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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-06-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

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

UHID No ---------- Consultant : ---------- Dept : ----------

Date of Admission : ----- ne : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	7:55AM	ER	OT	
3/6/26	11:40AM	OT	Room (206)	

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6/26	Evac Probe Coblator Charges	8:35am	9:15am	3086580	[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/6/26	IV placement	1	3086740	Lan
	PAC	1	3086530	Lan

ANY OTHER INFORMATION

Date : 3/6/26 Time : 12 AM Prepared By : Smitha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sheethal	4/6/26 12 AM.		

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

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SURGERY DETAILS

Date : 3/6/2026

Patient Name: Mast. pagadala Dakshith Anjan Date of Birth: 14-08-2022 Age: 3yrs

Gender: Male Ward : OT UHID No.: 077241

Date of Surgery: 3/6/2026 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Cablation Adenotonsillectomy + Tongue Tie Release & Wax Removal

Time in : 8:25am Time Out : 9:25am.

		NAME	AMOUNT
1.	Surgeon	: Dr. Vidya Sagar . D	OT charges
2.	Anaesthetist	: Dr. Madhav	
3.	Assistant Surgeon	: -	Cablator charge
4.	OT Technician	: Br. Rakesh / Vaishnavi	8.35am + 9.45am
5.	Circulating Nurse	: Br. Arif / Meghana.	3086580
6.	Assistant Nurse	: Su. prasoona	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3086569/3086570 Order by: Ruby. P

package - 34800

Non medicals - 7358

NHA - 1000

Diet (1000 x 1) - 1000.

Insurance processing - 1260

Medical Record - 2100

Waste removal - 8000.

Tounge tie release - 22032.

GST - 300.

Inv -

Evac probe. - 27758

105608

3086569 70

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CONSUMABLES OF OT (1)

3/6/26

Ref. No. F/CONB/SUR/OT/02

Patient Na
Gender
Date : .....

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D
Dr. VIDYASAGAR DUMPALA

Age : .....
8:25 - 9.25 Am Am

Circulating Staff : Sr. Marie Technician : Rakesh

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
~~ET tube~~ RAE 4-0 cuffed		1	Major Pack			Inj. Vit. K		
LMA			Sutures 2437		1	Cord Clamp		
ECG leads : A/P/N		3				Suction Catheter		
HME filter : A/P/N		1				Feeding Tube		
Syringe 10 cc		4				Vaccum Suction Set		
05 cc		5	Gloves PF 7+6 SQ 6	2+1		Surgical Gloves		
02 cc		2			1	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		1	NG tube no 6		1	Koochies (S)		
RL			Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml	1/1/1		Koochies			Evac Probe new		1
minispike			Ointments					
O2 mask (P)		1	Suction Catheter 6		1	D-water 50 ml		1
~~Fentanyl~~ Dexamethasone		1	Cap. Mask	10+10				
~~Morphine~~ midazox		1	Gauze Pack		2			
~~Ketamine~~ Relipasa		1	Mop Pack					
Propofol		1	~~Steristrip~~ Atesorb		2			
Rocuronium		1	Underpad					
Glycopyrolate		1	Draw Sheet					
~~Myopyrolate~~ myostigmine		1	Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage 6in ch		1			
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution					
cefantral (1g)		1	Microshield					
[redacted]		6	Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Vidyasagar. D Anaesthesiologist Dr. Madhav Nurse Prasoona Rakesh OT Technician

Order No. : 3086577 Ordered by : Ruby F

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060213	**Ward**	N 0 GF-EMERGENCY
Patient Name	Master PAGADALA DAKSHITH ANJAN	**Bed Name**	ER 101
Age/Sex	3 Y 9 M 20 D / Male	**Order No**	0003086577
Date	03/06/2026 09:54	**Prescription No**	PRIP-1289735
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	03/06/2026 09:55
UHID	LBH-00077241		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			2605I1I	03/29	2	775.00	1,550.00
2	BANDAGE # 6 INCH	Muttu	GENERAL	BG23	10/27	1	20.62	20.625
3	CEFANTRAL 1GM INJ	LUPIN LIMITED	H	A26007PP	12/27	1	42.60	42.60
4	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00395A	04/27	1	10.87	10.87
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	4	28.13	112.52
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	5	21.56	107.80
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
8	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261261	02/29	1	61.31	61.31
9	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	77160326	02/28	3	34.64	103.92
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
11	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
12	EVAC70XTRAHPWITHINTEGRATEDCABLE-E	ARTHOCARE	C	220IO75	10/28	1	27,758.00	27,758.00
13	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
15	H.M.E FLITER (PAED)-1831	Intrasurgical	GENERAL	26030337	02/31	1	818.00	818.00
16	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A0101I6	12/30	1	63.00	63.00
17	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
18	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
19	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	1	69.10	69.10
20	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
21	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
22	MYOSTIGMIN INJ 1ML	NEON LABORATORIES LTD	H	KP017027	08/28	1	5.33	5.33
23	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		26FB001	01/29	10	23.43	234.30
24	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif	H	1C261641	02/29	1	44.93	44.93
25	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
26	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	1	105.22	105.22
27	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
28	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254171	10/28	1	15.37	15.37
29	RAE ORAL WITH CUFF TUBE-4.0	RUSCH		40E25K0962	09/30	1	1,525.00	1,525.00
30	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252O93	11/27	1	737.08	737.08
31	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
32	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
33	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00

RAINBOW CHILDREN'S MEDICARE LIMITED

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060213	**Ward**	N 0 GF-EMERGENCY
Patient Name	Master PAGADALA DAKSHITH ANJAN	**Bed Name**	ER 101
Age/Sex	3 Y 9 M 20 D / Male	**Order No**	0003086577
Date	03/06/2026 09:54	**Prescription No**	PRIP-1289735
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	03/06/2026 09:55
UHID	LBH-00077241		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
34	SUCTION CATHETER 6 ROMSONS	ROMSONS		G25L010663	11/30	1	91.00	91.00
35	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	10	10.00	100.00
36	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J	C1	TT5035	04/30	1	663.00	663.00
						Total :	**35,568.72**	**37,213.75**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Ref. No. F/INPR/12

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Patient Name LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Registration N Dr. VIDYASAGAR DUMPALA

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	12 pm		
	1.00	Nasivion P Nasal drops 2 drops		
	2.00	Syp BEVON 5ml OD		
	3.00			
	4.00	2pm		
	5.00	Nanoclear Nasal drops 2 drops		
	6.00	Syp mucaine GEL 2.5ml POTID		
	7.00			
	8.00	4pm		
	9.00	Syp CALPOL 3ml PO TID		
	10.00			
	11.00	9pm		
	12.00	Syp TAXIMO 3ml PO BD		
	13.00			
	14.00	10pm		
	15.00	Syp mucainaGEL 2.5ml PO TID		
	16.00	Nasivion P Nasal drops 2 drops		
	17.00	Nanoclear Nasal drops 2 drops.		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060213 **Admit Date** : 03-Jun-2026 **Admit Time** : 06:07 AM **UHID** : LBH-00077241

Patient Details :

Patient Name	: Master PAGADALA DAKSHITH ANJAN	**Age**	: 3 Y 9 M 20 D
Guardian	: Mr MR. RAVI KUMAR P	**DOB**	: 14-08-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 549,OPP INDIAN BANK Vanasthalipuram Hyderabad Telangana INDIA 110005	**Phone No**	: 9989151902
		E-mail	: no@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr MR. RAVI KUMAR P **Relationship** : S/O

Contact Address : 549,OPP INDIAN BANK Vanasthalipuram Hyderabad Telangana INDIA 110005 **Phone No** : 9989151902

Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR DUMPALA **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

Rainbow®
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

Department: _____

Consultant: _____

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/C/O Tonsil grade 3, Adenoid grade 3
& Tongue Tie present

History of present illness :

For Adenotonsillectomy & Ankyloglossia release

NPO Status
solid → Yesterday 8:40 PM
Water → 5:30 AM

LBH-00077241 IP-0006021
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

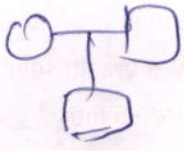
Past History : (Including details of any previous investigation or treatment)

NOT Significant

Birth & Neonatal History:

FT/NVD/CAB/2.41Kg

NORMO NICU Adm



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for Age

Immunization History :

Vaccinated as per schedule

(P.T.O.)

