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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

NH-00000383 IP-00060598
aby POGULA SAHASRA
3-07-2013 13 Y 0 M 1 D (F)
r. AJAY KUMAR

ACTIVITY RECORD FOR BILLING

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7	7.45 AM	ER	OT	Nee
7/7/26	10:40 am	OT	Room (114)	

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
7/4/26.	Evac Probe (New Probe)	8:35Am	9:15Am	3098381	
	Coblation Charges				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/7	Replacement	1	3098671	Nee
7/7	PAC	1	3098305	Nee

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sadhya 8/7@ 6 Am		

Name	Baby POGULA SAHASRA	**UHID**	HNH-00000383
Father/Guardian	Mr SRINIVAS	**Age/Gender**	13 Y 0 M 1 D/Female
Address	SRT 59, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP-00060598	**Admission Date**	07-07-2026
Ref Doctor		**Discharge Date**	08-07-2026

DISCHARGE SUMMARY

Consultant: Dr. AJAY KUMAR
Pediatric ENT
CONSULTANT EAR NOSE & THROAT SURGEON
10524

Diagnosis: Grade-IV tonsils + Grade-III adenoids + non-allergic rhinitis (Bilateral hypertrophied inferior turbinates)

S/P- Coblation assisted adenoidectomy + tonsillectomy + turbinoplasty under GA done on 07.07.2026.

History: Baby POGULA SAHASRA is a 13 Y 1 D girl presented with history of recurrent nose block, inability to breath, mouth breathing, recurrent cold and cough, frequent waking spells. For the above complaints, she was admitted at Rainbow Children's Hospital for surgery.

Examination: She was afebrile, maintaining saturations at room air and hemodynamically stable. Heart rate was 100/min, blood pressure 110/70 mmHg and respiratory rate - 24/min. Grade-IV adenoids, Grade-III Tonsils with bilateral HIT present.

Weight on admission : 46.1 kgs.

Management: She was admitted in the ward.

Name	Baby POGULA SAHASRA	UHID	HNH-00000383

Procedure : Coblation assisted adenoidectomy + tonsillectomy + turbinoplasty under GA done on 07.07.2026

Operative Notes :
- Under general anesthesia.
- Coblation assisted adenoidectomy done.
- Coblation assisted tonsillectomy done.
- Coblation assisted turbinoplasty done.
- Hemostasis ensured.

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

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

Advice:
1. Diet as advised.
2. Syrup Augmentin-ES, 7.5ml, 12^{th} hourly for 7 days (Refrigerate after reconstitution).
3. Syrup Ascoril-D, 7ml, 12^{th} hourly for 5 days.
4. Nasivion nasal drops, 2 drops in each nostril, 12^{th} hourly for 7 days.
5. Syrup Ibugesic Plus, 10ml, 6^{th} hourly for 5 days (after food).
6. Tablet Lansoprazole (30mg) 1 tablet once daily (empty stomach) for 7 days.
7. Syrup Omnacortil (5ml=5mg), 7ml, 12^{th} hourly (after food) for 3 days.
8. Betadine throat gargle, 2 teaspoons in 1/2 glass of chilled water (gargle & spit out) thrice daily for 1 week.
9. Kindly consult Dr. Ajay Kumar, Consultant ENT Surgeon, after 7 days in OPD with prior appointment.

Name	Baby POGULA SAHASRA	UHID	HNH-00000383

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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.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by : Dr. Sharina Parveen
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

for

Dr. AJAY KUMAR
Pediatric ENT
CONSULTANT EAR NOSE & THROAT SURGEON
10524

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

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SURGERY DETAILS

Date : 7/07/26

Patient Name: Baby Pogula sahasra Date of Birth: .... Age: 13 Y

Gender: Female Ward : O-T UHID No.: 000383

Date of Surgery: 07/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Coblator assisted Tonsillectomy + Adenoidectomy + [illegible] GA

Time in : 08:25 am Time Out : 09:25 am

	NAME	AMOUNT
1. Surgeon	: Dr. Ajay Kumar	O-T charges
2. Anaesthetist	: Dr. madhav / Dr. Vineetha.	—
3. Assistant Surgeon	: —	Coblator charges
4. OT Technician	: Br. Rakesh / vaishnavi	8:35 Am – 9:15 Am
5. Circulating Nurse	: Br. Azad / Sheeja	3098381
6. Assistant Nurse	: SR Prassanna	

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

Signature of the Surgeon [signature]

Signature of Circulating Nurse Azad

Order No: 3098367 | 3098368

Order by: Sheeja

Docu. No. : RCHBH /FRM / GENERAL / 114

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

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30983677 68

CONSUMABLES OF OT

Adenorm 7/7/26

Patient Name : HNH-00000383 IP-00060598 Baby POGULA SAHASRA 08-07-2013 13 Y 0 M 1 D (F) Dr. AJAY KUMAR

Gender ☐ Date : .....

