

CUV-00097096 IP5-00174422
Baby DUNNAPOTHULA HITIKA
13-09-2020 5 Y 8 M 15 D (F)
Dr. P V L N MURTHY



SmithNephew
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2201068
2028-10-21

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

80511

Date : 28/9/26

Patient Name: Baby Hitika Date of Birth: Age: 5y

Gender: Female Ward: P.OT UHID No.:

Date of Surgery: 28/9/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : Adeno tonsillectomy & coblation

Time in : 11:10 AM

Time Out : 12:20 PM

	NAME	AMOUNT
1. Surgeon	Dr. LN Muralidhar	
2. Anaesthetist	Dr. Tejaswini	
3. Assistant Surgeon		
4. OT Technician	Shri Renu	
5. Circulating Nurse	Bobi	
6. Assistant Nurse	Kalyan	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Coblator → 9631478

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9631477 / 478

Order by: [Signature]

CONSUMABLES OF OT

Adno

Circulating staff : Technician : Date : Time : 11 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4.0405 (5)	1	1	Major Pack drop	1	1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N	5	03				Suction Catheter		
HME filter : A/P/N	1	01				Feeding Tube		
Syringes : 10 cc	10	02				Vaccum Suction Set		
05 cc	10	02	Gloves			Surgical Gloves		
02 cc	10	06				Gauze Pack		
01 cc	5	01				Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	01	Surgical blade			Surgical Blade # 20		
IV set	1	01	NG tube 6 NO	2	2	Koochies (S)		
RL	1	01	Cautery pencil			NS 500 ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1	01	Koochies			10cc see	2	1
minisple	1	01	Ointments			Anaesthetic inj	3	3
carboxyl (P)	1	01	Suction Catheter			Protalock loop	1	1
Fentanyl	1	01	Cap, Mask	5	5	Sarlon	1	0
Morphine			Gauze Pack (N)	3	2			
Ketamine			Mop Pack	1	1			
Propofol	3	02	Steristrip					
Rocuronium	1	01	Underpad	1	1			
Glycopyrolate	1	01	Draw sheet	1	1			
Myopylate (Nub)	2	01	Abgel					
Ondansetron	1	01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics Aug 600mg	1	01	Bandage			Gauze	3	3
Doupen	1	01	Tegaderm			Gloves	4	0
Suppositories			loban			dermed	1	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Dexamethasone inj	1	1
Suprido : 100mg			Vaccum Suction set	1	1	Socetmion	1	1
Justin : 12.5 mg / 25mg / 100mg	1	01	Plastic Bed Sheet	1	1	metamilo	1	1
Tab. Misoprost : 200mg			Betadine Solution					
vaccum set	1	01	Microshield	1	0			
oral airway oil	1	01	Cotton Balls					
Nasal airway 16/18	1	01	Latex Gloves	5	5			
Sugar cream	1	01	Ramdione Scrub					
low cannula	1	01	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 96317734 Ordered by :
 Doc. No. RCH / FRM / GENERAL / 125

7:30pm Subject to revision. Receipt

ESTIMATION SLIP

Date: 26/May/2021 UHAD / IP No.: CVV-00097096 SI No. 80511
 Name of Patient: Baby Dhanrajathulakshmi H. Asha Age: 5y/m Gender: F
 Father's / Husband's Name: Mr. Shiva Krishna Corporate / Occupation: ITC
 Address: Hyd Phone: 8668866423 Email:
 Procedure / Plan: Adenotonsillectomy & Coblation

MODE OF PAYMENT: SELF TPA: Cher Health GIPSA: OTHERS: India

TARIFF INFORMATION :

Room Category	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)															
Surgeon's / Anesthetists' Fee / O.T. Charges	NA. (85000) (85000)															
O.T. Consumables	NA. 55,000 + 20,630 + 12000/h															
Instrument Charges	8500 / Coblation → Not Covered by TPA / Insurance company															
Pharmacy, Consumables & Investigations	7500 / → As per actual - Not Included in Estimation															
Equipment Charges	<table border="1"> <tr> <td>Monitor :</td> <td>Oxygen :</td> <td>Infusion pump / Syringe pump :</td> </tr> <tr> <td>Ventilator :</td> <td>Conventional :</td> <td>HFO SLE 5000 :</td> </tr> <tr> <td>Phototherapy :</td> <td>Single Surface :</td> <td>HFO Sensormedix :</td> </tr> <tr> <td></td> <td></td> <td>Double Surface :</td> </tr> <tr> <td></td> <td></td> <td>Triple Surface :</td> </tr> </table>	Monitor :	Oxygen :	Infusion pump / Syringe pump :	Ventilator :	Conventional :	HFO SLE 5000 :	Phototherapy :	Single Surface :	HFO Sensormedix :			Double Surface :			Triple Surface :
Monitor :	Oxygen :	Infusion pump / Syringe pump :														
Ventilator :	Conventional :	HFO SLE 5000 :														
Phototherapy :	Single Surface :	HFO Sensormedix :														
		Double Surface :														
		Triple Surface :														
Blood / Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	20000 As per actual - Not Included in Estimation															
Package																
Others	Evac Wand: 27k / 500															
Initial Minimum Deposit	Rs. 5,000 / - I found docs clearly															

REMARKS: 30k / 10 / 24h. email: 7k / 10 / 24h. mail

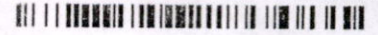
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- 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.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- 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.
- For Non-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV Hbs. Ag, Med Chl B records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00AM), 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 9am to 6pm
- 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.
- 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 ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION
 I Shiva Krishna 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: Shiva Krishna Signatory Relationship: Father Signature of the Financial Counselor: [Signature]

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174422 Admit Date : 28-May-2026 Admit Time : 07:56 AM UHID : CUV-00097096

Patient Details :

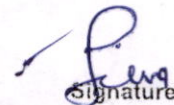
Patient Name : Baby DUNNAPOTHULA HITIKA Age : 5 Y 8 M 15 D
Guardian : Mr SIVA KRISHNA DOB : 13-09-2020
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO-403 SAI SUVIDA APARTMENTS Phone No : 8465866423/ 8498846212
BALAJI LAY OUT Shahpur Nagar Hyderabad E-mail : DSIVA9951@GMAIL.COM
Telangana INDIA 500055

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 409 Ward Name : 4F-OT COMPLEX
Room No : POST OP 409 Admission Type : First Visit

Contact Details :

Name : Mr SIVA KRISHNA Relationship : Father
Contact Address : FLAT NO-403 SAI SUVIDA APARTMENTS Phone No : 8465866423 / 8498846212
BALAJI LAY OUT Shahpur Nagar Hyderabad
Telangana INDIA 500055



Signature

Doctor Details :


Doctor Name : Dr. P V L N MURTHY Specialisation : EAR NOSE AND THROAT
Referral Doctor : Self Phone No :
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : CARE HEALTH INSURANCE LIMITED

ACTIVITY RECORD FOR BILLING

Name : _____ CUV-00097096 IP5-00174422
Baby DUNNAPOTHULA HITIKA
13-09-2020 5 Y 8 M 15 D (F)
Dr. P V L N MURTHY

UHD No. : _____  Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/05/26	8:35 AM	ER	OT	Annab
28/5/26	5:50 PM	OT	319	Juman

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Annapoorna T	29/5/26	9632614	Soubharni
2				
3				
4				
5				
6				
7				
8				
9				
10				



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Dunnapothula hitika

UHID ID:

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Baby DUNNAPOTHULA HITIKA
13-09-2020 5 Y 8 M 16 D (F)
Dr. P V L N MURTHY

Department:



Consultant:

Dr. PVLN murthy



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

do - Recurrent cough, cold since 1 year
- Oral breathing since 1 year
- Throat pain since 1 year

History of present illness :

Child apparently asymptomatic till last year,
later child developed
- Recurrent cough, cold since 1 year
more aggravated with cold item intake
Relieved on medication

- Oral breathing since 1 year
more aggravated with cough, cold
more in night time

Throat pain since 1 year
associated with cough, cold

↓
o/c child was diagnosed with
Grade IV Adenoids with tonsillar
hypertrophy



Pediatric Multiorgan History & Physical Examination

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

Similar episodes of illness since 1 year

Birth & Neonatal History:

Term / C/S / NO NEW

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 16.4 kg (Centile _____)

On Examination :

Temperature : 98° f Pulse Rate : 106/min B.P. 97/52 (59) mmHg SPO2 99% eRA

Resp. rate and type of breathing : 24/min
Regular

Rash _____ ✓

Lymphadenopathy _____ ✓

Oedema : _____ ✓

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : RAL ⊕

Any addes sounds : Clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : C1 S2 ⊕

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS ⊕

Spine : _____ External Genitalia : _____

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



Pediatric Multisystem History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ (N)

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____ (N)

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____ flexor

Sensory System :

_____ (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Chronic Adenohansilitis

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 13-09-2020 5 Y 8 M 16 D (F)
 Dr. P.V.L.N MURTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Planned Management

1) NPO to continue

2) Inf. DNR @ 50ml/hr

3) Shift to OT

4) Coblation assisted Adenohariectomy

AIB
 Anti
 D28/5/26 e Ham
 DR. P.V.L.N MURTHY
 Registration No.

Signature of the Doctor: [Signature]

Name of the Doctor: [Signature]

Date & Time: 28/5/26 11:00 AM

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. P.V.L.N Murthy

Date & Time: 28/5/26 11:00 AM

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
28/5 4 pm	<p>C/S/B Resident</p> <p>△ - ^{ch} Adenotonsillitis</p> <p>^ S/P Adenotonsillotomy</p>	
	<p>No fever</p> <p>No vomiting</p> <p>No bleeding</p> <p>mild pain</p>	<p>has</p> <ul style="list-style-type: none"> Plan D/c T/M Cont medication as per chart
	<p>hemodynamically stable</p>	<ul style="list-style-type: none"> inform S/S
		<p>Ayushma</p>
<p>29/5 8 am</p>	<p>C/S/B Resident</p>	<p>N.B. Rishi 601117 7 am</p>
	<p>no complaints</p>	<p><u>Adv</u>,</p>
		<p>Ⓟ today</p>
		<p><i>[Signature]</i></p>

SURGICAL SAFETY CHECKLIST

Surgeon : Dr PVLN MURTHY
 Asst. Surgeon : _____
 Anaesthetist : Dr. Tejaswini
 Scrub Nurse : Kalyani

Patient Name : Baby HITIKA Age : 5y Gender : F
 UHID No. : 00091096 Surgery Name : Acute tonsillectomy
 Date : 23/5/16 In-time : 11:10 AM Out-time : 12:20 PM

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 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 15 D (F)
 Dr. P V L N MURTHY



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>10:40 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : _____	
Name : <u>Dr. Tejaswini</u>	

TIME OUT	Time: <u>11:24 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Correct Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>5/10 min</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : _____	
Name : <u>Baby</u>	

SIGN OUT	Time: <u>11:55 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : _____	
Name : <u>P.V.L.N. Murthy</u>	

DR. P V L N MURTHY
 Registration No: 47267

Patient Sticker

CUV-00097096 IP5-00174422
Baby DUNNAPOTHULA HITIKA
13-09-2020 5 Y 8 M 15 D (F)
Dr. P V L N MURTHY



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 28/5/20

To Be Filled In By Assigned Nurse :

Department : P-OT Duration of Procedure : 1 W.

Name of Surgeon : Dr. P V L N MURTHY Date of Admission : 28/5/20

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

	Staff Signature
1. Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : inj - Augmentin 420mg	
2. Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Patient's body temperature immediately post operation (Recovery Room) 36.4 °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4. Name of doctor or staff administering the antibiotic : Teena Date & Time of antibiotic administration : @ 10:40 AM, 28/5/20 Date & Time procedure started : @ 10:25 AM, 28/5/20	

- 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

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Patie



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Baby Hitika Age : 5y Gender : Male Female
UHID No. : CUV-00097096 Weight : 16.5kg Height :

Surgeon : PVLN Murthy Asst. Surgeon : _____

Anesthetist : Dr. Ravi OT Nurse : William OT Technician : 11:35am

Pre-Operative Diagnosis: the adenofamilial

Surgical Procedure :
Adenofamillectomy & coloboma

Indications for Surgery :

Date : 28/5/20 Start Time : 10:25AM End Time : 11:40 AM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenofamillectomy & coloboma

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Symp. AUGMENTIN DDS 5ml BID 2wks

2 Symp. X7ZAL-M 5ml BID 2wks

3 Symp. CROCID-DS 5ml TID 2wks

4 T-TOLANEXA 500mg qd BID 2wks

5 Botrocloct solution 1ml qd TID 2wks

6 Salt water gargle TID 2wks

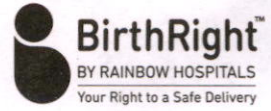
Name of the Surgeon: DR. P.W.L. N. MURPHY

Signature of the Surgeon: [Signature]

Date & Time: 28/5/20 [Signature] 11am

DR. P.W.L. N. MURPHY
Registration No. 47267

CUV-00087096 IP5-00174422
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 16 D (F)
 Dr. P V L N MURTHY



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 07

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Sai*

Date & Time : 28/5/26 @ 8AM

Nurse Name & Signature: *Sai*

Date & Time : 28/5/26 @ 8AM

CUV-00097096 IP5-00174422
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 15 D (F)
 Dr. P V L N MURTHY



DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

Dr. P. V. L. N. MURTHY
 13-09-2020
 IP5-00174422
 DUNNAPOTHULA HITIKA
 5 Y 8 M 16 D
 (F)



REGULAR PRESCRIPTIONS

Weight: 16 kgs Ward: 01

DRUG :				Date
Dose	Route	Frequency	Start Date	Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : Symp AMOXICILIN CLAVULANATE				Date 28/5
4 ml	PO	12 hrly	28/5	10 AM ✓
Name & Signature of the Doctor Starting the Drugs: Santini				
Additional Instructions: DDS (5ml/400mg)				10 AM Sunday 28/5
Daily Doctor's Endorsement by a Sign				
DRUG : Symp XYZAL-m				Date 28/5
5 ml	PO	12 hrly	28/5	9 AM X
Name & Signature of the Doctor Starting the Drugs: Santini				
Additional Instructions:				9 AM Sunday 28/5
Daily Doctor's Endorsement by a Sign				
DRUG : Symp PARACETAMOL				Date 28/5
5 ml	PO	8 hrly	28/5	6 AM X 11:30 AM ✓
Name & Signature of the Doctor Starting the Drugs: Santini				
Additional Instructions: (5ml/240mg)				10 PM Sunday 28/5
Daily Doctor's Endorsement by a Sign				

IP5-00174422
 CUV-0009709
 Baby DUNN, POTHULA HITIKA (F)
 13-09-2020 6 Y 8 M 15 D
 Dr. P V L MURTHY



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : F-TRANEXA				Date Time	28/5																		
Dose	Route	Frequency	Start Dt.																				
1/4 Tab	Po	BD	28/5																				
Name & Signature of the Doctor Starting the Drugs:																							
Salithur																							
Additional Instructions:																							
1 tab = 500mg																							
Daily Doctor's Endorsement by a Sign																							

DRUG : BOTROCLOT Solu				Date Time	28/5																			
Dose	Route	Frequency	Start Dt.																					
NOU		-12 hly	28/5																					
Name & Signature of the Doctor Starting the Drugs:																								
Salithur																								
Additional Instructions:																								
2 drops each																								
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

Patient Sticker



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																			
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

UV-00087006
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 15 D
 Dr. P. V. L. N. MURTHY (F)



IP5-00174422

Weight. 16 kg Ward. P.O.S

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
VARIABLE DOSE	Dose		Dose		Dose		Dose	
DRUG :	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
28/5	40 10 AM	IND. AMOXICILLIN POTASSIUM CLAVULANATE	480MG	IV	[Signature]	Teena
28/5/26	11:30 AM	INJ PARACETAMOL	225mg	IV	[Signature]	Amisha Bobit
28/5/26	11:10 AM	INJ DEXAMETHASONE	2mg	IV	[Signature]	Amisha Bobit
28/5/26	11:10 AM	INJ TRANEXAMIC ACID	825mg	IV	[Signature]	Amisha Bobit
28/5/26	11:40 AM	sup. DICLOFENAC	12.5mg	PR	[Signature]	Amisha Bobit

Signature

VERIFIED BY : Name



I.V. FLUIDS CHART

Weight. 16.4 kg Ward. 21

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
28/5		IVF. DNS	IV	50ml/hr	Sai		NOF		
28/5/20	11:10 AM	RINGER LACTATE	IV	100 ml/hr			10:30 AM 1 PM		

VERIFIED BY : Name Signature

CUV-00097096 IP5-00174422
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 15 D (F)
 Dr. P.V.L.N MURTHY



RESULT SHEET

Date	26/5/26				
Time					
Hb	11.70				
PCV	35.40				
FBC	4.46				
WBC	7,960				
N/L	47.20/45				
Platelets	2.02				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

CUV-00097096 IP5-00174422
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 15 D (F)
 Dr. P V L N MURTHY



Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	28/5/21	Time:	10pm	9:45pm	6pm
Doctor / Nurse / Family Concern?					
Temperature (°F)	104				
	103				
	102				
	101				
	100				
	99	98.0°F	98.2°F	99.2°F	
	98				
	97				
	96				
	95				
	94				
Heart Rate (bpm)	190				
and	180				
Blood Pressure (mmHg) *	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
	80				
	70				
	60				
	50				
Note: BP does not score in early warning scoring					
Heart Rate (Number)	130b/m	120b/m	102b/m		
Resp. Rate (bpm) (Over 1 Minute)	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)	28b/m	29b/m	28b/m		
Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	99%	100%	99%		
Conscious Level	Normal				
	Altered				
GCS *					
TOTAL SCORE					
Number of shaded boxes	0	0	0		
Pain Score	0	0	0		
Observer's Initials	P	P	P		
ACTIONS	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.

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)

Patient Sticker

CUV-00097096 IP5-00174422
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 15 D (F)
 Dr. P V L N MURTHY



FLUID CHART

Sheet No. : 2815

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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
28/5	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	RL NPO	160ml									
	12:00 pm	RL NPO	160ml									
	01:00 pm	HRD	SOM									
Total Intake :					Total Output :							
28/5	02:00 pm											
	03:00 pm		Food									
	04:00 pm		Water									
	05:00 pm		Jelly.									
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output : M-O-U-1							
28/5	08:00 pm											
	09:00 pm	HRD	Food									
	10:00 pm											
	11:00 pm	IVP	HRD									
	12:00 am											
	01:00 am											
Total Intake :					Total Output : M-O-U-2							
29/5	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	NO IVF	HRD									
	06:00 am											
	07:00 am											
Total Intake :					Total Output : M-O-U-1							
Total 24 hrs. Intake					Total 24 hrs. Output							
					M-O-U-5							

CUV-00097096
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 5 Y 8 M 15 D (F)
 Dr. P V L N MURTHY

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



UV-00097096 IP5-00174422
 aby DUNNAPOTHULA HITIKA
 3-09-2020 5 Y 8 M 15 D (F)
 r. P V L N MURTHY

Name: Hitika D. Age: 5y 8m Sex: F UHID.No: CVV-00097096
 Date: 26/5/26 Time: 7:00 pm Proposed Operation: Adenotonsillectomy
 Diagnosis: Adenotonsillar hypertrophy
 B.P / CRT: 83/50 H.R: 103 Weight: 16 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.7 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: 7960 Creat: 0.4 Total Bill: HCV: 2D Echo:
 Plate: 202 Na: Dir. Bill: Blood group: AB+ve Stress/Anglo:
 PT: 15 K: LDH: T3 Other:
 PTT: 30 Ca++: Alk phos: T4
 INR: 1.0 Mg++: Amylase: TSH
 Cl-: SGOT/SGPT:

Allergies: -Nil-

Medical History: CVS: CSCL 3.0 / CAB / NO NICU admissions
 RESP: Diabetes: Development-appropriate
 CNS: Immunised till date
 Renal: -Nil-
 Hepatic / GE: Physical Activity: active
 Others:

Past Anaesthetic History: -Nil-

Physical Exam:

Airway: MP 1 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: (N)
 Lungs: BAE ⊕ ch
 Heart: S1hr ⊕
 CNS: Ude → active

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: workable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: coconut water
- NIL ORAL: Water / ORS 2 Hours } explained
Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Akhilesh K.

CUV-00097096
 Baby DUNNAPOTHULA HITIKA
 13-09-2020 6 Y 8 M 16 D (F)
 Dr. P.V.L.N. MURTHY

ANAESTHESIA CHART



Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 115/min B.P/CRT: 108/91mmHg SpO₂: 100-1 R.R: 20/min Last Feed: >6hrs
 Pre-OP Diagnosis: Adenotonsillar Hypertrophy Operation: Adenotonsillectomy Date: 28/5/20
 Surgeon: Dr. P.V.L.N. Murthy Anaesthesiologist: Dr. BT Technician: Srishe

TIME	11AM	11:30	12PM																	
N ₂ O / AIR % / LPM	100 / 0 / 10	100 / 0 / 10	100 / 0 / 10	100 / 0 / 10																
HALO / SO / SEVO	21	31	11	11																
Drugs:	MIDAZOLAM 0.3mg FENTANYL 40mcg PROPOFOL 40mg + 20mg ROCURONIUM 2mg DEXMETHASONE 2mg PARACETAMOL 225mg TRAMEXAMIC ACID 22 MIPYROLATE 2ml																			
Antibiotic																				
Suppository	DICLOFENAC 12.5mg																			
Blood Loss																				
NOTES																				
FI ₂ / SaO ₂	100	100	100	100																
ETCO ₂	38	39	35	35																
ECG	SR	SR	SR	SR																
Temperature	32.1	34	35	35.5																
Urine Output																				
Fluids	RINGER LACTATE 160ml/hr																			
B.P	100/60																			
V Systolic	100																			
A Diastolic	60																			
X Mean	70																			
Heart Rate	110																			
Tourniquet on Time																				
Tourniquet off Time																				
Throat Pack In																				
Throat Pack Out																				

LAB Values

ABG

GRBS

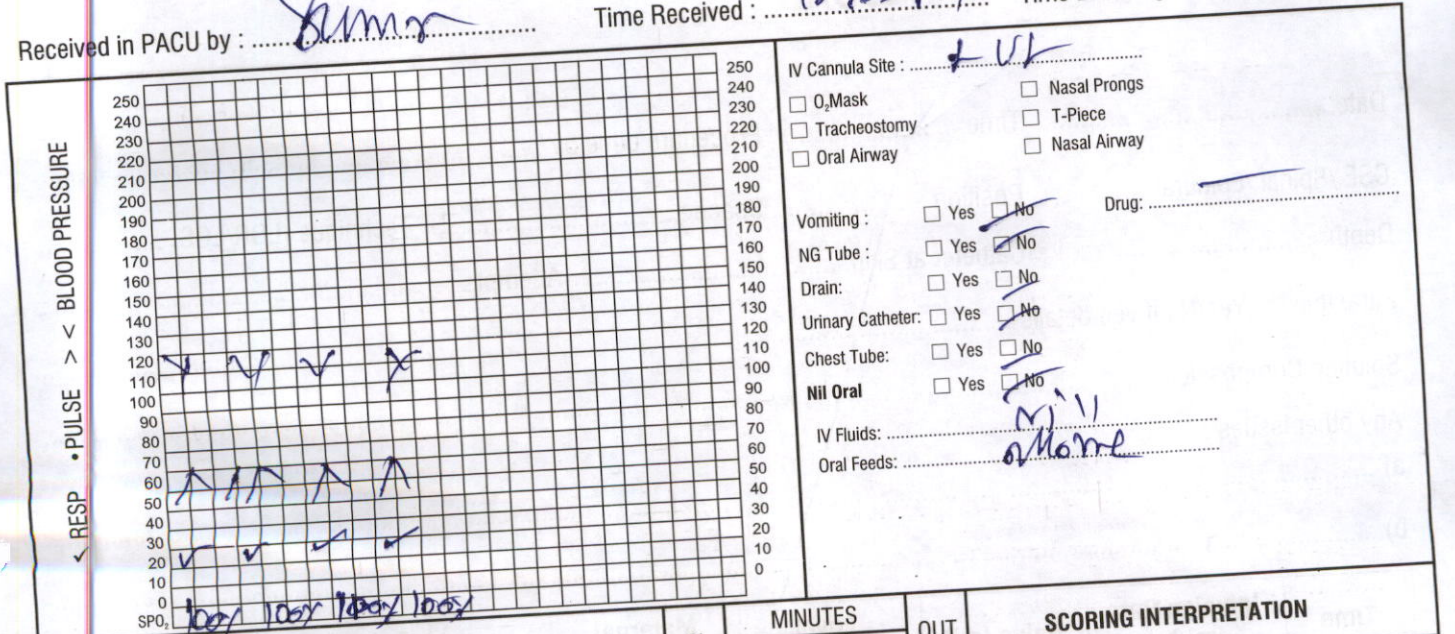
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>R UL</u> <input checked="" type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>3 leads skin</u> <input checked="" type="checkbox"/> Temp Site: <u>skin</u> <input type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>ROJE</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input checked="" type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>11:10AM</u> OP Start: <u>11:25AM</u> OP End: <u>11:40AM</u> Leave OR: <u>12PM</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>R UL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction: <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input checked="" type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>5</u> at <u>16.5</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input checked="" type="checkbox"/> Drug: <u>ROCURONIUM</u> <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>2</u> Attempts: <u>1</u> Difficulty Why?	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin: cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Tejaswini</u> Signature of the Doctor:
---	--	---	---



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Suma Time Received: 12:02 PM Time Discharged: 5:00 PM



IV Cannula Site: UL
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting: Yes No
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral: Yes No

IV Fluids: Nil
 Oral Feeds: None

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
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	1	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		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	1	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	1:00 PM	02/10	NA	<u>Suma</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name: Dr. Jagannathan
 Anaesthesiologist Signature: [Signature]
 Date & Time: 28/5/26 5 PM
 PACU Nurse Name: Suma
 PACU Nurse Signature: [Signature]
 Date & Time: 28/5/26 at 1:40 PM

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

Transferred to Unit by (PACU): Beulah 319
 Date & Time: 28/5/26 at 1:40 PM

CUV 00097096 IP5-00174422
Baby DUNNAPOTHULA HITIKA
13-09-2020 5 Y 8 M 15 D (F)
Dr. P V L N MURTHY



CROSS CONSULTATION FORM

Doctor Name : Dr. Annapoorna Date : 29/5/26 Time : 9:15 am

Diagnosis : Chr. Adenotonsillitis

Hospital RCH, Bayana hill

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

△ - Chr. Adenotonsillitis,

No fever
No vomiting
mild pain (+)
No bleeding
child alert
vital stable

B/L AE (+)
S/S @ Mo
P/A soft N?

Adv:

- 1) (D) today
- 2) Symp IBUG/ESK 6ml TID
- 3) Flup ENT
- 4) Paracetamol symp one AID.

Consultant :

Name : Dr. Annapoorna Signature : [Signature] Date & Time : 29/5 9: AM

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 29/5/26 Time: 9 am

Weight: 16.4 kg Centile: 72^{sd}

Height: 100 cm Centile: 72^{sd}

Inference: 100% child

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

Diet Recommendations: soft diet

Re-Assessment: Acid Spig, & outside foods

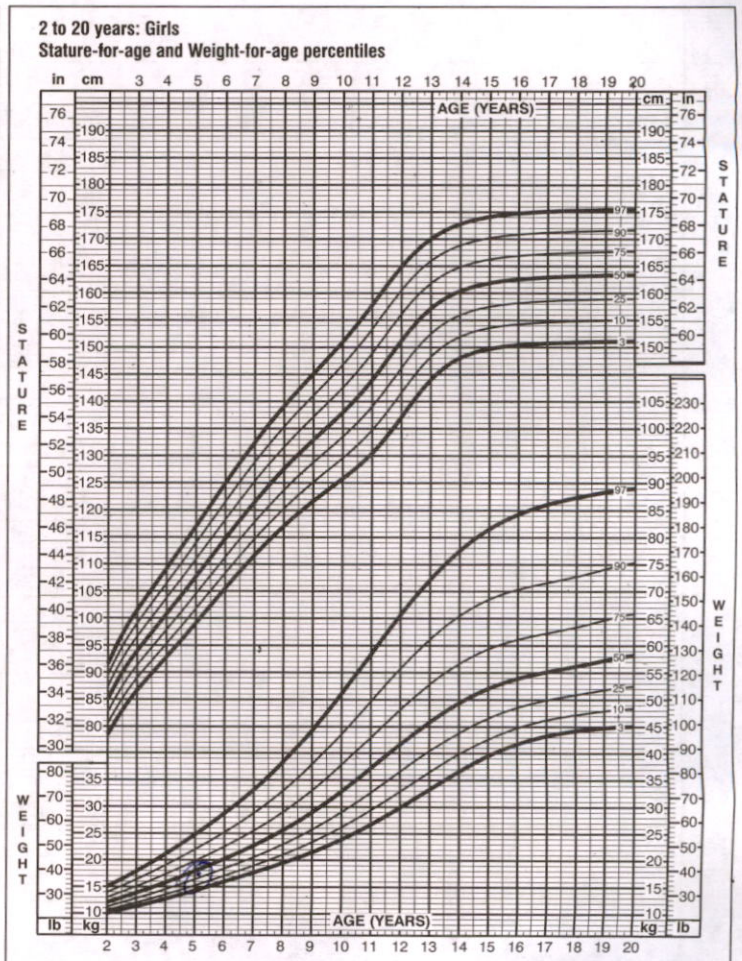
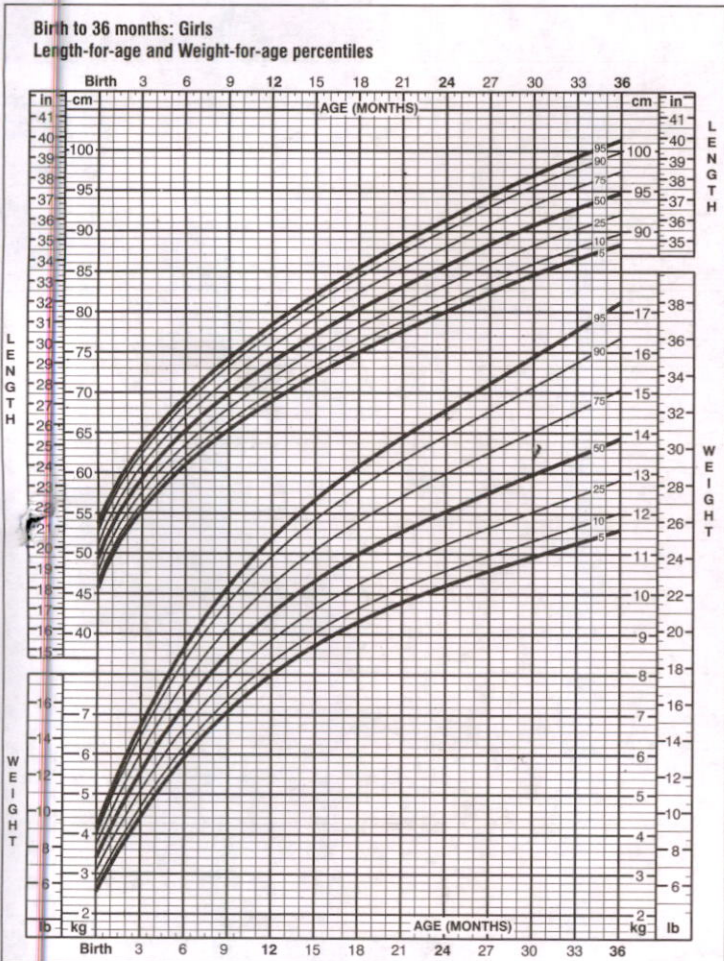
Food Allergies: No Veg/Non-veg: NON-veg

Diagnosis: Identiostomy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *Raina*

GROWTH CHART (GIRLS)



Dietician's Name: Raina

Dietician's Signature: Raina