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 11.4kg (Centile _____)

On Examination :

Temperature : 98.2F Pulse Rate 118/min B.P. 100/60(70) SPO2 98%

Resp.rate and type of breathing : 22/min

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : BLAS N

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S1S2 N

Any murmur : —

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

Per Abdomen :

Inspection N

Palpation : N

Ausculation : N

Spine : External Genitelia :

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

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes : WNL

DTR **Superficials:**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Adenotonsillitis + Ankyloglossia

(P.T.O.)

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Planned Management

- NPO
- Shift to OT
- Neb Levolin Before OT

Noted by Samuel
3/6/26 @ 7AM

Signature of the Doctor: [signature]

Name of the Doctor: Dr Shivam

Date & Time: 3/6/26 7Am

Signature of the Consultant: [signature]

Name of the Consultant: DR D Vidyasagar

Date & Time: 3-6-26. 7Am.

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
3.6.26 4:00PM	Grade 3 tonsil + Grade 4 adenoids + tongue tie + both ears wax (+)	
	S/P: Coblation assisted adenoidectomy + tonsillectomy + tongue tie release & both ears wax removal	
		c GA. POD-0
	O/E child tolerating feeds well	
	CRT < 3 sec.	
	afebrile	Plan
	A/c - NAD	→ Encourage orally
	P/A - soft	→ Vitals 4th hrly
	Sameer (Dr Sameer)	
	Noted by Sneha 3/6/26 @ 4:30PM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-06-2022 3 Y 9 M 20 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Adenotonsillectomy

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	31/5/26 N	3/6/26 M	3.6.26 MORNING	3/6/26 E	3/6/26 Night	
Medical Condition (Any special condition to be noted):	NIL	—	NIL	NIL	Nil	
Diet:	NPO	Cold diet	COLD DIET	Cold Diet	cold diet	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6F	98.6F	98.2°F	98.6°F	98.6°F	
Res:	22b/m	24b/m	22b/m	22b/m	25b/m	
SpO_2:	99%	98%	100%	100%	99%	
Pulse:	118b/m	125b/m	110b/m	116b/m	109b/m	
BP:	100/65	90/60mm	98/66		94/59(78)	
LOC:	conscious	Conscious	Conscious	Conscious	conscious	
Fall Risk Score:	11		11	11	11	
Pain Score:	0	0	0	0	0	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	

Recommendations

Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	—	NO	No	Nil	
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	NPO	Cold diet	COLD DIET	Cold Diet	cold diet	
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	DEPENDENT		dependent	
Post Operative Procedure Special Orders:	Nil		NIL	File sent to Blue CTA	Nil	
Handed Over By Name :	Sabir	Praveen	MERCY	Sneha	sushila	
Signature / ID :	Sabir	Praveen	Mercy 01883	13956	816993	
Date:	31/5/26	3/6/26	03.06.26	3/6/26	3/6/26	
Time:	2.15pm	11.40am	2pm	8PM	6AM	
Taken Over By Name :	Praveen	MERCY	Sneha	sushila		
Signature / ID :	Praveen	Mercy 01883	13956	816993		
Date:	3/6/26	3.6.26	3/6/26	3/6/26		
Time:	7.15 am	11.40 am	2pm	8pm		

Fed by sushila 26 kg at 6AM

LBH-00077241 IP-00060213
Master PAGADALA DAKSHITH ANJAN
14-08-2022 3 Y 9 M 20 D (M)
Dr. VIDYASAGAR DUMPALA

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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 - 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 PAGADALA DAKSHITH ANJAN**	**Age :**	**3 Y 9 M 20 D**
IP No:	**IP-00060213**	**Sex:**	**Male**
Consultant:	**Dr. VIDYASAGAR DUMPALA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 [redacted]urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the [redacted]e 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 [redacted]arance. In case of failing the submission, I will pay 200/- Rs.
[redacted]eceivers 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:

Name: Ravi Kumar
Relationship: Father
Date: 3/6/26 Time: 6:07 Am
Witness Name:
Witness Signature:

Patient Address:
549,OPP INDIAN BANK
Vanasthalipuram Hyderabad
Telangana INDIA 110005

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mast. P. Dakshith Anjan Gender: ☑ Male ☐ Female Age : 3 years

UHID No : 077241 Date : 3/6/26

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)

Coblation Adenotonsillectomy + Tongue Tie Release

upon P. Dakshith Anjan.

(Name of the Patient)

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.