Age : .....

Circulating Staff : ..... Technician : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
~~ET tube~~ RAE 6.5		1	Major Pack			Inj. Vit. K		
~~LMA~~ 1½ 6.0		1	Sutures			Cord Clamp		
ECG leads : A/P/N		3				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		4				Vaccum Suction Set		
05 cc		5	Gloves 6½	2	1	Surgical Gloves		
02 cc		2	8-9-6	2		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		2	Koochies (S)		
RL		1	Cautery Pencil					
~~NS : 10ml/100 ml/ 500ml/1000ml~~ 1+1+1		3	Koochies			Evac Probe new		1
3 way 100 cm		1	Ointments					
Rivaxamic		2	Suction Catheter 8		1	Proto gloves		2
~~Fentanyl~~ Duraspore		1	Cap. Mask	8	8			
~~Morphine~~ Relipasa		1	Gauze Pack		1			
~~Ketamine~~ Dexametrasone		1	Mop Pack					
Propofol		2	~~Steristrip~~ Alleorb		1			
Rocuronium		1	Underpad					
Glycopyrolate		1	Draw Sheet					
Myopyrolate		1	Abgel Retracht		1			
Ondansetron		•	Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%		2	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage 6 inch		2			
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
~~Supridol 100 mg~~			Vaccum Suction set		2			
~~Justin : 12.5 mg/25 mg/ 100 mg~~ 1/1		1/1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		1			
Nasopheryngal (24)		1	Microshield					
Needle 26 ½ inch		2	Cotton Balls					
O2 mask (A)		1	Latex Gloves		10			
Limb -0- ventelator circuit		1	Ramdione Scrub					
			Saral					

Surgeon Dr. Ajay Kumar Anaesthesiologist Dr. Madhan Vineeth Nurse Prasoona OT Technician

Order No. : 30983773 Ordered by : .....

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-00060598	**Ward**	N 0 GF-EMERGENCY
Patient Name	Baby POGULA SAHASRA	**Bed Name**	ER 101
Age/Sex	13 Y 0 M 1 D / Female	**Order No**	0003098373
Date	07/07/2026 10:48	**Prescription No**	PRIP-1294785
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	07/07/2026 10:49
UHID	HNH-00000383		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			26O525I	05/31	1	563.00	563.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713922	12/27	1	31.47	31.47
3	BANDAGE # 6 INCH	Muttu	GENERAL	BH55	01/28	2	20.60	41.20
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	1	103.95	103.95
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
6	BOTROCLOT TROPICAL SOLUTION 10 ML	JUGGAT PHARMA	H	BTS26396	02/28	1	306.00	306.00
7	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00082A	10/26	1	10.87	10.87
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	4	28.13	112.52
9	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	5	21.56	107.80
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	2	11.25	22.50
11	DURAPORE 1 INCH	3M HEALTHCARE	GENERAL	R04261104	03/29	1	815.00	815.00
12	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	71603Z6	02/28	3	34.64	103.92
13	EVAC70XTRAHPWITHINTEGRATEDCABLE-E	ARTHOCARE	C	220IO75	10/28	1	27,758.00	27,758.00
14	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI16062026	04/29	8	10.00	80.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
16	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26C0106O1	02/31	2	63.00	126.00
17	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	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	JUSTIN SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
20	LIMB-O TM VENTILATOR CIRCUTE	Intrasurgical		332509715	04/30	1	2,484.00	2,484.00
21	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	2	69.10	138.20
22	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
23	NASOPHARYNGEAL TUBES 24	RUSCH		040E25F4236	05/30	1	278.00	278.00
24	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	36464M	08/29	2	3.09	6.188
25	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
26	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		D25C898	02/29	1	44.93	44.93
27	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C26179O	02/29	1	93.94	93.94
28	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
29	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
30	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	25A25G82I7	01/30	1	469.69	469.69
31	PROTO GOWN SAFE SECURE			VI27062026	12/30	2	450.00	900.00
32	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37

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IP No	IP-00060598	**Ward**	N 0 GF-EMERGENCY
Patient Name	Baby POGULA SAHASRA	**Bed Name**	ER 101
Age/Sex	13 Y 0 M 1 D / Female	**Order No**	0003098373
Date	07/07/2026 10:48	**Prescription No**	PRIP-1294785
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	07/07/2026 10:49
UHID	HNH-00000383		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	RAE ORAL WITH CUFF TUBE-6.0	RUSCH		40E25L5478	10/30	1	1,525.00	1,525.00
34	RAE ORAL WITH CUFF TUBE-6.5	RUSCH		40E26A0422	12/30	1	1,525.00	1,525.00
35	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
36	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	1	69.39	69.39
37	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
38	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	2	91.00	182.00
39	SUCTION CATHETER 8	ROMSONS	GENERAL	K268010741	01/31	1	91.00	91.00
40	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	26B7017D10	01/29	2	140.00	280.00
41	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	2	739.00	1,478.00
42	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D010689	03/31	1	510.00	510.00
						Total :	**41,385.83**	**43,566.89**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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HNH-00000383 IP-00060598
Baby POGULA SAHASRA
Patient Name : 06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	03	-	-	
4	Patient Trasfer Forms	02	-	-	
5	In-patient Medical Record	03	-	-	
6	Doctors Progress Sheets	01	-	-	
7	Nurses Progress notes	02	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	01	-	-	
10	Conset for Surgery				
	Consent for Blood Transfusion				
	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	02	-	-	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	01	-	-	
20	Anaesthesia notes(Pre Anaesthesia & Post)	03			
21	Pre Operative checklist	01	-	-	
22	Surgical safety Checklist	01	-	-	
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	01	-	-	
26	Intake and Output chart (fluid Chart)	01	-		
	Drug Chart (Regular prescription)	03	-	-	
	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-		
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	others	11	-	-	
		41			
	Total No. of Pages				

Noted by Antha 8/7 @5Am

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060598 **Admit Date** : 07-Jul-2026 **Admit Time** : 06:46 AM **UHID** : HNH-00000383

Patient Details :

Patient Name	: Baby POGULA SAHASRA	**Age**	: 13 Y 0 M 1 D
Guardian	: Mr SRINIVAS	**DOB**	: 06-07-2013
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SRT 59 Ashok Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 9985489689/ 9059934898
		E-mail	: sawjansrinivas@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 SRINIVAS **Relationship** : Father

Contact Address : SRT 59 Ashok Nagar Hyderabad Telangana INDIA 500020 **Phone No** : 9985489689

P.Sr

Signature

Doctor Details :

Doctor Name : Dr. AJAY KUMAR **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

Patient Name : Baby. POGULA SAHASRA UHID : HNH-00000383 IPD : IP-00060598 Gender : Female Age : 13 Y

NH-00000383 IP-00060598
aby POGULA SAHASRA
-07-2013 13 Y 0 M 1 D (F)
. AJAY KUMAR

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Sahasra Age : 12 Y **Gender:** ☐ Male ☑ Female

Date : 7/7/26 Time of Arrival : 6:37AM

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°F PR: 100bl/m BP: 115/80(90) RR: 20bl/m SpO_2: 98%

Chief Complaints: Posted for Adenoidectomy + Tonsillectomy

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 : 6:40AM

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.

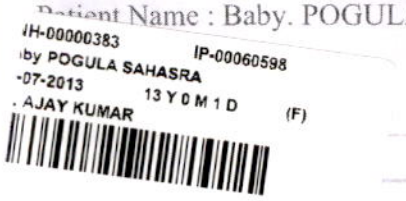
PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ 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 : Samuel

Signature of Triage Nurse : Sam

Date & Time : 7/7/26 @ 6:40AM



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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/7/26 Time of arrival : 6:41AM

Chief Complaints: Posted for Adenoidectomy + Turbinoplasty RBS: .....

Height : 147cm Weight : 46.1kg 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?) 1

Time of Initial assessment completed by ER Nurse : 6:44 AM

Patient Name : Baby. POGULA SAHASRA UHID : HNH-00000383 IPD : IP-00060598 Gender : Female Age : 13 Y 0 M 1 D

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

Time	Nursing Notes
6:40AM	* vitals checked & recorded
6.45 AM	* Doctor assesed the Pt
7 AM	* Admission done
7.10 AM	* IV placement done
	* NBM Solids & liquids at yesterday night 9pm
7.45 AM	* pt shifted 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
		Nil			

Condition of patient at time of shift - out :	Details of Shift - out
HR: 100bpm BP: 115/80(90) CFT: <3sec	Shift - out from ER to: OT
RR: 24bpm SPO_2 : 98%	Time of Shift - out: 7/2/26 @ 7.45am
GCS: — Temperature : 97°F	Handover given to: Sr. Rabi (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation

Name of the Nurse : Bpd, Sanjay Signature of the Nurse : Sanjay

Date & Time : 2/2/26 @ 7.45am

PATIENT TRANSFER FORM

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HNH-00000383 IP-00060598 Baby POGULA SAHASRA 08-07-2013 13 Y 0 M 1 D (F) Dr. AJAY KUMAR	Date & Time of Admission 7/7/26 @ 6.46 am	Date & Time of Transfer Order 7/7/26 @ 10.45 am
	Transfer Ordered by Dr madhav	Reason for Transfer Post op care
From Unit OT	To Unit 114	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films 3	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.	Oxygen Mask	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
Arad	Dr. Madhav

Patient & Clinical Records Received by : Sr. Indu.

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
NH-00000383 IP-00060598 aby POGULA SAHASRA -07-2013 13 Y 0 M 1 D (F) . AJAY KUMAR	7/7/26 @ 6:46AM	7/7/26 @ 7.45AM
	Transfer Ordered by Dr. Vishwas	Reason for Transfer Admission
From Unit GR	To Unit OT	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 ? OP file given to

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
Nagisha/Nurse	Dr. Vishwas

Patient & Clinical Records Received by : Ruby P.

Date & Time of Patient Received : 7/7/26 07:45am

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

HNH-00000383 IP-00060556
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Adenoidectomy + Turbinoplasty.

Arrival Time: 10:45 AM Mode of Arrival: Stretcher Admitting From: ☐ ER ☐ OPD ☐ Direct OT

Allergy / Adverse Reaction ...Nil... Body Weight: 46 Kg

Height: 147 cm

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes	H/O NLD surgery @ 6 years of Age.	yes.

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list,

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: ~~44~~ 47kg Length: 147 cm Head Circumference (< 2 years):

Temp.: 98.6°F HR: 102 blm. RR: 18 blm. BP: 100/70 blm.

Pain Score: 0 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score Nil) (Document in the Braden Q Assessment Sheet)

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

Character of Pain Nil Location Nil Frequency Nil Duration Nil

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 ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..Parents.

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

All Information Obtained From ☐ Patient ☑ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☑ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..Mother and Father.

Nurse's Name: ..Sr. Indu. Date: ..07/07/26. Time: ..11:00 AM Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Sahasra. Age/Sex 12 years / F

Information given by: father Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o frequent cold, cough. Since 1 year.
Fevers
Snoring (+)

History of present illness :

Child brought by parents with c/o frequent cold and cough
frequent fever attacks
↓
On evaluation
adenoid hypertrophy (+)
↓
admitted for
adenoidectomy + Tympanoplasty

N/PO for solids } since 9:30pm
for liquids } Yesterday night.

23/06/26

Hb: 12.9 PT: 13.9 CRP - 0.12
RBC - 4.5 INR - 1.1
WBC - 5.4 APTT - 454 CXR - Normal
Plt - 3.7 APTT - 28.1

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

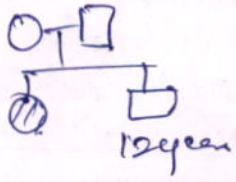
Pediatric Multiorgan History & Physical Examination

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

H/O NLD surgery @ 6 year of age

Birth & Neonatal History:

Term/ LSCS/ 2.8kgs/. NO NICU stays



Birth & Socio Economic History:

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

Developmental History :

appropriate for age in all domains

Immunization History :

Received up to date

(P.T.O.)

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 46.1 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 100/min B.P. 115/70 SPO2 98%

Resp.rate and type of breathing : 24/min

Rash (-)

Lymphadenopathy

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

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

Air entry & breath sounds : BIAE (+)

Any addes sounds : NO

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.,)

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: (N) Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : ND

Reflexes : +

DTR +2 **Superficials:** +

Plantars flexor

Sensory System : +

Bladder / Bowel : ND Incontinence

Clinical Summary & Diagnostic:

Adenoid hypertrophy
↳ admitted for Adenoidectomy + Turbenoplasty

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications.

Desired goals of the treatment : To treat current condition

Planned Labs:

Minor Surgical profile - done on 22/6/26

Npo for solids for liquids } since 9:30pm yesterday

Planned Management

NPO.

1) Inj Augmentin 1.2 gm IV

2) Shift to OT on call

Noted by Nursing 7/7/26 @ 7:20 am

Signature of the Doctor: .....

Name of the Doctor: Dr. Vishwaja

Date & Time: 7/7/26.

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

NH-00000383 IP-00060598
Baby POGULA SAHASRA
-07-2013 13 Y 0 M 1 D (F)
AJAY KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26: 1:30 PM.	S/B Resident:	
	S/P: Adenoidectomy + Turbinoplasty.	
	O/E Baby alert, Euthermic, Vitals stable	
	CVS RS P/A (N)	Adv: - CVT - Vitals monitoring.
		(signature) (Dr [illegible])
07/07/26 17:15 hrs	- Fossae healthy	
	- Refer [illegible]	Rx: (1) Augmentin DS syp 7.5ml - 7.5ml
	(signature)	(1) Ibugesic plus syp 10 ml qid
		(3) Ascoril - D syp 7ml [illegible]
		(4) Omnacortil syp 7ml - 7ml
		(5) Nasivion nasal drops 2 d [illegible]
		(6) [illegible] DS 20 [illegible]

Noted by [illegible] 7/7/26

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
08-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : POGULA SAHASRA Age : 18yr Gender : Male ☐ Female ☑

UHID NO: HASH0000383 Surgeon Name: Dr. Ajay.

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Adenoidectomy + Turbinoplasty.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Laryngospasm, Bronchospasm.

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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 : .....

Name : P.SRINIVAS

Relationship with Patient: Father

Date & Time : 3/7/26

Witness :

Signature : .....

Name : SOWJANYA

Date & Time : 3/7/26 @

Doctor (who is taking the consent) :

Signature : .....

Name : Dr P Madhavi

Date & Time : 03/07/26

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

OPERATION NOTES

Surgeon : Dr Ajay kumar Naidu	Asst. Surgeon :

Pre-Operative Diagnosis: Gr 4 Tonsils + Gr 3 Adenoids + DEAR (B/L) [+ I]

Surgical Procedure :
Coblation assisted Tonsillectomy + Adenoidectomy + Turbinoplasty (B/L) u GA

Indications for Surgery :

Date : 7/7/26	Start Time : 8:25 am	End Time : 9:25 am

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Operation Notes: u GA

Coblation assisted Tonsillectomy & Adenoidectomy & Turbinoplasty done
Haemostasis secured

Doc. No. : RCH / FRM / CLINICAL / 099

(P.T.O.)

NBM till 12:30 PT

Cold water / cold milk / fruit juice / coconut water / ORS / ice cream after 12:30 hrs

Inj Diclofenac 12.5 mg in 50 ml NS IV BD

Inj Paracetamol 500 mg IV SOS

Inj Pantoprazole 40 mg IV OD

Inj Augmentin 1.2 gm IV BD

Inj Esmaprogrk 40 mg IV OD

Ascoril - D syp 5 ml BD

Nebulization with salbutamol duolin 3 hrly and PRN SOS

Name of the Surgeon: DR. Ajay kumar

Signature of the Surgeon: .....

Date & Time: 7/7/26, 9:40am

SURGICAL SAFETY CHECKLIST

HNH-00000383 IP-0006059
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

Surgeon : Dr. Ajay Kumar
Asst. Surgeon : —
Anaesthetist : Dr. madhav Dr Vinitha
Scrub Nurse : Sr. Prasanna

Age : 13y Gender : F
Name : Adenoidectomy + Tonsillectomy + Tubinoplasty
Date : 7/9/26 In-time : 8:25 a.m. Out-time : 9:25 a.m.

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8:20 am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : .....

Name : DR. M. VINEETHA

Before Skin Incision ➤➤

TIME OUT Time: 8:25 a.m

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? bleeding 25ml/kg ☐ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Posing, paeds

- 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 : Azad

Before Patient Leaves Operating Room

SIGN OUT Time: 9:25 a.m.

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 Ajay Kumar

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: P. Sahasra Age: 12yr Sex: F UHID.No: HNH 0000 383

Date: 03/07/26 Time: 05:00pm Proposed Operation: Adenoidectomy + Tonsillectomy

Diagnosis: Adenoid Hypertrophy.

B.P / CRT: 116/78 H.R: 110/min Weight: 46.9 kgs ASA Physical Status: ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.9 gm-%	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.71 lac/ m3	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT: 13.9 sec	K:	LDH:	T3	Other:
PTT: 28.1 sec	Ca++:	Alk phos:	T4	
INR: 1.1	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: (-) Snoring (+) OSA (+)

RESP: C/O. with - blocked Nose. Diabetes: (-)

CNS:

Renal:

Hepatic / GE: Physical Activity: Good

Others:

Past Anaesthetic History: ? nasolacrimal surgery - GA - U/E

Physical Exam:

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

Lungs: BAE (+) clear.

Heart: S_1 (+) S_2 (+)

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site: (+) Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

CBP ok

Signature: Name: Dr P Madhav

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

HNH-00000383 IP-00060598
Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

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: 102/min.	B.P / CRT: 110/70 <2sec	SpO_2: 100%	R.R: 16/min.	Last Feed:

Pre-OP Diagnosis: Adenoid hypertrophy . Operation: Adenoidectomy + Turbinoplasty Date: 07/07/2026

Surgeon: Dr. AJAY KUMAR Anaesthesiologist: Dr. Vineetha / Dr. Nadim Technician: Mr. Rakesh

TIME 8:15 (8:30) (8:45) 9:00 (9:15) (9:30)

N_2O / AIR / O_2 LPM

HALO / SEVO

Drugs:

INJ. MIDAZOLAM 2mg
INJ. FENTANYL 50mcg
INJ. PROPOFOL 80 mg
INJ. ROCURONIUM 20 mg
INJ. DEXAMETHASONE 4:2mg
INJ. TRANEXAMIC ACID 500 mg
INJ. PARACETAMOL 650 mg

FIO_2 / SaO_2	100	100	100	100	
$ETCO_2$	36	36	36	36	
ECG	SR	SR	SR	SR	
Temperature		35			
Urine Output					
Fluids / Blood	RINGER LACTATE	420 ml			

Antibiotic: AUGMENTIN 1:2gm IV

Suppository: DICLOFENAC 87.5mg PR.

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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: (R) UL
☐ Art Site:
☑ EKG Lead 3 lead
☑ Temp Site
☑ 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: 8:30 am
OP End:
Leave OR: 9:25 am

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (L) UL, 22g.
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA SOUTH POLE PLATE.
☐ Airway ☐ Oral ☐ Nasal
ETT# 6 at 19 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 01
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. M. VINEETHA
Signature of the Doctor:

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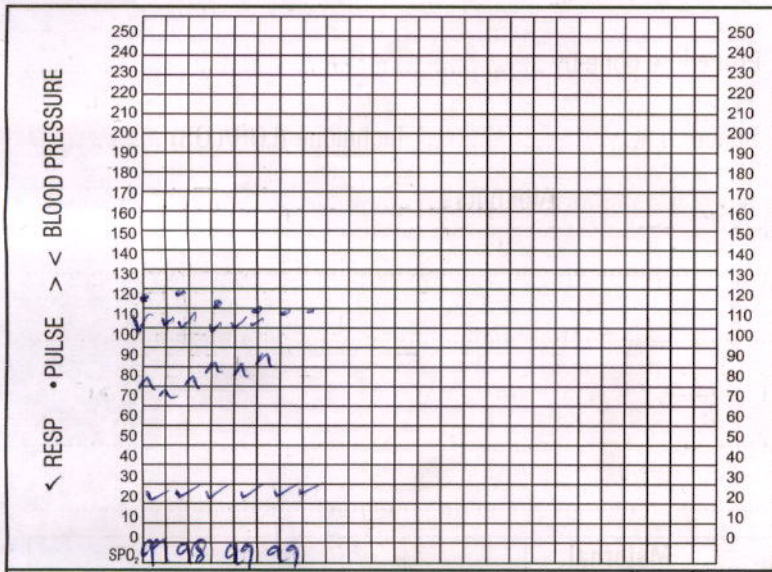
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr Pravoona Time Received : 9:40 am · Time Discharged : .....



IV Cannula Site : Rt arm

- [x] O_2 Mask
- [ ] Nasal Prongs
- [ ] Tracheostomy
- [ ] T-Piece
- [ ] Oral Airway
- [x] Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: No drug administration.
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: Nil
Oral Feeds: Water @ 10:20 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
7/7/26	10 am	0/10	—	

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

Anaesthesiologist Name : Dr. M. VARGHESE
Anaesthesiologist Signature:
Date & Time: 07/07/26, 10:15 am.

PACU Nurse Name : Sr Pravoona
PACU Nurse Signature:
Date & Time: 07/7/26, 10:15 am

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 Pravoona
Date & Time: 7/7/26, 10:15 am

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Ruby. Pogula Sahasra. Gender: ☐ Male ☑ Female Age : 1 8yr

UHID No : 0388. Date : 07/07/26

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 assisted Tonsillectomy + Adenoidectomy + Tonsilloplasty

upon P.C.A

(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.

Bleeding

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 : P.Srn

Name : P.SRINIVAS

Relationship with Patient: Father

Date & Time : 7/7/26 8:20 AM

Witness :

Signature : SDS

Name : Sowjanya

Date & Time : 7/7/26, 8:15am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Ajay Kumar

Date & Time : 07/7/26, 8am.

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 7/7/26

To Be Filled In By Assigned Nurse:

Department: ER

Duration of Procedure : 1hr

Name of Surgeon: Dr. Ajay kumar

Date of Admission : 7/7/26

Bundle Care Criteria: (Tick (√) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☑ Yes ☐ No ☑ Single Dose Antibiotic Or ☐ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☑ Yes ☐ No Name of the Antibiotic: Inj:- Amoxycillin & potassium clavulanate	
2.	Hair Removal ☐ Yes ☑ No If Yes: ☐ Surgical Clipper Department where Hair Removed: ☐ Ward ☐ Operating Room ☐ Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: Tab. Rakesh Date & Time of antibiotic administration: 7/7/26 @ 8:25 am Date & Time procedure started: 7/7/26 @ 8:25 am	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Patient Sticker

Doc. No. : RCH/ FRM / CLINICAL / 124

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 8 9 10 11 1 3 5 7 9 11 1 3 5

Doctor/Nurse/Family Concern? pm pm pm pm pm pm pm am am am

Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.6°F 98.3°F 98.6°F 98.3°F 98.3°F 98.6°F 98.4°F 98.2°F 98.4°F 98.3°F 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

110/80 100/80 110/80 108/76 (79)

Heart Rate (Number) 90 90 101 101/66 (80) 103 101 106/63 (80) 102 98 96 99 100

Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10

Resp Rate (Number) 16 16 19 20 22 27 22 24 20 22 23 24 22

Resp Distress	Mod/ Severe / None / Mild		N	N									
Receiving O_2 (l/min) O_2 Saturations (%)				98	98	98	97	98	99	98	100	98	99
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		N	N	Sindhu	N	Sindhu	N	Sindhu	N	N	N	N	N

Noted by Dr Sindhu 8/7/26 @ 5 AM

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 incharge and PICU /NICU fellow or PICU/NICU 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

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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)

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
7/7	08:00 am		NBM	+ RL + @20 ml/hr.							0	
	09:00 am		NBM								0	
	10:00 am		10:15 Tablets, ice cream.								0	
	11:00 am										0	
	12:00 pm			Juice						✓		
	01:00 pm											
Total Intake :						**Total Output :**				1 time.		
7/7	02:00 pm		Ice cream + Juice								0	
	03:00 pm									✓		
	04:00 pm											
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**				2 times		
7/7	08:00 pm											
	09:00 pm		Juice							✓		
	10:00 pm											
	11:00 pm		Ice cream									
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**						
8/7	02:00 am											
	03:00 am		water									
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Noted by Dr. Tha @ 5am

Total 24 hrs. Intake		Total 24 hrs. Output	

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	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**	

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DRUG CHART

Date of Admission: 7/7/26 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. 42 Kg Ward. .....

DRUG : INJ. DICLOFENAC

Dose	Route	Frequency	Start Date
12.5mg	IV	THRICE DAILY	07/07

Name & Signature of the Doctor Starting the Drugs: (Dr Sharma)

Additional Instructions:

Dr 50mL NS

Date / Time: 07 — 6 AM ✓ — 8:20 pm — 6 pm ✓

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
500mg	IV	THRICE DAILY	07/07

Name & Signature of the Doctor Starting the Drugs: (Dr Sharma)

Additional Instructions:

10-15mg/kg/DOSE

Date / Time: 07 — 6 AM ✓ — 2 pm ✓ — 10 pm

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ. DEXAMETHASONE

Dose	Route	Frequency	Start Date
4mg	IV	TWICE DAILY	07/07

Name & Signature of the Doctor Starting the Drugs: (Dr Sharma)

Additional Instructions:

0.1mg/kg/dose

Date / Time: 07 — 6 AM ✓ — 8:20 pm — 6 pm ✓

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ. AMOXYCILLIN CLAVULANATE

Dose	Route	Frequency	Start Date
1.2gm	IV	TWICE DAILY	07/07

Name & Signature of the Doctor Starting the Drugs: (Dr Sharma)

Additional Instructions:

20-30mg/kg/dose

Date / Time: 07 — 6 AM ✓ — 8:20 pm — 6 pm ✓

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

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Weight. 42.1kg ... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7	8:25 AM	INJ. AMOXILLIN + CLAVULANATE	1.2g	IV		Rakesh Azad
		(30mg/kg)				
07/07	8:25 AM	INJ. DEXAMETHASONE	4.2 mg	IV		Rakesh Azad
07/07	8:30 AM	INJ TRANEXAMIC ACID	500 mg	IV		Rakesh Azad
07/07	8:40 AM	INJ. PARACETAMOL	630 mg	IV		Rakesh Azad
07/07	8:25 AM	SUPP. DICLOFENAC	37.5 mg	PR		Rakesh Azad

Verified
Dr. Rishika
Clinical Pharmacologist

VERIFIED BY : Nurse Signature

Baby POGULA SAHASRA
06-07-2013 13 Y 0 M 1 D (F)
Dr. AJAY KUMAR

I.V. FLUIDS CHART

Weight. 42.1kg 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
07/07	8:25pm	RINGER LACTATE	IV	420ml/hr	S	Rakesh / Azad	07/07	S	Rakesh / Azad

Signature .....

VERIFIED BY : Name .....

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Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

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

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	ONCE DAILY	07/07

Name & Signature of the Doctor Starting the Drugs: (Dr Rishika)

Additional Instructions: 10mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	07/7
	6 Am

Verified Dr. Rishika Clinical Pharmacologist

DRUG : SYP. ASCORIL-D

Dose	Route	Frequency	Start Dt.
5ml	P/O	THRICE DAILY	07/07

Name & Signature of the Doctor Starting the Drugs: (Dr Rishika)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	07/7
	6 AM 2 PM
	6 PM

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NASIVION-P-NASAL DROPS

Dose	Route	Frequency	Start Dt.
2 drops	P/N	THRICE DAILY	07/07

Name & Signature of the Doctor Starting the Drugs: (Dr Rishika)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	07/7
	6 Am
	2 PM
	10 PM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	

(P.T.O.)

HNH-00000383 IP-00060598
Baby POGULA SAHASRA (F)
13 Y 0 M 1 D
06-07-2013
Dr. AJAY KUMAR

Rainbow® Children's Hospital
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

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

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 : 26/06/26 UHID/IP No.: HNH-00000383 Sl. No.: 29110

Name of Patient : Baby Pagula Sahasra Age : 12yrs Gender : F

Father's / Husband's Name : Mr. Srinivas. Corporate/Occupation :

Address: RTC X Phone : 9985489689 Email :

Procedure/Plan: Adenotonsillectomy DOS :

MODE OF PAYMENT : ☐ SELF ☑ TPA : Star ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : Dr. AJay Kumar

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges									
Doctor's Fee									
L. Tax									

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	
O.T Consumables	Subject to approval by TPA/Insurance Company
Instrument Charges Coblation - 8,000/-	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 79,200/- includs. Surgeon, Anesthesia, OT, Room Rent	
rs Excludy - Dispo Sables - 10,000 +, NHA - 1,500/-	
...al Minimum Deposit 30,000/- IPF - 1,500/- MRD - 2,500/- Diet 1,000/day	
Evac Probe - 2700/-	

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 P. SRINIVAS 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.

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