Name	Master T. SATHVIK	**UHID**	UHID-00206711
Father/Guardian	Mr T. BRAHAMMA SINU	**Age/Gender**	5 Y 11 M 3 D/Male
Address	KRISHNA TEMPLE,MANIKONDA COLONY, Godavari Khani, Karimnagar, Telangana, INDIA, 505209		
IP No	IP-00060635	**Admission Date**	09-07-2026
Ref Doctor		**Discharge Date**	09-07-2026

DISCHARGE SUMMARY

Consultant:
Dr. JYOTI BOTHRA
DNB, MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGERY
& UROLOGY

Diagnosis: Right Infected Preauricular Sinus

Surgical Procedure: Right Preauricular Sinus Excision done on 09.07.2026

History: Master T. SATHVIK is a 5 Y 11 M 3 D boy presented with history of recurrent pus discharge from right periauricular sinus since 5 months. For the above complaints, he was admitted at Rainbow Children's Hospital for surgical management.

Past History: Periauricular sinus excision done outside hospital 5 months back for swelling and pus discharge over periauricular area.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. Heart rate was 99/min, BP 98/64 mmHg and RR - 20/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Neurologically, he was conscious and oriented. Other systemic examination was normal.

Weight on admission : 19.5 kgs.

Name	Master T. SATHVIK	UHID	VIH-00206711

Management: He was admitted in the ward and intravenous fluids and intravenous antibiotics were given.

Surgical Procedure: Right Preauricular Sinus Excision done on 09.07.2026

Operative Notes :
Findings: Infected Sinus with collection.

Procedure notes:
- Elliptical incision incorporating the sinus opening and previous scar
- Sinus dissected till the cartilage and excised
- Heamostasis achieved
- Incision closed in layers with Monocryl 5-0

Post Operative notes : Post operative period was uneventful. He was started orally on liquid feeds which he accepted and tolerated well and he is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:
1. Diet as advised.
2. Remove dressing at home on 12-07-2026 (Sunday)and daily bath
3. Syp. Crocin-DS(5ml/240mg), 5ml thrice daily for 2 days and then if required for pain / fever > 100*F (maximum 6th hourly).
4. T-bact ointment for local application twice daily after 3 days for 7 days.
5. Follow up with Dr. Mahesh, Primary Pediatrician after 1 week.
6. Kindly consult with Dr. Jyoti Bothra, Consultant Pediatric Surgeon, if required in OPD with prior appointment (This consultation will be charged).

Name	Master T. SATHVIK	UHID	MH-00206711

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of Emergency for increasing breathing difficulty, dullness or high fever, Contact 040-42462200 Extn: 2010 (or) 7337357870.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : T. Brahma Sathvik Signature : T. B

Relationship with patient : F/S

This summary has been explained by :

Typist : Kalyan

Registrar/Resident/C.M.O

Dr. JYOTI BOTHRA
DNB, MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGERY & UROLOGY
TSMC/FMR/02962

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIV VIH-00206711 IP-00060635 **'NG**
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

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

UHID Nc ---------- Consultant : ---------- Dept : ----------

Date of Admission : 9/07/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---O.T---- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
09/07/26	12:05pm	E.R.	O-T	
9/7/26	2pm.	OT	Recovery Room	

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

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
09/07/16	IV Placement	1	3099346	
	PAC	1	3099345	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

VIH-00206711 IP-00060635
Master T. SATHVIK
08-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

DEFECI MEDICAL CASE SHEET

Patient Na IP. No :

Ward : DOD :

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1	✓	✓	
2	Discharge Summary	1	✓	✓	
3	Nursing Initial assessment.	1	✓	✓	
4	Patient Transfer form	2	✓	✓	
5	In-patient Medical record	1	✓	✓	
6	Doctors progress sheets	1	✓	✓	
7	Nursing plan of care and handover sheets	1	✓	✓	
8	Consultation sheet	—	—	—	
9	General consent for treatment	1	✓	✓	
10	Consent for Surgery	1	✓	✓	
11	Consent for blood transfusion	—	—	—	
12	Consent for chemotherapy	—	—	—	
13	Consent for high risk	—	—	—	
14	Consent for Restraint	—	—	✓	
15	LAMA consent	—	—	—	
16	Consent for special procedure/Sedation	1	✓	✓	
17	Consent for Formula feed	—	—	—	
18	Consent for MTP	—	—	—	
19	Consent for Radiological Investigations	—	—	—	
20	Consent for HIV test	—	—	—	
21	Anaestesia notes (Pre Anaesthesia& post)	1	✓	✓	
22	Neonatal Admission/Delivery/Physical Exam	—	—	—	
23	Medication Reconciliation	1	✓	✓	
24	Emergency Triage record	1	✓	✓	
25	Pre operative check list	1	✓	✓	
26	Surgical safety checklist	1	✓	✓	
27	Operation Theatre notes	1	✓	✓	
28	Nurses clinical Presentation	—	—	—	
29	TPR & BP chart	1	✓	✓	
30	Intake and Out take chart (fluid chart)	1	✓	✓	
31	Drug chart (Regular Prescription)	1	✓	✓	
32	Investigation Values (result sheet)	1	✓	✓	
33	~~Nebulization chart~~ SSI	1	✓	✓	
34	Nutritional review chart	—	—	—	
35	Intensive care unit (ICU Charts)	—	—	—	
36	Consent for Admission in PICU/NICU	—	—	—	
37	The Humpty dumpty scale	1	✓	✓	
38	Braden Q Scale	1	✓	✓	
39	~~Bed side check list~~ CHECKLIST FOR THROMBOPHLEBITIS	1	✓	✓	
40	~~PICU bed formula Dilution feeds~~ PAIN ASSESSMENT	1	✓	✓	
41	~~Gastro monitoring chart~~ ADMISSION INTIMATION	1	✓	✓	
42	~~Rch ED doctors note~~ BILLING POLICY	1	✓	✓	
43	~~BP Monitoring chart~~ ATTENDENT INFORMATION	1	✓	✓	
44	~~RBS monitoring chart~~ AADHAAR	1	✓	✓	

Total No. of Pages 30

Signature and Date : 2/7/22

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060635 **Admit Date** : 09-Jul-2026 **Admit Time** : 10:33 AM **UHID** : VIH-00206711

Patient Details :

Patient Name	: Master T. SATHVIK	**Age**	: 5 Y 11 M 3 D
Guardian	: Mr T. BRAHAMMA SINU	**DOB**	: 06-08-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KRISHNA TEMPLE,MANIKONDA COLONY Godavari Khani Karimnagar Telangana INDIA 505209	**Phone No**	: 7093149298/ 9550444722
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name	: Mr T. BRAHAMMA SINU	**Relationship**	: S/O
Contact Address	: KRISHNA TEMPLE,MANIKONDA COLONY Godavari Khani Karimnagar Telangana INDIA 505209	**Phone No**	: 7093149298

Signature

Doctor Details :

Doctor Name	: Dr. JYOTI BOTHRA	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 9/7/26 Time of arrival : 10:41 Am

Chief Complaints: Came for Surgery (Pre auricular Sinus excision) RBS: -

Height : 93 cm Weight : 19.5 kg BMI : - Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 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 Parents

Siblings in household ☑ Yes ☐ No (if yes How Many?) 2

Time of Initial assessment completed by ER Nurse : 10:44 Am

Patient Name : Mast. T. SATHVIK UHID : VIH-00206711 IPD : IP-00060635 Gender : Male Age : 5 Y 11 M 3 D

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

Time	Nursing Notes
10:38Am	Patient Came to ER.
10:40Am	Vitals checked and recorded
10:42Am	Came for surgery and given admission intimation.
10:45Am	Admission process done.
10:50Am	IV placement done and samples sent to lab.
	⇒ last food - 6:30 am
	⇒ last water - 8am
12:05pm	Patient shifted to OT

Samples collected by: Sr. Rajyalaxmi Time: 10:50 Am

Samples sent by : Time: 10:55 Am

Medication given in ER:

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

Nil

Condition of patient at time of shift - out :		Details of Shift - out
HR: 96 b/m	BP: 98/64 CFT: -	Shift - out from ER to: OT
RR: 20 b/m	SPO_2 : 100 %	Time of Shift - out: @ 12:05pm
GCS: 15	Temperature : 98.2 F	Handover given to: Sr. Prasanna
Pain Score: 0		(Nurse's Name) By - Sr. Nagmani
Repeat RBS (if applicable): -		

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Sr. nagmani Signature of the Nurse : Nagmani

Date & Time : 9/7/20 @ 12:05pm

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206711 IP-00060635 Master T. SATHVIK 06-08-2020 5 Y 11 M 3 D (M) Dr. JYOTI BOTHRA	9/7/26 @ 10:33 AM	9/7/26 @ 2pm
	Transfer Ordered by Dr. Madhav	Reason for Transfer Recovery Room
From Unit O T	To Unit Recovery Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films NIL	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
Sr. Vanitha	Dr. Madhav

Patient & Clinical Records Received by : Sr Praveena

Date & Time of Patient Received : 09/7/26. @ 2pm.

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206711 IP-00060635 Master T. SATHVIK 06-08-2020 5 Y 11 M 3 D (M) Dr. JYOTI BOTHRA	09/07/26 @: 10'.33Am	09/07/26 @: 12:05pm
	Transfer Ordered by Dr. Vishwaja	Reason for Transfer Admission
From Unit E-R	To Unit O-T	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? O.P file given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Rajyalu	Dr. Vishwaja

Patient & Clinical Records Received by : Sri. prasoona

Date & Time of Patient Received : 9/7/26 @12:05pm

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

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: T. Sathwik

UHID ID: VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

Department:

Consultant:

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Name : Sathvik Age/Sex 5yr/male

Information given by: father. Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Recurrence of preauricular sinus (Rt).

History of present illness :

Child brought c/o discharge from (Rt) preauricular sinus since 5 months (on & off)
plus
↳ Recurrence of preauricular sinus.
↓
admitted for preauricular sinus excision

H/o preauricular sinus excision done outside hospital 5 months back → for swelling & pus drainage over preauricular area 5 months back (P & D).

Npo for solids since 6:30 am today
liquids since 8 am today

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

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

Non significant

Birth & Neonatal History:

late preterm/ses / 2.5kg
NO NICU stay

OT
14yrs

Birth & Socio Economic History:

About Father : class III
About Mother :
Any additional Information :

Developmental History :

Appropriate for age in all y domains.

Immunization History :

Received upto date

(P.T.O.)

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 19.5 Kgs (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 99/min B.P. 98/64 SPO2 100%

Resp.rate and type of breathing : 20/min

Rash (-)

Lymphadenopathy

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : R/L symmetrical chest movements

Air entry & breath sounds : R/L AE (+)

Any addes sounds : ND.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

Relevant data 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.,)

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Normal Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : NO.

Reflexes : +2

DTR **Superficials:**

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence.

Clinical Summary & Diagnostic:

(Rt) preauricular Sinus excision.

(P.T.O.)

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications.

Desired goals of the treatment : To treat current condition.

Planned Labs:

CBP ✓

NPO for solids 6:30 Am
liquids 8 Am

noted by Dr Rajat. 09/07/26 @ 11.AM

Planned Management

1) NPO
2) Shift to DI

Signature of the Doctor: Dr. Vishwaja
Name of the Doctor: Dr. Vishwaja
Date & Time: 9/7/2026

Signature of the Consultant:
Name of the Consultant: Dr. Jyothi
Date & Time: 9/7/2026

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Jyoti	
9/7/26		
	S/p (R) pre-auricular	
	sinus excision	
	Stable	
	Adv	
	Can be D/C	
	[signature]	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Rt Preauricular sinus excision		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: –				
	Surgery / Procedure: –		Post OP Day: –				
BACKGROUND	Date / Shift	9/7/26 M	9/7/26 E				
	Medical Condition (Any special condition to be noted):	Nil	NIL				
	Diet:	NPO	NBM				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.2°F				
	Res:	20b/m	22b/m				
	SpO_2:	100 %	99 %				
	Pulse:	94b/m	98b/m				
	BP:	98/64(76)	100/62mHg				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	11	15				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	–				
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil	NBM				
	Critical Lab Test / Values:	Nil	–				
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent				
Post Operative Procedure Special Orders:		Nil	–				
Handed Over By Name :		Nagmani	Vanitha				
Signature / ID :		@ 08124					
Date:		9/7/26	9/7/26				
Time:		12:05 Pm	8pm				
Taken Over By Name :		Poornima					
Signature / ID :							
Date:		9/7/26					
Time:		8/12:05pm					

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
	Surgery / Procedure:						Post OP Day:
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master T. SATHVIK**	**Age :**	**5 Y 11 M 3 D**
IP No:	**IP-00060635**	**Sex:**	**Male**
Consultant:	**Dr. JYOTI BOTHRA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.................)

3 IP Guide book has been given to me and ~~I have~~ been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: T.[signature]

Name: Brahamma Sine.
Relationship: Father
Date: 9/7/26 Time: 10:33 Am
Wittness Name:
Wittness Signature: [signature]

Patient Address:
KRISHNA TEMPLE,MANIKONDA COLONY Godavari Khani Karimnagar Telangana INDIA 505209

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Satheesh Gender: ☒ Male ☐ Female Age : 5yrs 11mth

UHID No : 60635 Date : 9/7/26

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)

(R) pre-auricular sinus excision

upon

(Name of the Patient) Satheesh

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.

Infection

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: Dr Sybi Botton

Consentee :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : G. Raju

Name : G. RAVINDRA

Relationship with Patient: Father

Date & Time : 09/07/26

Witness :

Signature : T. Laxmi Kantha

Name : T. Laxmi Kantha

Date & Time : 09/07/26

Doctor (who is taking the consent) :

Signature :

Name : Dr Sybi Botton

Date & Time : 9/7/26, 12:30pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Master T. Sathvik ..... Age : 6yr. 11m. Gender : Male ☑ Female ☐

UHID NO: VIH - 0020671 ..... Surgeon Name: ..... Dr. Jyothi Bodhraj .....

Anaesthesiologist : ..... Dr. M. Vineetha .....

Operative procedure planned : ..... Bilateral cervical sinus excision .....

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 : ..... Desaturation, Bronchospasm, Laryngospasm .....

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 Master T. Sathvik ..... the above mentioned operation / Diagnostic / Therapeutic procedures ..... Bilateral cervical sinus excision. .....

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 : C. Ravindra

Name : C. RAVINDRA

Relationship with Patient: Mama

Date & Time : 08/07/26

Witness :

Signature : T. Laxmikatka

Name : T. Laxmikatka

Date & Time : 08/07/26

Doctor (who is taking the consent) :

Signature : D

Name : DR. M. VINEETHA

Date & Time : 08/07/2026

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Marcus T. Cathwic Age: 5yr.11m Sex: male UHID.No: VIH-00206711

Date: 08/07/2026 Time: 5.00 P.M. Proposed Operation: Pre auricular sinus excision Right

Diagnosis: Pre auricular sinus Right

B.P / CRT: 102/69 (80) H.R: 93/m Weight: 19.6kg. 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: NKDA.

Medical History: CVS: no active cardio respiratory complaints. Diabetes: ⊖ LSCS | late preterm | Immunised till date |

RESP:

CNS:

Renal: nil significant.

Hepatic / GE:

Others:

Physical Activity: active child. no developmental delay

Past Anaesthetic History: ⊖.

Physical Exam: Mentohyoid Distance: (N) Neck: (N) Teeth: Intact.

Airway: MP 1 (2) 3 4 Mouth Opening: 3F

Lungs: B/L AE ⊕, clear.

Heart: S1S2 ⊕

CNS: active.

Venous Access Site: accessible Spine Exam for regional: (N).

Pregnant: ☐ Yes ☐ No ☑ NA

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours — (Solid) breakfast, milk 6.30 AM | explained. | 10.30 PM water ... | 12...
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - CBP after cannulation.

Signature: [signature] Name: DR.M.VINEETHA.

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

...1.26, 2pm.

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

Date & Time: 9/7/26, 2pm.

VIH-00206711 IP-00060839
Master T. SATHVIK
08-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

ANAESTHESIA CHART

Rainbow® Chil...

Pre Induction Assessment:

Change in Patient Condition:	☐ Yes ☐ No
Physical Status:	☑ Pati...
H.R:	Refu...

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Sticker

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 : .....

LAB Values

- ☑ Equipment C... Functional
- ☑ BP
- ☑ Cuff Site: R...
- ☐ Art Site: .....
- ☑ EKG Lead 3le...
- ☑ Temp Site
- ☑ FIO_2 Monitor
- ☑ Agent Monitor
- ☑ Pulse Oximeter
- ☐ Capnograph
- ☑ Ventilator
- ☐ Nerve Stimulator

Position: Supine

☑ Pressure Points Checked

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

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: ..... No ..... ☐ 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: ..... ~~G.R~~ ..... Shifted to: ..... O.T .....

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. vishooja

Date & Time : 09/07/26 @ : 11. Am

Nurse Name & Signature: ~~Rajyalu~~

Date & Time : 09/07/26 @ : 11 Am

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

wt: 19.5 Kg
Ht: 93 Cm

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Sathvik Age : 5yrs Gender: ☑ Male ☐ Female

Date : 9/7/20 Time of Arrival : 10:38 Am

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: 98.2°F PR: 98 bl/m BP: 98/64 (R) RR: 20 bl/m SpO2: 100 %

Chief Complaints: Came for surgery (Pre auricular Sinus excision)

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.

T. Rajesh
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 10:41 Am

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 : Sr. Nagmani

Signature of Triage Nurse : Nagmani

Date & Time : 9/7/20 10:41 Am

Rainbow Children's Medicare Ltd.
3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station
Karkhana Main Road, Kakaguda, Secunderabad - 500009.
Tel :+91-40-4246 2200, 2789 5050, 2789 6060.
GST: 36AABCR4014M1ZE **email:** vrchbilling@rainbowhospitals.in
CIN: L85110TG1998PLC029914 www.rainbowhospitals.in

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name :Master T. SATHVIK	**Age : 5 Y 11 M 3 D**	**Gender : Male**
UHID : VIH-00206711	**I.P. NO.** 00060635	**WEIGHT :19.5kg**

Surgeon : Dr.. JYOTI BOTHRA	**Asst surgeon :** Dr —
Anaesthetist : Dr Madhav	**OT Nurse :** S/N Ratan, Prasoona
Surgical Procedure :. RIGHT PREAURICULAR SINUS EXCISION	
Indications for Surgery : RIGHT PREAURICULAR SINUS	
Anaesthesia - GA	

PRE-OPERATIVE PREPARATION-
Betadine skin preparation

OPERATIVE NOTES:
Findings: Infected Sinus with collection.
Procedure notes: - Elliptical incision incorporating the sinus opening and previous scar
- Sinus dissected till the cartilage and excised
- Heamostasis achieved
- Incision closed in layers with Monocryl 5-0

Anaesthesia Uneventful recovery.

POSTOPERATIVE ORDERS ·

1. Nil by mouth for 1 hour ·
2. Remove dressing at home on 12-07-2026 (Sunday)and daily bath
3. Syp Crocin DS 5ml twice a day for 2 days and then SOS ·
4. T-bact ointment twice daily after 3 days for 7days.
5. Diet as advised.
6. Crocin-DS (5ml/240mg) 2.5ml SOS for pain/fever > 100*F(maximum 6th hourly).
7. Kindly consult Dr. Mahesh (primary pediatrician) after 1 week and sos Dr Jyoti Bothra (This consultation will be charged).

Consultant Surgeon's Name
Dr. JYOTI BOTHRA
Date : 9/7/26

Consultant Surgeon's Signature
Time : 1:45pm

NABH ACCREDITED

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Jyoti Bothra
Asst. Surgeon :
Anaesthetist : Dr. Madhav / Dr. Vinoda
Scrub Nurse : Bro. Ratan / Sri. Prasanna
UHID NO. : ..... Age : 5Y Gender : M
Surgery Name : R/o pre-auricular sinus excision
Date : 9/7/26 In-time : 12:50pm Out-time : 1:30pm

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

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12:45 PM

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 : .....
Name : Dr. M. VINAYTHA

Before Skin Incision ➤➤

TIME OUT Time: 12:50pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm → Mast. T. Sathvik
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure (R) pre-auricular sinus excision ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews: chances of infection
- What are the Critical or Unexpected Steps, Operative Duration, 20 mins Anticipated Blood Loss? 5 to 10 ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews: None
- 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 : .....
Name : Sri. Vanitha

Before Patient Leaves Operating Room

SIGN OUT Time: 1:30pm

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 Jyoti Bothra

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

M / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/1/66

Time:	12	1	2	5
Doctor / Nurse / Family Concern?	pm.			pm
Temperature (°F)	98.6F	98.6F	98.6F	
Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring	114/60	101/59	110/60.	
Heart Rate (Number)	84	101	95	
Resp Rate (Number)	19	18	19	
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99	98	99	
Conscious Level — Normal	NA	NA	NA	
Conscious Level — Altered				
GCS *	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	
Pain Score	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Resp. Rate (bpm) Over 1 Minute) * scale: 70, 60, 50, 40, 30, 20, 10

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.

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
9/9/20	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am										0	
	12:00 pm		NBM + RC + 200ml/hr								0	
	01:00 pm		NBM								0	
Total Intake :						**Total Output :**						
	02:00 pm		NBM								0	
	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-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY Name Signature

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

I.V. FLUIDS CHART

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

		mposition of I.V. Fluid (, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
09/07	12:55 pm	RINGER LACTATE	IV	200 ml/hr	✓	Rakesh	09/07	✓	Rakesh

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

Patient Sticker

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
09/07	01:00 pm	Inj. AMOXICILLIN + CLAUVALANIC ACID	600mg	IV		Nurse Rakesh
09/07	12:55 pm	Inj. DICLOFENAC	12.5mg	PR		Nurse Rakesh
09/07	01:10 pm	Inj. PARACETAMOL	300mg	IV		Nurse Rakesh

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

VIH-00206711 IP-00060635
Master T. SATHVIK
06-08-2020 5 Y 11 M 3 D (M)
Dr. JYOTI BOTHRA

REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

ESTIMATION SLIP

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

Date : 08/07/26 UHID/IP No.: VIH-206711 Sl. No.: 29144

Name of Patient : Mast T. Sathvik Age : 5yr Gender : M

Father's / Husband's Name : Mr. Brahma Siny. Corporate/Occupation : pvt

Address: Godavari khi Phone : 7093149298 Email :

Procedure/Plan: Sinus Excision DOS :

MODE OF PAYMENT : ☐ SELF ☐ TPA : CASH ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : Dr. Jyoti Bathra

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges						8	hrs of stay	2	1
Doctor's Fee									
.. Tax									4,850

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	48,000/-
O.T Consumables	4,000/- Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	✦ As per actual – Not Included In Estimation

Equipment Charges				
	Monitor : 1,500/-	Oxygen:	Infusion Pump/Syringe Pump: 900/-	
	Ventilator	*Conventional:*	*HFO-SLE 5000:*	*HFO-Sensormedix:*
	Phototherapy	*Single Surface:*	*Double Surface:*	*Triple Surface:*

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	✦ As per actual – Not Included In Estimation
Package	Rec- 2,000/- MRD-2,500/-
Others	
Initial Minimum Deposit	60,000/-

REMARKS :

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I T. Brahmaiah have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

T. Bh.

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor