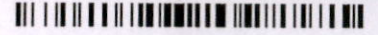


## ADMISSION SHEET

## Registration Details :



Admission No : IP5-00174724

Admit Date : 04-Jun-2026

Admit Time : 07:24 AM UHID : BAH-00622707

## Patient Details :

Patient Name : Baby GURKA TTAARVIKAA JAANUSHREE

Age : 1 Y 2 M 19 D

Guardian : Mr GURKA RAJA REDDY

DOB : 16-03-2025 01:33 PM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : AKKAMPALLI (V) Nossam Nandyal Andhra  
Pradesh INDIA 518145

Phone No : 8309338490/ 8688674208

E-mail : NOMAIL@GMIAL.COM

## Admission Details :

Bed Type : DAY CARE

Bed No : ER 02

Ward Name : 1B-EMERGENCY

Room No : ER 02

Admission Type : First Visit

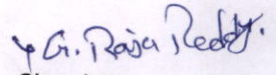
## Contact Details :

Name : Mr GURKA RAJA REDDY

Relationship : Father

Contact Address : AKKAMPALLI (V) Nossam Nandyal Andhra  
Pradesh INDIA 518145

Phone No : 8309338490 / 8688674208

  
Signature

## Doctor Details :

Doctor Name : Dr. Prashant Bachina

Specialisation : PEDIATRIC GASTROENTEROLOGY AND  
HEPATOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant : *Dr. Avinash J*

## Payment Details :

Payment Mode : Cash

Deposit Amount : 0.76

Payor Name : SELFPAY



ATION



Name: Gurka Harvikaa Age: 1y Sex: Female UHID No: BAH 006 22701

Date: 4/6/2026 Time: 6:55am Proposed Operation: C.T.

Diagnosis: cholestasis of infancy / SIP Kasai / pre transplant workup, Alagille syndrome  
 B.P./CRT: < 2sec H.R.: Weight: 7.6kg ASA Physical Status:  1  2  3  4  5

Laboratory Data:

5/5/26

Hgb: 9.4 Glucose: 101 Protein: HIV: X-Ray: ocl/2025 -> BIL mod. pu sclerosis  
 PCV: 31.1 Urea: 34 Alb: HBS Ag: NR ECG: NPA 2.8 (yr. 5)  
 WBC: 16.660 Creat: 0.4 Total Bill: 25.9 HCV: LPA 3 (57)  
 Plate: 2.99 Na: 135 Dir. Bill: 29 Blood group: B.t.v.p. Stress/Anglo: DCT - neg  
 PT: 1.41 K: 4.8 LDH: 582 T3: CT abd -> hepatosplenomegaly  
 PTT: 1 Ca++: 10.4 Alk phos: 85.1 T4: TSH:  
 INR: Mg++: 2.4 Amylase: SGOT/SGPT: 504/329  
 CAP - 5 Allergies: nil  
 CSF

Medical History: CVS: n/o jaundice from Term LS (2.7kg) (CIAB) No NICU admission

RESP: AMN DL, phototherapy Diabetes: - normal milestones

CNS: - KASAI -> at 1 month of age

Renal: - jaundice resolved after 2 months

Hepatic / GE: - Biliary atresia Physical Activity: active, Feeding well

Past Anaesthetic History: Kasai portoenterostomy

Physical Exam: Icterus +, xanthomas in lower limb

Airway: No obvious foetal anomaly, macrocephaly. MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: clear

Heart: S.S, w

CNS: alert, conscious

Pregnant:  Yes  No  N/A Venous Access Site: Spine Exam for regional: not done

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: NPO from 2am.

- DVT Prophylaxis:
- NIL ORAL -> Water / ORS 2 Hours, Others 6 Hours
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. SHABAN



Patient Sticker

**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : ..... Time Received : ..... Time Discharged : .....

< RESP • PULSE > BLOOD PRESSURE	250		250
	240		240
	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
	80		80
	70		70
	60		60
50		50	
40		40	
30		30	
20		20	
10		10	
0		0	
SPO <sub>2</sub>			

IV Cannula Site : .....

O<sub>2</sub> Mask                       Nasal Prongs  
 Tracheostomy                 T-Piece  
 Oral Airway                       Nasal Airway

Vomiting :     Yes    No                      Drug: .....

NG Tube :     Yes    No

Drain:         Yes    No

Urinary Catheter:  Yes    No

Chest Tube:    Yes    No

Nil Oral        Yes    No

IV Fluids: .....

Oral Feeds: .....

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

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used:    N PASS    FLACC    Wong Baker    NPS

**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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....





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

**BirthRight**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

To,  
The Credit Billing,  
Tenet Diagnostics,  
Banjara Hills, Hyderabad.

BAH-00622707 IP5-00174724  
Baby GURKA TTAARVIKAA  
16-03-2025 1 Y 2 M 19 D (F)  
Dr. Prashant Bachina

Patient details:



Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test CT PULMONARY ANGIOGRAPHY  
WITH ANESTHESIA in your diagnostic center on credit basis. Request you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For any further queries, please contact the billing manager.

Order ID: 5-000 964298

Thanking you,  
Department of Inpatient Billing

**Coordinator:**

Signature: [Signature]  
Name: Sartea  
Date & Time: 4/6/26 @ 7:43 AM

**Billing Executive:**

Signature: [Signature]  
Name: Vinay  
Date & Time: 4/6/26  
Mobile (Billing Manager): 9247505898

**Manager on Duty (MOD):**

Signature: [Signature]  
Name: M. Ran Bawa  
Date & Time: 04/06/26 - Dussan  
Mobile: 9676838787

Billing Department  
Rainbow Children's Medicare Ltd  
Banjara Hills, Hyderabad

Docu. No: RCH/ FRM/ GENERAL/ 663

**Rainbow Children's Medicare Limited**

Banjara Hills, Road No: 2, Near Hotel Park Hyatt, Hyderabad - 500034, Telephone: +91 40 44665491, 44665555 Ext: 1090 / 1091,  
email: billingbanjara@rainbowhospitals.in | tpa.bnj@rainbowhospitals.in  
GST: 36AABCR4014M1ZE | email: info@rainbowhospitals.in | CIN: U85110TG1998PLC029914 | www.rainbowhospitals.in



## Moderate Sedation Flow-Sheet

### Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO <sub>2</sub>	Pain Score	Weight
90/64	120 bpm	25 cpm	98 °F	97%		7.5 kg

Diagnosis: Cholelithiasis of biliary tree / sp. Kasari

Procedure: CT Angio

Comorbidities: H/O jaundice (A)

Risk, benefits & alternatives discussed;  
 Patient understand & elects to proceed  
 Consents for procedure and sedation signed and dated

**ASA Physical Status**

ASA PS 1: Healthy Patient  
 ASA PS 2: Mild Systemic Disease, no functional limitations  
 ASA PS 3: Severe Systemic Disease, functional limitations  
 ASA PS 4: Severe Systemic Disease, constant threat to life  
 ASA PS 5: Moribund Patient unlikely to survive 24 hrs.  
 ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes

E: Emergency procedure  
 GCS: E 4 M 6 V 5

IV Site: RUL Gauge: 22G

Sedation Plan: MAC E DRUGS

Allergies: Nil

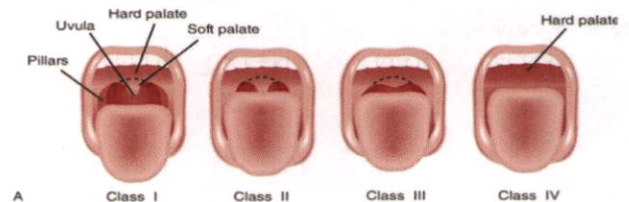
### AIRWAY EVALUATION

#### Mouth:

- Normal  
 Loose Teeth  
 Small Mouth  
 Protruding Incisors  
 Receding Lower Jaw  
 Dentures

#### Neck:

- Normal  
 Decreased ROM  
 Thyromental Distance Less Than 6 cm  
 Short Neck



Mallampati Class:  I  II  III  IV

### Monitoring of Patient Intra – Procedure

#### Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O<sub>2</sub> Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

#### Level of Consciousness (LoC):

- A - Alert  
 V - Verbally Responsive  
 P - Painfully Responsive  
 U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O <sub>2</sub> Sat%	O <sub>2</sub> Supplementation	Comments / Initials
Baseline						
8:50 Am		110 bpm	25 cpm	100%	5L/min	

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
Inj Midazolam	IV	0.3mg	8:50 Am	
Inj propofol	IV	10mg + 5mg + 5mg	8:52 Am	
Inj glycopyrolate	IV	70 mcg	8:53 Am	

Doctor Notes: ..... 8:50 → 9:20 am .....  
 .....  
 .....

Time of transportation to post sedation care room: ..... 9:20 am ..... LOC: ..... Conscious .....

Doctor Name: ..... DR. SHENY ..... Signature: ..... *[Signature]* .....

**Post Sedation Care Room**

Time															
Monitoring	180														
ECG NBP Oximeter	160														
Pain Score (0-10) .....	140														
Sedation Score (0-4) .....	120														
	100														
	80														
	60														
	40														

**TOTAL ALDRETTE SCORE AT DISCHARGE =**  
 (If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O <sub>2</sub> > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O <sub>2</sub> > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/- 50 mm hg of Pre-Op = 0

Patient Discharge Time: .....

Nurse Name: .....

Signature: ..... *[Signature]* .....

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

Consultant Name: .....

Signature: ..... *[Signature]* .....

Stamp



## CONSENT FOR PROCEDURAL SEDATION

Authorization By:  Patient  Patient Attendant

**I, the undersigned do hereby acknowledge the following:**

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure

CT

I have been made aware of the possible complications from the procedure of sedation as follows:

- Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. Shabna and his / her team to perform the procedural sedation upon the patient / myself.
- 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.

**Parent / Patient Attendant:**

Signature: G. Raja Reddy

Name: G. Raja Reddy

Relationship with patient: Father

Date & Time: 04/06/2026 7:15 AM

**Witness:**

Signature: T. Anusha

Name: T. Anusha

Date & Time: 04/06/2026 7:16 AM

**Doctor (who is taking consent):**

Signature: [Signature] Name: DR. SHABNA Date: 4/6/2026 Time: 7:15 AM

## ప్రాసీజరల్ సెడేషన్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రాసీజర్ కు ఇచ్చే సెడేషన్ గురించి పూర్తి వివరాలు నాకు తెలిపారు:

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జి ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లాలింజోస్టాసమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్ గురించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ \_\_\_\_\_ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రాసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం: .....

సంతకం: .....

పేరు: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

BAH-00622707 IP5-00174724  
Baby GURKA TTAARVIKAA  
16-03-2025 1 Y 2 M 19 D (F)  
Dr. Prashant Bachina

Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_



Room / Bed No : \_\_\_\_\_ suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
09/06/26		CR		<i>[Signature]</i>

**Cross Consultation Visit**

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









**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/6/24	ch/B only doctor	
Δ?	<u>Suspected Alagille syndrome</u>	
w/dh - t/dh		① NBM
Cold = yesterday		② IVFORS
Temp - 98.0°		③ CT pulmonary Angiography (8:30am) → <u>Tenell</u>
HR - 120/min		
RR - 28/min		④ extrajunc - ①
BP - 90/64		
SpO <sub>2</sub> 94%		
KL, NAE @, B/C @		
	↓	N/A
	CT pulmonary angiography done	Discharge
	Procedure uneventful.	Review with Dr. Prashant baline with reports
		for N. Kishore or. Keshan.







**REGULAR PRESCRIPTIONS**


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

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				





BAH-00622707 IP5-00174724  
 Baby GURKA TTAARVIKAA  
 16-03-2025 1 Y 2 M 19 D (F)  
 Dr. Prashant Bachina




## 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					



BAH-00622707 IP5-00174724  
 Baby GURKA TTAARVIKAA  
 18-03-2025 1 Y 2 M 19 D (F)  
 Dr. Prashant Bachina



# FLUID CHART

Sheet No. : .....

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

Date	Time	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													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker

# FLUID CHART



Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>								