

BAH-00647103 IP5-00176160
Master EPPALAPELLY RISHIK
25-04-2015 11 Y 2 M 14 D (M)
Dr. P V L N MURTHY



[Entered]

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

80971

Date : 9/7/26

Patient Name: Eppalapelly Rishik Date of Birth: 25-4-2015 Age: 11 Y

Gender: Male Ward: P.OT UHID No.: BAH-00647103

Date of Surgery: 9/7/26 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Adeno tonsillectomy & Tonsillectomy
SLC tuberosplasty + Septoplasty + Spine Excision

Time in : 5pm

Time Out : 6:30pm

NAME

AMOUNT

- | | | |
|----------------------|--------------------------|-------|
| 1. Surgeon | : Dr. P. V. L. N. Murthy | |
| 2. Anaesthetist | : Dr. Brunda | |
| 3. Assistant Surgeon | : | |
| 4. OT Technician | : Anas | |
| 5. Circulating Nurse | : Sarani | |
| 6. Assistant Nurse | : Sujata | |

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☒ Others ..Cobulator used 9695159

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9695158

Order by: Alan

Master G. Rishok Adeno
 11/1/14 38 Ky
 5240

CONSUMABLES OF OT

Circulating staff: _____ Technician: _____ Date: 9/7 Time: 4:30pm

Anaesthesia Disposables (5P)			Surgical Disposables			Disposables (Baby Side)		
Item	Issued	Used	Item	Issued	Used	Item	Issued	Used
ET tube (5.5-6.0-6.5)	1+1	01	Major Pack Surgical	1	1	Inj Vit.K		
LMA 3	01	-	Sutures			Cord Clamp		
ECG leads: A/P/N	5	03	2718	2	1	Suction Catheter		
HME filter: A/P/N	01	01				Feeding Tube		
Syringes: 10 cc	10	05				Vaccum Suction Set		
05 cc	10	05	Gloves 6.6/2, 7.7/2	2+2	2	Surgical Gloves		
02 cc	10	05	PF 6.6/2, 7.7/2	2+2	2+1	Gauze Pack		
01 cc	5	-				Syringe 1ml / 2ml		
Cautery plate: A/P/N	01	-	Surgical blade 15		1	Surgical Blade # 20		
IV set	01	01	NG tube 6	2	2	Koochies (S)		
RL	01	01	Cautery pencil			N 3560ml	2	1
NS: 10ml, 100ml, 500ml, 1000ml	2+1+2	1+1+1	Koochies			1000ml	1	1
minispile	01	01	Ointments			1000ml	2+2	2+1
vaccum set	01	01	Suction Catheter			Saral	1	1
Fentanyl	01	01	Cap, Mask	10/40	10/40	Nasal splent	1	1
Morphine			Gauze Pack (2718)	5/5	1+1			
Ketamine			Mop Pack	4P	-			
Propofol	03	02	Steristrip					
Rocuronium	01	01	Underpad	1	1			
Glycopyrolate	01	-	Draw sheet	1	1			
Myopyrolate	01	01	Abgel Steristrip	1	1			
Ondansetron	01	-	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			O A. 1,2	1H	-
Bupivacaine 0.25%	01	-	Chest Drainage Catheter			N A. 22, 24	1H	-
Bupivacaine 0.25%(Heavy)			Romodrain bag			oamare (A)	01	-
Antibiotics Augmentin	01	01	Bandage			metaprolol	01	01
IV pen	01	01	Tegaderm			Diamed (100)	01	01
Suppositories			Ioban			Gly. Diclo	01	-
Anamol: 80mg / 250mg / 170 mg			Double J Stent			SOCE + MOUPE	01	1+1
Supridol: 100mg			Vaccum Suction set	2	2			
Justin: 12.5 mg / 25mg / 100mg	01H	1+1	Plastic Bed Sheet	1	-			
Tab. Misoprost: 200mg			Betadine Solution					
Swab 1000m froocan	1+1	01	Microshield	1	1			
Gauze + Urobag	5+1	-	Cotton Balls		-			
Gel + Trance	1+1	1+2	Latex Gloves	10P	10P			
IV cable 2018	1+1	01	Ramdione Scrub					
Q. set, splint 1/3	1+1	-	Saral					

Surgeon: _____ Anaesthesiologist: _____ Nurse: _____ OT Technician: _____
 Order No.: 9695106 Ordered by: _____
 Doc. No.: RCH / FRM / GENERAL / 125

ESTIMATION SLIP

are - signed
Through with up
80971

4:38pm

Date : 04/07/2026 UHID / IP No. : BAH - 00644103 SI No. 80971

Name of Patient : Master. E. Rishik. Age: 11/1/2011 Gender: M.

Father's / Husband's Name : Mr. C. Rajan. Corporate / Occupation :

Address : Phone : 97052 87386 Email :

Procedure / Plan : Adenotomylary Tomy & Obliteration Tonsillectomy
Septoplasty +/- Spas. Excision.

MODE OF PAYMENT : ☐ SELF ☒ TPA : Starhealth ☐ GIPSA : OTHERS

TARIFF INFORMATION : Mr. P. V. N. Murthy. 2019/Jul.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			X							
Doctor's Fee				May						
L. Tax				ply	N/A					

PARTICULARS				AMOUNT (₹)			
Surgeon's / Anesthetists's Fee / O.T. Charges				In ply.			
O.T. Consumables				7500			
Instrument Charges				Subject to approval by TPA / Insurance Company			
Pharmacy, Consumables & Investigations				Not Covered by TPA / Insurance company			
Equipment Charges				As per actual - Not Included in Estimation			
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				77500			
Others				28,000 (Self purchase).			
Initial Minimum Deposit				15000			

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-Medicinals, 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 Mr. C. Rajan have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: Mr. C. Rajan
Signatory Relationship: Father
Signature of the Financial Counselor: Dr. P. V. N. Murthy

ACTIVITY RECORD FOR BILLING

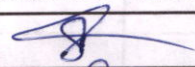
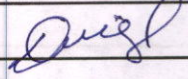
Name : _____

UHD No. : _____ **BAH-00647103 IP5-00176160**
Master EPPALAPALLY RISHIK
25-04-2015 11 Y 2 M 14 D (M)
Dr. P V L N MURTHY Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	4 pm	ER	OT.	
9/7/26	7:30 pm	OT	101	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. VJ wala	10/7/26	969826	
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

917

CGP Done on of

Basics —

Samby

[illegible]

Date	Procedure	Quantity	Order No.	Signature
9/7	In placement	(1)	4755	Samshef
	PAC op			
10/6	RHA	(1)	98.9532	Jusky
	Dil			

ANY OTHER INFORMATION

.....

.....

.....

NW

.....

.....

Date : 10/6

Time : 9 38 Am

Prepared By : Jusky

Staff Nurse Jusky	Shift / Ward SW	Billing Assistant	Billing Supervisor
----------------------	--------------------	-------------------	--------------------

Date : 10/6

Time: 9 30 Am

Prepared By :

Seehing

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

Sushra

5140

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176160 Admit Date : 09-Jul-2026 Admit Time : 03:05 PM UHID : BAH-00647103

Patient Details :

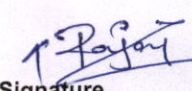
Patient Name	: Master EPPALAPALLY RISHIK	Age	: 11 Y 2 M 14 D
Guardian	: EPPALAPALLY RAJANNA	DOB	: 25-04-2015
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO 3-126, ERRANGUNTAPALLY (M), CHENNUR , KOMMERA Chinnoor Adilabad Telangana INDIA 504201	Phone No	: 9705287386/ 8501906794
		E-mail	: RAJANNA1351416@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 403 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 403 Admission Type : First Visit

Contact Details :

Name	: EPPALAPALLY RAJANNA	Relationship	: Father
Contact Address	: H NO 3-126, ERRANGUNTAPALLY (M), CHENNUR , KOMMERA Chinnoor Adilabad Telangana INDIA 504201	Phone No	: 9705287386


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	: STAR HEALTH AND ALLIED INSURANCE CO LTD



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00647103 IP5-00176160
Master EPPALAPPELLY RISHIK
25-04-2016 11 Y 2 M 14 D (M)
Dr. P V L N MURTHY



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : E. Rishik Age/Sex 11y/14

Information given by: _____ Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

Open mouth breathing x 6 months

History of present illness :

C/o open mouth breathing
x 6 months



Diagnosed -> Adenotonsillitis with
Hypertrophied inferior
turbinate



Now admitted for



Adenotonsillectomy + coblation +
Turbinoplasty with septoplasty
+ spur emission.



Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

Not significant

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} Lower middle class

Developmental History :

Achieved as per age

Immunization History :

As per age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) : 39 kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 92 bpm B.P. 108/62 mmHg SPO2 100% RA

Resp. rate and type of breathing : 23 br/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): N/A

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ } BIL AER, clear

Any addles sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____ } S1, S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____ } Soft, Non distended

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : } 2

Motor System:

Nutriton : } 2

Tone: } 2 Power } 2

Co-ordinator : } 2

Posture : } 2

Involuntary Movements : } 2

Reflexes :

DTR

Superficials:

Plantars } 2

Sensory System :

Bladder / Bowel : } 2

Clinical Summary & Diagnostic:

Adenotonsillitis + hypertrophied
inferior turbinate



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: - Bleeding
- sepsis

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

-

Planned Management

ADP as advised
IVF, DMS
NIB
sagan
3:45 pm

Signature of the Doctor: Realist
Name of the Doctor: Dr. Nandan
Date & Time: 09/07/2026,
2:30 PM

DR: PVLN MURTHY,
Registration No: 47267
Signature of the Consultant: PRC MURTHY
Name of the Consultant: PRC MURTHY
Date & Time: 9/7/26



REF EIC5874-01
LOT 2201075
2028-10-21



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	
1 Symp. ACHMENAPES 7-SM BID 2wk	
2 Symp. ANACETIL 5M BID - 1wk	
3 Symp. ZUCLOSTE-PLS 7-SM TID 2wk	
4 Symp. 872+L-M 5M BID - 2wk	
5 T-LANAZOLEDT 30mg BID - 2wk	
6 T-TRANEXA 500mg 1/2 tab BID - 2wk	
7 salt-water pyle TID 2wk	

Name of the Surgeon: D. V. L. N. M. M. M.

Signature of the Surgeon: [Signature]

Date & Time: 9/7/26

Patient Sticker

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POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

When 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: Time:

Note: Plan of care will be readjusted if necessary.

BAH-00647103
Master EPPALAPELLY RISHIK
25-04-2015 11 Y 2 M 15 D (M)
Dr. P V L N MURTHY



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



CROSS CONSULTATION FORM

Doctor Name : Date : 10/6/26 Time :

Diagnosis : Chr Adenotomies + HRT + DVI

Hospital : Ech Rangara

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:

Adenotomies

Signature: [Signature]

Findings and Recommendations :

1. Chronic adenotomies
+ HRT + DVI

SLP Adenotomectomy
Bic turbinateplasty
+ Septo plasty

DR.
- Child alert
needs stable
OW-fair

plan.

① cont - same

② plan DVI

Consultant :

Name : Dr. J. J. J. Signature : [Signature] Date & Time : 21/07/20

Oct 22, 1900

FDI

41014

1000

2/10/2019 10:10 AM

1000

etc

1. $\frac{1}{2}$ of the population
 2. $\frac{1}{4}$ of the population
 3. $\frac{1}{8}$ of the population
 4. $\frac{1}{16}$ of the population
 5. $\frac{1}{32}$ of the population
 6. $\frac{1}{64}$ of the population
 7. $\frac{1}{128}$ of the population
 8. $\frac{1}{256}$ of the population
 9. $\frac{1}{512}$ of the population
 10. $\frac{1}{1024}$ of the population
 11. $\frac{1}{2048}$ of the population
 12. $\frac{1}{4096}$ of the population
 13. $\frac{1}{8192}$ of the population
 14. $\frac{1}{16384}$ of the population
 15. $\frac{1}{32768}$ of the population
 16. $\frac{1}{65536}$ of the population
 17. $\frac{1}{131072}$ of the population
 18. $\frac{1}{262144}$ of the population
 19. $\frac{1}{524288}$ of the population
 20. $\frac{1}{1048576}$ of the population
 21. $\frac{1}{2097152}$ of the population
 22. $\frac{1}{4194304}$ of the population
 23. $\frac{1}{8388608}$ of the population
 24. $\frac{1}{16777216}$ of the population
 25. $\frac{1}{33554432}$ of the population
 26. $\frac{1}{67108864}$ of the population
 27. $\frac{1}{134217728}$ of the population
 28. $\frac{1}{268435456}$ of the population
 29. $\frac{1}{536870912}$ of the population
 30. $\frac{1}{1073741824}$ of the population
 31. $\frac{1}{2147483648}$ of the population
 32. $\frac{1}{4294967296}$ of the population
 33. $\frac{1}{8589934592}$ of the population
 34. $\frac{1}{17179869184}$ of the population
 35. $\frac{1}{34359738368}$ of the population
 36. $\frac{1}{68719476736}$ of the population
 37. $\frac{1}{137438953472}$ of the population
 38. $\frac{1}{274877906944}$ of the population
 39. $\frac{1}{549755813888}$ of the population
 40. $\frac{1}{1099511627776}$ of the population
 41. $\frac{1}{2199023255552}$ of the population
 42. $\frac{1}{4398046511104}$ of the population
 43. $\frac{1}{8796093022208}$ of the population
 44. $\frac{1}{17592186044416}$ of the population
 45. $\frac{1}{35184372088832}$ of the population
 46. $\frac{1}{70368744177664}$ of the population
 47. $\frac{1}{140737488355328}$ of the population
 48. $\frac{1}{281474976710656}$ of the population
 49. $\frac{1}{562949953421312}$ of the population
 50. $\frac{1}{1125899906842624}$ of the population
 51. $\frac{1}{2251799813685248}$ of the population
 52. $\frac{1}{4503599627370496}$ of the population
 53. $\frac{1}{9007199254740992}$ of the population
 54. $\frac{1}{18014398509481984}$ of the population
 55. $\frac{1}{36028797018963968}$ of the population
 56. $\frac{1}{72057594037927936}$ of the population
 57. $\frac{1}{144115188075855872}$ of the population
 58. $\frac{1}{288230376151711744}$ of the population
 59. $\frac{1}{576460752303423488}$ of the population
 60. $\frac{1}{1152921504606846976}$ of the population
 61. $\frac{1}{2305843009213693952}$ of the population
 62. $\frac{1}{4611686018427387904}$ of the population
 63. $\frac{1}{9223372036854775808}$ of the population
 64. $\frac{1}{18446744073709551616}$ of the population
 65. $\frac{1}{36893488147419103232}$ of the population
 66. $\frac{1}{73786976294838206464}$ of the population
 67. $\frac{1}{147573952589676412928}$ of the population
 68. $\frac{1}{295147905179352825856}$ of the population
 69. $\frac{1}{590295810358705651712}$ of the population
 70. $\frac{1}{1180591620717411303424}$ of the population
 71. $\frac{1}{2361183241434822606848}$ of the population
 72. $\frac{1}{4722366482869645213696}$ of the population
 73. $\frac{1}{9444732965739290427392}$ of the population
 74. $\frac{1}{18889465931478580854784}$ of the population
 75. $\frac{1}{37778931862957161709568}$ of the population
 76. $\frac{1}{75557863725914323419136}$ of the population
 77. $\frac{1}{151115727451828646838272}$ of the population
 78. $\frac{1}{302231454903657293676544}$ of the population
 79. $\frac{1}{604462909807314587353088}$ of the population
 80. $\frac{1}{1208925819614629174706176}$ of the population
 81. $\frac{1}{2417851639229258349412352}$ of the population
 82. $\frac{1}{4835703278458516698824704}$ of the population
 83. $\frac{1}{9671406556917033397649408}$ of the population
 84. $\frac{1}{19342813113834066795298816}$ of the population
 85. $\frac{1}{38685626227668133590597632}$ of the population
 86. $\frac{1}{77371252455336267181195264}$ of the population
 87. $\frac{1}{154742504910672534362390528}$ of the population
 88. $\frac{1}{309485009821345068724781056}$ of the population
 89. $\frac{1}{618970019642690137449562112}$ of the population
 90. $\frac{1}{1237940039285380274899124224}$ of the population
 91. $\frac{1}{2475880078570760549798248448}$ of the population
 92. $\frac{1}{4951760157141521099596496896}$ of the population
 93. $\frac{1}{9903520314283042199192993792}$ of the population
 94. $\frac{1}{19807040628566084398385987584}$ of the population
 95. $\frac{1}{39614081257132168796771975168}$ of the population
 96. $\frac{1}{79228162514264337593543950336}$ of the population
 97. $\frac{1}{158456325028528675187087900672}$ of the population
 98. $\frac{1}{316912650057057350374175801344}$ of the population
 99. $\frac{1}{633825300114114700748351602688}$ of the population
 100. $\frac{1}{1267650600228229401496703205376}$ of the population
 101. $\frac{1}{2535301200456458802993406410752}$ of the population
 102. $\frac{1}{5070602400912917605986812821504}$ of the population
 103. $\frac{1}{10141204801825835211973625643008}$ of the population
 104. $\frac{1}{20282409603651670423947251286016}$ of the population
 105. $\frac{1}{40564819207303340847894502572032}$ of the population
 106. $\frac{1}{81129638414606681695789005144064}$ of the population
 107. $\frac{1}{162259276829213363391578010288128}$ of the population
 108. $\frac{1}{324518553658426726783156020576256}$ of the population

