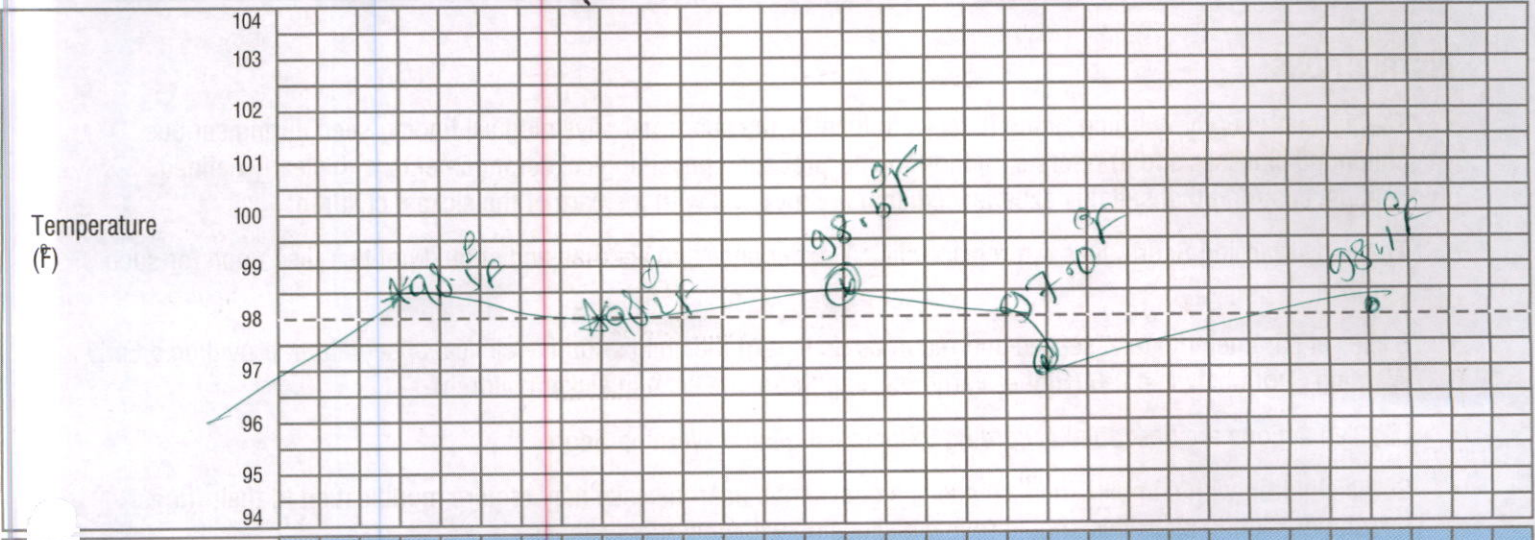
Nurse Name & Signature: *Shavani B*

Date & Time : *12/5/26 @ 9:15 PM*



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/04/16 Time: 4 PM 6 PM 10 PM 13:15 2 AM 6 AM
 Doctor / Nurse / Family Concern? _____



Heart Rate (bpm)	Blood Pressure (mmHg) *
120b/m	110/60
120b/m	110/60
101 b/m	112/73 (81)
96 b/m	108/68 (71)
93 b/m	91/54 (66)

Resp Rate (Number)
28b/m
29b/m
21 b/m
22 b/m
26 b/m

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)	O ₂ Saturations (%)	
	99%	100%
	100%	99%
	99%	98%
Conscious Level	Normal	Altered
GCS *	15/15	15/15
	15/15	15/15
	15/15	15/15

TOTAL SCORE
Number of shaded boxes
Pain Score
Observer's Initials

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	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							

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FLUID CHART



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis 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							



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: coablation - adenotomylectomy

Anaesthesiologist: A. Subramanyam Surgeon: A. Manish Gupta

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 Comp. p. am. Brady. cardia. Post procedure G. Support

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: Sushma
 Name: Sushma
 Relationship with patient: Mother
 Date & Time: 11/02/26 3pm

Witness:
 Signature: Parani
 Name: Mr Parani C
 Date & Time: 11/02/26 @ 3pm

Doctor (who is taking consent):
 Signature: Am Name: Dr Anneem Date: 11/02/26 Time: 3pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై లిస్ట్:

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

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

H/o Maling @

BAH-00655823 IP5-00173712
 Master KOTHAPALLI DEVARSH
 17-04-2017 9 Y 0 M 25 D (M)
 Dr. MANISH GUPTA



Name: *Kothapalli Devarsh Venkata Sai* Age: *9y* Sex: *m* UHID.No: *BAH 00655828*
 Date: *11/09/26* Time: *3pm* Proposed Operation: *craniotomy Assisted, Adenotonsillectomy*
 Diagnosis: *grade IV Adenoids*
 B.P / CRT: H.R: Weight: *36kgs* ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: *NRDA*

Medical History: CVS: *BMT H/o + Nil significant*
 RESP: *No H/o cold / cough / fever* Diabetes:
 CNS: *H/o Maling @ (grade IV adenoids + kissing tonsils) @*
 Renal: *H/o recurrent sore throat*
 Hepatic / GE: *H/o mouth breathing* Physical Activity: *Active*
 Others:

Past Anaesthetic History:

Physical Exam: *afebrile*

Airway: MP 1 2 3 4 Mouth Opening: *> 3F* Mentohyoid Distance: A Neck: A Teeth: N

Lungs: *expanded lungs - grade IV*

Heart: *was*

CNS:

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS, 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

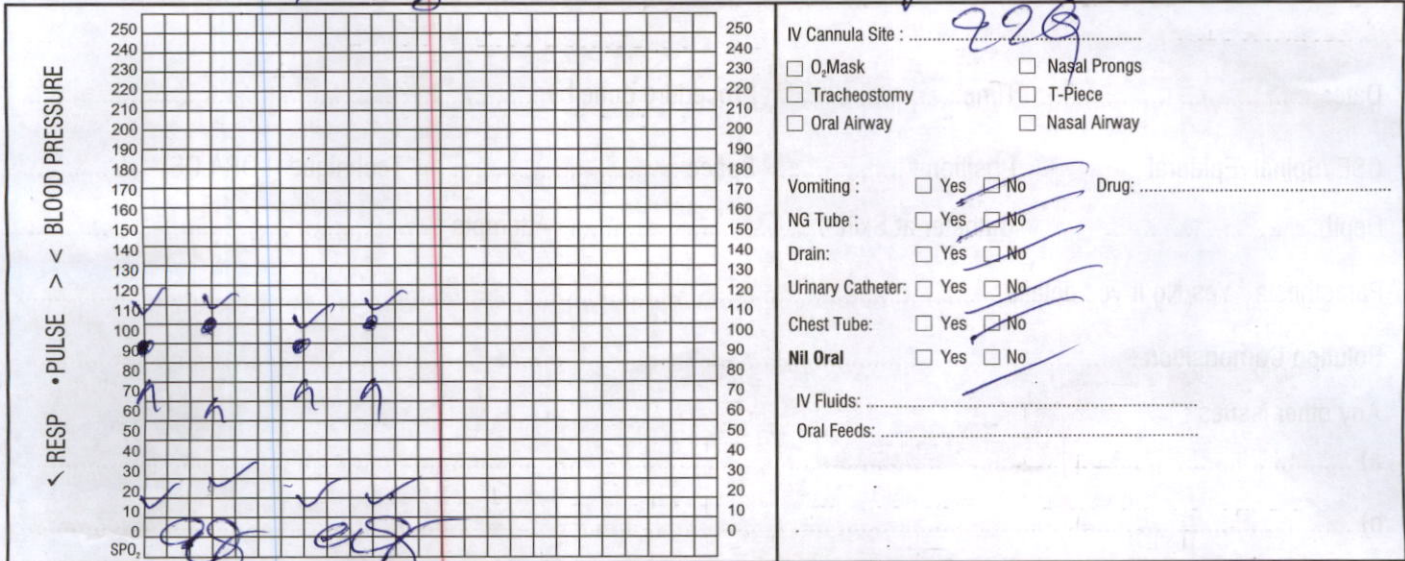
-CBP after craniotomy

Signature: *[Signature]* Name: *Dr Anil Kumar*



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Devg Time Received : 12:57 Time Discharged :



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/5	12:10	1		Devg

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Ravi

Anaesthesiologist Signature: [Signature]

Date & Time: 12/5/20

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 12/5/20

Reassessment Frequency:

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

Transferred to Unit by (PACU):

Date & Time: 12/5/20

BAH-00655823 IP5-00173712
 Master KOTHAPALLI DEVARSH
 17-04-2017 9 Y 0 M 26 D (M)
 Dr. MANISH GUPTA



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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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 :

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 12/5/26 Time: 1:20pm

Weight: 36 kgs Centile: > 75th

Height: 142 cm Centile: > 90th

Inference: overweight child

RDA: — Calories: 1600 kcal/d Protein: 28g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, outside foods

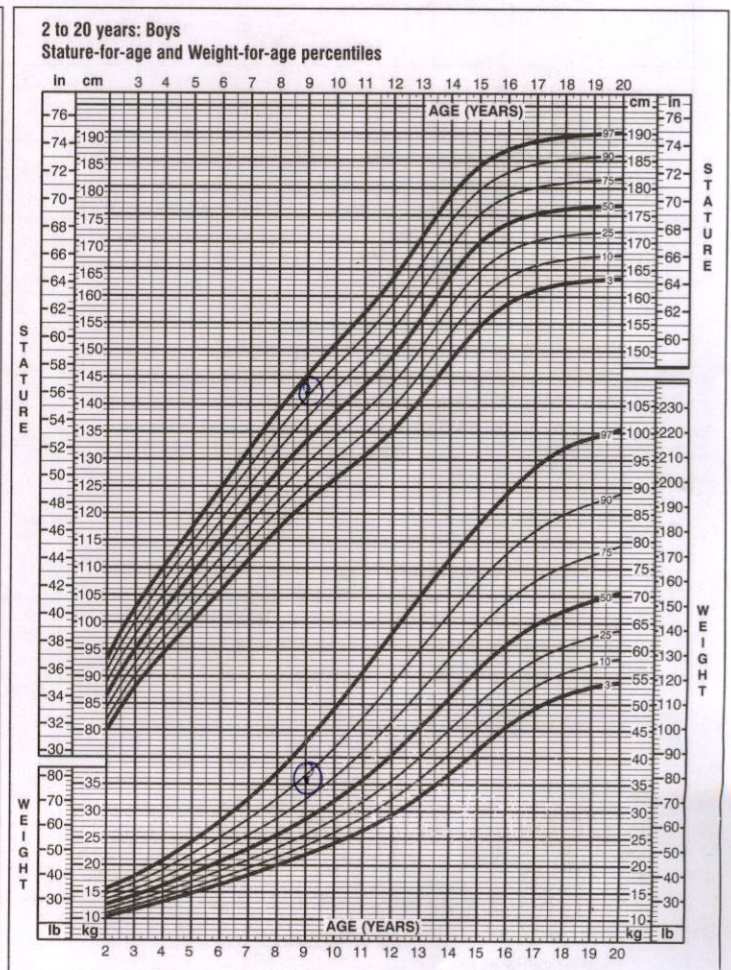
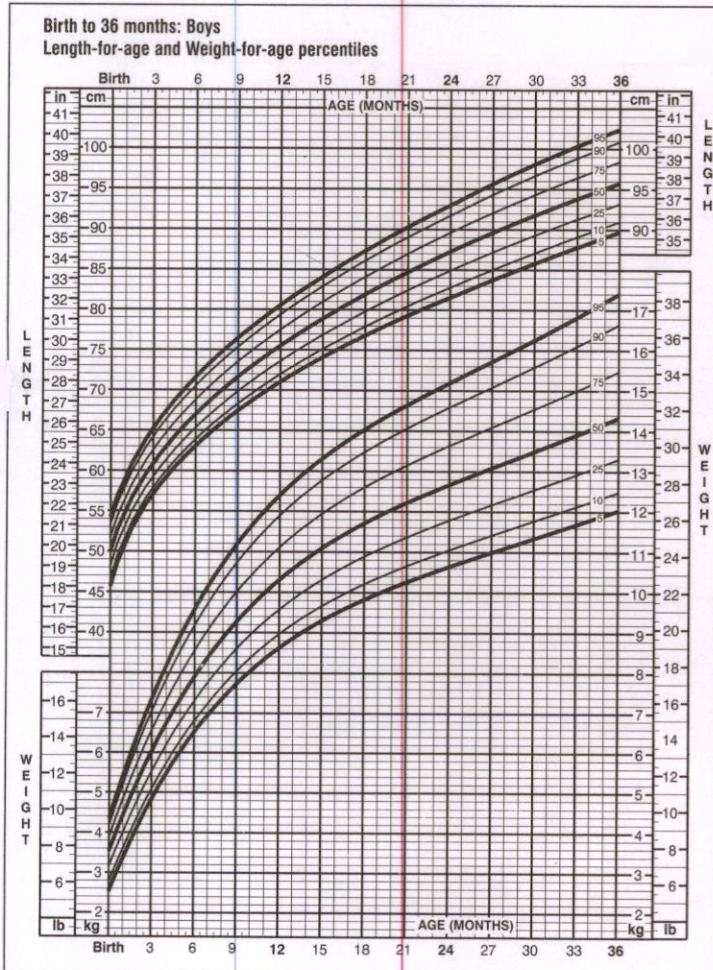
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Chronic Adenotonsillitis

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Sushma

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

