CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Verbal

Date : 10/7/26

Patient Name: Baby Gr. Varshini Date of Birth: 24/5/2020 Age: 6y

Gender: female Ward : P.O.T UHID No.:

Date of Surgery: 10/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : VLTT + ULTT

Time in : 7:20am Time Out : 9:20am

		NAME	AMOUNT
1.	Surgeon	: Dr. Venkatram / Dr. Pranetth	
2.	Anaesthetist	: DR. AKHILA	
3.	Assistant Surgeon	: —	
4.	OT Technician	: NISHANTH	
5.	Circulating Nurse	: KALYAN	
6.	Assistant Nurse	: AKHIL, ALAM	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 969585 | 817 Order by: Jyothi

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

Patient Sticker

Vasavi
6601

TENDON TRANSFR WITH SHOULDER

CONSUMABLES OF OT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating staff : CUV-00165 450 Technician : Bapu Date : 06/07/26 Time : 700 Am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4½, 5, 5-5	1+1	1	Major Pack Drapes	1	1	Inj Vit.K		
LMA 2	01	—	Sutures Monosyn 3-0, 4-0	1+1	1+1	Cord Clamp		
ECG leads : A / P / N	05	3	monocyn 3-0, 4-0	2+2	—	Suction Catheter		
HME filter : A / P / N	01	1	monocyl 3-0, 4-0	2+2	—	Feeding Tube		
Syringes : 10 cc	15	6	2347	2	2	Vaccum Suction Set		
05 cc	15	6	Gloves			Surgical Gloves		
02 cc	15	4	6, 6½, 7, 7½	2+2	1	Gauze Pack		
01 cc	05	—	BP 6 7 7½	2+2	1+1+1	Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	1	Surgical blade 11 15	1+1	1+1	Surgical Blade # 20		
IV set	01	1	NG tube			Koochies (S)		
RL	01	1	Cautery pencil	1	1	NS 50ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	4+1	1	Koochies			Tranexa inj	1	1
Mini Spika	02	1	Ointments			100cc, 50cc, 20	2+2	1+1
O2 Mask (P)	01	1	Suction Catheter			~~Cayt All size~~	~~1~~	—
Fentanyl	01	1	Cap, Mask	5/5	5/5	~~soft role All size 50~~	2+2	2
Morphine			Gauze Pack	5+5	5+5	Arnicasd · 5cm.	4	4
Ketamine			Mop Pack	1	1	Delta 4inch	1	1
Propofol	03	6	Steristrip			soft role. 4inch	1	1
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	1	Draw sheet	1	1			
Myopyrolate Neo	01	2	Abgel					
Ondansetron	01	1	Foleys catheter			Midaz + Ephedrine	1+1	1+0
Pencan 25g/ Spinal Needle 22	01	—	Urobag			Adrenalin + Atropine	1+1	1+1
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			Lox cord + 2% jelly	1+1	1+1
Bupivacaine 0.25%(Heavy)			Romodrain bag			NG + Sumbow cap	—	—
Antibiotics Inpan	01	1	Bandage			Pad + Splint (18)	1+1	—
			Tegaderm			Gauze + Gloves	4+4	0+0
Suppositories			Ioban			Dexa + Tranex inj	1+1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Dexmed	01	—
Supridol : 100mg			Vaccum Suction set	1	1	Soft roll (4, 6)	2+2	1+1
Justin : 12.5 mg / 25mg / 100mg	01	1	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum. set	01	1	Microshield	1	1			
2ways 10+100 Cm	1+1	—	Cotton Balls	1	1			
O·A [1,2]	1+1	—	Latex Gloves	1	10P			
N·A [20,22]	1+1	—	Ramdione Scrub	1	1			
IV Canula [22+24]	1+1	—	Saral					

Surgeon 9695 942 Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVI

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

Name :_____

UHID 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
10/7/26	7:15am	ER	OT	
10/7/26	10:20pm	OT	119	

Cross Consultation Visit

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

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
10/9/26	CBP	8839	Chavan.

