

BAH-00655750 IP5-00173866
Master MANDALAPU NIKSHITH
03-11-2024 1 Y 6 M 12 D (M)
Dr. MADUR VENKAT NAVEEN



SURGERY DETAILS

Date : 15/08/26

Patient Name: Magi - Nikshith Date of Birth: 3-11-2024 Age: 1Y

Gender: M Ward: Post UHID No.: 173866

Date of Surgery: 15/08/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2


Name of the Surgery: Debridement + SSA Room

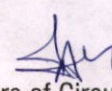
Time in : 1:15 PM

Time Out : 1:30 PM

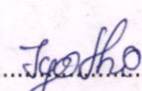
	NAME	AMOUNT
1. Surgeon	A.M. Vasaveen Reddy	Rs 40000/-
2. Anaesthetist	DR. Suresh Babu	
3. Assistant Surgeon		
4. OT Technician	G. Uthmani	
5. Circulating Nurse	Aruna	
6. Assistant Nurse	Prakash	

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


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 9609667

Order by: 



Debit

CONSUMABLES OF OT

Circulating staff : Technician : Date : Time : 12:20 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>4040515</u>	111	—	Major Pack <u>Drape</u>	1	1	Inj Vit.K		
LMA <u>1/1/12</u>	111	—	Sutures			Cord Clamp		
ECG leads : A/P/N	5	3	<u>Monocycle B.O</u>	1	1	Suction Catheter		
HME filter : A/P/N	10	—				Feeding Tube		
Syringes : 10 cc	10	2				Vaccum Suction Set		
05 cc	10	2	Gloves			Surgical Gloves		
02 cc	10	2	<u>G, 6/11, 2/11</u>	21	—	Gauze Pack		
01 cc	5	—	<u>pp c, 1/11, 2/11</u>	22	2	Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	—	Surgical blade	1	1	Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL	1	—	Cautery pencil			N's 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	511	1	Koochies			<u>Paracet</u>	1	1
<u>minispike</u>	1	1	Ointments			<u>100, 50, 10</u>	2	1
<u>Odma sic</u>	1	—	Suction Catheter			<u>Pris - cone Adralm</u>	1	—
Fentanyl	1	1	Cap, Mask	51	55	<u>100, 50, 10</u>	1	—
Morphine			Gauze Pack	51	55	<u>10x10 pads</u>	—	—
Ketamine			Mop Pack	1	1	<u>20x30 pads</u>	1	1
Propofol	3	1	Steristrip			<u>40x40 pads</u>	—	—
Rocuronium	1	—	Underpad	1	1	<u>Teloned</u>	1	—
Glycopyrolate	1	—	Draw sheet	1	1	<u>Augmentin bag</u>	1	1
Myopyrolate <u>neo</u>	2	—	Abgel			<u>Adrenaline</u>	2	2
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22	1	—	Urobag <u>crease bandage</u>	1	1			
Bupivacaine 0.25%	1	—	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage <u>wind 6inch</u>	111	—	<u>Gauze</u>	3	2
<u>Goupem</u>	1	—	Tegaderm			<u>Gloves</u>	4	—
Suppositories			Ioban			<u>Dexamid</u>	1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<u>Dedaftranexa</u>	11	—
Supridol : 100mg			Vaccum Suction set			<u>50ct pmfine</u>	11	—
Justin : <u>2.5 mg / 25mg / 100mg</u>	111	—	Plastic Bed Sheet	1	1	<u>Nasal mol (11)</u>	1	1
Tab. Misoprost : 200mg			Betadine Solution	1	1			
<u>vaccum set</u>	1	—	Microshield	1	1			
<u>Oral airway oil</u>	11	—	Cotton Balls	1	—			
<u>Nasal airway 10/18</u>	11	—	Latex Gloves	1	51			
<u>Spony iodentiam</u>	11	—	Ramdione Scrub					
<u>Joe carnula 21/24</u>	11	—	Saral					