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 : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : P. Kavi Kumar

Relationship with Patient: Father

Date & Time : 3/6/26 8:15 am

Witness :

Signature : K. Pooja

Name : K. Pooja

Date & Time : 3/6/26 8:15 am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Vidyasagar. D

Date & Time : 03/6/26 @ 8 am.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Master Dakshith Anjan Age : 3yr 9m. Gender : Male ☑ Female ☐

UHID NO: ..... Surgeon Name: Dr. Vidya Logan

Anaesthesiologist : Dr. M. Vineeth

Operative procedure planned : Coblation Adenotonsillectomy + Tongue tie Release.

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, Desaturation.

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 Dakshith Anjan... the above mentioned operation / Diagnostic / Therapeutic procedures Coblation Adenotonsillectomy + Tongue tie Release

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 : K.Pooja

Name : K. Pooja

Relationship with Patient: Mother

Date & Time : 01/06/26 12:05pm

Witness :

Signature : P. Ravi Kumar

Name : P. Ravi Kumar

Date & Time : 01/06/26 12:05pm

Doctor (who is taking the consent) :

Signature :

Name : DR. M. VINEETHA

Date & Time : 01/06/26 12:05 pm.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Master Dakshith Anjan Age: 3 y 9m Sex: Male. UHID.No : LBH - 000772411

Date: 01/06/2026 Time: 11.45 AM Proposed Operation: Coblation Adenotonsillectomy + Anesthesia Release

Diagnosis: Adenotonsillar hypertrophy + Tongue tie.

B.P / CRT: 95/56 mm Hg H.R: 105/m Weight: 11.2 kg ASA Physical Status: ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.3	Glucose: RD	Protein:	HIV: ?	X-Ray:	
PCV: 37.7	Urea: 18	Alb:	HBS Ag: NR	ECG: normal.	
WBC: 7900	Creat: 0.3	Total Bill:	HCV:	2D Echo:	
Plate: 2.84 L	Na:	Dir. Bill:	Blood group: B positive	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH		
BT: 2.00 CT: 5.00	Cl-:	SGOT/SGPT:			

Allergies: NKDA

Medical History: CVS : mild Nasal congestion (+).

RESP : snoring (+), mouth breathing (+) Diabetes : (-).

CNS : NVD | FT | BWt - 2.24 kg | CIAB | No NICU admissions, Immunised till date, no developmental delays.

Renal :

Hepatic / GE : (-) Physical Activity: Active.

Others :

Past Anaesthetic History: (-).

Physical Exam:

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

Lungs : B/L AE (+), clear.

Heart: S1 S2 (+)

CNS: Active.

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : Accessed by Spine Exam for regional :

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 | explained
   → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - Nebulization (Levolin before surgery.

Signature: Name: DR. M. VINEETHA

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 120bpm | B.P / CRT: 84/50 mm Hg | SpO_2: 100% on RA | R.R: 16/min | Last Feed: last night 4

Pre-OP Diagnosis: Adeno Tonsillar hypertrophy + Tongue Tie | Operation: Adeno Tonsillectomy + Tongue Tie Release | Date: 3/6/24

Surgeon: Dr. Vidyasagar | Anaesthesiologist: Dr. Vineetha → Dr. Ananda | Technician: Rakesh

TIME: 8:25 8:40 8:55 9:10 9:25

N_2O / AIR / O LPM

HALO / ISO / SEVO

Drugs:
- Inj. MIDAZOLAM 0.5mg IV
- FENTANYL 20ug IV
- PROPOFOL 20+20 mg IV
- ROCURONIUM 6mg IV
- DEXAMETHASONE 1mg IV
- PARACETAMOL 65mg IV

Antibiotic: Inj. CEFOTAXIME 75mg IV

Suppository: DICLOFENAC 12.5mg PR

Blood Loss

NOTES

FIO_2 / SaO_2: 100 100 100 100

$ETCO_2$

ECG: ESR NSR

Temperature: 36 36

Urine Output

Fluids: RINGER LACTATE

Blood

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG | GRBS | Others

- ☑ Equipment Checked and Functional
- ☑ BP
- ☐ Cuff Site: Rt UL
- ☐ Art Site:
- ☑ EKG Lead 3 lead
- ☑ Temp Site Skin
- ☑ FIO_2 Monitor
- ☑ Agent Monitor
- ☑ Pulse Oximeter
- ☑ Capnograph
- ☑ Ventilator
- ☐ Nerve Stimulator

Position: Supine
- ☐ Pressure Points Checked

Eye Care:
- ☐ Oint
- ☑ Tape
- ☐ Padding
- ☐ Awake

Temp:
- ☑ HME ☐ Fluid Warmer
- ☐ Cling Film ☐ OH Warmer
- ☐ Hugger's ☐ Cotton Wool
- ☐ Other

Times:
- Anaes Start: 8:25 am
- OP Start: ↓
- OP End: ↓
- Leave OR: 9:25 am

Anaesthesia:
- ☑ GA ☑ ETT
- ☐ Monitored Anaesthesia Care
- ☐ Regional

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☑ IV: 22G left UL
- ☐ IV:
- ☐ IV:

Induction
- ☑ IV ☑ Inhal
- ☑ Pre O_2 ☐ RSI
- ☐ Others

- ☐ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
- ETT# 4.0 at 19 cm South Pole RAE Tube
- ☑ Oral ☐ Nasal ☑ Cuff
- ☐ Tracheostomy ☐ Topical
- ☐ Drug: Rocuronium

- ☐ Awake ☑ Direct Vision
- ☐ Video Laryngoscopy ☐ Stylette / Bougie
- ☐ Fiberoptic

Blade# 2 Attempts: 1

Difficulty Why?

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

Regional:
- Extremity Specify:
- ☐ Spinal ☐ Epidural ☐ Caudal
- Others:
- Position:
- **Site:**
- Needle Size: Depth:
- Parasthesia ☐ Yes ☐ No
- Catheter at skin cm
- Drug Name & Conc:
- Bolus:
- Infusion:
- Block Level:
- Comments:

Transportation to
- ☐ PACU ☐ ICU ☐ Other

Relaxant Reversed ☑ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Ananda

Signature of the Doctor:

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Dr. VIDYASAGAR DUMPALA

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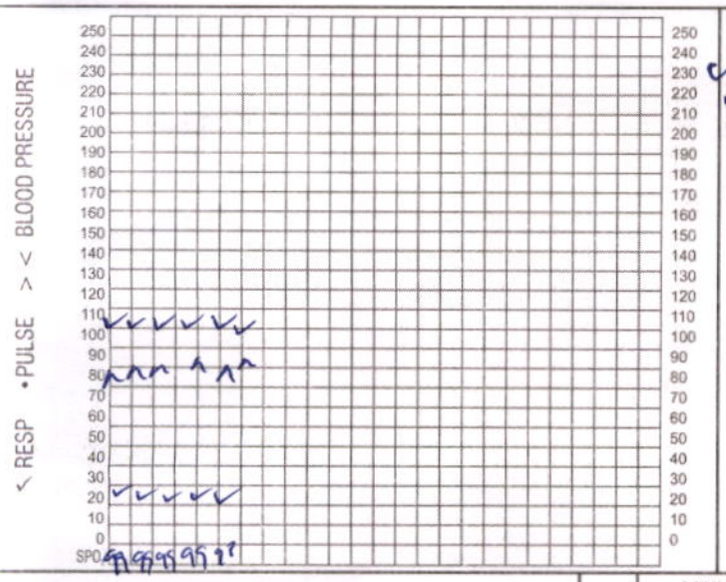
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Prasoona. Time Received : 9:40 am. Time Discharged : 11:40am



IV Cannula Site : Infant
- ☐ O_2 Mask
- ☑ Nasal Prongs
- ☑ Tracheostomy
- ☐ T-Piece
- ☑ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: No drug administered
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: Nil
Oral Feeds: Started Q 9 am

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6/26	10 a.m	Crying	-	

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

Anaesthesiologist Name : Dr. Bruda
Anaesthesiologist Signature: B
Date & Time: 3/6/26 at 11am

PACU Nurse Name : Sr. Prasoona
PACU Nurse Signature:
Date & Time: 3/6/26 @ 11am

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): Sr. Prasoona
Date & Time: 3/6/26 @ 11am

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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 : .....

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OPERATION NOTES

Surgeon : DR. D. Vidyasagar	Asst. Surgeon : —

Pre-Operative Diagnosis: Adenotonsillitis + Ankyloglossia + Both. ears wax.

Surgical Procedure : Coblation Adenotonsillectomy + Tongue Tie Release and both ears wax removal

Indications for Surgery : Grade 3, Tonsils Tongue Tie,
Grade 4. Adenoids Both ears wax.

Date : 3.6.26	Start Time : 8:25 am	End Time : 9:25 am

Post Operative Diagnosis: — do —

Peri-Operative Complications: —

Amount of Blood Loss: —	Blood Transfused (in ML) —.

Name and Number of Surgical Specimen sent for examination: —

Operation Notes: Child placed supine, Local infiltration given with 2% LOC's and sharp dissection done to release the tongue tie, 3-0 Vicryl Sutures applied to the raw surface. Child position changed to ROSE

[redacted]

(P.T.O.)

position, mouth gag applied and secured to bipod stand. Coblation assisted Adenotonsillectomy done. Homostegis achieved.

Tonsils Grade 3.

Adenoids Grade 4;

Both ears wax removed. TM Intact NORMAL

Post OP order.

- NBM till 2hrs. followed by liquids & icecreams. x 1 days & Soft diet from tommarow
- Sap: TAXIM-O 100mg/5ml 3ml x BD x 1Week
- Sap. CALPOL 250mg/5l 5ml x TID x 5 days
- Sap. MUCAINE GEL 2.5l x TID x 1Week
- Sap. BEVON 5l x OD x 1month.
- NASIVION - P. nasal Spray 2puffs x BD x 1Week
- NASOCLEAR SALINE DROPS 2puffs x TID x 1Week
-

R/o 1Week.

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Dr. VIDYASAGAR DUMPALA

Patie

CLINICAL / 125 (1)

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/6/26 Time:	8	9	10	11	1pm	4	7	10	1	4
Doctor / Nurse / Family Concern?	Am					pm	pm	pm	Am	Am
Temperature (°F)	98°F	98.2°F	98.6°F		98.2°F	98.0°F	98.2°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *							116/59 (68)		96/(59) 50	
Heart Rate (Number)	107	104	103		110	110	109	101	104	112
Resp. Rate (bpm) Over 1 Minute) *										
Resp Rate (Number)	23	22	24		22	24	23	29	28	26
Resp Distress — Mod/ Severe										
Resp Distress — None / Mild	✓	✓	✓		✓	✓	✓			
Receiving O_2 (l/min)										
O_2 Saturations (%)	100%	100%	100%		100	99%	99%	96	97	96
Conscious Level — Normal	✓	✓	✓		✓	C	C	N	N	N
Conscious Level — Altered										
GCS *	16	16	16		15	15	15	15	15	15
TOTAL SCORE — Number of shaded boxes	0	0	0		0	0	0	0	0	0
Pain Score	0	0	0		0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]		TM	[illegible]	A	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / Blood Pressure scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

Notified by ... 4/6/26 ... team

ACTIONS		
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.

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14-08-2022 3 Y 9 M 20 D (M)
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RVATION
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)

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/6/26	08:00 am		NBM + RL @ 110ml/hr								0	[signature]
	09:00 am		NBM								0	
	10:00 am		NBM + Later @ 10am, ice cream.								0	
	11:00 am											[signature] 3-6-2026 2pm
	12:00 pm	Ice cream 1cup										
	01:00 pm	Ice cream 1cup										
Total Intake :						Total Output :						
3/6/26	02:00 pm											[signature]
	03:00 pm		Ice cr									
	04:00 pm									✓		
	05:00 pm		water juice									
	06:00 pm											
	07:00 pm		Ice cr							✓		
Total Intake :						Total Output :						
	08:00 pm											Sushil 4/6/26 at 1AM
	09:00 pm											
	10:00 pm		Ice cream							✓	0	
	11:00 pm		water									
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
4/6/26	02:00 am											Sushil 4/6/26 at 6AM
	03:00 am										0	
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	Noted by Sushil 4/6/26 at 6AM

Docu. No. : RCH /FRM / CLINICAL / 092

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DRUG CHART

Date of Admission: 3/6/26 Drug Allergies: Nill ☐ 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

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REGULAR PRESCRIPTIONS

Weight. 11.3kg Ward. .....

DRUG : SYP. TAXIM-O.

Dose	Route	Frequency	Start Date
3ml	P/O	12thly	3/6/22

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions: 100mg/5ml.

Daily Doctor's Endorsement by a Sign

Date / Time	3.6.22
9Am	✓
9pm	✓

VERIFIED

DRUG : SYP. CALPOL.