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/9/16	IV placement	(1)	5589	Charges
"	PAC.		5593	
11/9/16	NHD	(1)	965617	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	8:0-1 / 11g		

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 : IP5-00176183 **Admit Date** : 10-Jul-2026 **Admit Time** : 06:06 AM **UHID** : CUV-00165450

Patient Details :

Patient Name	: Baby GAVIDICHARLA VARSHINI	**Age**	: 6 Y 1 M 16 D
Guardian	: Mr GAVIDICHARLA SATEESH KUMAR	**DOB**	: 24-05-2020
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #9-45 CHINNA BUS STAND CENTER ALLURU Juzzuru Krishna Andhra Pradesh INDIA 521181	**Phone No**	: 9985972585/ 7995228458
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 401 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 401 **Admission Type** : First Visit

Contact Details :

Name : Mr GAVIDICHARLA SATEESH KUMAR **Relationship** : Father

Contact Address : #9-45 CHINNA BUS STAND CENTER ALLURU Juzzuru Krishna Andhra Pradesh INDIA 521181 **Phone No** : 9985972585 / 7995228458

Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI **Specialisation** : ORTHOPEDICS

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. KOKKULA PRANEETH

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

UHID ID:

Department:

Consultant:

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

~~sbo~~
Came for Sx

History of present illness :

child has difficult Normal delivery
~~s~~ has No movements of Left limb at birth
Finger Movements @ 2-3 months
Elbow movements by 6 months

Consulted Neuro Surgeon Underwent MRI

Showing C6/C7/T1 Root Avulsions.
Pre & Post ganglionic injury.

hs Left shoulder Restricted Movements

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 8 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

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

Nil Significant.

Birth & Neonatal History:

FT / NVD / CIAB / BWt:- 3.25kg

Birth & Socio Economic History:

About Father : upper middle class.

About Mother :

Any additional Information :

Developmental History :

As per Age

Immunization History :

As per. Age.

(P.T.O.)

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 14.7kg (Centile _____)

On Examination :

Temperature : 98.6F Pulse Rate : 105/min B.P. 99/53/44 SPO2 100%.

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

Rash

Lymphadenopathy

Oedema : Not not eb

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG,etc.,) (1)

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur :

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : (2)

Per Abdomen :

Inspection

Palpation :

Ausculation :

Spine : External Genitelia :

Relevant data from outside (CT, USG etc.,) (3)

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton : WNL

Tone: Power WNL

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes : WNL

DTR WNL **Superficials:** WNL

Plantars

Sensory System : WNL

Bladder / Bowel : WNL

Clinical Summary & Diagnostic:

Lt Shoulder Contracture.
Came for tendon transfer.

(P.T.O.)

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Prevent Complication

Desired goals of the treatment : improve mobility of Left Shoulder

Planned Labs:

CBP

Planned Management

NPO
IVF DNS
shift to OT

Dr. VENKAT RAM THYALAPALLI
Reg. No: 54779

Signature of the Doctor: .....
Name of the Doctor: T. Pavani
Date & Time: 10/07/25

Signature of the Consultant: .....
Name of the Consultant: Dr. Venkat Ram T
Date & Time: 10/7/25 - 10:00am

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 Left Shoulder Contracture release and Tendon Transfer

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.
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)
Improved movements at (LF) shoulder	~~Physiotherapy~~ —

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. Wound infection
b. Need for physiotherapy

1. I authorize Dr. Venkat Ram / Pramath 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: G. [signature]
Name: G. Satish Kumar
Relationship with patient: Father
Date & Time: 10/7/2026

Witness:

Signature: G. Sumathi
Name: G. Sumathi
Date & Time: 10/7/2026

Doctor (who is taking consent):

Signature: [signature] Name: Dr. Pramath Date 10/7/26 Time: 7:10 am

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనోబో 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 భాష సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేర్లు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Baby. Gavidicharla Varshini Age : 6 years Gender : ☐ Male ☑ Female

UHID No.: CUV-00165450 Weight : 14.7Kg Height : .....

Surgeon : Dr. Venkatram / Dr. Pramuth	Asst. Surgeon : —	
Anesthetist : Dr. Ravi	OT Nurse: ~~Dr. A~~ Alam / Akhil	OT Technician: Nishant

Pre-Operative Diagnosis: (Lt) Erb's palsy c shoulder and Elbow flexion contracture

Surgical Procedure :

(Lt) shoulder contracture release, tendon transfer + Elbow Contracture release

Indications for Surgery :

Erb's palsy

Date : 10/7/2026	Start Time : 7.42am	End Time : 9.12am

Pre Operative Preparations:

Betascrub → Betadine → Chlorohexidine

Post Operative Diagnosis: same

Peri-Operative Complications: Nil

Operation Notes:

1. Axillary incision given
2. pectoralis fascia released
3. Latissimus dorsi and teres major conjointed tendon released from humerus
4. ~~Tendon~~ Muscle belly released
5. Tendon attached to the joint capsule on posterior-lateral aspect in between interval of deltoid and triceps
6. wound closed in layers
7. Biceps tendon contracture released by Partial ~~release and occasional~~ tenotomy.

(8) wound closed in layers

Amount of Blood Loss: 5 ml	Blood Transfused (in ML) –

Name and Number of Surgical Specimen sent for examination:

–

Peri-Operative Complications: Nil

Name of the Surgeon: Dr. Pranita

Signature of the Surgeon:

Date & Time: 10/~~10~~7/2026

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 8 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: (17) Shoulder contracture release ~~Erb's palsy~~

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

vitals

Wound Care:

—

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

— Hand elevation —

Nutritional Instructions:

Orally allowed after fully awake

en to Start Mobilization:

—

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

—

Treating Surgeon
(Signature & Stamp)

Date: 10/7/2026 Time: 9 pm

Note: Plan of care will be readjusted if necessary.

Varshini

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: ..... Shifted to: .....

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
2						☐ 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 : T. Pavani

Date & Time : 10/07/26 @ 6Am

Nurse Name & Signature: Geetha KJ

Date & Time : 10/7/26 @ 6 Am

CUV-00165450 IPS-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 5 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: ..... 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 .....

Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

REGULAR PRESCRIPTIONS

Weight. 14 kg Ward. .....

DRUG :

Dose	Route	Frequency	Start Date
~~4ml~~	~~PO~~	~~TID~~	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Syp CROCIN DS

Dose	Route	Frequency	Start Date
4ml	PO	TID	10/7

Name & Signature of the Doctor Starting the Drugs: (R) Rang

Additional Instructions:

10pm.

Daily Doctor's Endorsement by a Sign

Date / Time 10/7 · 1:40pm GAM OT 2pm PO

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VERIFIED

Dr. VENKAT RAM THYALAPALLI

CUV-0016545O IPS-0017618 3

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

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/7/26	7:30AM	Inj. CEFOTAXIME	750mg	IV		Sravani Bapu
10/7/26	7:40AM	Inj. PARACETAMOL	225mg	IV		Sravi Bapu
10/7/26	9:15 AM	SUP. DICLOFENAC	12.5mg	PR		Sravi Bapu

24-05-2020 5 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

CUV-001654S0 IP5-0017618 3
Baby GAVIDICHARLA VARSHINI
24-05-2020 8 Y 1 M 16 D

I.V. FLUIDS CHART

Weight. 14.7kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/7/26	not connected	IVF DNS	IV	50ml/hr			10/7		
10/7/26	7:20 AM	RINGER LACTATE	IV	150ml/hr			10/7		

Signature .....

VERIFIED BY : Name .....

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

I/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/4/25 Time: 2pm

Doctor / Nurse / Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.8F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
110 (71) 60

Note: BP does not score in early warning scoring

Heart Rate (Number) 110bm

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

Resp Rate (Number) 28bm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	100%
Conscious Level	Normal / Altered
GCS *	14/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	R
Observer's Initials	

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 5 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

Patient S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am	NPO IVF	420	—		—	—	—	—		0	
	11:00 am										0	
	12:00 pm						NP				0	
	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**	

Patient Sticker

FLUID CHART

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

Birt
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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**	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Tendon transfer with Shoulder Contracture release

Anaesthesiologist: Dr. Subhramanyam Surgeon: Dr. Praneeth, Dr. Venkat Rams

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 laryngospasm, post Op O2 support

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: G.

Name: G. Sateesh Kumar

Relationship with patient: Father

Date & Time: 09/07/2026 7:35 pm

Witness:

Signature: G. Sumathi

Name: G. Sumathi

Date & Time: 09/07/26 @ 7:35pm

Doctor (who is taking consent):

Signature: Name: Dr. K. Sri Surya Date 9/7/26 Time: 7:35 pm

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: .....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: G. Varshini Age: 5y Sex: F UHID.No : CUV-00165450

Date: 9/7/26 Time: 7:20pm. Proposed Operation: Tendon transfer with shoulder contracture release

Diagnosis: C6, C7, T1 Root avulsions - pre-postganglionic injury.

B.P / CRT: 83/66 H.R: 96 Weight: 16.7kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.2	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 11690	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 334	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS : H/o NVD / Full term / 3.25 / No NICU admission (difficult normal delivery.)

RESP : Diabetes : Nil

CNS : H/o ERB's palsy (+) × Vaccinated upto date

Renal : × Milestones achieved as per age

Hepatic / GE : Physical Activity: Active

Others :

Past Anaesthetic History: H/o sedation for MRI 2025-Aug. (uneventful)

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: >3fb. Mentohyoid Distance: (N) Neck: (N) Teeth: All teeth intact

Lungs : BAE (+), clear

Heart: S, S, (+)

CNS: Grossly Intact

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

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

• (+) shoulder - restricted movements

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

Preganglionic & post ganglionic injury of (+) Brachial plexus.

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis : Coconut water
2. NIL ORAL → Water / ORS 2 Hours → Others 6 Hours (Explained)
3. Informed Consent: ☒ Standard ☐ High Risk
4. Post Operative Pain Management: ☒ Discussed with Patient / Attender.
5. Other Instructions:
   • CBP on IV cannulation

• C5-C6, C6-7 & C7-T1 levels demonstrate extradural pseudomeningoceles.

Signature: Name: Dr K. Sri Surya

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

Patient Sticker

ANAESTHESIA CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment: 7:20 AM

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

H.R: 93 | B.P / CRT: 90/49 | SpO_2: 100% | R.R: 20 | Last Feed: 6 hrs

Pre-OP Diagnosis: (L) Rem tears palsy | Operation: Shoulder tendon transfer + release + contracture | Date: 10/7/26

Surgeon: Dr. Venkatram / Dr. Praneeth | Anaesthesiologist: Dr. RC / Dr. AK / Dr. KS | Technician: N. Shanthi

TIME	7:20	7:50	8:20	8:50	9:15	9:45
N_2O /AIR /O_2 LPM	3:5	//	//	//	//	//
HALO /SO /SEVO			3-5%	//	//	//
Drugs:						
Inj. PROPOFOL 40 mg						
Inj. FENTANYL 30 mcg						
Inj. ROCURONIUM 7 mg						
[CI → pump] Inj. PROPOFOL Infusion	//	//	//	//	//	//
Inj. PARACETAMOL 225 mg						
Inj. ROCURONIUM				2 mg		
FIO_2 / SaO_2	100	99	100	100	100	100	100	100
$ETCO_2$	38	37	36	36	36	37	37	38
ECG	SR	SR	SR	SR	SR	SR	SR	SR
Temperature								
Urine Output								
Fluids / Blood	RL @ 150 ml/hr //	//	//	//	//	//	//	//

Antibiotic
Inj. CEFOTAXIME 750 mg.
Suppository
SUP. DICLOFENAC 12.5 mg.
Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) LL
☐ Art Site:
☑ EKG Lead
☑ Temp Site: Skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☑ Nerve Stimulator

Position: (R) Lateral
☑ 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: 7:20 AM
OP Start:
OP End:
Leave OR: 9:20 AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (R) Vl 22 G
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
☑ ETT# 4.5 at 14 cm
☑ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# MAC 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: Dr. RC / Dr. AK
Signature of the Doctor:

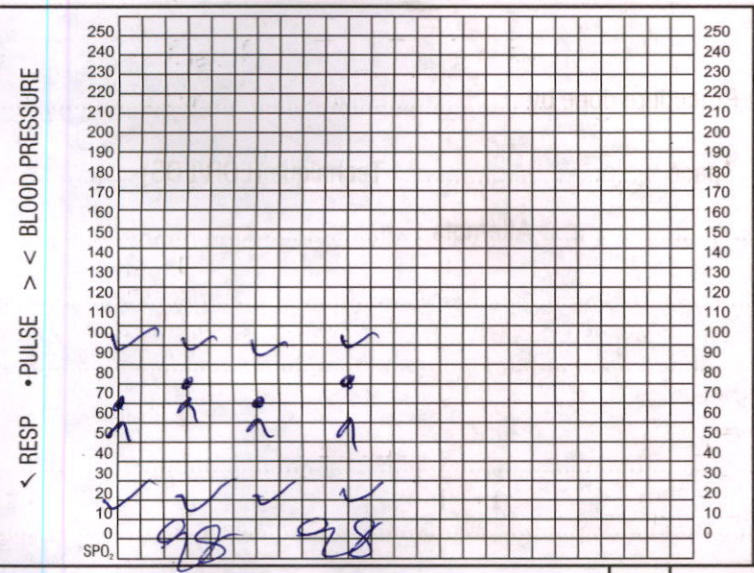
Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 9:25 AM Time Discharged : 11 AM



IV Cannula Site : RE5

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ 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: .....

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
10/7	9:25 AM	1/10	—	

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

Anaesthesiologist Name : Dr. Divya Khosla
Anaesthesiologist Signature: .....
Date & Time: 10/7/22 @ 11 AM

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 10/7/22 @ 11 AM

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

Transferred to Unit by (PACU): .....
Date & Time: 10/7/22 @ 11 AM

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CUV-00165450 IP5-00176183
Baby GAVIDICHARLA VARSHINI
24-05-2020 6 Y 1 M 16 D (F)
Dr. VENKAT RAM THYALAPALLI

119

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/7/26 Time: 10:40am

Weight: 14.7kgs Centile: <5th

Height: 104cms Centile: <5th

Inference: underweight child

RDA: Calories: 1450 kcal/d Protein: 25g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, Chilled, outside foods