Surgeon : Anaesthesiologist : Nurse : *[Signature]* OT Technician : *[Signature]*
 Order No. : 9609751, 9840 Ordered by : *[Signature]*
 Doc. No. : RCH / FRM / GENERAL / 125

ACTIVITY RECORD FOR BILLING

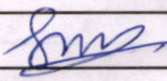
Name : _____

UHID No. : _____ IP **BAH-00655750** **IP5-00173866**
Master MANDALAPU NIKSHITH ant: _____ Dept : _____
03-11-2024 **1 Y 6 M 12 D** (M)
Dr. MADUR VENKAT NAVEEN


Date of Admission: _____  Discharge : _____ Time: _____

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

WARD TRANSFERS

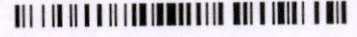
Date	Time	From	To	Signature of Nurse
15/5/26	10:56am	ER	OT	Annab
15/5/26	2:20pm	OT	2H2	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Mysara Desai	16/5/26	9610941	
2				
3				
4				
5				
6				
7				
8				
9				
10				

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173866

Admit Date : 15-May-2026

Admit Time : 10:05 AM UHID : BAH-00655750

Patient Details :

Patient Name : Master MANDALAPU NIKSHITH

Age : 1 Y 6 M 12 D

Guardian : Mr MANDALAPU SURESH BABU

DOB : 03-11-2024 09:26 PM

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO 8-4/1, RAGHAVENDRA COLONY, NEAR VEVEKANANDA STATUE , BANDLAGUDA JAGIR , Rajendra Nagar Hyderabad Telangana INDIA 500030

Phone No : 9052334433/ 9966668886

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : RC 406

Ward Name : 4F-GYN RECOVERY

Room No : RC 406

Admission Type : First Visit


Contact Details :

Name : Mr MANDALAPU SURESH BABU

Relationship : Father

Contact Address : H NO 8-4/1, RAGHAVENDRA COLONY, NEAR VEVEKANANDA STATUE , BANDLAGUDA JAGIR , Rajendra Nagar Hyderabad Telangana INDIA 500030

Phone No : 9052334433 / 9966668886


Signature

Doctor Details :

Doctor Name : Dr. MADUR VENKAT NAVEEN

Specialisation : PLASTIC SURGERY

Referral Doctor : Self

Phone No :

Co Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 4999.81

Payment Mode : Cash

Payor Name : VOLO HEALTH INSURANCE TPA PVT LTD



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00655750 IPS-00173866
Master MANDALAPU NIKSHITH
03-11-2024 1 Y 6 M 12 D (M)
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Patient Name: _____ *mandalapu Nikshith*

UHID ID: _____

Department: _____

Consultant: _____

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03-11-2024 1 Y 6 M 12 D (M)
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History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Alleged history of hot tea spilled over
Right upper limb on ~~7/5/26~~ 01/05/26
now came for debridement

History of present illness :

child apparently asymptomatic, later
child had alleged history of hot tea spilled
over right upper limb on 4/5/26



Took to local paediatrician and took oral
antibiotics for 5 days




on 7/5/26, child had peeling of skin
and mild bleeding to
and undergone debridement 7/5/26

now came for debridement

no fever/no cough/no cold

Patient Sticker
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& Physical Examination

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

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

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ry & Physical Examination

Anthropometry :

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

Weight (kgs) 9.5 kg (Centile _____)

On Examination :

Temperature : 98 f Pulse Rate : 126/min B.P. 92/56 (68) mmHg SPO2 99.1. eRA

Resp. rate and type of breathing : 28/min
Regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : RAEEF ⊕

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1, S2 ⊕

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : BSA

Spine : _____ External Genitelia : _____

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

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Master MANDALAPU NIKSHITH (M)
03-11-2024 1 Y 6 M 12 D
Dr. MADUR VENKAT NAVEEN

Organ History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ (N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____ flexor

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Scald burn
now for debridement



History & Physical Examination

Preventive aspects of the treatment: _____

Sepsis, Bleeding

Desired goals of the treatment : _____

Hemodynamic stability

Planned Labs:

(This section is crossed out with a large blue diagonal line)

Planned Management

1) NPO since BAN (solids & liquids)

2) IVF. DNS @ 20ml/hr

3) Shift to OT

by Banub
15/5/24

Signature of the Doctor: *[Signature]*

Signature of the Consultant: _____

Name of the Doctor: *sa*

Name of the Consultant: _____

Date & Time: *15/5/24*

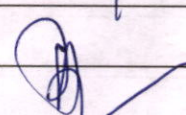
Date & Time: _____

10a

*med blood
transfusion*

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Seen by Resident	
7:30pm	slp - debridement + SSC	
	No fresh issues	Plan
	child hemodynamically stable.	- Continue medication as per chart
		- Monitor vitals and Inform SOS
		Bhaleth
	C/S/P Resident	
16/5/26	slp debridement + SSC	
Ga	MRSA	Plan
	No fresh issues	Change Augmentin
	child hemodynamically stable	Syl Lincoclin (10 days)
		D/C today
		RPN
		

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CROSS CONSULTATION FORM

Doctor Name: Dr. Jeeva Date: 16/5/26 Time: 8a

Diagnosis: D: Rami Post burn Ana Right arm

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

Type of Referral :
 Emergency
 Urgent
 Non Urgent

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

SIP Debridement +SSG

Signature: _____

Findings and Recommendations :

child doing well
hemodynamically stable
no fever
Vitals Stable
plan dic.

Plan
MRSA (+) in previous culture report
- Continue as charted
stop Augmentin
add linezolid
I.V / Stat Oral on dic

Consultant: Dr. Jeeva Signature: [Signature] Date & Time: 16/5/26

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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					

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MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: OT


S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<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 : Suj Sai

Date & Time : 15/5/26 09:46 AM

Nurse Name & Signature: Annab


Date & Time : 15/5/26 10:46 AM

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 Master MANDALAPU NIKSHITH
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 Dr. MADUR VENKAT NAVEEN



DRUG CHART

Date of Admission: 15/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

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REGULAR PRESCRIPTIONS

Weight. 9.5kg Ward.



Date
Time

Start Date

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : SYR-AUGMENTIN DOS

Date
Time 15/5 16/5

Dose Route Frequency Start Date
3-5ml PO BD 15/5

Name & Signature of the Doctor
Starting the Drugs:

Bhaath

10 AM 1 PM
12 PM

Additional Instructions:

{ 30mg/kg/dose }

10 PM 12 AM
12 AM

Daily Doctor's Endorsement by a Sign

DRUG : T. LANZOL DT

Date
Time 15/5 16/5

Dose Route Frequency Start Date
PO OD 15/5

Name & Signature of the Doctor
Starting the Drugs:

Bhaath

6 AM 12 AM
12 AM

Additional Instructions: { 1 tab = 15mg }

1 tab mix in 5ml water and give 3ml

Daily Doctor's Endorsement by a Sign

DRUG :

Date
Time

Dose Route Frequency Start Date

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Weight. 9.5kg Ward.

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

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	Dose		Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/5	1pm	INJ. AUGMENTIN	300mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
16/5	11 am	inj LINEZOLID	100mg	IV	<i>[Signature]</i>	<i>[Signature]</i>

Signature

VERIFIED BY : Name

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Doc. No. : RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 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 : 5/5/26	Time: 10pm	2am	6am		
Doctor / Nurse / Family Concern?	3/2	GR	10pm	2am	6am
Temperature (°F)	98.2	97.9	97.8	98.0	97.2
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/62	108/52	101/55	109/50	93/32
Heart Rate (Number)	110b	130b	112b	109m	116b
Resp. Rate (bpm) (Over 1 Minute) *	29b	28b	28b	23b	23b
Resp Mod/ Severe Distress None / Mild					
Receiving O ₂ (l/min) O ₂ Saturations (%)	98%	99%	100%	99%	100%
Conscious Level Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	1	1	1	1	1
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	U	U	U	U	U

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.

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)

BAH-00655750 IP5-00173866

Master MANDALAPU NIKSHITH

03-11-2024 1 Y 6 M 12 D (M)

Dr. MADUR VENKAT NAVEEN



FLUID CHART

Sheet No. : 1.....


15/5

- 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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		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	mpo								0		
	12:00 pm	mpo								0		
	01:00 pm	mpo								0		
Total Intake :					Total Output : m-lv-1							
	02:00 pm	H ₂ O 50ml								0		
	03:00 pm											
	04:00 pm			20ml						0		
	05:00 pm	Dns		20ml						0		
	06:00 pm			20ml						0		
	07:00 pm			20ml						0		
Total Intake :					Total Output :							
	08:00 pm			20ml						0		
	09:00 pm									0		
	10:00 pm									0		
	11:00 pm	ONS		20ml						0		
	12:00 am			20ml						0		
	01:00 am			20ml						0		
Total Intake :					Total Output :							
	02:00 am			20ml						0		
	03:00 am			20ml						0		
	04:00 am	ONS		20ml						0		
	05:00 am									0		
	06:00 am									0		
	07:00 am									0		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00655750 IP5-00173866
 Master MANDALAPU NIKSHITH
 03-11-2024 1 Y 6 M 12 D (M)
 Dr. MADUR VENKAT NAVEEN


FLUID CHART



1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

BAH-00655750 IP5-00173866
Master MANDALAPU NIKSHITH
03-11-2024 1 Y 6 M 12 D (M)
Dr. MADUR VENKAT NAVEEN

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: DEBRIDEMENT OF BURN WOUND

Anaesthesiologist: Dr. Ayesha Surgeon: Dr. MADUR VENKAT NAVEEN

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: Jaundicium, bronchopneumonia, bleeding

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: Surekha

Name: M. Surekha

Relationship with patient: Mother

Date & Time: 14/5/26 12:30pm

Witness:

Signature: Surekha

Name: Mr. Surekha

Date & Time: 14/5/26 12:30pm

Doctor (who is taking consent):

Signature: Ayesha Name: Dr. Sr. Ayesha Date: 14/5/26 Time: 12:40pm

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 రిస్క్:

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, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రల్ వెన్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ 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:

Di
 P



ATION



Name: MASTER MANDALAPU NIKSHITH Age: 7y 6m Sex: Male UHID.No: BAH-00655750
 Date: 14/5/26 Time: 12:30pm Proposed Operation: DEBRIDEMENT OF BURN WOUND
 Diagnosis: SECOND DEGREE BURNS OVER RT ARM & FOREARM
 B.P / CRT: 110/70 H.R: 110 Weight: 9.5kg ASA Physical Status: 1 2 3 4 5

(7/5/26) 9:30am

Laboratory Data:				
Hgb: 9.7gm	Glucose:	Protein:	HIV:	X-Ray:
PCV: 31.9	Urea:	Alb:	HBS Ag:	ECG:
WBC: 12600	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.85 lakh	Na: 137	Dir. Bill:	Blood group: O+ve	Stress/Angio:
PT:	K: 4.7	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl -: 107	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS: }
 RESP: }
 CNS: }
 Renal: }
 Hepatic / GE: }
 Others: }
 NIL SIGNIFICANT
 FT / 2 SCS / Mch / 2.75kg / CAB
 Physical Activity: Immunisation

Past Anaesthetic History: DEBRIDEMENT + ASD (7/5/26) RT UL ↓ MAC ± drugs VE

Physical Exam:
 Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
 Lungs: BAE ⊕, Ucau
 Heart: S, S, ⊕
 CNS: NAD
 Pregnant: Yes No NA Venous Access Site: peripheral ⊕ Spine Exam for regional: midline
 Anaesthetic Plan: MAC REGIONAL GA-ETT LMA
 Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

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

Signature: [Signature] Name: Dr. Sr. Ayesh



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: 6 hrs

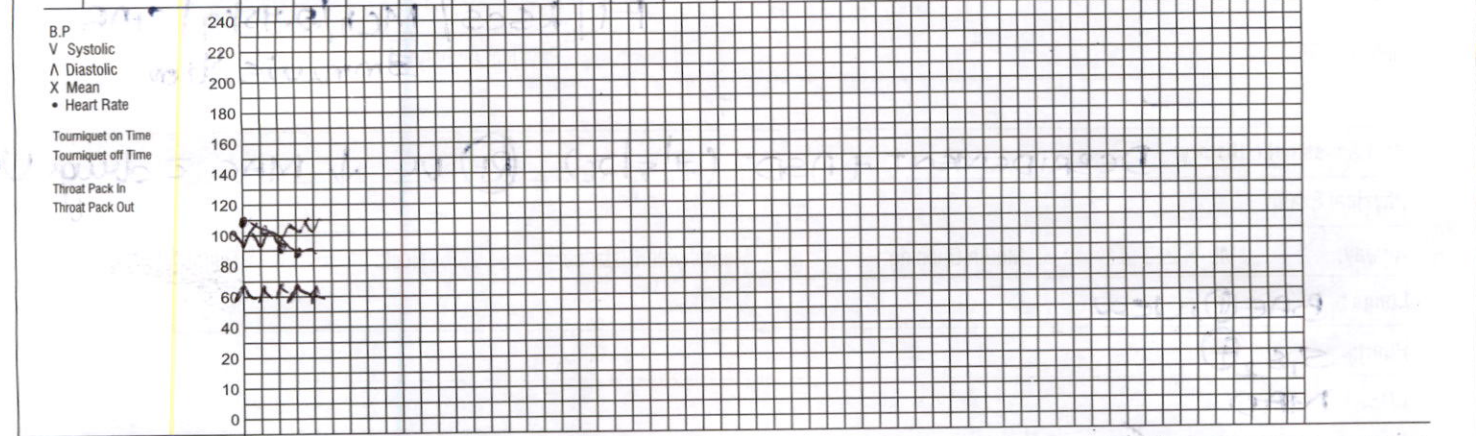
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 104 B.P / CRT: 97 / 68 SpO₂: 100% R.R: 16 Last Feed: 7 AM

Pre-OP Diagnosis: Skin Graft / Debridement Operation: Post Burns Date: 05/15/26

Surgeon: Dr. Naveen Anaesthesiologist: Dr. M. Subrahmanyam Technician: Babu

TIME	N ₂ O / AIR / O ₂ / LPM	HALO / SO ₂ / SEVO	Drugs	Antibiotic	Suppository	Blood Loss
15:30			Midazolam 0.6mg	Augmentin	300mg	
			Ketamine 20 + 575mg	Diclofenac		
			Propofol 30/10/10	12.5mg		



LAB Values

ABG

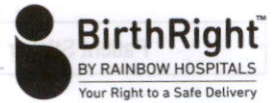
GRBS

Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input type="checkbox"/> Cuff Site: <u>ROL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input 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 checked="" type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>1:15 PM</u> OP Start: OP End: Leave OR: <u>1:30 PM</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>22G WL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Name of the Doctor: <u>M. Subrahmanyam</u> Signature of the Doctor: <u>[Signature]</u>
--	--	--	---

Patient

BAH-00655750 IP5-00173866
 Master MANDALAPU NIKSHITH
 03-11-2024 1 Y 6 M 12 D (M)
 Dr. MADUR VENKAT NAVEEN

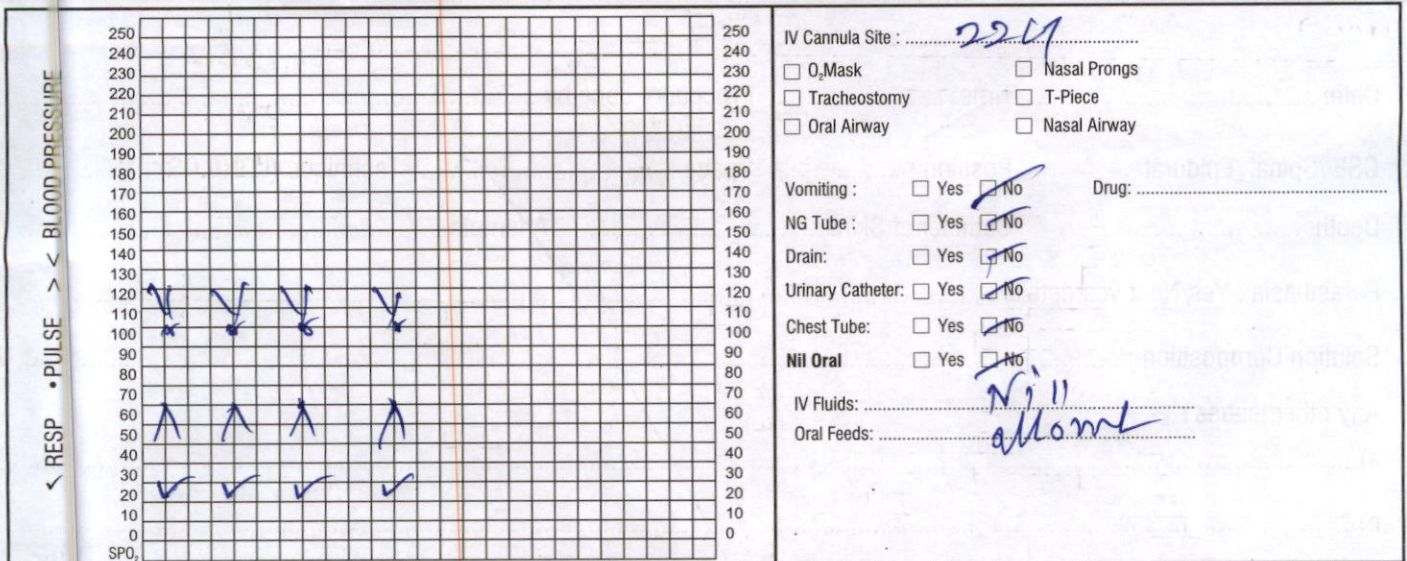


POST-ANAES



RD

Received in PACU by : *[Signature]* Time Received : 1:35 PM Time Discharged : 2 PM



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	1	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	10	16		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/5	2 PM	0/10	Nil	<i>[Signature]</i>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : *[Signature]*

Anaesthesiologist Signature: *[Signature]*

Date & Time: 15/5/2024 2 PM

PACU Nurse Name : *[Signature]*

PACU Nurse Signature: *[Signature]*

Date & Time: 15/5/2024 2 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): 142 *[Signature]*

Date & Time: 15/5/2024 2 PM

142



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 15/5/26 Time: 2:30 PM

Weight: 9.5 kg Centile: 5th

Height: 78 cm Centile: 10th

Inference: underweight child

RDA: — Calories: 1200 kcal/d Protein: 20 g/d

Diet Recommendations: soft diet

Re-Assessment: — Avoid spicy, chilled & outside foods

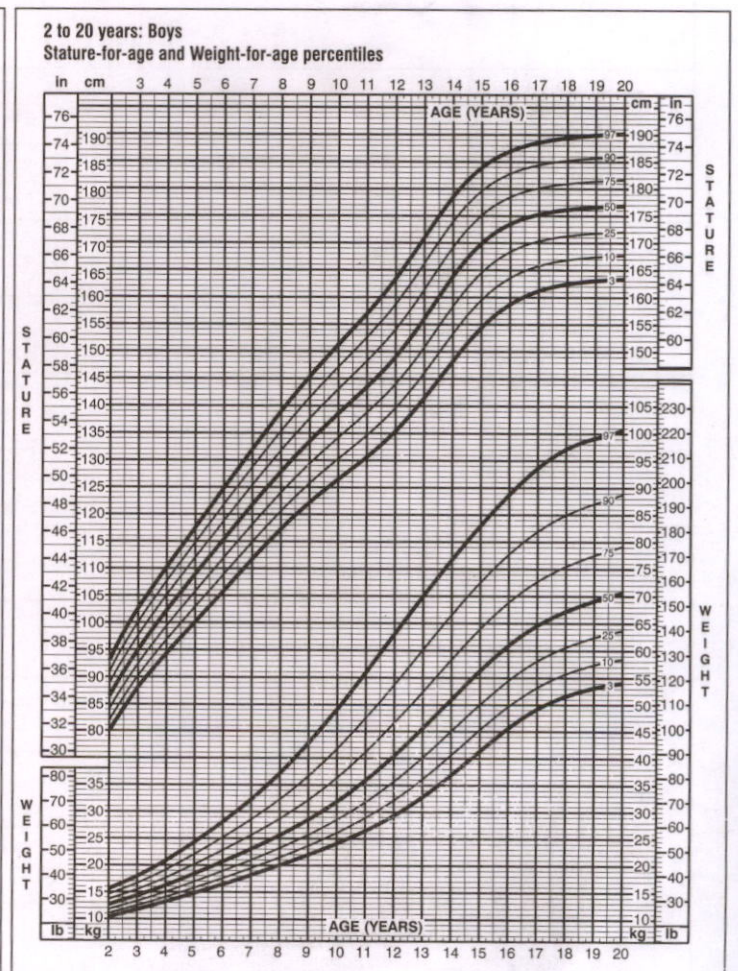
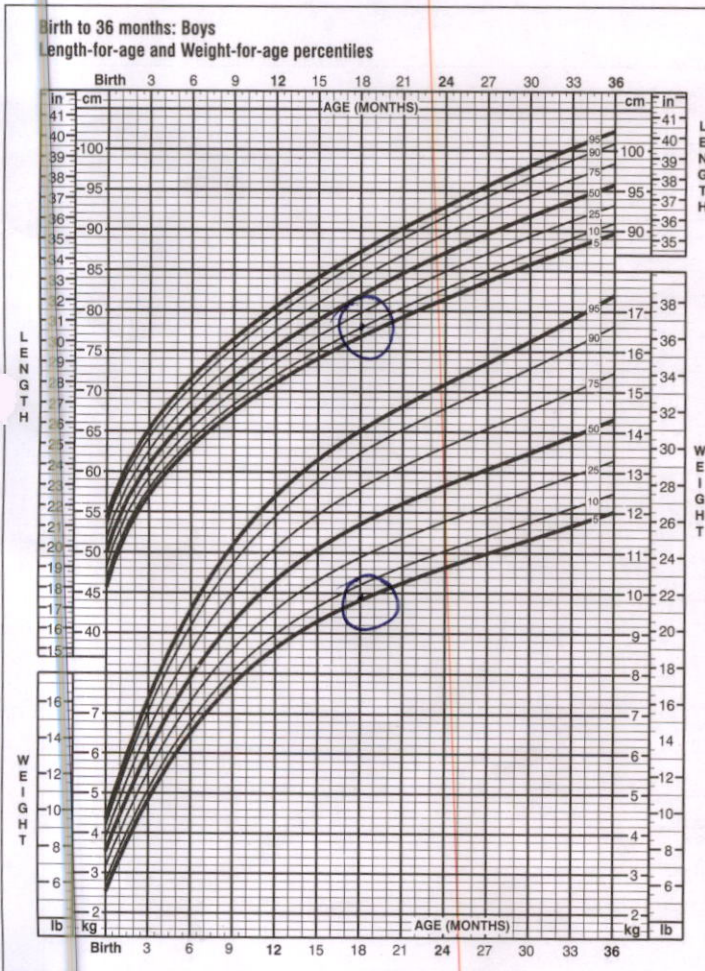
Food Allergies: No Veg/Non-veg Non-Veg

Diagnosis: scald burn now for debridement

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: *Nikitha*

