

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174393 Admit Date : 27-May-2026 Admit Time : 03:11 PM UHID : BAH-00657055

Patient Details :

Patient Name : Master RISHAV BRATA DEY Age : 8 Y 4 M 17 D
Guardian : Mr RAJAT KANTI DEY DOB : 10-01-2018
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 71, WEST JAY NAGAR Khayaspur West Phone No : 7005418215/ 7005849503
Tripura Tripura INDIA 799001 E-mail : RAJATKANTIDEY@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 412 Ward Name : 4F-OT COMPLEX
Room No : POST OP 412 Admission Type : First Visit

Contact Details :

Name : Mr RAJAT KANTI DEY Relationship : Father
Contact Address : H NO 71, WEST JAY NAGAR Khayaspur West Phone No : 7005418215
Tripura Tripura INDIA 799001

Rajat Kanti DeY.
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

BAH-00657055 IP5-00174393
 Master RISHAV BRATA DEY
 10-01-2018 8 Y 4 M 17 D (M)
 Dr. P V L N MURTHY



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP 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
27/05	3:30 PM	ER	OT	[Signature]
27/5	9:30 PM	OT	338	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Annapoorna T	28/05/26	9630770	[Signature]
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

BAH-00657055 IP5-00174393
Master RISHAV BRATA DEY
10-01-2018 8 Y 4 M 17 D (M)
Dr. P V L N MURTHY



Patient Name: _____

dey 310

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

1/10 - Recurrent cough, cold since 1 year
- Oral breathing since 1 year
- Poor hearing since 6 months

History of present illness :

child apparently asymptomatic, till last year
Child developed Recurrent cough, cold since 1 year
more aggravated in night time
associated with cough, cold
Relieved on medication

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

Decreased hearing since 6 months

↓
O/E 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 / CIAB / NO NICU

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 37 kg (Centile _____)

On Examination :

Temperature : 98°f Pulse Rate : 111/min B.P. 104/59 ^{(67) with} SPO2 99.1% CPA

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 ⊕

Any added sounds : clear

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1 S2 ⊕

Any murmur : NO MURMUR

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

Per Abdomen :

Inspection (N)

Palpation : soft

Auscultation : BS ⊕

Spine : _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____
_____ (10)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (2)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____ flexor

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Chronic Adenotonsillitis with heavy tonsils



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

N.A

Planned Management

- 1) NPO since to entrance
- 2) I.v. Dns @ 7ml/hr
- 3) Shift to OT
- 4) Coblation assisted adenotonsillectomy with maxillary sinusotomy with BL myringotomy with gromet insertion
- 5) Neb. Dupin Budecort J STAT

Signature of the Doctor: [Signature]

Name of the Doctor: SA

Date & Time: 27/5/26

Signature of the Consultant: [Signature]

Name of the Consultant: PV in Mulla

Date & Time: 27/5/26

DR. P V L N MURTHY
Registration No: 47267



CROSS CONSULTATION FORM

Doctor Name : Dr. Annapoorna T. Date : 22/5/26 Time : 10:30 AM

Diagnosis : post adenotonsillectomy

Hospital : RCH-BH

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:

opinion for discharge

Signature: [Signature]

Findings and Recommendations :

~~See~~ Chronic adenotonsillitis + B/L OME
post adenotonsillectomy + coblation +
B/L myringotomy + grommet insertion

No fever / vomiting / bleeding
- Accepting orally

O/E
Child alert, afebrile
hemodynamically stable
Chest clear
abdomen soft
throat healthy

Plan
1. can be discharged today
2. follow up with ENT surgeon after 5 days

Consultant :

