BAH-00656227 IP5-00174457
Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
Pati Dr. P V L N MURTHY

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SURGERY DETAILS

80203

Date : 28/5/26

Patient Name: Gollapalli Satya Sai Date of Birth: 09-08-2018 Age: 7y

Gender: M Ward : P. OT UHID No.: BAH-00656227

Date of Surgery: 28/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☑ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Adenotonsillectomy & coblation & BL myringoplasty

Time in : 6:40pm Time Out : 7:30pm

		NAME	AMOUNT
1.	Surgeon	: PV LN Murthy	
2.	Anaesthetist	: Dr. Sunidhara	
3.	Assistant Surgeon	: —	
4.	OT Technician	: Prashanth	
5.	Circulating Nurse	: Alam	
6.	Assistant Nurse	: Bikhlai	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others Coblator used - 963948

Signature of the Surgeon

Alam
Signature of Circulating Nurse

Personal equipment used 75007

Order No: 963947 Order by: Alam

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

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Adeno

CONSUMABLES OF OT

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Circulating staff : .... Technician : .... Date : .... Time : 5:30 pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.5 / (5) / 5.0	HH	1	Major Pack Drape	1	0	Inj Vit.K		
LMA 1/1½ 2	4H	—	Sutures gowns	2	2	Cord Clamp		
ECG leads : A / (P) / N	5	3				Suction Catheter		
HME filter : A / (P) / N	1	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves 6, 6½, 7, 7½	2+2+2	—	Surgical Gloves		
02 cc	10	0	Pf - 6, 6½, (7), 7½	2+2+2	2	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	1	0	Surgical blade 6 No	2	2	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL ✓	1	1	Cautery pencil			Savlon	1	0
NS : 10ml / (100ml) / (500ml) / (1000ml)	HH	1H	Koochies			NS 500ml	1	1
minispike	1	0	Ointments			transofix	1	—
O2 mask (P)	1	1	Suction Catheter			Adrile	1	2
Fentanyl	1	1	Cap, Mask (N95)	5+5	5+5			
Morphine			Gauze Pack (2)	5	2			
Ketamine			Mop Pack	1	1			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate ✓	1	1	Draw sheet	1	1			
Myopyrolate (Neo)	1+2	2	Abgel					
Ondansetron	1	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22	.		Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag			Gauze	8	—
Antibiotics Aug 1.2	1	1	Bandage			Glovsar	4	—
Soupem	1+0	1	Tegaderm			Dexmed	1	—
Suppositories			Ioban			Dexa + Tranex	1+1	1H
Anamol : 80mg / 250mg / 170 mg			Double J Stent	1	—	50C-tpmitne	1H	—
Supridol : 100mg ✓			Vaccum Suction set	1	1	metpmlol	1H	—
Justin : (12.5 mg) / (25mg) / 100mg	1H	1	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
Vaccum set	1	1	Microshield	1	1			
Oral airway 1/2	1H	—	Cotton Balls					
Nasal airway (6/8)	1H	—	Latex Gloves	10p	10p			
Swaylam + (100cm)	1H	1	Ramdione Scrub					
Nasal cannula 22/24	1H	—	Saral					

Surgeon   Anaesthesiologist   Nurse (signed)   OT Technician (signed)

Order No. : 9631964   Ordered by : ....

Doc. No. : RCH / FRM / GENERAL / 125

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7:55 pm

ESTIMATION SLIP

Preapproved

Date : 14/May/26 UHID / IP No. : [illegible] 656227 Sl No. 80283

Name of Patient : Mast [illegible] Age: 7y/94 Gender: M

Father's / Husband's Name : Mr. Srinivas Corporate / Occupation : [illegible] Corporation

Address : ______ Phone : 8978963317 Email: ______

Procedure / Plan : Adenotonsillectomy c Coblation + Bilateral Tympanoplasty

MODE OF PAYMENT : ☐ SELF ☐ TPA : [illegible] ☐ GIPSA: ______ OTHERS

TARIFF INFORMATION : Dr. [illegible]

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Per Day — Room Rent & Nursing Charges		[illegible]	×							
Doctor's Fee					-NA-					
L. Tax										

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	→ [illegible]	
O.T. Consumables	→ 9500/-	Subject to approval by TPA / Insurance Company
Instrument Charges	Coblation [illegible] 7500 + 12k →	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	extra	As per actual - Not Included in Estimation

Equipment Charges						
Monitor :		Oxygen :			Infusion pump / Syringe pump :	
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.	extra — As per actual - Not Included in Estimation
Package [illegible]	SW 106,736/-
Others	
Initial Minimum Deposit →	Rs. 20,000/- final [illegible] / OT Adv. 5000/-

ARKS: Evac ward: 27k/STC

1. 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 / Mode of Procedure (Like Laparoscopic, Thoracoscopic, 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. → room aft 12/5/26 @12noon with
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. PAC [illegible]
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, 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 (8:00 PM ot 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
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 ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I 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

(Abdullah)

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174457 **Admit Date** : 28-May-2026 **Admit Time** : 02:58 PM **UHID** : BAH-00656227

Patient Details :

Patient Name	: Master GOLLAPALLI SATYA SRI HARSHAL	**Age**	: 7 Y 9 M 19 D
Guardian	: Mr GOLLAPALLI SRINIVAS RAO	**DOB**	: 09-08-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 12-2-505/28 & 29, GUDIMALKAPUR Mehdipatnam Hyderabad Telangana INDIA 500028	**Phone No**	: 8978965317/ 9703198622
		E-mail	: srinu.apr248@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 403 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 403 **Admission Type** : First Visit

Contact Details :

Name : Mr GOLLAPALLI SRINIVAS RAO **Relationship** : Father

Contact Address : H NO 12-2-505/28 & 29, GUDIMALKAPUR Mehdipatnam Hyderabad Telangana INDIA 500028 **Phone No** : 8978965317 / 9703198622

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 : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

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Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

UHID No. : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/2/26	4PM	GR	OT	
28/2/26	8-40PM	01	337	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Annapurna.T.	2/9/5/26	9632612	Pratheema
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/20	ICU placement	(1)	31498	[signature]
28/5/2020	PAC done by OP BAN's	(1)	—	[signature]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Master Gollapalli Satya Sri

UHID ID: _____

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Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

Department: _____

Consultant: _____

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Master GOLLAPALLI SATYA SRI
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Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Name : Gollapalli Satya Sri Age/Sex

Information given by: Father Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o recurrent episodes of cold, cough
nose block (+)
Open mouth Breathing (+)
Snoring Issues (+)
tonsillitis

History of present illness :

As per informant, child apparently well then had — recurrent episodes of
cold, cough
nose block (+)
Open mouth Breathing (+)
Snoring Issues (+)
O/E : Had Adenoid Hypertrophy
DNS.
HIY.
P/W for Coblation Adenotonsillectomy
B/L Turbinoplasty

Patient St...

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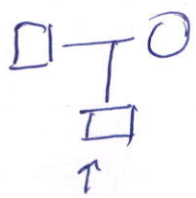
Dr. P V L N MURTHY

...ry & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition



Birth & Socio Economic History:

About Father : middle
About Mother :
Any additional Information :

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 25.9kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 89/min B.P. 113/60 SPO2 100% @RA

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 : BAE(+), clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ Heard

Any murmur : no murmer

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

Per Abdomen :

Inspection (N)

Palpation : Soft, non tender

Ausculation : BS(+)

Spine : (N) External Genitelia : (N)

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

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09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: N Power N/N

Co-ordinator :

Posture :

Involuntary Movements : Nil

Reflexes :

DTR N **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

Chronic Adenotonsillitis, HIT, DNS
Now fd coblation Adenotonsillectomy &
B/L Turbinoplasty

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

IV cannula

Planned Management

1) continue NPO
2) IV fluids
3) shift to OT on call

Signature of the Doctor: .....
Name of the Doctor: Satya Sri
Date & Time: 28/5/26 @ 2:30pm

Signature of the Consultant: .....
Name of the Consultant: DR. P.V.L.N MURTHY
Registration No: 47267
Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 4pm	C/S/B Resident c/o Adenotonsillitis, MIT, DNS, No fever mild pain No bleeding oral intake - fair Hemodynamically stable	Plan • R/v discharge • Cont medications as per chart • Inform SOS noted by Ayushman Ramya
29/5/26	C/S/B Resident no complaints O/E alert stable vitals chest clear	Adv: (D) today Dr Akhila

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 Adeno tonsillectomy + Bilateral myringoplasty

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.

The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available or this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Good prognosis	

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Bleeding, Change in voice, Nasal regurgitation

b. Rec-of adenoids

1. I authorize Dr. PVLN Murthy and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize 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.
3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: .....

Name: G. Srinivas Rao

Relationship with patient: Father

Date & Time: 28/5/26, 6pm

Witness:

Signature: Ramya

Name: K. S. Ramya Sri

Date & Time: 28/5/26 6pm.

Doctor (who is taking consent):

Signature: ..... Name: PVLN Murthy Date 28/5/26 Time: 6pm

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.
b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాషలో సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

BAH-00656227 IP5-00174457
Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

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OPERATION THEATER NOTES

Patient's Name : Mast. G. Satya Sri Age : 7y Gender : ☑ Male ☐ Female

UHID No.: BAH-00656227 Weight : 25.8kg Height : —

Surgeon : DV LN Murthy	Asst. Surgeon :	
Anesthetist : Dr. Sridhara	OT Nurse: Bikhlai	OT Technician: Prashanth
Pre-Operative Diagnosis: Chr Adenotonsillitis + HIT		
Surgical Procedure : Adenotonsillectomy + Coblation BL Turbinoplasty		
Indications for Surgery :		
Date : 28/5/26	Start Time : 6:45pm	End Time : 7:30p

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenotonsillectomy + Coblation
BL Turbinoplasty

Amount of Blood Loss: | Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 syp. AUGMENTIN DDS 7.5ml BID 2wks

2 syp. OMNACORTIL 5ml BID 1wk

3 syp. DYZAL-M 5ml BID 2wks

4 syp. ROLIN DS 7.5ml TID 2wks

5 T LANAZOLE DT 15mg BID 2wks

6 T TRANEXA 500mg 1/2 tab BID 2wks

7 Salt water gargle TID 2wks

8 Nasoclear Saline wash TID 2wks

Name of the Surgeon: Dr. L.N. Murthy

Signature of the Surgeon: [signature]

Date & Time: 28/5/20 7.30pm

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 28/05/26

To Be Filled In By Assigned Nurse :

Department : P-OT Duration of Procedure : 1Hrs

Name of Surgeon : Dr. P.V.L.N.Murthy Date of Admission : 28/05/26

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. Augmentin 1.2:80mg	Alam.
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	Alam
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr Sunidhara Date & Time of antibiotic administration : 28/05/26 @7:50am Date & Time procedure started : 28/05/26 @8:50am	Alam.

- 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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POST-SURGICAL CARE PLAN FORM

Procedure Done: Adenotonsillectomy c coblation + BL turbinoplasty

Post-Surgical Diagnosis: chr. AdT-f + HT

Post-Operative Monitoring Parameters /Frequency:

vitals, bleeding

Wound Care:

Mouth wash
Nasal wash

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

Lateral

Nutritional Instructions:

veg soft diet

When to Start Mobilization:

after 1 day

Special Referrals:

—

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

☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

2 wks

Treating Surgeon
(Signature & Stamp)

Date: 28/5/20 Time: 7.30 pm

Note: Plan of care will be readjusted if necessary.

Docu. No. : RCHBH /FRM / CLINICAL / 106

BAH-00656227 IP5-00174457
Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D
Dr. P V L N MURTHY (M)

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CROSS CONSULTATION FORM

Doctor Name : .... Date : 29/5/26 Time : ....

Diagnosis : Chr. Adenotonsillitis, HIT, DNS, S/p Adenotonsillectomy & B/L Turbinoplasty

Hospital : RCH, Banjara Hills

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral : ☐ Emergency ☐ Urgent ☐ Non Urgent

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

Signature:

Findings and Recommendations :

No fever
mild pain
No bleeding
Oral intake - fair
ENT - (N)
Child is Hemodynamically stable

Plan
→ (D) today
→ F/up - ENT.

Dr. Tadavarthy Annapoorna
Reg. No: 53054

Consultant :

Name : Annapoorna T. Signature : .... Date & Time : 09 Am 29/5/26

Doc. No. : RCH / FRM / CLINICAL / 049

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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: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayasri (JR)

Date & Time : 28/05/26 @ 2:45PM

Nurse Name & Signature: T. [illegible]

Date & Time : 28/05/ 21.5up

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 25.3kg Ward 3rd floor

DRUG : T. LANZOL DT

Dose	Route	Frequency	Start Dt.
30mg	P/O	OD	28/8

Name & Signature of the Doctor Starting the Drugs: Ayushman

Additional Instructions:

Date/Time 29/8 — 8am

Daily Doctor's Endorsement by a Sign

DRUG : T. TRANEXA

Dose	Route	Frequency	Start Dt.
½ tab	P/O	BD	28/8

Name & Signature of the Doctor Starting the Drugs: Ayushman

Additional Instructions: 1 tab - 500mg

Date/Time 29/8 — 8am, 8pm

Daily Doctor's Endorsement by a Sign

DRUG : NASOCLEAR DS

Dose	Route	Frequency	Start Dt.
2 drop each nost	Drops	TID	4/8

Name & Signature of the Doctor Starting the Drugs: Ayushman

Additional Instructions:

Date/Time 29/8 — 8am, 2pm, 10pm

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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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 ....

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Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
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DRUG CHART

Date of Admission: 28/05/26 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 ..... ature

09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS

Weight: 25.3 kg Ward: 3rd floor

DRUG: Syp Augmentin DS				Date ▸ / Time ▾	29/5
Dose	Route	Frequency	Start Date		
7.5 ml	P/O	BD	28/5	12AM	[illegible]
Name & Signature of the Doctor Starting the Drugs: Ayushman					
Additional Instructions:				10 pm	
Daily Doctor's Endorsement by a Sign					

DRUG: Syp Omnacortil				Date ▸ / Time ▾	28/5	29/5
Dose	Route	Frequency	Start Date			
5 ml	P/O	BD	28/5	9AM	Not given	[illegible]
Name & Signature of the Doctor Starting the Drugs: Ayushman						
Additional Instructions:				9PM	[illegible]	
Daily Doctor's Endorsement by a Sign						

DRUG: Syp Xyzal M				Date ▸ / Time ▾	28/5	29/5
Dose	Route	Frequency	Start Date			
5 ml	P/O	BD	28/5	9AM	Not given	[illegible]
Name & Signature of the Doctor Starting the Drugs: Ayushman						
Additional Instructions:				9PM	[illegible]	
Daily Doctor's Endorsement by a Sign						

DRUG: Syp Crocin DS				Date ▸ / Time ▾	28/5
Dose	Route	Frequency	Start Date		
7.5 ml	P/O	TID	28/5	7AM	[illegible]
Name & Signature of the Doctor Starting the Drugs: Ayushman				3pm	
Additional Instructions:				11pm	
Daily Doctor's Endorsement by a Sign					

Dr. P V L N MURTHY

Weight. 95.3kg... Ward. .....O.T.....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5	6.45 pm	INJ. AMOXICILLIN + CLAVULANATE	750 Mg	IV		Bik
28/5	6.45 pm	INJ. TRANEXAMIC ACID	350 mg	IV		Bik Venkat
28/5	6.45 pm	INJ. ONDANSETRON	3mg	IV		Bik Venkat
28/5	6.45 pm	INJ. DEXAMETHASONE	3mg	IV		Bik Venkat
28/5	6.45 pm	INJ. PARACETAMOL	370 mg	IV		Bik Venkat
28/5	7.15 pm	DICLOFENAC	25mg	P/R		Bik Venkat Bik

BAH-00656227 IP5-0017445?
Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
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I.V. FLUIDS CHART

Weight. 25.3 kg Ward. ...

		Position 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	60	Jayah				
28/5	6 pm	RINGER LACTATE	IV	250 ML/hr			28/5		

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

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09-08-2015 7 Y 9 M 20 D (M)
Dr. P V L N MURTHY

28/5

Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?			
Temperature (°F) (scale 94–104)	97.9°F	97.5°F	97.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring	104/58 (64)	110/62 (70)	114/68 (80)
Heart Rate (Number)	104b/M	106b/M	110b/M
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)			
Resp Rate (Number)	26b/M	24b/M	26b/M
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild	RA	RA	RA
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	99%	99%
Conscious Level: Normal	N	N	N
Conscious Level: Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[signature]	[signature]	[signature]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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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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Dr. P V L N MURTHY

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FLUID CHART

Sheet No. : 1 28/5

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
			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		hata								0	Q
Total Intake :						**Total Output :**						
	08:00 pm		Tecan								0	
	09:00 pm						1				0	9
	10:00 pm		water				NP				0	Renuka
	11:00 pm						1				0	Renuka
	12:00 am									✓	0	Renuka
	01:00 am		water								0	Renuka
Total Intake : Taken						**Total Output :** M – 0 U – 1						
	02:00 am										0	Renuka
	03:00 am		water								0	Renuka
	04:00 am									1	0	Renuka
	05:00 am		water				NP			NP	0	Renuka
	06:00 am						1			1	0	Renuka
	07:00 am										0	Renuka
Total Intake : Taken						**Total Output** M – 0 U – 0						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M – 0 U – 1

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FLUID CHART

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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.

		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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333

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29/5/26 Time: 8 am

Weight: 25.3 kg Centile: 79 90th

Height: 110 cm Centile: 79 90th

Inference: Overweight child

RDA: — Calories: 1500 kcal/d Protein: 26 gm/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy & outside foods

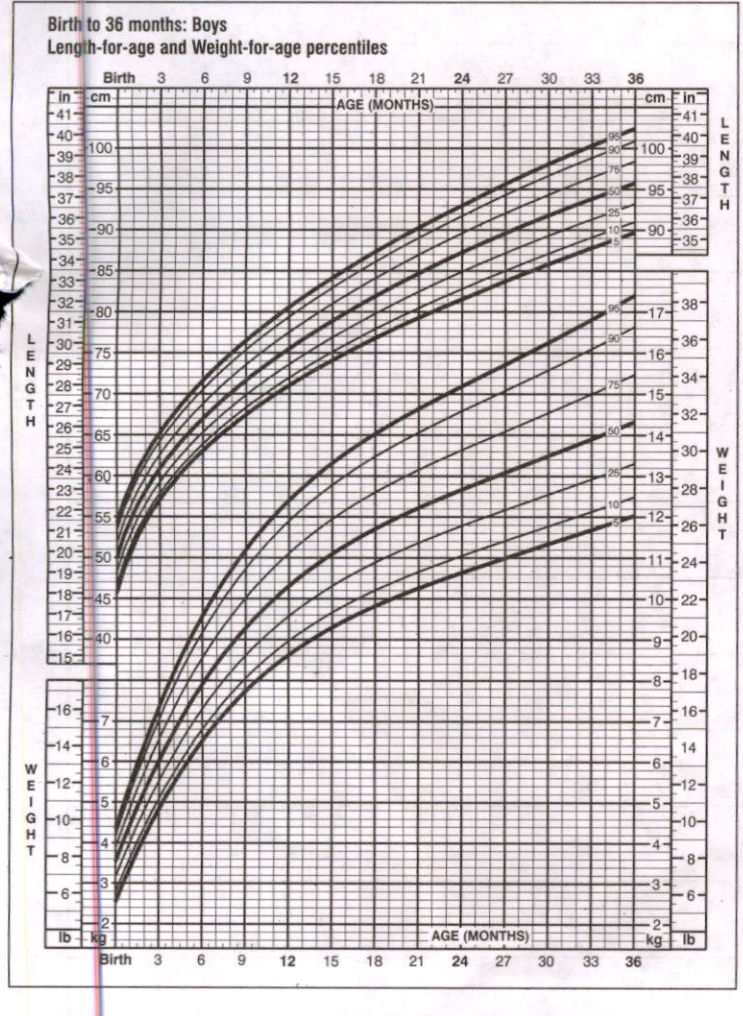
Food Allergies: No Veg/Non-veg Non-veg

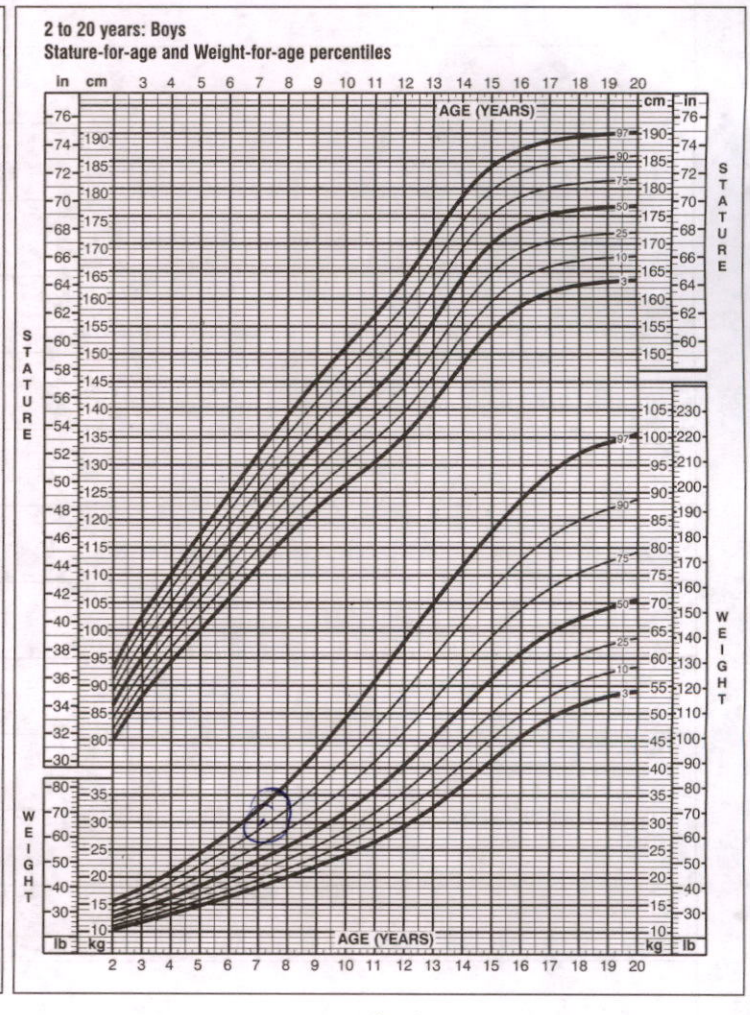
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Lalitha

Dietician's Signature Lalitha

Daily Notes:

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Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☐ Patient Attendant

Operative Procedure: ADENOTONSILLECTOMY, COABLATION + TURBINOPLASTY BILATERAL

Anaesthesiologist: DR ADITI Surgeon: Dr PVLN MURTHY

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 can be achieved by infusing weak solutions of local anaesthetics and 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 ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others DESATURATION, POST OP O2 requirement

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☐ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
Signature: VV
Name: G. Srinivas Rao
Relationship with patient: FATHER
Date & Time: 27/5/21 4:25 PM

Witness:
Signature: Ramya
Name: K. S. Ramya Sri
Date & Time: 27/5/21 4:22 PM

Doctor (who is taking consent):
Signature: Name: Dr Aditi Date 27/5/21 Time: 4:22

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

BAH-00656227 IP5-00174457
Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: MASTER GOLLAPALLI SATYA SRI HARSHA Age: 7Y9M Sex: M UHID.No: BAH00656227

Date: 27/4/26 Time: 4.11 PM Proposed Operation: ADENOTONSILLECTOMY COABLATION + B/L Turbinoplasty

Diagnosis: DNS + ENLARGE ADENOIDS

B.P / CRT: <3 sec H.R: 101/min Weight: 28.73 kg 124.5 cm ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

13/5/26

Hgb: 11.7	Glucose:	Protein:	HIV:	X-Ray:
PCV: 34.9	Urea:	Alb:	HBS Ag:	ECG:
WBC: 8.32	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 390	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
CRP: 5.0	Cl -:	SGOT/SGPT:		
ESR 23				

Allergies: No known allergy

Medical History: CVS: —

RESP: — mild cough, no cold, no fever Diabetes: — asscotion RESPIRATORY DISTRESS NICU admission for 7 days

CNS: —

Renal: —

Hepatic / GE: — Physical Activity: Playful Active.

Others: —

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 ② 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (F) Teeth: one loose missing teeth, incisor

Lungs: AEBE

Heart: S1S2 (N)

CNS: NAD

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site: LL 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 / COCONUT; → Others 6 Hours SOLID FOOD / MILK
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: IV cannulation

CT SCAN: mild to mod DNS, HYPERTROPHIED B/L INFERIOR TURBINATES, ADENOID HYPERTROPHY C MARKED AIRWAY NARROW
— can be taken for surgery

Signature: [signature] Name: Dr. Aditi N

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

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ANAESTHESIA CHART

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6:40 pm

Pre Induction Assessment:

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

H.R: 104/mt.	B.P / CRT: 100/60	SpO_2: 100%	R.R: 18/mt	Last Feed: >6hr
Pre-OP Diagnosis: DNS + Adenotonsillar Hypertrophy	Operation: Adenotonsillectomy	Date: 28/5/26		
Surgeon: Dr Murthy	Anaesthesiologist: Dr Srinidhara	Technician: Prashanth		

TIME 6:40 7 7:30

N_2O /AIR /O LPM 5:0.4 →
HALO /SO /SEVO MAC 1.0 →
Drugs MIDAZOLAM 1mg
FENTANYL 50 mcg
PROPOFOL 40+20 mg
ROCURONIUM 12.5 mg
PANACLAMP 370 mg
TRANEXAMIC ACID 370 mg
DEXAMETHASONE 3mg

Antibiotic AMPICILLIN CLAVULANATE 750 mg
Suppository PARACETAMOL 325 mg
Blood Loss
NOTES

FIO_2 / SaO_2	99	100	100	100	100
$ETCO_2$	33	34	35	36	35
ECG	NSR	NSR	NSR		
Temperature	35.3	35.4	36.2	36.5	
Urine Output					

Fluids: RL → 250 ml/hr →
Blood

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In 7:08 pm
Throat Pack Out 7:16 pm

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

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: .....
☑ Art Site: .....
☐ EKG Lead
☑ Temp Site skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 6:40pm
OP Start: 6:45pm
OP End: 7:16pm
Leave OR: 7:30pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 22G RHF
☐ IV: .....
☐ IV: .....

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

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 5.0 at 15 cm
☐ Oral ☐ Nasal ☑ Cuff RAE
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 1
Difficulty Why? —

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

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

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA
Name of the Doctor Srinidhara
Signature of the Doctor Srinidhara

BAH-00656227 IP5-00174457
Master GOLLAPALLI SATYA SRI
09-08-2018 7 Y 9 M 19 D (M)
Dr. P V L N MURTHY

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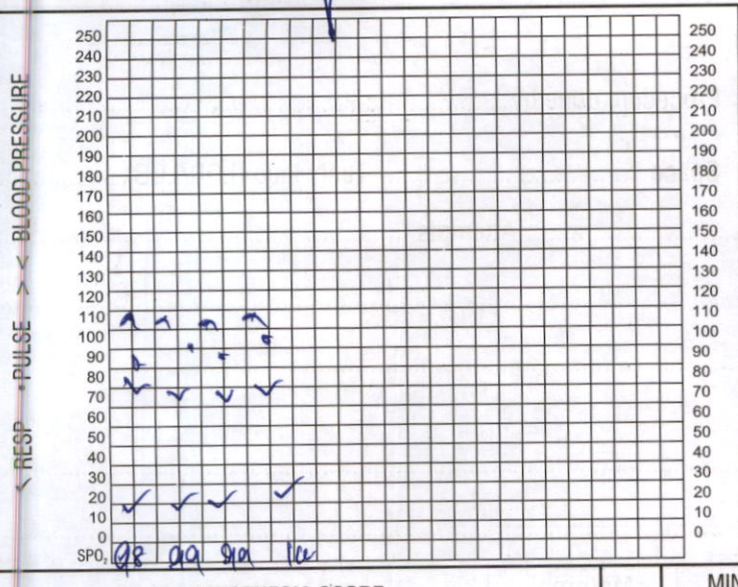
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 7.35 Pm ..... Time Discharged : 8 Pm .....



IV Cannula Site : Lt hand

- ☐ O_2Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: .....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: .....
Oral Feeds: Orally

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	8 pm	1/10	—	

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: 28/5/26 8 Pm

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 28/5/26 @ 9 Pm

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): 333
Date & Time: 28/5/26 9 pm

Patient Sticker

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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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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 : .....