Dose	Route	Frequency	Start Date
5ml	P/O	8thly	3/6/22

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions: 5ml/250mg

Daily Doctor's Endorsement by a Sign

Date / Time	
12Am	✓
8Am	✓
4pm	

DRUG : SYP. MUCAINELEC

Dose	Route	Frequency	Start Date
2.5ml	P/O	8thly	3/6/22

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/6	4/6
8Am	✓	✓
2pm	✓	
10pm	✓	

VERIFIED

DRUG : SYP. BEVON.

Dose	Route	Frequency	Start Date
5ml	P/O	ONCE DAILY	3/6/22

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/6
12pm	✓

VERIFIED

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : NASIVION-P-NASAL DROPS				Date / Time	3/6	
Dose	Route	Frequency	Start Dt.			
2 DROPS	P/N	12 hrly	3/6/2	10am		
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				10pm		
Additional Instructions: 2 DROPS In each Nostril						
Daily Doctor's Endorsement by a Sign						

DRUG : NASOCLEAR NASAL DROPS				Date / Time	3/6	4/6
Dose	Route	Frequency	Start Dt.			
2 DROPS	P/N	8 hrly	3/6/2.	6am		
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				2pm		
Additional Instructions: 2 DROP In each Nostril.				10pm		
Daily Doctor's Endorsement by a Sign						

DRUG : SYP. CALPOL				Date / Time	3/6	4/6
Dose	Route	Frequency	Start Dt.			
3ml	P/O	8 hrly	3/6/2	12Am		
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				8Am		
Additional Instructions: 5ml / 250mg				4pm		
Daily Doctor's Endorsement by a Sign						

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

VERIFIED
VERIFIED
VERIFIED BY : Name / Signature

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6/26	7:20AM	NEB LEVOLIN	0.63 mg	PN		
3/6/26	8:25AM	SUPP. DICLOFENAC	12.5MG	P/R	B	
3/6/26	8:30 AM	INJ. CEFOTAXIME	150MG	IV	B	
3/6/26	8:40AM	INJ. PARACETAMOL	165MG	IV	B	
3/6/26	8:25AM	INJ. DEXAMETHASONE	1MG	IV	B	

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I.V. FLUIDS CHART

Weight. ..... 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
3/6/26	8:25AM	RINGER LACTATE	IV	110ML/HR	B		3/6/26	B	

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

Patient Name : Mast. PAGADALA DAKSHITH ANJAN UHID : LBH-00077241 IPD : IP-00060213 Gender : Male Age : 3 Y 9 M 20 D

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wt 11.4 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Dakshith Age : 3Y Gender: ☑ Male ☐ Female

Date : 3/6/26 Time of Arrival : 5:46 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: 128b/M BP: 100/60 (70) RR: 22b/M SpO2: 98-1.

Chief Complaints: Posted for Adenotonsillectomy + Ankyloglossia Release + GA

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 : 5:50 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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 3/6/26 @ 5:50Am

Patient Name : Mast. PAGADALA DAKSHITH ANJAN UHID : LBH-00077241 IPD : IP-00060213 Gender : Male Age : 3 Y 9 M 20 D

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/6/26 Time of arrival : 5:51 Am

Chief Complaints: Posted for Adenotonsillectomy + Ankyloglossia release RBS: —

Height : — Weight : 11.4 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 Pase ☑ 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 : 5:55 Am

Patient Name : Mast. PAGADALA DAKSHITH ANJAN UHID : LBH-00077241 IPD : IP-00060213 Gender : Male Age : 3 Y 9 M 20 D

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

Time	Nursing Notes
5:46Am	* patient Come to ER
5:50Am	• vital checked & Recorded
5:54Am	• Doctor seen the patient Adviced Admission
6:00Am	• Admission process done
6:50AM	• IV placement done
	• last food 8:30pm
	• last water 5:30Am
	• patient saffted to OT

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:20AM	levolin	P/N	0.63mg	[signature]	[signature]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 105b/m BP: 112/61(79) CFT: < 3sec	Shift - out from ER to: OT
RR: 22b/M SPO$_2$: 100%	Time of Shift - out: 3/6/26 @ 7:55Am
GCS: 15/15 Temperature : 98.2°F	Handover given to: sr. Prassanna
Pain Score: "0"	(Nurse's Name) Br. Sabir
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Sabir Signature of the Nurse : [signature]

Date & Time : 3/6/26 @ 7:55Am