

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. PVLN MURTHY

Consultant: _____ Dept : _____

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	3:50 pm	ER	OT	
10/7/26	8:40 pm	OT	NA	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Ujjwala	11/7/26	97550	
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Signature



MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/07	IV Placement	1	6368	Samshey
	Pac Done on OP Bas			
11/7	NHA	1	97572	Meeli

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

.....

Date : 11/7/16 Time : @ 1:30pm Prepared By : Meeli

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Meeli	90-11		

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176218 Admit Date : 10-Jul-2026 Admit Time : 03:00 PM UHID : VIH-00143237

Patient Details :

Patient Name	: Master GURRAPU ANISH	Age	: 5 Y 1 M 15 D
Guardian	: Mr GURRAPU MAHENDAR	DOB	: 25-05-2021
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: Q.NO 1342, SHIRKEY COLONY NASPUR Mancherial Telangana INDIA 504302	Phone No	: 9533771323/ 9177787932
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 404 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 404 Admission Type : First Visit

Contact Details :

Name	: Mr GURRAPU MAHENDAR	Relationship	: Father
Contact Address	: Q.NO 1342, SHIRKEY COLONY NASPUR Mancherial Telangana INDIA 504302	Phone No	: 9533771323

Signature

Doctor Details :

Doctor Name	: Dr. P V L N MURTHY	Specialisation	: EAR NOSE AND THROAT
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. FAISAL B NAHDI		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: SELFPAY



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY



Patient Name: Anish

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Sneezing
Mouth breathing } since 6 months.
Recurrent URI

History of present illness :

Child is apparently normal 6 months ago.

Child developed above mentioned Co.

Xray neck → Adenoids Grade 3

CT PNS → Rt maxillary sinusitis

Enlarged tonsils (+)

Planned for Revision Adenoidectomy & Rt maxillary Sinusotomy +
tonsillectomy & Cleftion.

rd

Now



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / LSCS / Bwt 3 kg / NO H/O NICU stay.

□ TO

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} upper middle class.

Developmental History :

① development

Immunization History :

Vaccination till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 24 kg (Centile _____)

On Examination :

Temperature : 98.3° F Pulse Rate : 101/min B.P. 113/68 (70) SP02 100% on RA

Resp. rate and type of breathing : RR = 22/min

Rash _____

Lymphadenopathy _____

Oedema : nil

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B.I. LAE ⊕

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft INT.

Ausculation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Adenoids Grade 3, Tonsillar Enlargement



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

Planned Management

• IV fluids
• NPO to continue
• Surgery @ 4:30pm

Signature of the Doctor: Ramy

Name of the Doctor: Dr. RAMYA

Date & Time: 10/7/26, 2:45 pm

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. P V L N MURTHY

Date & Time: 10/7/26

DR. P V L N MURTHY
Registration No: 47267

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Murthy
Asst. Surgeon :
Anaesthetist : Dr. Duriga
Scrub Nurse : Suman

Patient Name : Mr. Anish Age : 54 Gender : M
UHID No. : VIH-00143237 Surgery Name : Revision Adenoidectomy + tonsillectomy + bilateral maxillary sinusotomy
Date : 10/7/26 In-time : 5:50 pm Out-time : 6:50 pm

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY

Before Induction of Anaesthesia >>

SIGN IN	Time: <u>5:10 pm</u>
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☐ Yes ☒ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☐ Yes ☐ No ☒ NA
Anaesthesia Safety Check Completed	☒ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☐ Yes ☒ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA
Blood Units Reserved	☐ Yes ☐ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	☐ Yes ☒ No ☐ NA
Signature : <u>[Signature]</u>	
Name : <u>Dr. Rajasimmi</u>	

Before Skin Incision >>

TIME OUT	Time: <u>5:35 pm</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, <u>1hr</u> Anticipated Blood Loss? ☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed? ☒ Yes ☐ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No	
Signature : <u>[Signature]</u>	
Name : <u>Sujata</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>6:45 pm</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No	
Signature : <u>[Signature]</u>	
Name : <u>P V L N Murthy</u>	

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY

Patient



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 10/7/26

Department : OT Duration of Procedure : 1hr

Name of Surgeon : Dr. PVLN Murthy Date of Admission : 10/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic : Dr. Augmentin 60mg	Sufath
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	Sufath
3.	Patient's body temperature immediately post operation (Recovery Room) 37.8 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	Thijs
4.	Name of doctor or staff administering the antibiotic : Dr. Durga Date & Time of antibiotic administration : 10/7/26 @ 6.10 PM Date & Time procedure started : 10/7/26 @ 5.56 PM	Sufath

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

Docu. No. : RCHBH/ FRM / CLINICAL / 038



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☒ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1. Recession Alveolotomy + tonsillectomy & Cleft lip
2. RT Maxillary sinusotomy + TURBINOPLASTY

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Good healing</u>	

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- a. Bleeding, Change in voice, nasal regurgitation
b.

- I authorize Dr. P V L N MURTHY and his / her team to perform the procedural sedation upon the patient / myself.
- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: G. Sravanthi
Name: G. Sravanthi
Relationship with patient: mother
Date & Time: 10/7/26 at 4:40 PM

Witness:

Signature: [Signature]
Name: Sreemay
Date & Time: 10/7/26 at 4:40 PM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr P V L N MURTHY Date: 10/7/26 Time: 4:39 PM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

 అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.
b.

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



OPERATION THEATER NOTES

Patient's Name : Master Gurrapu Anish Age : 5y Gender : ☒ Male ☐ Female

UHID No. : VIH-00143237 Weight : 23kgs Height :

Surgeon : PVLN Murthy	Asst. Surgeon :
Anesthetist : Dr. Dhruva	OT Nurse : Sujata Suman
OT Technician : Venk	
Pre-Operative Diagnosis : Che. adenomatoid cyst + sinusitis + HT	
Surgical Procedure : Revision adenoidectomy + tonsillectomy + Coblation + (RP) FESS + BLC tubenoplasty	
Indications for Surgery :	

Date : 10-07-26	Start Time : 5.55 PM	End Time : 6.45 PM
-----------------	----------------------	--------------------

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:
Revision adenoidectomy +
tonsillectomy + Coblation
+ BLC tubenoplasty
(RP) FESS (maxillary sinusotomy)
Findings polypoidal mucosa in (RP)
maxillary sinus. Tissue cleared
completely sent to GPE,
microbiology

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	
1 Syb. AUGMENTIN DDS Sml BID 2Wk	
2 Syb. OMNACORTE Sml BID 1Wk	
3 Syb. XGTAL-m Sml BID - 2Wk	
4 Syb. EROLIN DS 7+ Sml TID - 2Wk	
5 T. LANAZOLE DT 1mg BID 2Wk	
6 T-TRANE XA 500mg 84 tabs BID 2Wk	
7 NASOLed Saline wash TID 2Wk	
8 Salt water gargle TID 2Wk	

Name of the Surgeon: Dr. IN Muelh

Signature of the Surgeon: 

Date & Time: 10/7/20

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY



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:

Time 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: Time:

Note: Plan of care will be readjusted if necessary.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/12/26 9 pm	Seen by Resident Revision adenoidectomy + tonsillectomy + coblation + (R) maxillary sinusotomy + turbino-plasty	Plan child asleep hemodynamically stable chest clear abdomen soft 1. continue medication as charted 2. monitor vitals & uniform SAs S Santhi
11/12/26 8:45 AM	Seen by Resident Δvis- revision adenoidectomy + tonsillectomy + coblation + FESS + turbino-plasty	Plan No fresh issues vitals stable. 1. Co D/C today S Santhi



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

[illegible]



CROSS CONSULTATION FORM

Doctor Name : Dr. Ujjwala Desai Date : 11/7/26 Time :

Diagnosis : chronic adenotonsillitis

Hospital : RCH - BH

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:

Opinion on OR

Signature:

Findings and Recommendations :

ASin - chronic adenotonsillitis
post revision adenoidectomy + tonsillectomy
+ coblation + maxillary sinusotomy
+ turbinoplasty.

No fever / bleeding / pain
Accepting orally.

Ofc
child alert, afebrile
hemodynamically stable.
Chest clear
abdomen soft

Plan
1. Discharge today
2. FU = ENT Surgeon.

Consultant :

Name : Dr. Ujjwala D. Signature : [Signature] Date & Time : 11/7/26

DR. UJJWALA DESAI
Registration No: 90559

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
25-06-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY



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

Handwritten signature/initials in blue ink.

VIM-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 16 D (M)
Dr. P V L N MURTHY

Patient



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	SV					☐ 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 : Dr. Rameya

Date & Time : 10/7/26 ; 2:45pm

Nurse Name & Signature : Shavani

Date & Time : 10/7/26 @ 3pm



Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.1 kg Ward

DRUG : <u>T-TRANEXA</u>				Date/Time	<u>10/7</u>
Dose	Route	Frequency	Start Dt.		
<u>1/2 Tab</u>	<u>PO</u>	<u>BD</u>	<u>10/7</u>	<u>10am</u>	<u>X</u>
Name & Signature of the Doctor Starting the Drugs:					
<u>Sarithi</u>					
Additional Instructions:					
<u>1 tab = 500mg</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>NASOCLEAR</u>				Date/Time	<u>10/7</u>
Dose	Route	Frequency	Start Dt.		
<u>Nasal</u>	<u>TID</u>	<u>10/7</u>			
Name & Signature of the Doctor Starting the Drugs:					
<u>Sarithi</u>					
Additional Instructions:					
<u>nasal wash @ each nostril</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Saltwater gargle</u>				Date/Time	<u>10/7</u>
Dose	Route	Frequency	Start Dt.		
<u>TID</u>	<u>10/7</u>	<u>6am</u>			
Name & Signature of the Doctor Starting the Drugs:					
<u>Sarithi</u>					
Additional Instructions:					
<u>gargle</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>SybilUGESIC</u>				Date/Time	<u>11/7</u>
Dose	Route	Frequency	Start Dt.		
<u>10ml</u>	<u>PO</u>	<u>TID</u>	<u>11/7</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Sarithi</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name

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				



DRUG CHART

Date of Admission: 10/2/20 Drug Allergies: Not known any 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:				

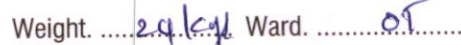
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				



REGULAR PRESCRIPTIONS

Weight 24 kg Ward 05

DRUG : <u>Syp AUGMENTIN</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>6ml</u>	<u>PO</u>	<u>BD</u>	<u>10/7</u>	<u>6am</u>																
Name & Signature of the Doctor Starting the Drugs:																				
<u>Sahithi</u>																				
Additional Instructions:																				
<u>(5ml/400mg)</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Syp OMNACORTIL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>5ml</u>	<u>PO</u>	<u>BD</u>	<u>10/7</u>	<u>10am</u>																
Name & Signature of the Doctor Starting the Drugs:																				
<u>Sahithi</u>																				
Additional Instructions:																				
<u>(5ml/400mg)</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Syp PARACETAMOL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>7ml</u>	<u>PO</u>	<u>TID</u>	<u>10/7</u>	<u>6am</u>																
Name & Signature of the Doctor Starting the Drugs:																				
<u>Sahithi</u>																				
Additional Instructions:																				
<u>(5ml/240mg)</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>T. LANZOL - 30mg</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>1Tab</u>	<u>PO</u>	<u>OD</u>	<u>10/7</u>	<u>6am</u>																
Name & Signature of the Doctor Starting the Drugs:																				
<u>Sahithi</u>																				
Additional Instructions:																				
<u>(5ml/240mg)</u>																				
Daily Doctor's Endorsement by a Sign																				



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

STAT / ONCE ONLY DRUGS[illegible]



I.V. FLUIDS CHART

Weight. 29 kg, Ward. 51

[illegible]

Signature

VERIFIED BY: Name: _____



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/5	Time: 10 PM	11/5/26	2 AM	6 AM	
Doctor / Nurse / Family Concern?					
Temperature (°F)	104				
	103				
	102				
	101				
	100				
	99				
	98				
	97				
	96				
	95				
94					
Heart Rate (bpm)	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
Blood Pressure (mmHg) *	90				
	80				
	70				
	60				
	50				
	40				
	30				
	20				
	10				
	0				
Note:					
BP does not score					
in early					
warning scoring					
Heart Rate (Number)	102 bpm	105 bpm	110 bpm		
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	0				
	Resp Rate (Number)	26 bpm	26 bpm	24 bpm	
	Resp Distress				
Mod/ Severe None / Mild					
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	100%	100%	99%		
Conscious Level					
Normal Altered					
GCS *	15/15	15/15	15/15		
TOTAL SCORE					
Number of shaded boxes	1	1	1		
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 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)

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. PVLN MURTHY

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

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm	water 30ml	-	-	-	-	-	-	0	0	Ther	
	09:00 pm	2-1000	-	-	-	-	-	-	0	0	2	
	10:00 pm	↑							0	0		
	11:00 pm	NO							0	0		
	12:00 am	IVF							0	0	fly	
	01:00 am	↓							0	0		
Total Intake :					Total Output :							
	02:00 am	↑							0	0	fly	
	03:00 am	↑							0	0		
	04:00 am	NO							0	0	fly	
	05:00 am	IVF							0	0		
	06:00 am	↓							0	0	fly	
	07:00 am	↓							0	0		
Total Intake :					Total Output :							
Total 24 hrs. Intake			Total 24 hrs. Output									



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.

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	N.G										
	08:00 am														
	09:00 am														
	10:00 am														
	11:00 am														
	12:00 pm														
	01:00 pm														
Total Intake :						Total Output :									
	02:00 pm														
	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									

VIH-00143237

IP5-00176218

Master GURRAPU ANISH

25-05-2021

5 Y 1 M 15 D

(M)

Dr. PVLN MURTHY



NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: Acute Pain Related to the Pt condition as per evidence by the Surgical procedure

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
7 Am	Assess the pt General Condition. Relieve pain & Discomfort monitor vital signs monitor for bleeding maintain NPO status maintain I/O chart pt shift to the ward	7 Am	Assessed the pt General Condition. Relieved pain & Discomfort monitored vital signs monitored for bleeding maintained I/O chart NPO broken, water given pt shifted to the ward	Pt is Conscious & oriented vital stable no bleeding maintained no vomiting shifted
8.40 pm		8.40 -		

Re-Assessment: Pain + Discomfort for Patient has reduced.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 10/7/26 8.40



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/26

Assessment: Pain and discomfort of Nose bleeding

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
9pm	=> Assess the baby General condition	9pm	=> Assessed the baby General condition	By doing the all procedures the baby condition is improved slowly.
10pm	=> provide comfort position	10pm	=> provided comfort position	
12am	=> monitor the vitals	12am	=> monitored the vitals of	
2am	=> administer the all drugs as per doctor orders	2am	=> administered the all drugs as per doctor orders	
4am		4am		
6am	=> Baby having nose bleeding	6am	=> Baby having nose bleed.	
8am		8am		

Re-Assessment:

Done by giving Tranexa Tablet

Special Notes:

plan OK TLM

Nurse Signature:

[Signature]

Nurse Name:

Shariya Gosses

Date & Time:

11/7/26 (8am)



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. P V L N MURTHY Department: EC Date of Admission: 10/7/26

SITUATION		Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known		
		<u>Adenotonsilectomy</u>		If Yes Specify:		
BACKGROUND	Area	<u>EC</u> 3:50pm	<u>OT</u> 7:35pm	<u>1st Floor</u> 8:10pm		
	Shift Time					
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>M</u>	<u>NA</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.2°</u>	<u>98.5°</u>	<u>98.0</u>	
		Res:	<u>24 b/m</u>	<u>26 b/m</u>	<u>24 b/m</u>	
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>99%</u>	
		Pulse:	<u>132 b/m</u>	<u>135 b/m</u>	<u>130 b/m</u>	
		BP:	<u>102/78</u>	<u>105/68</u>	<u>100/60</u>	
	Fall Risk Score:	<u>1</u>	<u>1</u>	<u>1</u>		
	Pain Score:	<u>0/10</u>	<u>1/10</u>	<u>0/10</u>		
	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>		
Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No		
Others Specify:	<u>Yes</u>	<u>Yes</u>	<u>NA</u>			
Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No		
Recommendations	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Shavani</u>	<u>Thy's</u>	<u>Shavani</u>		
Signature :						
Date:		<u>10/7</u>	<u>10/7</u>	<u>11/7</u>		
Time:		<u>3:50pm</u>	<u>8:30pm</u>	<u>8am</u>		
Taken Over By Name :		<u>Shavani</u>	<u>Shavani</u>	<u>Meethi</u>		
Signature :						
Date:		<u>10/7</u>	<u>10/7</u>	<u>11/7</u>		
Time:		<u>4pm</u>	<u>10pm</u>	<u>10am</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area							
	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
	Pain Score:							
	Recommendations	Safety Needs:						
Physiotherapy		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Others Specify:								
Special Diet:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Other Special Orders / Medications:								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
TOTAL			11	11			

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	YES	YES				
Call device within reach	YES	YES				
Wheels Locked	YES	YES				
Room free of clutter	YES	YES				
Adequate Lighting	YES	YES				
Wheel Chair Support	NO	NO				
Other Intervention(s) Specify	NO	NO				
Nurse's Name :	Shashi	Shashi				
Signature :	[Signature]	[Signature]				
Date :	10/7	11/7				
Time :	5pm	6am				



BRADEN 'Q' SCALE

					Date :	10/7	11/7		
					Time :	3PM	6AM		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4		
TOTAL SCORE						28	28		
Evaluator's Name						Bhavan	Bhavan		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	3 pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Shavane
10/7	11 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shavane
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

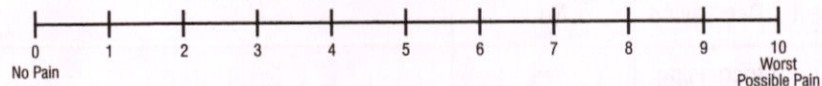
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

10/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-	-							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-	-							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	-							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-							
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :

VIH-00143237
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Telugu

Patient / Learner Literacy: ☒ Read ☒ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

- Diagnosis
- Treatment and Care Plan
- Pain Management
- Informed Consent
- Medication / Therapy (safety, effects/ side effect, interactions)
- Discharge Medication
- Infection Control Measures
- Diagnostic Test / Procedures
- Nutrition / Diet
- Fall Risk Education
- Safe use of Medical Equipment / Implantable Devices Safety
- Patient's / Family Rights
- Risk / Safety
- Activity / Exercise
- Social & Rehabilitation Needs
- Special Discharge / Follow-up Education / Coping Skills
- Others

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/7	3pm	7	Infection control measures	M	1	0	1	1	-	Shavani
11/8/20	9am	9	Soft diet	M	1	0	1	1	-	Whittle

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

VIH-00143237 IP5-00176218
Master GURRAPU ANISH
26-05-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY

MULTI-DISCIPLINARY PLAN OF CARE FORM

Di:



Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10/7/26 3pm	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Adeno	stability	also surgery	psathiba	☐ Nursing ☒ Others:
10/7/26 3pm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Adenotomylectomy	hemodynamic stability	surgery	Shavaa	☐ Medical ☒ Others:
11/7/26 9am	☐ Medical ☐ Nursing ☒ Others: dietitian	☒ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Adenotomy	Soft diet	RDA E-1400kcal/d P-24g/d	Nitha	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Revision Adenoidectomy + Sinusotomy maxillary + Tonsillectomy
Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. P.V.L.N. Murthy

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

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: [Signature]
Name: Gr. Mahender
Relationship with patient: Father
Date & Time: 10/7/26 2:10pm

Witness:

Signature: Gr. Sravanthi
Name: Gr. Sravanthi
Date & Time: 10/7/26 2:10pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Tejaswini Date: 10/7/26 Time: 2:10pm

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.

రిజనల్ 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 నార్మల్ బ్లడ్ 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.
☐ రిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ 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:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



VH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 6 Y 1 M 15 D (M)
Dr. P V L N MURTHY



Name: Master Gurrapu Anish Age: 5Y Sex: male UHID No: VIM
Date: 10/7/2026 Time: 2:05pm Proposed Operation: Revision Adenoidectomy +
Adenoids grade III Tonsillar enlargement RT maxillary sinusotomy +
tonsillectomy
B.P / CRT: 2 sec H.R: Weight: 23.07kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>10.1</u>	Glucose: <u> </u>	Protein: <u> </u>	HIV: <u> </u>	X-Ray: <u> </u>
PCV: <u>33</u>	Urea: <u> </u>	Alb: <u> </u>	HBS Ag: <u> </u>	ECG: <u> </u>
WBC: <u>9.790</u>	Creat: <u> </u>	Total Bill: <u> </u>	HCV: <u> </u>	2D Echo: <u> </u>
Plate: <u>5.56</u>	Na: <u> </u>	Dir. Bill: <u> </u>	Blood group: <u> </u>	Stress/Angio: <u> </u>
PT: <u> </u>	K: <u> </u>	LDH: <u> </u>	T3: <u> </u>	Other: <u> </u>
PTT: <u> </u>	Ca++: <u> </u>	Alk phos: <u> </u>	T4: <u> </u>	
INR: <u> </u>	Mg++: <u> </u>	Amylase: <u> </u>	TSH: <u> </u>	
	Cl-: <u> </u>	SGOT/SGPT: <u> </u>		

Allergies: NICDA

Medical History: CVS: Term LSCS
RESP: Not significant Diabetes: B-WT: 3kg
NO ALLERGY
CNS: Vaccinated till date
(N) development
Renal: Active
Hepatic / GE:
Others:

Past Anaesthetic History: 1/0 Adenoidectomy 3 yrs.

Physical Exam: (N)

Airway: MP 1 (2) 3 4 Mouth Opening: adequate Mento-hyoid Distance: 2FB Neck: (N) Teeth: intact
Lungs: BAE (+) clear
Heart: S1 S2 (+)
CNS: HMF (+)
Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: acromioclavicular Spine Exam for regional: (N)

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:

Signature: [Signature] Name: Dr. Tejaswini

VH-00143237 IP5-00176218
Master GURRAPU ANISH
25-05-2021 5 Y 1 M 15 D (M)
Dr. P V L N MURTHY



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 Induction Assessment:

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

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

H.R.: B.P. / CRT: SpO₂: 98% R.R.: 15/min Last Feed: 7:30 PM

Pre-OP Diagnosis: Operation: Abdominal Hernia Repair Date: 10/5/20

Surgeon: Dr. P V L N Murthy Anaesthesiologist: Dr. Durgam Technician: Venkat

TIME	N ₂ O / AIR / O ₂ / FPM	HALO / SO / SEVO	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
5:45 PM			MIDAZOLAM 1mg				
5:50 PM			Propofol 10mg				
5:55 PM			POLYBUTYR 10mg				
6:00 PM			ROXAPROFEN 10mg				
6:05 PM			PARALUMIN 10mg				
6:10 PM			PARALUMIN 10mg				
6:15 PM			PARALUMIN 10mg				
6:20 PM			PARALUMIN 10mg				
6:25 PM			PARALUMIN 10mg				
6:30 PM			PARALUMIN 10mg				
6:35 PM			PARALUMIN 10mg				
6:40 PM			PARALUMIN 10mg				
6:45 PM			PARALUMIN 10mg				
6:50 PM			PARALUMIN 10mg				
6:55 PM			PARALUMIN 10mg				
7:00 PM			PARALUMIN 10mg				
7:05 PM			PARALUMIN 10mg				
7:10 PM			PARALUMIN 10mg				
7:15 PM			PARALUMIN 10mg				
7:20 PM			PARALUMIN 10mg				
7:25 PM			PARALUMIN 10mg				
7:30 PM			PARALUMIN 10mg				
7:35 PM			PARALUMIN 10mg				
7:40 PM			PARALUMIN 10mg				
7:45 PM			PARALUMIN 10mg				
7:50 PM			PARALUMIN 10mg				
7:55 PM			PARALUMIN 10mg				
8:00 PM			PARALUMIN 10mg				
8:05 PM			PARALUMIN 10mg				
8:10 PM			PARALUMIN 10mg				
8:15 PM			PARALUMIN 10mg				
8:20 PM			PARALUMIN 10mg				
8:25 PM			PARALUMIN 10mg				
8:30 PM			PARALUMIN 10mg				
8:35 PM			PARALUMIN 10mg				
8:40 PM			PARALUMIN 10mg				
8:45 PM			PARALUMIN 10mg				
8:50 PM			PARALUMIN 10mg				
8:55 PM			PARALUMIN 10mg				
9:00 PM			PARALUMIN 10mg				
9:05 PM			PARALUMIN 10mg				
9:10 PM			PARALUMIN 10mg				
9:15 PM			PARALUMIN 10mg				
9:20 PM			PARALUMIN 10mg				
9:25 PM			PARALUMIN 10mg				
9:30 PM			PARALUMIN 10mg				
9:35 PM			PARALUMIN 10mg				
9:40 PM			PARALUMIN 10mg				
9:45 PM			PARALUMIN 10mg				
9:50 PM			PARALUMIN 10mg				
9:55 PM			PARALUMIN 10mg				
10:00 PM			PARALUMIN 10mg				
10:05 PM			PARALUMIN 10mg				
10:10 PM			PARALUMIN 10mg				
10:15 PM			PARALUMIN 10mg				
10:20 PM			PARALUMIN 10mg				
10:25 PM			PARALUMIN 10mg				
10:30 PM			PARALUMIN 10mg				
10:35 PM			PARALUMIN 10mg				
10:40 PM			PARALUMIN 10mg				
10:45 PM			PARALUMIN 10mg				
10:50 PM			PARALUMIN 10mg				
10:55 PM			PARALUMIN 10mg				
11:00 PM			PARALUMIN 10mg				
11:05 PM			PARALUMIN 10mg				
11:10 PM			PARALUMIN 10mg				
11:15 PM			PARALUMIN 10mg				
11:20 PM			PARALUMIN 10mg				
11:25 PM			PARALUMIN 10mg				
11:30 PM			PARALUMIN 10mg				
11:35 PM			PARALUMIN 10mg				
11:40 PM			PARALUMIN 10mg				
11:45 PM			PARALUMIN 10mg				
11:50 PM			PARALUMIN 10mg				
11:55 PM			PARALUMIN 10mg				
12:00 AM			PARALUMIN 10mg				

LAB Values	ABG	
	GRBS	
	Others	

- ☒ Equipment Checked and Functional
- ☒ BP
- ☒ Cuff Site: LU
- ☐ Art Site: Right
- ☒ EKG Lead
- ☒ Temp Site: Proximal
- ☒ FIO₂ Monitor
- ☒ Agent Monitor
- ☒ Pulse Oximeter
- ☒ Capnograph
- ☒ Ventilator
- ☐ Nerve Stimulator
- Position: Supine
- ☒ Pressure Points Checked

- Temp: ☒ HME ☐ Fluid Warmer
- ☐ Cling Film ☐ OH Warmer
- ☒ Hugger's ☐ Cotton Wool
- ☒ Other: Blanket
- Times: Anaes Start: 5:50 PM
- OP Start: 6:00 PM
- OP End: 6:50 PM
- Leave OR: 6:50 PM
- Anaesthesia: ☒ GA ☐ Monitored Anaesthesia Care ☐ Regional

- Line (Size & Location)
- ☐ CVP: RU
- ☐ ART: RU
- ☐ IV: RU
- ☐ IV: RU
- ☐ IV: RU

- Induction: ☒ IV ☒ Inhal ☐ Pre O₂ ☐ RSI ☐ Others
- ☐ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
- ETT# 5.0 at 16.5 cm
- ☐ Oral ☐ Nasal ☐ Cuff
- ☐ Tracheostomy ☐ Topical
- ☐ Drug: 10 mg
- ☐ Awake ☒ Direct Vision
- ☐ Video Laryngoscopy ☐ Stylette / Bougie
- ☐ Fiberoptic
- Blade# 2 Attempts: 1
- Difficulty Why? 1

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

- Regional: ☐ Spinal ☐ Epidural ☐ Caudal
- Others: Specify:
- Position: Specify:
- Site: Specify:
- Needle Size: Specify: Depth: Specify:
- Paresthesia ☐ Yes ☐ No
- Catheter at skin Specify: cm
- Drug Name & Conc: Specify:
- Bolus: Specify:
- Infusion: Specify:
- Block Level: Specify:
- Comments: Specify:
- Transportation to ☒ PACU ☐ ICU ☐ Other
- Relaxant Reversed ☒ Yes ☐ No ☐ NA
- Name of the Doctor: Dr. Durgam
- Signature of the Doctor: Dr. Durgam



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thyagar

Time Received : 7:00 PM

Time Discharged : 8:40 PM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 RESPIRATORY RATE < RESP • PULSE > BLOOD PRESSURE SPO₂ <u>99 90 100</u>	IV Cannula Site : <u>Distal</u> ☒ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting : ☐ Yes ☒ No NG Tube : ☐ Yes ☒ No Drain : ☐ Yes ☒ No Urinary Catheter : ☐ Yes ☒ No Chest Tube : ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids : <u>Only ABG</u> Oral Feeds : <u>Only ABG</u> Drug:																																													
	POST ANAESTHESIA SCORE (Modified Aldrete Score) <table border="1"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">IN</th> <th colspan="3">MINUTES</th> <th rowspan="2">OUT</th> </tr> <tr> <th>30</th> <th>60</th> <th>90</th> </tr> </thead> <tbody> <tr> <td>Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0</td> <td>ACTIVITY</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0</td> <td>RESPIRATION</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0</td> <td>CIRCULATION</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Fully awake = 2 Arousable on calling = 1 Not responding = 0</td> <td>CONSCIOUSNESS</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0</td> <td>COLOR</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>8</td> <td>8</td> <td>9</td> <td>10</td> </tr> </tbody> </table>			IN	MINUTES			OUT	30	60	90	Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	2	Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	TOTAL		8	8	9
	IN	MINUTES			OUT																																									
		30	60	90																																										
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	2																																									
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2																																									
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2																																									
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2																																									
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2																																									
TOTAL		8	8	9	10																																									

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7/26	8: PM	1/10	1% cream	<u>[Signature]</u>

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

Anaesthesiologist Name : [Signature]

Anaesthesiologist Signature: [Signature]

Date & Time: 10/7/26

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 10/7/26 8: PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): 1/1

Date & Time: 10/7/26 @ 8:40 PM



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		FHR	Comments
					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 :

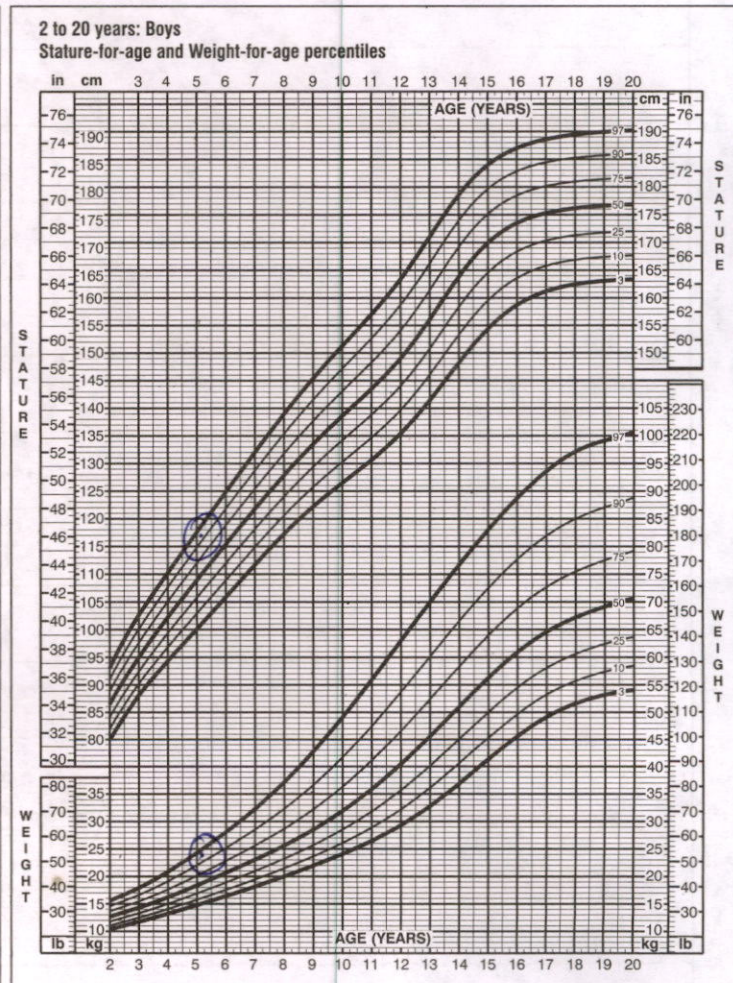
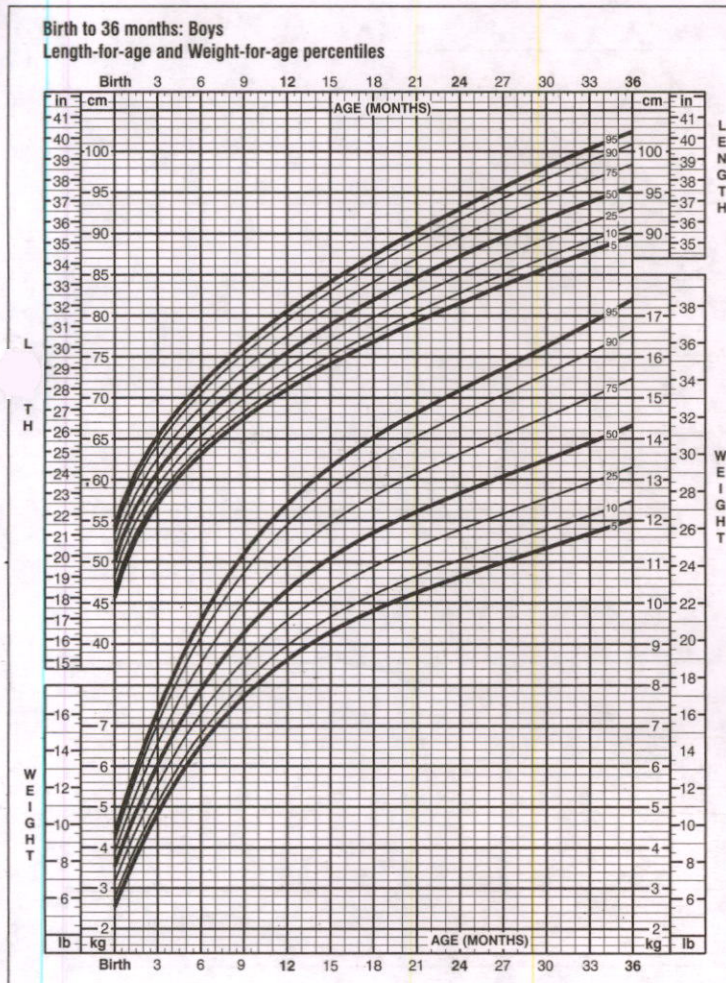


NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/2/21 Time: 9am

Weight: 24 kgs Centile: >75th
Height: 117 cm Centile: >75th
Inference: overweight child
RDA: - Calories: 1400 kcal/d Protein: 24g/d
Diet Recommendations: Soft diet
Re-Assessment: Avoid spicy, outside foods
Food Allergies: No Veg/Non-veg: Non-veg
Diagnosis: Adenotonsillectomy
Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral
Patient's Signature: G. Srauthu

GROWTH CHART (BOYS)



Dietician's Name: Nibitha

Dietician's Signature: Nibitha

Daily Notes:

[illegible]