Name : Dr. Annapoorna T. Signature : [Signature] Date & Time : 22/5/26, 10:30 AM

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 Master RISHAV BRATA DEY
 10-01-2018 8Y 4M 17D (M)
 Dr. PVLN MURTHY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10PM	CLs/B-Revised	
	Chr. Adenotonsillitis + B/L OME	
	S/P- Adenotonsillectomy ± coblation	Plan
	B/L myringotomy + Grommets	- medication as per chart
		- encourage orally
		Pausan
		Sis. NB. Perathi goloruz
28/5/26 9AM	Seen by Resident: Dr. Sahithi	
	chronic adenotonsillitis + B/L OME	
	SP adenotonsillectomy ± coblation + B/L myringotomy + B/L Grommet insertion	
	No fresh issues hemodynamically stable.	Plan 1. discharge today
		Sahithi
		28/5/26 9AM

BAH-00657055 IP5-00174393
 Master RISHAV BRATA DEY
 10-01-2018 8 Y 4 M 17 D (M)
 Dr. P V L N MURTHY



OPERATION THEATER NOTES

Patient's Name : Maiti RISHAV BRATA DEY Age : 8Y Gender : Male Female
 UHID No. : 0194893 Weight : 37 kg Height :

Surgeon : DR PVLN MURTHY Asst. Surgeon :

Anesthetist : DR ANINDI OT Nurse : ANAM, ANJALI OT Technician : PRATHAN

Pre-Operative Diagnosis: Ch. Adenomatilloma + BLCOME

Surgical Procedure :
Adenomatillotomy & Obliteration
Ble myelotomy + Gandy

Indications for Surgery :

Date : 21/05/26 Start Time : 8:30 AM End Time : 7:45 PM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenomatillotomy & Obliteration
Ble myelotomy + Gandy

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 Master RISHAV BRATA DEY
 10-01-2018 8 Y 4 M 17 D (M)
 Dr. P V L N MURTHY



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Jric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



key

MEDICATION RECONCILIATION FORM

Drug Allergies: NO 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

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<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
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<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 : Pavani V

Date & Time : 27/5/26 @ 5pm

Nurse Name & Signature: Isral

Date & Time : 27/5/26 @ 5pm

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 10-01-2018 8 Y 4 M 17 D (M)
 Dr. P V L N MURTHY



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Tab LANZOPRAZOL				Date/Time																
Dose	Route	Frequency	Start Dt.																	
30mg	PO	OD	22/5																	
Name & Signature of the Doctor Starting the Drugs: Pawani				Pawani																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab TRANEYAMID				Date/Time																
Dose	Route	Frequency	Start Dt.																	
1/2 tab	PO	Q12H	22/5																	
Name & Signature of the Doctor Starting the Drugs: Pawani				Pawani																
Additional Instructions: 10pm																				
Daily Doctor's Endorsement by a Sign																				
DRUG : CIPLOX-D				Date/Time																
Dose	Route	Frequency	Start Dt.																	
500	each	Q12H	22/5																	
Name & Signature of the Doctor Starting the Drugs: Pawani				Pawani																
Additional Instructions: 6pm																				
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																				

Signature
VERIFIED BY : Nam

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 Master RISHAV BRATA DEY
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 Dr. P V L N MURTHY



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

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

VERIFIED BY : Name Signature



Joy

DRUG CHART

Date of Admission: 27/05 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 Signature



DRUG : Symp AUGMENTIN-ES				Date Time	28/5
Dose	Route	Frequency	Start Date	10 AM	10 AM
5ml	PO	Q 12H	27/5	Kali	Kali
Name & Signature of the Doctor Starting the Drugs: Pawani				10 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Symp XYZAL-M				Date Time	28/5
Dose	Route	Frequency	Start Date	10 AM	10 AM
5ml	PO	Q 12H	27/5	Kali	Kali
Name & Signature of the Doctor Starting the Drugs: Pawani				9 PM	
Additional Instructions:				Pawani	
Daily Doctor's Endorsement by a Sign					

DRUG : Symp CROCI-N-DS				Date Time	28/5
Dose	Route	Frequency	Start Date	10 AM	10 AM
7.5ml	PO	TID	29/5	Kali	Kali
Name & Signature of the Doctor Starting the Drugs: Pawani				3 PM	
Additional Instructions:				1 PM	
Daily Doctor's Endorsement by a Sign					

DRUG : Symp OMNACORTIC				Date Time	28/5
Dose	Route	Frequency	Start Date	11 PM	11 PM
5ml	PO	Q 12H	27/5	Kali	Kali
Name & Signature of the Doctor Starting the Drugs: Pawani				11 PM	
Additional Instructions:				Kali	
Daily Doctor's Endorsement by a Sign					



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	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
20/5	5 ³⁰ pm	Neb. DUOLIN	1 nebulizer	Neb.	P. 05	Teena
21/5	5 ⁵⁰ pm	BUDECOR 1	0.5mg	Neb.	hu	Teena
21/5/18	6:50 PM	JWS AUGMENTIN	1100mg	n	shh	Teena
21/5/18	6:57 PM	JWS PARACETAMOL	550mg	n	shh	Teena
21/5/18	6:52 PM	JWS TRAMEXA	550mg	n	shh	Teena
25/5/18	6:55 PM	JWS DEXAMETHAS	3 mg	n	shh	Teena
2/5/18	7:00 PM	DICLOFENAC SUPPOSITORY	25/72.5mg	PR	shh	Teena
20/5/18	8:00 PM	ONDANSETRON	4mg	n	shh	Teena

Signature

VERIFIED BY: Name

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 Master RISHAV BRATA DEY
 10-01-2018 8 Y 4 M 17 D (M)
 Dr. P V L N MURTHY



No. : RCHBH/ FRM / CLINICAL / 126

27/5/26

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 09:30 @ 8:30

Doctor / Nurse / Family Concern? PMD AM AM

Temperature (F)	104			
	103			
	102			
	101			
	100			
	99			
	98			
	97	*97.0 P	*97.5 P	
	96		*96.3 P	
	95			
	94			

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110	113	100	114
	100	(77)	(77)	(77)
	90	63	60	63
80				
70				
60				
50				

Heart Rate (Number) 91bpm 100bpm 90bpm

sp. Rate (bpm) over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	0			

Resp Rate (Number) 22bpm 20bpm 21bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 97% 98% 97%

Conscious Level Normal 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	K	K	K

- 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)

IP5-00174393
RISHAV BRATA DEY
8 Y 4 M 17 D (M)
V L N MURTHY

Pati



FLUID CHART

27/5/26

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis 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	H ₂ O	-	-	-	-	-	-	0	0		
	09:00 pm		-	-	-	-	-	-	-	-		
	10:00 pm											
	11:00 pm	Ice Cream										
	12:00 am											
	01:00 am											

Total Intake :

Total Output :

	02:00 am	H ₂ O										
	03:00 am											
	04:00 am											
	05:00 am	H ₂ O										
	06:00 am											
	07:00 am											

Total Intake :

Total Output :

Total 24 hrs. Intake *orally taken*

Total 24 hrs. Output *03 1 m 2 0*



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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Master Rishav Brata Dey Age: 5yr 9m Sex: male UHID.No: BAH-00657055

Date: 25/05/26 Time: 2:00 PM Proposed Operation: Adenotonsillectomy + Coblation + Maxillary Sinusotomy + PL myringotomy + grommet insertion

Diagnosis: chronic adenotonsillitis

B.P / CRT: 100/80 H.R: 116/min Weight: 27 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>13.1</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>39.1</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>3.79</u>	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

CRP- 5mg/L

Allergies: NKDA
 1. Mild L shaped DNC or
 2. Hypertrophied tubotonsillar
 3. Adenoid hypertrophy

Medical History: CVS:

RESP: Mouth Breathing (+) Diabetes:

CNS: Smoking (+)

Renal:

Hepatic / GE:

Others:

LLCC / FT / Bwt - 2.8 kg / Immunized
CIAB / no developmental delays.

Physical Activity: Active

Past Anaesthetic History:

Physical Exam:

Airway: MP (2)3 4 Mouth Opening: 3f Mentohyoid Distance: (n) Neck: (n) Teeth: Intact Buck teeth (+)

Lungs: Clear (+), clear

Heart: dl2 (+)

CNS: conscious, alert

Pregnant: Yes No NA

Venous Access Site: accessible Spine Exam for regional: (n)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No
parents

CURRENT MEDICATIONS	DOSAGE

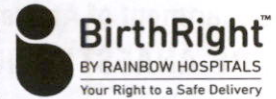
Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ / explained
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:
Nebulization I Duvolin - Dondewort on day of surgery.

Signature: [Signature] Name: DR. M. VINEETHA

2pm - Prulits

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: nil per os

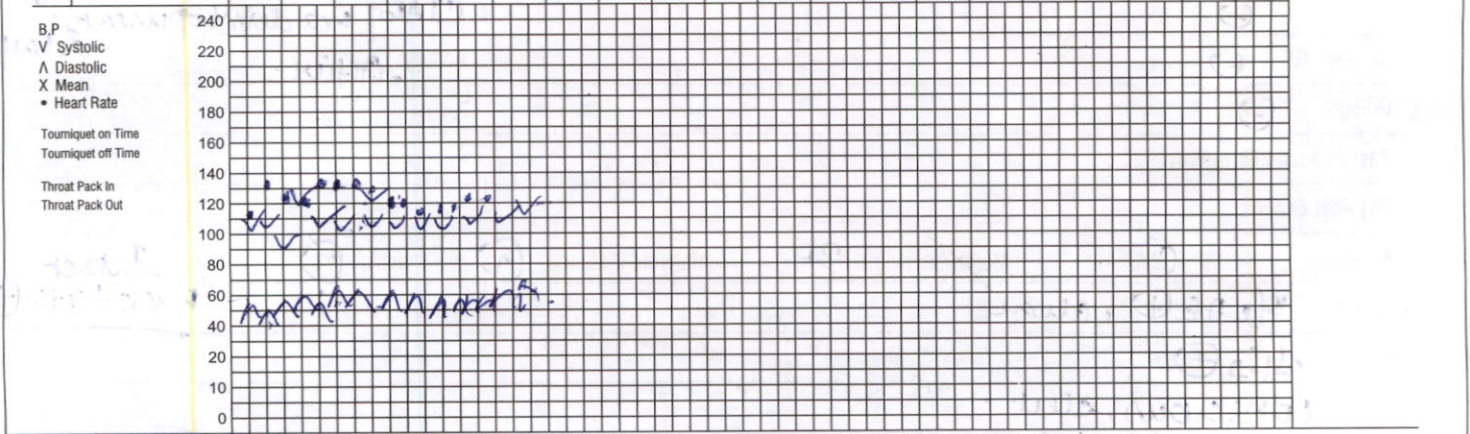
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 115/mm B.P./CRT: 102/55 SpO₂: 100% R.R.: 14 Last Feed: 26hr

Pre-OP Diagnosis: chronic kidney disease Operation: adenoscopy of duodenum & colon Date: 27 Sept

Surgeon: Dr. P.V.L.N. Murthy Anaesthesiologist: P. Srinivasan Technician: Prashant

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SO ₂ / SEVO	Drugs:	Antibiotic
6:45	MAC 1.0		<u>PROPOFOL 60mg</u>	<u>15mg Augmentin</u>
			<u>ROCURONIUM 30mg</u>	<u>V100</u>
			<u>ROCURONIUM 15mg</u>	<u>Suppository</u>
			<u>IRANEXA 550mg</u>	<u>25mg</u>
			<u>DEXA 3mg</u>	<u>12.5mg</u>
			<u>PARACETAMOL 550mg</u>	<u>0.1g/kg</u>



LAB Values

ABG

GRBS

Others

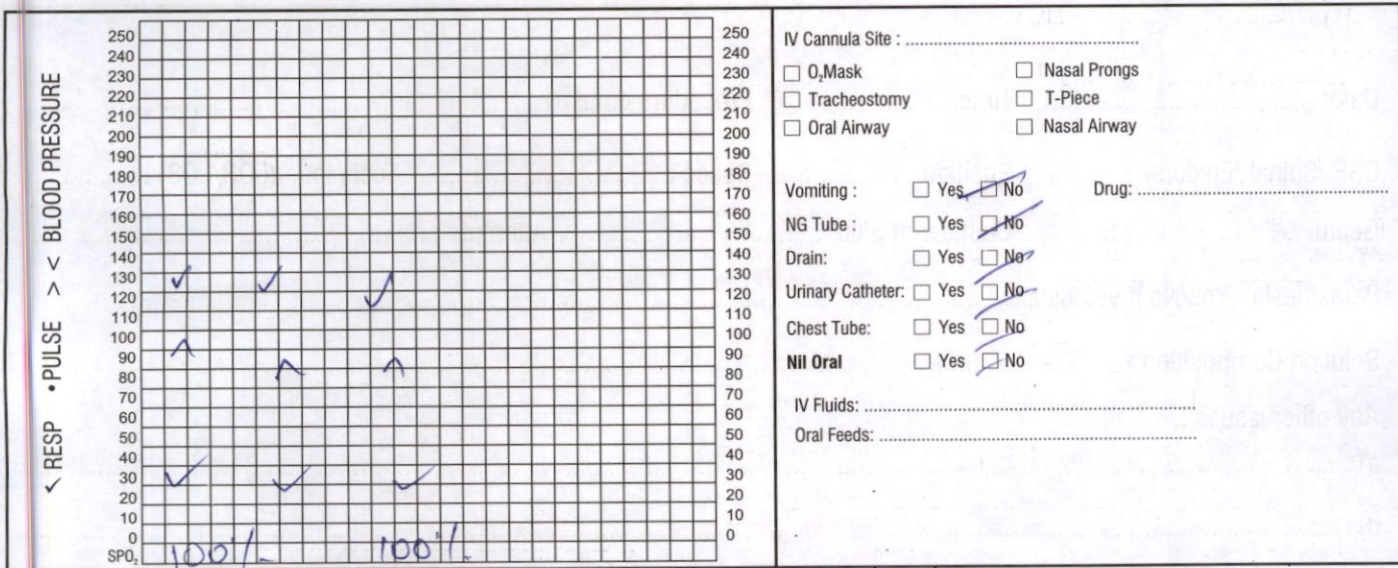
<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>3 lead</u> <input checked="" type="checkbox"/> Art Site: <u>3mm</u> <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input checked="" type="checkbox"/> Nerve Stimulator Position: <u>Supine</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 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>6:50</u> OP Start: <u>7:00</u> OP End: <u>7:40</u> Leave OR: <u>8:05</u> Anaesthesia: <input type="checkbox"/> GA <input checked="" 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>RUL 20G</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input 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 type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other <input checked="" type="checkbox"/> Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Srinivasan</u> Signature of the Doctor:
---	---	---	---

Ah 657055 IP5-00174393
 lastt NISHAV BRATA DEY
 0-01 : 18 8 Y 4 M 17 D (M)
 Jr. P V N MURTHY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Srawani Time Received : 2pm Time Discharged : 9.30pm



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	1	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	1	1	2		
TOTAL		8	8	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/5	@ 9am	0/10	Nil	<i>[Signature]</i>

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name : Dr. Aditi
 Anaesthesiologist Signature : Dr. Aditi
 Date & Time : 27/5/20
 PACU Nurse Name : Srawani
 PACU Nurse Signature : Srawani
 Date & Time : 27/5/20

Transferred to Unit by (PACU): 330
 Date & Time: 27/5/20 @ 9pm

BAH-00657055 IP5-00174393
 Master RISHAV BRATA DEY
 10-01-2018 8 Y 4 M 17 D (M)
 Dr. P V L N MURTHY



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 :



Master Rishav Brata Dey.
8yr 4m / male.

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: ADENOTONSILLECTOMY & COBULATION + MAXILLARY ANGIOECTOMY

Anaesthesiologist: DR. SUBRAMANIAM Surgeon: DR. P. V. L. N. 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 bronchospasm, laryngospasm, Desaturation.

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: Baha
Name: Papiga Saha Dey
Relationship with patient: Mother
Date & Time: 25.05.26, 2:10 PM.

Witness:

Signature: [Signature]
Name: Teena
Date & Time: 25/5/26 @ 2:10 PM

Doctor (who is taking consent):

Signature: [Signature] Name: DR. M. VINAYATHA Date 25/5/26 Time: 2:10 PM

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.

లిజనల్ 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 లిస్ట్:

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.
 లిజనల్ 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, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, దాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



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. Adenofornillectomy + Coblation + B/L myeloidotomy +
2. Genoplast + (4) maxillary sinus cyst excision

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.
2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for 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)
will improve breathing	—

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, Nodd regurgitation
- b. Rec. of Adenoid, sinus cyst

1. I authorize Dr. _____ 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: Rajat Kanti Dey
 Name: RAJAT KANTI DEY
 Relationship with patient: Father
 Date & Time: 27/5/26 @ 5:10 pm

Witness:

Signature: Papiya Saha Dey
 Name: Papiya Saha Dey
 Date & Time: 27/5/26 @ 5:10 pm

Doctor (who is taking consent):

Signature: [Signature] Name: PVLN MURTHY Date: 27/5/26 Time: 5 or 5 pm



శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో 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 / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు సప్లీలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, 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.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను 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 భాష 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:



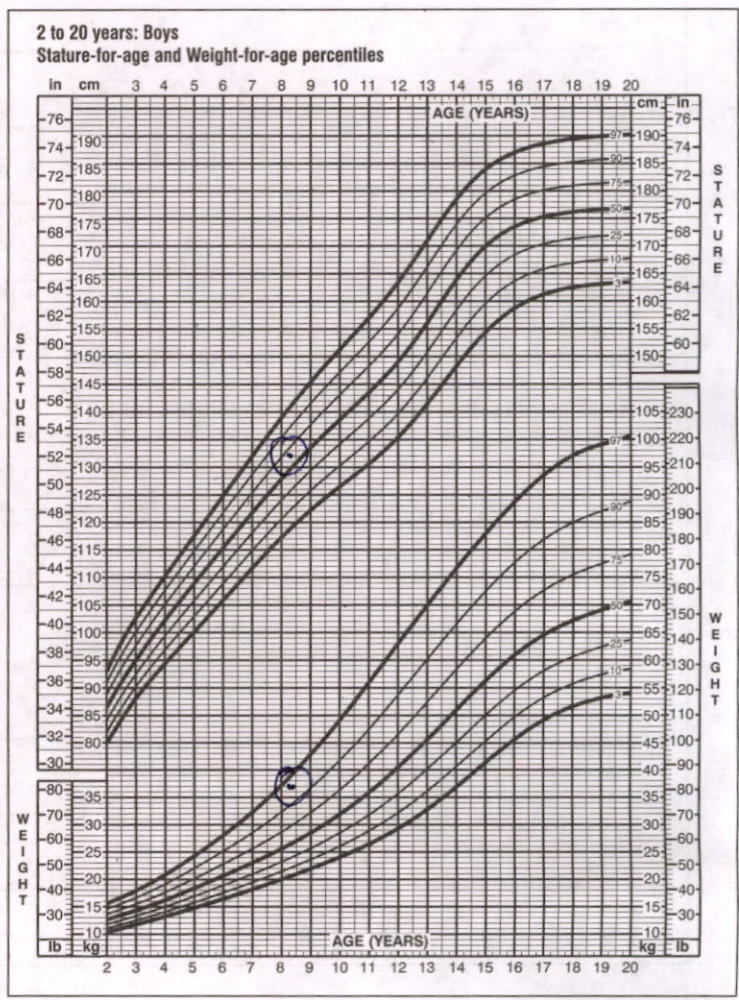
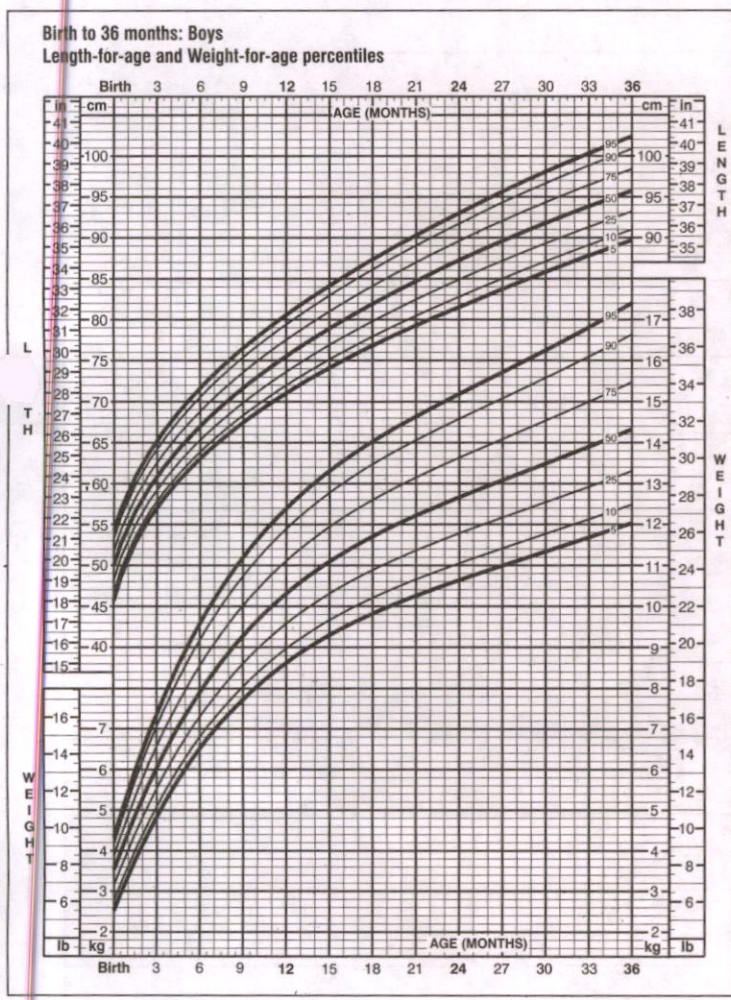
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 9am

Weight: 37kgs Centile: >90th
 Height: 132cms Centile: >50th
 Inference: Overweight child
 RDA: _____ Calories: 1550 kcal/d Protein: 2.7g/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: Rishav De

GROWTH CHART (BOYS)



Dietician's Name: Nibitha Dietician's Signature: Nibitha

BAH-00657055 IP5-00174393
 Master RISHAV BRATA DEY
 10-01-2018 8 Y 4 M 18 D (M)
 Dr. P. V. L. N. MURTHY



SURGERY DETAILS

96452

Date: 27/5/20

Patient Name: Master Rishav Brata Date of Birth: 10-01-2012 Age: 8 Y 4 M

Gender: Male Ward: P.O.T UHID No.: 00657055

Date of Surgery: 27/5/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Adenotonsillectomy -& Coblation + B/L myringotomy + geomet insertion.

Time in: 6:50 PM

Time Out: 7:45 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. P.V.L. Murthy	
2. Anaesthetist	Dr. Aditi	
3. Assistant Surgeon		
4. OT Technician	Bapu	
5. Circulating Nurse	Babi	
6. Assistant Nurse	Akhil	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others: Coblator: - 9630017

Signature of the Surgeon

Sain
Signature of Circulating Nurse

Order No: 9630017

Order by: Bishu



Circulating staff: Technician: Date: 27/5/20 Time: 3:30 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>(4.5, 5.5)</i>	14	1	Major Pack <i>Doupe</i>	1	1	Inj Vit.K		
LMA <i>2, 2 1/2</i>	1	1	Sutures			Cord Clamp		
ECG leads : A/P/N	05	3				Suction Catheter		
HME filter : A/P/N	01	1				Feeding Tube		
Syringes : 10 cc	10	5	<i>5x PR</i>			Vaccum Suction Set		
05 cc	10	5	Gloves <i>6.65 (15 20 22 24)</i>	2	2	Surgical Gloves		
02 cc	10	0				Gauze Pack		
01 cc	05	—				Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	0	Surgical blade			Surgical Blade # 20		
IV set	01	1	NG tube <i>6</i>	2	2	Koochies (S)		
RL	01	1	Cautery pencil			<i>NG 500ml</i>	2	2
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies			<i>(1000, 20)</i>	3	2
<i>Mini Splice</i>	01	1	Ointments			<i>Adrenalin</i>	5	5
<i>O2 mask (P)</i>	01	1	Suction Catheter			<i>Avlon</i>	1	1
Fentanyl	01	1	Cap, Mask			<i>Asomel</i>	2	2
Morphine			Gauze Pack <i>(N+R)</i>	3	2	<i>ciplen - 0</i>	1	1
Ketamine			Mop Pack	1	1			
Propofol	03	2	Steristrip					
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	1	Draw sheet	1	0			
Myopyrolate	01	1	Abgel					
Ondansetron	01	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<i>Gauef gloves all</i>	4	—
Bupivacaine 0.25%			Chest Drainage Catheter			<i>Dea + tranex</i>	1	2
Bupivacaine 0.25%(Heavy)			Romodrain bag			<i>Deamed 50mg</i>	01	—
Antibiotics <i>IV pem</i>	01	1	Bandage			<i>50cc + pmol line</i>	1	—
<i>Aug (1.2g)</i>	01	1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170-mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	2			
Justin : 12.5 mg / 25mg / 100mg	1	1	Plastic Bed Sheet	—	—			
Tab. Misoprost : 200mg			Betadine Solution	—	—			
<i>Vaccum set</i>	01	1	Microshield	1	0			
<i>Oral airway 1, 2</i>	1	—	Cotton Balls	—	—			
<i>Nasal airway 20, 22</i>	1	0	Latex Gloves	10	10			
<i>IV cannula 22, 24</i>	1	0	Ramdione Scrub					
<i>Zway 10cm (100cm)</i>	1	1	Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 962999 6

Ordered by : *[Signature]*

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

ESTIMATION SLIP

Pa Approval

80452

Date: 25 May 26 UHID / IP No.: BAH-00657055 SI No.

Name of Patient: Mast. Kishav Trata Dey Age: 8y Gender: Male

Father's / Husband's Name: Mr. Rajat Kanti Dey Corporate / Occupation: Genl Consult

Address: _____ Phone: 7005418215 Email: _____ GMBH.

Procedure / Plan: Adenotonsillectomy + coblation + Maxillary Ginesotomy
B/L Myringotomy + Grommets

MODE OF PAYMENT: SELF TPA: telcel lombard. GIPSA: _____ OTHERS _____

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	Dr. Prant Muehly			NICU	PICU	MICU	DAY CARE
				PR	DLX	SDLX				
Room Rent & Nursing Charges										
Doctor's Fee				<u>In Pkg 6</u>	<u>NA</u>					
L Tax				<u>Per Day</u>						
PARTICULARS				AMOUNT (₹)						
Surgeon's / Anesthetists's Fee / O.T. Charges				<u>In Pkg</u>						
O.T. Consumables				Subject to approval by TPA / Insurance Company						
Instrument Charges				Not Covered by TPA / Insurance company						
Pharmacy, Consumables & Investigations				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.				As per actual - Not Included in Estimation						
Package				<u>6.221518+516</u> <u>1,48,225</u>						
Others				<u>Ever Ward</u> <u>27,000/-</u> <u>Self Purchase.</u>						
Initial Minimum Deposit				<u>15,000/-</u> <u>Final bill clearance.</u>						

REMARKS:

- 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-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.
- 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 Rajat Kanti Dey 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

Rajat Kanti Dey
Signature of the Client

Father
Signatory Relationship

Duipa
Signature of the Financial Counselor