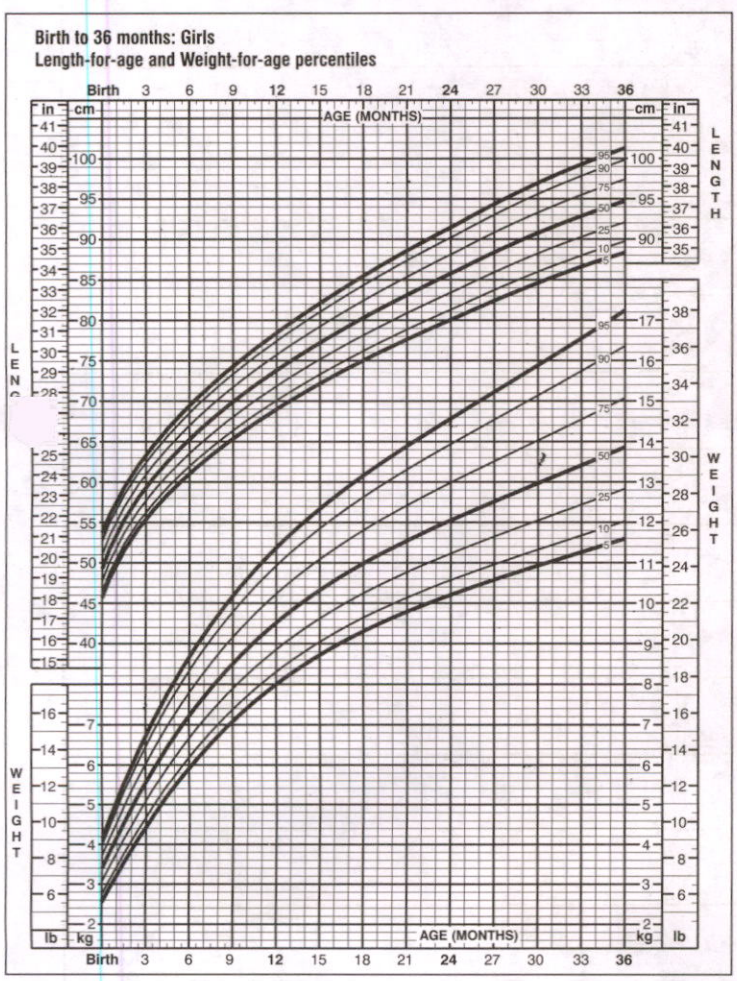
Food Allergies: NO Veg/Non-veg Non-veg

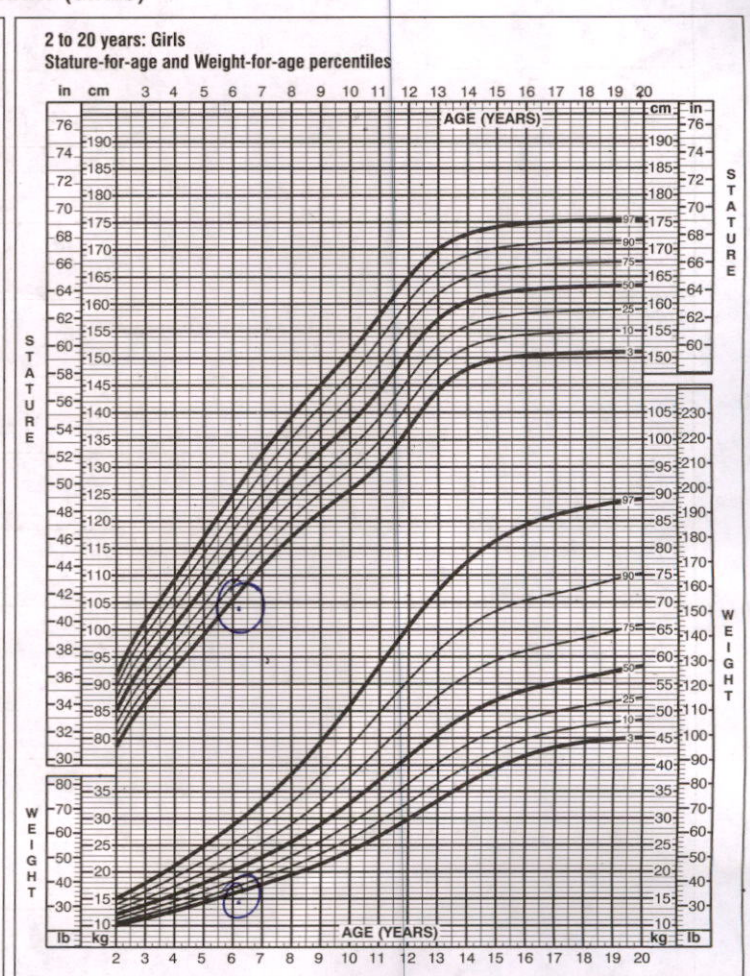
Diagnosis: (R) shoulder contracture

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: G. Sumathi

GROWTH CHART (GIRLS)





Dietician's Name Nikitha

Dietician's Signature

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: