BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

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SURGERY DETAILS

Date : 8-07-26

Patient Name: Baby Parkala Riyanashika Date of Birth: 17-04-2021 Age: 5Y

Gender: Female Ward : OT UHID No.: BAH-00657684

Date of Surgery: 8-07-26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Endoscopic Adenoidectomy & Coblation + GA

Time in : 9.45am Time Out : 10.45 am.

		NAME	AMOUNT
1.	Surgeon	Dr. Allu chandana	
2.	Anaesthetist	Dr. Sreeja, Dr Samir	
3.	Assistant Surgeon	Dr.	
4.	OT Technician	Br. Arvind	
5.	Circulating Nurse	Sr. ~~Natasha~~ Susheela	
6.	Assistant Nurse	Sr. Natasha	

SmithNephew
EVAC° 70 Xtra HP
With Integrated Cable
REF EIC5874-01
LOT 2193417
2028-09-17

coblater charges ×26-000021784

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Puja
Signature of Circulating Nurse

Order No: 26-000021785 Order by: Susheela 8/7/26 1:13 Pm.

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Adeno tonsillectomy

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CONSUMABLES OF OT

Circulating staff :........ Technician : Arvind .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
RAE ET tube 4.5 cuffed		01	Major Pack General		✓	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / (P) / N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube 6No		02
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		05	Gloves			Surgical Gloves		
02 cc		04	6.5		1	Gauze Pack		
01 cc			7.0		1	Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		02	Koochies					
Dexamethasone		01	Ointments					
Tranexa		01	Suction Catheter			evac		
Fentanyl		01	Cap, Mask		5+5	Nasal pack -		1
~~Morphine~~ Midazolam		01	Gauze Pack 7.5		2			
~~Ketamine~~ O2 mask (P)		01	Mop Pack			Feeding tubes		
Propofol		02	Steristrip			6-No		1
Rocuronium		01	Underpad			evac		01
Glycopyrolate		01	Draw sheet					
~~Myopyrolate~~ Neostamine		02	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
~~Atropine~~		~~01~~	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		3			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Adrenaline		01	Microshield					
PCM		01	Cotton Balls					
Agumentin 600mg		01	Latex Gloves					
			Ramdione Scrub					
			Saral					

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With Integrated Cable
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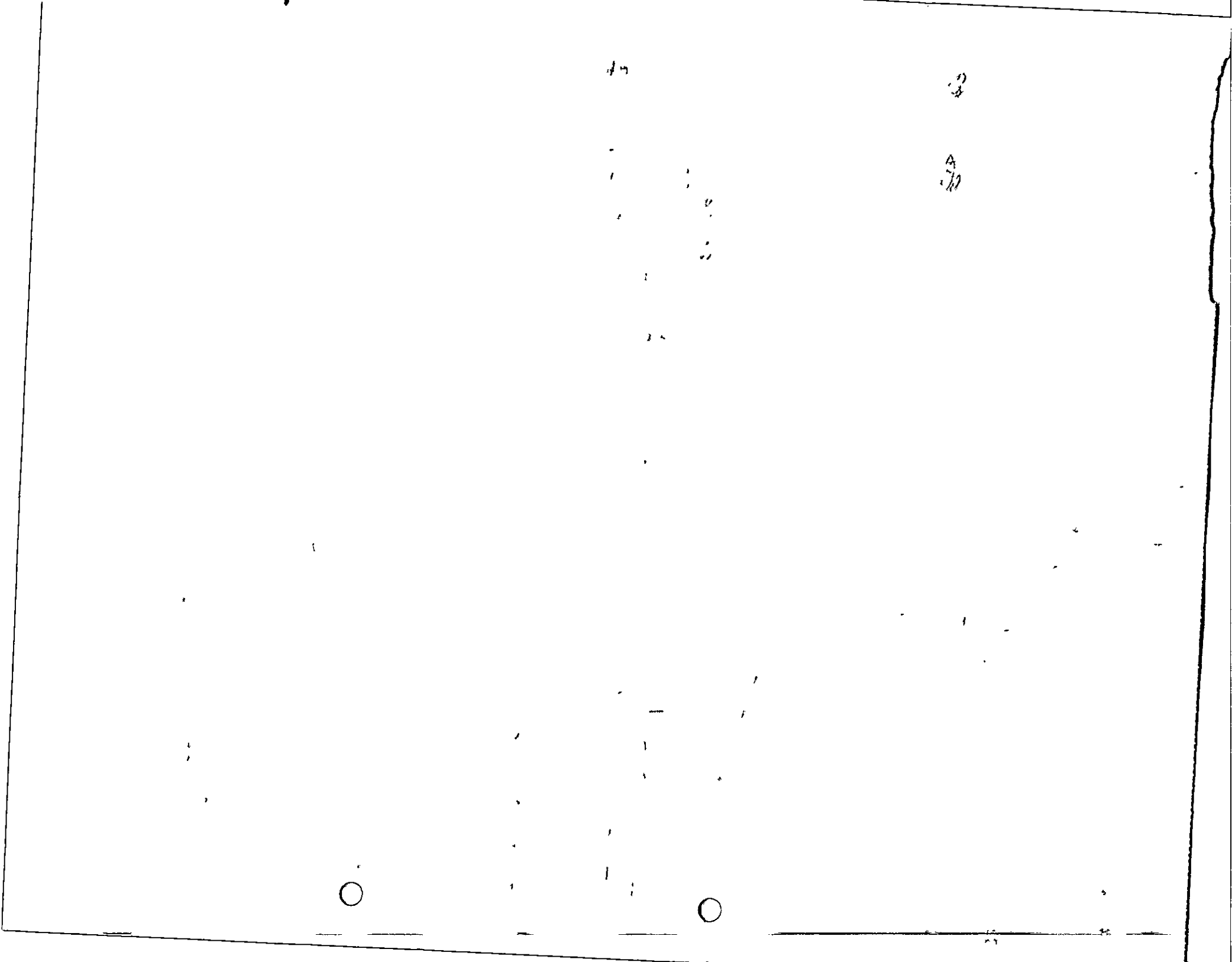
Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000211805 / 806 Ordered by : Sushmitha 8/7/26 @ 1.35 Pm.

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



Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	BAH-00657684	Name	Baby PARKALA RIYANASHIKA
Age / Sex	, 5 Y 2 M 21 D / Female	Doctor	ALLU CHANDANA
Adm/Reg Date/Time	: 08/07/2026 07:37	Payor	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	08/07/2026 13:34	Ordernumber	26-0000211805
Visit ID	IP26-00006779	Ward/Bed No	3F -SEMI PRIVATE / SPVT-314
Patient Address	Boduppal, Boduppal, Hyderabad, Telangana, INDIA, 500092		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Ordered
2	ROCUNIUM INJ 50 MG 5 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
3	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
4	Oxygen Mask With Tubing - PeadROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
5	MEZOLAM INJ 5 MG 5 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
6	BIOXAMIC 500 MG INJ		1 Ampule	Injection / Once Daily	1 Days		1 Ampule	Ordered
7	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
8	MCT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		1 Nos	Ordered
9	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	Nasal / Once Daily	1 Days		1 Nos	Ordered
10	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
11	PYROLATE INJ AMP 0.2MG 1 ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Ordered
12	IVALON NASAL PACK WITH STRING (8CMX1.5CM		1 Nos	/ 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
13	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
14	MYOSTIGMIN INJ 1ML		1 Nos	/ Once Daily	2 Days		2 Ampule	Ordered
15	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Inhalation / Once Daily	1 Days		1 Nos	Ordered
16	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
17	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
18	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
19	RAE ORAL WITH CUFF TUBE-4.5	RAE ORAL CUFFED 4.5	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
20	GENERAL SURGICAL KIT (MEDITAKE)		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
21	AEQUIMENTIN INJ 600MG		1 Nos	Injection / Once Daily	1 Days		1 Nos	Ordered
22	NS 1000 ML CLOSED EUROFLEX		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
23	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
24	DEXAMETHASONE INJ 2 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
25	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

ALLU CHANDANA

Reg No : 03408

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Children's Hospital

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	BAH-00657684	**Name**	: Baby PARKALA RIYANASHIKA
Age / Sex	5 Y 2 M 21 D / Female	**Doctor**	: ALLU CHANDANA
Adm/Reg Date/Time	: 08/07/2026 07:37	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 08/07/2026 13:34	**Ordernumber**	: 26-0000211806
Visit ID	: IP26-00006779	**Ward/Bed No**	: 3F -SEMI PRIVATE / SPVT-314
Patient Address	: Boduppal, Boduppal, Hyderabad, Telangana, INDIA, 500092		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
2	NS 500ML CLOSED BOTTLE		1 Bottle	External / Once Daily	1 Days		1 Bottle	Ordered
3	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 1-2 TIMES A DAY	1 Days		5 Nos	Ordered
4	EVAC70XTRAHPWITHINTEGRATEDCABLE-E	EVAC 70 XTRA HP WITH INTEGRATED CABLE-E	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

ALLU CHANDANA

Reg No : 03408

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Note

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*** Do not refill medicines.**

Printed Date/Time 08/07/2026 14:08 Printed By : SUNKARI SANGEETHA

DISCHARGE SUMMARY

Name	Baby PARKALA RIYANASHIKA	**UHID**	BAH-00657684
Father/Guardian	Mr NAGARJUNA	**Age/Gender**	5 Y 2 M 21 D/ Female
Address	Boduppal, Boduppal, Hyderabad, Telangana, INDIA, 500092		
IP No	IP26-00006779	**Admission Date**	08-07-2026
Ref Doctor	Self		
Discharge Date	09.07.2026		

Consultant:
Dr. ALLU CHANDANA
MBBS, MS ENT, DNB, Post doctoral fellowship in Paediatric ENT
03408

DIAGNOSIS	ICD CODE
CHRONIC ADENOIDITIS WUTH SLEEP DISORDERED BREATHING	

Procedure : ENDOSCOPIC ADENOIDECTOMY UNDER GENERAL ANESTHESIA COBLATION DONE ON 08.07.2026.

History: Baby PARKALA RIYANASHIKA, 5 Y 2 M 21 D child presented with history of snoring & mouth breathing, sleep issues since 3 months prior. For the

Name	Baby PARKALA RIYANASHIKA	UHID	BAH-00657684
IP No	IP26-00006779	Admission Date	08-07-2026

above complaints child was admitted at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 105 /min and Respiratory rate - 22/min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal. Grade 2 enlarged tonsils.

Weight on admission: 17.4 kilo grams.

Investigations: Enclosed reports.

Procedure : ENDOSCOPIC ADENOIDECTOMY WITH GENERAL ANESTHESIA COBLATION DONE ON 08.07.2026.

Surgery Notes:
* Under general anaesthesia in Rose's position.
* Boyle Davis mouth gag applied.
* Under endoscopic guidance grade 4 adenoids visualised and coblated.
* Haemostasis secured.
* Procedure uneventful.

Post-Operative Notes: Post operative period was uneventful. Child was initiated on oral feeds gradually which child tolerated well. She remained hemodynamically stable during the hospital stay and operated site remained healthy. Child is being discharged with the following advice.

Advice:
* Diet as advised.

Name	Baby PARKALA RIYANASHIKA	**UHID**	BAH-00657684
IP No	IP26-00006779	**Admission Date**	08-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. RELENT PLUS (Cetrizine 5mg, Ambroxol 30mg/5ml)	4.5 ml	8am-8pm (1 hour before food)	For 5 days.
2	Syrup. AUGMENTIN DUO (Amoxycillin 400 + Potassium Clavulanate 57 mg/5ml)	4.5 ml	8am-8pm (after food)	For 5 days
3	Syrup. Crocin DS (Paracetamol - 5ml/240mg)	5ml	3 times/day	For 5 days
4	Nasivion P nasal drops	2 drops	twice daily	For 5 days
5	SOLSPRE Nasal spray	2 puffs	4th hourly	For 5 days

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ALLU CHANDANA after 1 week in OPD at Himayatnagar with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours

Name	Baby PARKALA RIYANASHIKA	UHID	BAH-00657684
IP No	IP26-00006779	Admission Date	08-07-2026

after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. ALLU CHANDANA
MBBS, MS ENT, DNB, Post doctoral fellowship in Paediatric ENT
03408

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ACTIVITY RECORD FOR BILLING

BAH-00657584 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

Name: ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 8/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	9:30	ER	OT	Bhargavi
8/7/26	11am	OT	PICU	Nataly
8/7/26	1:30pm	PICU	314	[illegible] / Maria

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/7/26	CBP, BT/CT	11218	[signature]

cross checked by [illegible] @4PM

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	Invasive monitor	at 11am	1PM 8/7/26		
8/7/26	Infusion pump	,,	6PM 8/7/26	11760	[signature]
	Cross checked by [illegible] @ 4:30PM				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7/26	Iv placement	1	11686	[signature]
	PAC	1	Done	
			on op Basic	[signature]
8/7/26	NHA	1	11875	[signature]
	Cross checked by Moutal		@ ppm	

ANY OTHER INFORMATION

Date :　　　　Time :　　　　Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUAT

Name: P. Riyanshika Age: 5y2m Sex: F UHID.No: BAH-00657684.

Date: 7/7/26 Time: 2:10pm Proposed Operation: Adenoidectomy

Diagnosis: Adenoid hypertrophy

B.P / CRT: <3 sec H.R: 112 Weight: 17kgs ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: Nil

Medical History: CVS: Nil - FT | LSCS | 2-7kgs | NO NICU admn

RESP: H/O URTI: 1wk cold (+) Occassional coughs (+) Diabetes: Development appropriate

CNS: fever - last wk. Vaccinations - as per govt schedule.

Renal: mouth breathing |

Hepatic / GE: Nil - Snoring: Physical Activity: Yearly flu vaccination not taken

Others: nasal congestion (+). active

Past Anaesthetic History: - Nil -

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: (N)

Lungs: B

Heart: S1 S2 (+)

CNS: c/c → alert

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site: accessible | Spine Exam for regional: well felt

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

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

CURRENT MEDICATIONS	DOSAGE
Syp. Relent plus	4ml
Nasivion drops	To continue

Pre-Operative Instructions:

1. DVT Prophylaxis: ☑ (1) (2)
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours → 3AM → water 7AM → 9AM → SX
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   → CBC on cannulation
   → Nasivion / Otrivin drops to continue on day of ix

Signature: Name: DR. AKHILA. K.

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: 76hrs	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 110 bpm	B.P / CRT: 90/60	SpO_2: 100%	R.R: 20-25/min	Last Feed: 7/7

Pre-OP Diagnosis: .... Operation: Adenoidectomy Date: 17/7

Surgeon: Dr. CHANDANA Anaesthesiologist: Dr. AMIR / Dr. ... Technician: Amit

TIME	9:45					
N_2O/AIR/O_2 LPM	2L/min					
HALO/ISO/SEVO	1 MAC					
Drugs:						
MIDAZOLAM 0.8mg IV						
FENTANYL 35mcg IV						
PROPOFOL 35 IV +			20mg IV			
ROCURONIUM 8mg IV						
NEOSTIGMINE 0.8mg IV						
GLYCOPYRROLATE 170mcg IV						
FIO_2 / SaO_2	100	100	100	100	100	
$ETCO_2$	40	42	39	41	40	
ECG	SR	SR	SR	SR	SR	
Temperature						
Urine Output						
RL	"	"	"	"	"	
Fluids / Blood						

Antibiotic: AUGMENTIN 500mg
Suppository: DICLOFENAC 12.5mg
Blood Loss

NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time / Tourniquet off Time
Throat Pack In / Throat Pack Out

Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional	**Temp:** ☑ HME ☑ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☑ Hugger's ☐ Cotton Wool ☐ Other	**Induction:** ☑ IV ☑ Inhal ☑ Pre O_2 ☐ RSI ☐ Others	**Regional:** Extremity Specify: .... ☐ Spinal ☐ Epidural ☐ Caudal
☑ BP	**Times:** Anaes Start: 9:45 am	☑ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal	Others: .... Position: ....
☑ Cuff Site: Rt LL	OP Start: ↓	ETT# 4.5 at 15 cm	Site: NA
☑ Art Site:	OP End:	☑ Oral ☐ Nasal ☑ Cuff	Needle Size: .... Depth: ....
☑ EKG Lead	Leave OR:	☐ Tracheostomy ☐ Topical	Parasthesia ☐ Yes ☐ No
☑ Temp Site: Skin	**Anaesthesia:** ☑ GA ☐ Monitored Anaesthesia Care ☐ Regional	☐ Drug: ROCURONIUM	Catheter at skin .... cm
☑ FIO_2 Monitor		☐ Awake ☐ Direct Vision	Drug Name & Conc: ....
☑ Agent Monitor		☑ Video Laryngoscopy ☐ Stylette / Bougie	Bolus: ....
☑ Pulse Oximeter		☐ Fiberoptic	Infusion: ....
☑ Capnograph		Blade# .... Attempts: 1	Block Level: ....
☑ Ventilator		Difficulty Why?	Comments: ....
☐ Nerve Stimulator	**Line (Size & Location)** ☐ CVP: .... ☐ ART: .... ☑ IV: 22G Rt UL ☐ IV: .... ☐ IV:	☐ Bilat = BS ☐ Semi-Closed Circle ☑ Closed Circle ☐ Other	Transportation to ☐ PACU ☑ ICU ☐ Other
Position: Supine ☐ Pressure Points Checked			Relaxant Reversed ☑ Yes ☐ No ☐ NA
Eye Care: ☐ Oint ☑ Tape ☐ Padding ☐ Awake			Name of the Doctor: Dr. AMIR; Signature of the Doctor: Dr. AMIR

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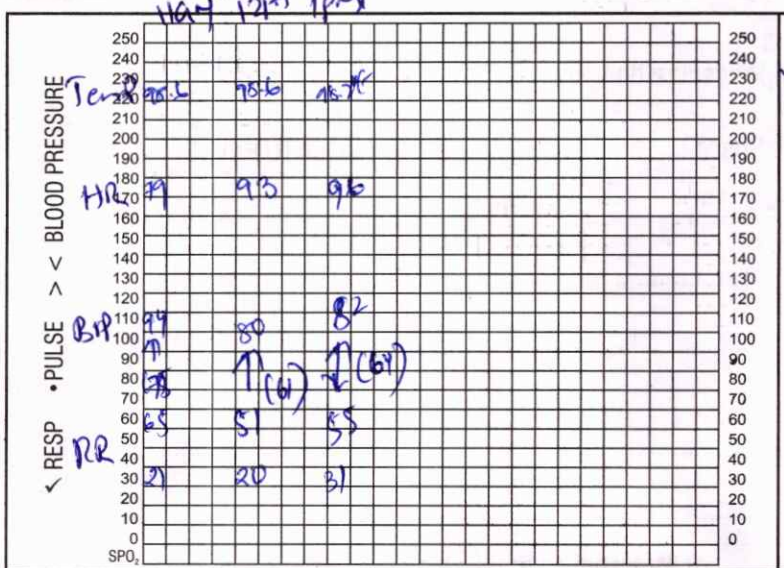
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sujatha Time Received : 11am Time Discharged : .....



IV Cannula Site : Rt hand

- ☑ O_2 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: DNS @ 25ml/hr
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		2	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		10	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/7/26	12pm	-0-	—	S

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: 8/7/26

PACU Nurse Name : Sujatha
PACU Nurse Signature: S
Date & Time: 8/7/26

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

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

BAH-00657584 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

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Patient Name : Riyanshika Age : 5y 2m Gender : Male ☐ Female ☑

UHID NO: BAH-0065 7684 Surgeon Name: Dr. Allu Chandana

Anaesthesiologist : Dr. Samir

Operative procedure planned : Adenoidectomy

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 without numbness can be achieved by infusing weak solutions of local anesthetics arid 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 mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : laryngospasm, bronchospasm

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Riyanshika the above mentioned operation / Diagnostic / Therapeutic procedures Adenoidectomy

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : P. Nagarjuna

Name : P. Nagarjuna

Relationship with Patient: Father

Date & Time : 07/07/2026 2:15pm

Witness :

Signature : .....

Name : D

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : DR. AKHILA-K

Date & Time : 7/7/26 2:15pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : PARKALA RIYANSHIKA Gender: ☐ Male ☑ Female Age : 5yr 2months

UHID No : Date : 8/7/26

Instruction:
This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ENDOSCOPIC ADENOIDECTOMY VGA

upon

(Name of the Patient) PARKALA RIYANSHIKA

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized 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. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING / LARYNGOSPASM

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: .....

Consentee :

Signature : P. Nagarjuna

Name : P. Nagarjuna

Date & Time : 08/07/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : P. Nikitha

Name : P. Nikitha

Relationship with Patient: Mother

Date & Time : 08/07/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Chandana

Date & Time : 8/7/26 - 9:30am

BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

wt - 17.4 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : P. Riyanshika Age : 5 yr **Gender:** ☐ Male ☑ Female

Date : 8/7/26 Time of Arrival : 7:20am

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97°F PR: 105 b/m BP: ..... RR: 22 b/m SpO_2: 100 %

Chief Complaints: c/o Cough for surgery (Adenotonsillectomy)

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT.: Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:29am

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Babir

Signature of Triage Nurse : .....

Date & Time : 8/7/26 @ 7:22am

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Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 7:12 am

Chief Complaints: c/o : Come for Surgery Adeno tonsilectomy. RBS: .....

Height : ..... Weight : 17.4kg BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: ..... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☑ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With family

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : .....

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
7:26 am	Assess the pt Condition monetore the vitals

Samples collected by: / Apurba Time:

Samples sent by : / Time: 8:10 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: 105 b/m BP: ..... CFT: 2sec	Shift - out from ER to: OT
RR: ..... SPO_2 : 100%	Time of Shift - out: 8:45 AM
GCS: 15/15 Temperature : 98.2°F	Handover given to: .....
Pain Score: 0/10	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 8/7/26 @ 7:28 am

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : P. Riyanshika

Patient ID# :

Consultant :

Final Diagnosis :

BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

Pediatric Multiorgan History & Physical Examination

Name : P. Ryanthika Age/Sex 5y | F.

Informant mother Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

Snoring
Mouthbreathing } 4 3 months
Sleep varies

History of present illness :

A 5yr old girl c c/o
Snoring
Mouth breathing } 3 months
Sleep varies

for surgical management.

Adenoidectomy + coablation + T1

NPO since 12am (solids)
7am (liquids)

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

no neonatal complications

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

as per age

Immunization History :

As per schedule.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 97.4 kgs (Centile _____)

On Examination :

Temperature : (N) Pulse Rate: 105/min Description _____

B.P. _____ SPO2 98% at RA

Resp. rate and type of breathing : _____

22/min

Rash _____ Grade 2 tonsils

Lymphadenopathy _____ ~~post~~ nasal

Oedema : _____

Respiratory system :

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

Air entry & breath sounds : NVBS (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (N)

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine: (N) External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Adenoid hypertrophy & sleep disordered breathing

Adenoidectomy ± coablation ↓ GA

Preventive aspects of the treatment :

prevent complication

Desired goals of the treatment :

Hemodynamic stability

Planned Labs :

CBP on cannulation
BT - 2min 30sec
CT - 4min 30sec

Noted By Brabin

Planned Management :

1. IVF
2. ct NPO
3. Shift to OT on call

Noted By Brabin

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

Riyanashika
542M

203 - 314

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 8/7/26 Time: 1Pm

Weight: 17.4kg Centile: 50th

Height: - Centile: -

Inference: well child

RDA: - Calories: 1400kcal/d Protein: 24gms/d

Diet Recommendations: Soft Diet & chilled liquids

Re-Assesment: Avoid spicy, chilled & outside foods

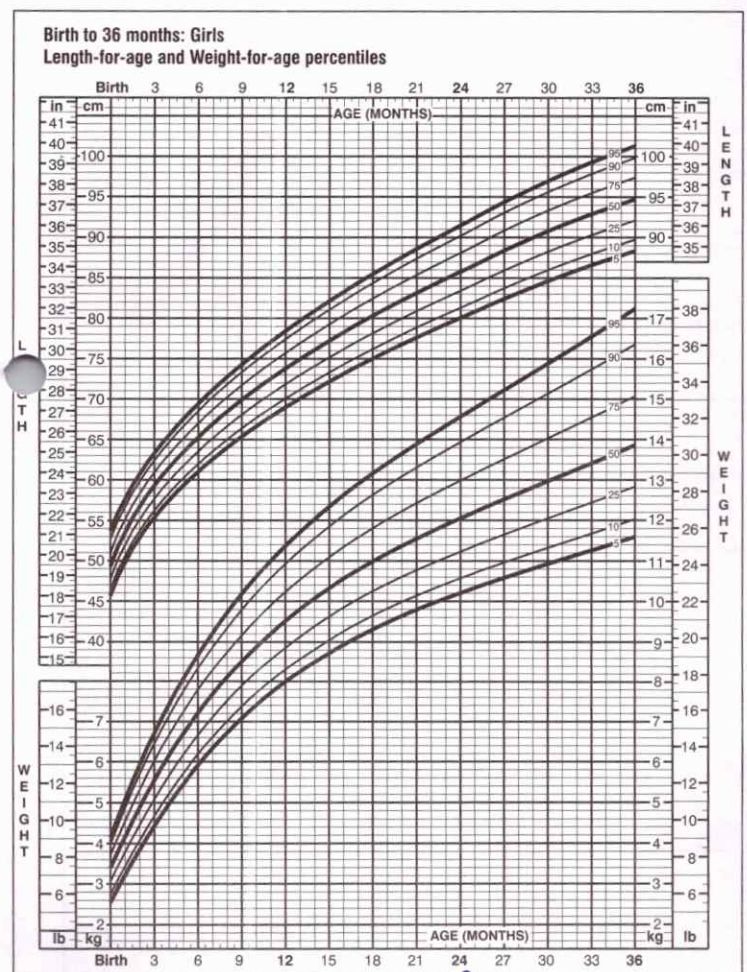
Food Allergies: NO Veg/Non-veg NON-veg

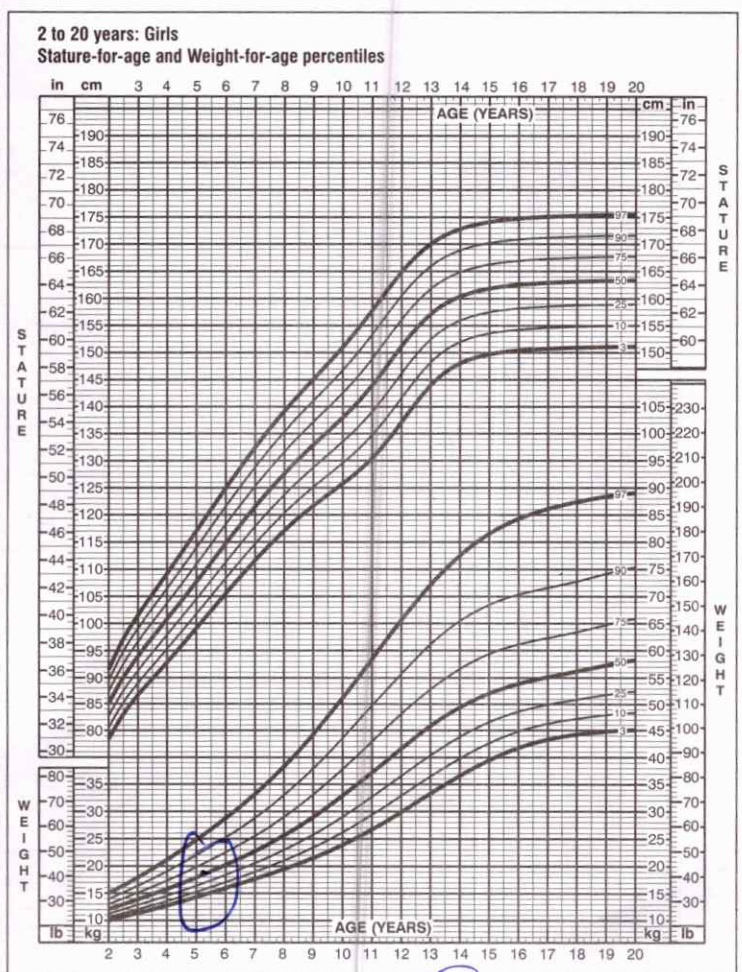
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Nikitha

GROWTH CHART (GIRLS)





Dietician's Name Sathvika-G Dietician's Signature

Daily Notes:

BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
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Date of Admission: 8/7/2026 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature

BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

REGULAR PRESCRIPTIONS Weight. 17.4 kg Ward. ....

DRUG : Inj. PARACETAMOL				Date ▸ Time ▾	8/7
Dose	Route	Frequency	Start Date		
250 mg	IV	6th hrly	8/7		
Name & Signature of the Doctor Starting the Drugs: B. Sneha				4pm	
Additional Instructions:				10pm	
				6AM	
Daily Doctor's Endorsement by a Sign					

DRUG : Inj. AUGMENTIN				Date ▸ Time ▾	8/7
Dose	Route	Frequency	Start Date		
900 mg	IV	BD	8/7		
Name & Signature of the Doctor Starting the Drugs: B. Sneha					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Inj. AUGMENTIN				Date ▸ Time ▾	8/7
Dose	Route	Frequency	Start Date	6AM	9.50 OT given
600 mg	IV	TID	8/7		
Name & Signature of the Doctor Starting the Drugs: B. Sneha				2pm	
Additional Instructions:				10pm	
Daily Doctor's Endorsement by a Sign					

DRUG : Inj PANTOP				Date ▸ Time ▾	
Dose	Route	Frequency	Start Date		
20 mg	IV	OD	8/7		
Name & Signature of the Doctor Starting the Drugs: Pranav					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/7	9:50Am	Inj. DEXAMETHASONE	1.6mg	IV		Arvind Natasha
8/7	9:55Am	Inj. TRANEXEMIC ACID	260mg	IV		Arvind Natasha
8/7	10Am	Inj. PARACETAMOL	255mg	IV		Arvind Natasha
8/7	10:40Am	Supp. DICLOFENAC	12.5mg	P/R		Arvind Natasha.
8/7	9:50Am	Inj. AUGMENTIN	510mg	slow IV		Arvind Natasha.

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

BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

I.V. FLUIDS CHART

Weight 17.4kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/7/26		DNS (Since NPO)	IV	36 ml/h	[signature]	[signature] [signature]	8/7		[signature] [signature]
8/7	9:45AM	RINGER LACTATE	IV	100ml/h	[signature]	[signature] [signature]	8/7		[signature] [signature]
8/7	11 AM	DNS	IV	50 ML	[signature]	[signature] [signature]			

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

BAH-00657684 IP26-00006779
Baby PARKALA RIYANASHIKA
17-04-2021 5 Y 2 M 21 D (F)
Dr. ALLU CHANDANA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/2/26	S/B Dr. Sreejitha	
12PM	D Post-operated	
	case of Adenoidectomy c̄ coablation + GA	
		Plan
	HR - 103/min	
	SpO2 - 98%	- C/t AUGMENTIN
		- C/t IV Paracetamol 6thL
	CVS - S1S2 ⊕	
	P/A - B/L - AE ⊕	- C/t IV Fluids @ 50ml
		↳ taper by evening
	Conscious	
	Sensorium - Normal	- Monitor vitals
		- w/f oral / nasopharyngeal bleed
		- Allow orals
		- Shift to ward
		N/B
		Kiss sup

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 1:30pm	C/S/B - Dr. Chandana POD - 0 S : Adenoidectomy ↓GA	
	O/E Afebrile Active nose - clots (+) throat - clear. Discharge today	Adv continue medication as per post op orders Encourage orally Normal diet plan D/S tomorrow Inform - SOS NB Harshi @2PM

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POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☑ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 8/7/26. Time: 11Am.

Name of the Surgery: Adenoidectomy

Drugs used for sedation during surgical procedure: MIDAZOLAM, FENTANYL, PROPOFOL, PARACETAMOL.

IV Fluids type / amount used using surgical procedure: RINGER LACTATE 100ml/hr.

Input ..... ml Output ..... ml Blood Loss ..... ml

Blood Transfusion if any -

Any intra operative event: -

On arrival to PICU / NICU / MICU / WARD:

Temp: ..... HR: 81 RR: 20/min BP: 90/60 CRT: .....

Peripheries: Warm. SpO_2: 100% @ 4L O_2/min

Drains: .....

ET Tube: ☐ Cuffed ☐ Uncuffed

Size of ETT: ..... Length of Fixation of ETT: .....

Surgeon's Notes: ☑ Yes ☐ No

Time of Arrival to Unit: 11Am

Handover given by:

Anesthesiologist's Name DR. SRIMAN

Signature: DR SRIMAN

Date & Time: 8/7/26.

Handover taken by:

Doctor's Name .....

Signature: .....

Date & Time: .....

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OPERATION THEATER NOTES

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Patient's Name : .....Age : .....Gender : .....

UHID.: .....P.No. :.....Weight : .....

Surgeon : Dr. Chandana	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure : Endoscopic Adenoidectomy with LGA. coblation

Indications for Surgery : Chronic Adenoiditis / Sleep Disordered Breathing

Date :	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

- LGA, pt in Rosés position
- Boyle Davis mouth gag applied
- ↓ endoscopic guidance grade 4 adenoids visualised and coblated.
- Hemostasis secured.
- procedure uneventful.

POST - OPERATIVE ORDERS :

- NPO until fully awake
- Inj. AUGMENTIN 500 mg/IV/Q 8H
- Inj. PCM - 250mg/IV/Q6H
- Syp. RELENT - plus x 5days
  4.5ml —— 4.5ml
- Inj. PAN. ~~BD~~ 20mg/IV/AM/OD
- NAXVION - P N/D x 5days
  2° —— 2°
- SOLSPRE N/S x 8H
  ↑↑ | ↑↑

Dr. Chandana

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 8/7/26 Time : 10:40am

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Dr. ALLU CHANDANA

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Allu Chandana
Asst. Surgeon : .....
Anaesthetist : Dr. Samuel / Dr. Sreeja
Scrub Nurse : Sr Natasha
Age : 5Y Gender : F
Surgery Name : .....
Date : 8-7-26 In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9.40 am

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 : DMANNUR
Name : .....

Before Skin Incision ➤➤

TIME OUT Time: 10.00 Am

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 Nose ☑ Yes ☐ No
- Correct Procedure Adenotonsillectomy ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 1 hour. Bleeding Laringospasm 20ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA Broncospasm Laringospasm Inj: Augmentine 500mg @ 10.15AM.

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

Signature : .....
Name : 8/7/26 @ 10.00 Am

Before Patient Leaves Operating Room

SIGN OUT Time: .....

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 : .....
Name : Dr. Chandana

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Baby: Parikala Riyanshika ~~UHH~~: BAH: 00657684	8/7/26 at 7:37 am	8/7/26 at: 12:30p
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Allu chandana	Dr. Sreeghant	stable
From Unit	**To Unit**	**Information to Attendant**
PIW (203)	3rd floor (314)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sonia	Dr. Sreeghant

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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	Date & Time of Admission: 8/7/26 @ 7:37 AM	Date & Time of Transfer Order: 8/7/26 @ .
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
From Unit: PICU	To Unit: Ward	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : @ 1:45 PM 8/7/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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Treating Consultant	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 7:37 Am	8/7/26 @ 9:50 Am
	Transfer Ordered by: Dr Samir	Reason for Transfer: Observation
From Unit: OT	To Unit: PICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 23	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL.	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr Natasha.	Dr Samir.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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	Date & Time of Admission 8/7/26 @	Date & Time of Transfer Order 8/7/26 @
Treating Consultant Name	Transfer Ordered by Dr Nazneen	Reason for Transfer ADMISSION
From Unit ER	To Unit OT	Information to Attendant ~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File 2+1	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. Nazneen

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ER ..... Shifted to: ..... OT .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ 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. Nazneen .....

Date & Time : ..... 8/7/26 @ 7:30am .....

Nurse Name & Signature: ..... Bhargavi .....

Date & Time : ..... 8/7/26 @ 7:35am .....