

Rainbow
Children's
H



BirthRight

ANC-00018010

IP26-00004524

Master PRITHVI S

23-03-2016

10 Y 2 M 13 D (M)

Dr. NITHYA R

UI




DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	5/6/26 at 3pm	Neyy		
Activity Sheet updated by Pharmacy	5/6/26 at 15:15pm	5/6/26 at 15:22 pm		

ACTIVITY RECORD FOR BILLING

Name: **ANC-00016010** **IP26-00004524**
Master PRITHVI S
23-03-2016 **10 Y 2 M 13 D (M)**
Dr. NITHYA R

UHID No:  Consultant: Dept:

Date of Admission: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
05/06/2016	9:10 AM	ER	OT	<i>[Signature]</i>
5/6/26	12:10 PM	OT	Post-OP	<i>[Signature]</i>
5/6/26	02:30 PM	Postward	Pl floor	

CROSS CONSULTATION VISIT

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

ANC-00018010 IP28-00004524
Master PRITHIV S
23-03-2016 10 Y 2 M 13 D (M)
Dr. NITHYA R



SURGERY DETAILS

Date: 05/06/2016
Patient Name: Master Prithiv S Date of Birth: 23/03/2016 Age: 10 Y 2
Gender: Male Ward: 14F-100 r. UHID No.: ANC-16010/4524
Date of Surgery: 05/06/2016 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery: Coblation Anus Anal Adenoidectomy with (R) Myringotomy

Time In: 10:20 am

Time Out: 12:10 PM

	NAME	AMOUNT
1. Surgeon	<u>Dr. Nithya</u>	
2. Anaesthetist	<u>Dr. Mahalakshmi</u>	
3. Assistant Surgeon		
4. OT Technician	<u>Mr. Rishi</u>	
5. Circulating Nurse	<u>Mrs. Anbaras Mrs. Pushpa</u>	
6. Assistant Nurse	<u>Mrs. Shanmugi</u>	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Coblation.....RS:-8000/-

Signature of the Surgeon Mony

Signature of Circulating Nurse 01/06/2016

Order No:

Order by:



Adenodectomy



CONSUMABLES OF OT

Circulating staff: *SN. Pushpavathy* Technician: *MR. Rishi* Date: *5/6/26* Time: *10:30 AM to 12:30 PM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>Flexo (5.0)</i>		01	Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		03	<i>Auto gown</i>		02	Suction Catheter		01
HME filter : A/P/N			<i>Protective sheet</i>		01	Feeding Tube <i>(5G)</i>		02
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		04	Gloves			Surgical Gloves		
02 cc		03	<i>P-F 6.0</i>		01	Gauze Pack		
01 cc			<i>P-F 6 1/2</i>		01	Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil			<i>Dexamethason</i>		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<i>D-water</i>		06
			Ointments			<i>Torac</i>		02
			Suction Catheter			<i>Mega</i>		01
Fentanyl			Cap, Mask			<i>Atropine</i>		01
Morphine			Gauze Pack ✓		04/3	<i>Adrenaline</i>		01
Ketamine			Mop Pack			<i>Amneparan</i>		01
Propofol		02	Steristrip			<i>NS 1000ml</i>		02
Rocuronium			Underpad ✓		01	<i>NS 500ml</i>		02
Glycopyrolate		01	Draw sheet			<i>Neurological</i>		
Myopyrolate		01	Abgel			<i>Suxco Patter (M)</i>		01
Ondansetron		01	Foleys catheter			<i>OTRIVIN NASAL</i>		
Pencan 25g/ Spinal Needle 22			Urobag			<i>OP-IP DROP 0.2g</i>		01
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics : <i>AMICACIN 1.2g</i>		01	Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Suprdol : 100mg			Vaccum Suction set		02/1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		10 pair			
			Ramdione Scrub					
			Saral					

Dr. Nithya R
Surgeon

Dr. Mahalakshmi
Anaesthesiologist

J. Shastri
Nurse

g. An
OT Technician

Order No. : Ordered by :



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirumangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

VAT TIN :

CIN :

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 IP28-00004524
Patient Name Master PRITHIV S
Age/Sex 10 Y 2 M 13 D / Male
Date 05/06/2026 12:46
Payor VIDAL HEALTH INSURANCE TPA PVT LTD
UHID ANC-00016010

Ward 5F-PRE/POST
Bed Name PRE & POST OP 503
Order No 28-0000148741
Prescription No PRIP28-0069907
Dispensed Date 05/06/2026 13:15

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	7	100.00	700.00
2	NEURO SURGICAL PATTIES (M)	Surgiwere		2511CA0	10/30	1	67.00	67.00
3	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	10	25.00	250.00
4	NS 1000 ML ACCULIFE-EH	Aculife Health Care Pvt.Ltd(Nirif	H	2B260500	01/29	2	62.24	124.48
5	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B260969	01/29	2	39.72	79.44
6	PROTECTIVE SHEET 20X20	Local		PSRCH1010526	04/29	1	250.00	250.00
7	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	1	128.00	128.00
8	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
9	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	1	205.00	205.00
10	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	3	679.50	2,038.50
Total :							1,684.46	3,970.42

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

VAT TIN :

CIN :

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 : IP28-00004524
Patient Name : Master PRITHIV S
Age/Sex : 10 Y 2 M 13 D / Male
Date : 05/06/2026 13:56
Payor : VIDAL HEALTH INSURANCE TPA PVT LTD
UHID : ANC-00016010

Ward : 5F-PRE/POST
Bed Name : PRE & POST OP 503
Order No : 28-0000148756
Prescription No : PRIP28-0069917
Dispensed Date : 05/06/2026 13:57

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AMNEPARA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
2	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303351	06/27	2	45.30	90.60
3	Augmentin 1.2 G Inj	Glaxo SmithKline Pharmaceuticals L	H	DA00056A	11/26	1	150.24	150.24
4	DEXARIL 4MG INJ		H	0DEX25008SR	06/27	1	10.88	10.88
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	2	25.78	51.56
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
7	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26B16K55	01/31	3	21.56	64.68
8	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	3	10.31	30.93
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2254585	11/28	6	2.58	15.48
11	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0060425	03/27	3	34.65	103.95
12	FLEXOMETALIC TUBE 5.0 CUFFED	Intrasurgical		23EE11	04/28	1	1,691.25	1,691.25
13	INFANT FEEDING TUBE-5	ROMSONS	GENERAL	0G25G010591	06/30	2	63.00	126.00
14	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
15	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	2	69.10	138.20
16	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350474	09/27	1	127.48	127.48
17	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
18	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254110	08/26	1	15.11	15.113
19	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	1	69.39	69.39
20	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	1	60.74	60.74
21	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	KM038109	01/27	1	7.18	7.18
22	VASOCON INJ 1MG1ML	NEON LABORATORIES LTD		KP85429	11/26	1	13.04	13.04
Total :							3,785.70	4,156.65

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



OPERATION NOTES

Surgeon : Dr. Nithya.		Asst. Surgeon : -	
Anesthetist : Dr. Mahalakshmi		OT Nurse : Ms. Shankari	
Pre-Operative Diagnosis: Sleep disordered breathing with (R) OME			
Surgical Procedure : Cerebral Assisted Adenoidectomy with (R) myringotomy			
Weight : 46 kg	Date : 05/06/26	Start Time : 10:20 am.	End Time : 12:10 PM
Post Operative Diagnosis:			
SDIS with (R) OME			
Peri-Operative Complications: None			
Operation Notes:			
Findings: - (R) mild discharge - Grade 4 Adenoid hypertrophy			
Procedure Notes: - Cerebral Assisted Adenoidectomy - (R) myringotomy			
Amount of Blood Loss: 5 ml		Blood Transfused (in ML) : 0	
Name and Number of Surgical Specimen sent for examination:			



POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

Vital for 4 hrs

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Prone position

Nutritional Instructions:

NPO till fully awake -> water -> @dinner

When to Start Mobilization:

once fully awake

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

N/S today

@ by @y marks

Name of the Surgeon: Nithya R

Signature of the Surgeon: [Signature]

Date & Time: 5/6/26 11:55 am

- @ by @y marks / su in @8:11
- T Smarad 100 x 1week
- or min and pp 3'-5'-5'
- T paracetamol 500mg / 4 times
- @y marks



NURSES NOTES

- No Known Drug Allergies
- Drug Allergies *NPI*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
<i>5/6/20</i>	<i>10 AM</i>	<i>Patient Received from PR to pre op. patient vitals checked & recorded patient consent done.</i>	
	<i>10:20 AM</i>	<i>Patient shifted to OT-1. Sign in done. Vitals are monitored. Anesthesia given by anesthetic man. Inj. Augmentin 1.2g IV given at 10:35 AM followed by test dose. Sterile painting and draping done. procedure start at 10:45 AM vitals monitored during procedure. sterility maintained during procedure. done. Adomedotomy = incision. done. Sterile skin. Patient vitals stable. no bleeding. no issue. Loose cotton one kept. Patient products done and patient settled. Shifted to post ward.</i>	<i>[Signature]</i>
	<i>12:10 PM</i>	<i>Patient vitals monitor. after this no bleeding. after shift to MRD.</i>	<i>[Signature]</i>
	<i>1:30 PM</i>	<i>no bleed in water some given. after 2PM shift to ward.</i>	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