③ 1/2 - 1/4
④ conf. - 1/2
1/2 - 1/4

End best, 10/15/73

Handwritten: 2/23 no 402/2

10/10/2018 Ques. 2/30/2018/10/10/2018 + 10/10/2018

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 Master EPPALAPPELLY RISHIK
 25-04-2016 11 Y 2 M 14 D (M)
 Dr. P V L N MURTHY



**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.,) :



MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: ER

Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
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: Dr. Nandan

Date & Time: 09/07/2026, 2.15 PM

Nurse Name & Signature: Sagar

Date & Time: 07/126 @ 4pm



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Weight 39.57 Kgs 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					

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

VERIFIED BY : Name Signature



DRUG CHART

Date of Admission: 09/07/2026 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

Page: 2/4



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7	5:10PM	INJ. AUGMENTIN	1.2Gm	IV	B de	Qingf
9/7	5PM	INJ. DEXAMETHASONE	4mg	IV	B de	Qingf
9/7	5PM	INJ. TRANEXAMIC ACID	600mg	IV	B de	Qingf
9/7	5:15PM	INJ. PARACETAMOL	600mg	IV	B de	Qingf
9/7	5PM	SUPP. DICOFENAC	37.5mg	PR	B de	Qingf

Weight. 39 kg Ward.

[illegible]

BAH-00647103
Master EPPALAPELLY RISHIK
25-04-2015 11 Y 2 M 15 D
Dr. P V L N MURTHY (M)

J. : RCHBH/ FRM / CLINICAL / 126

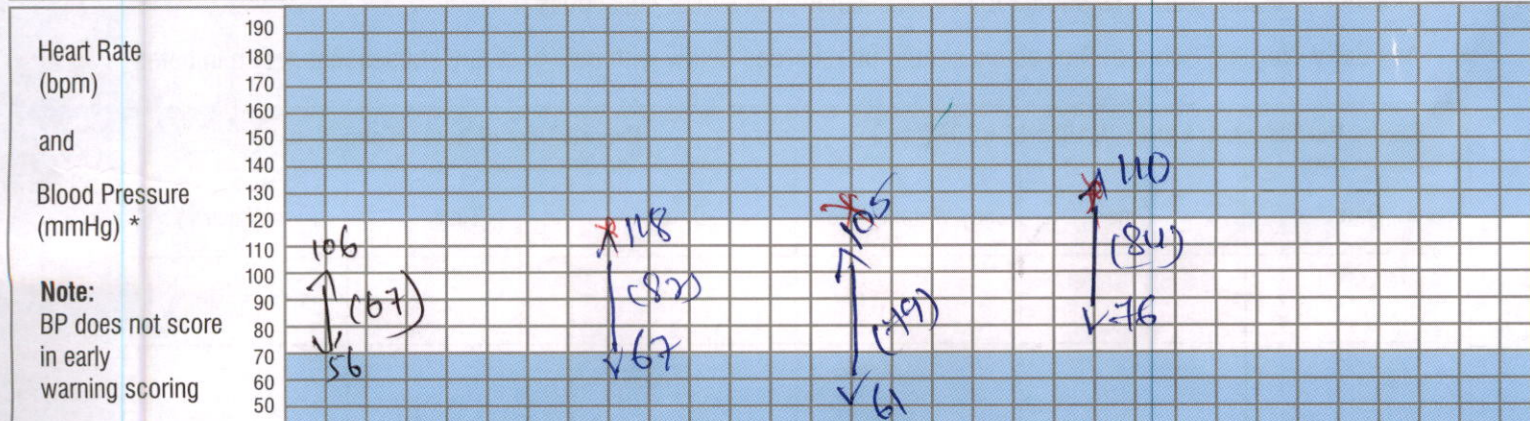
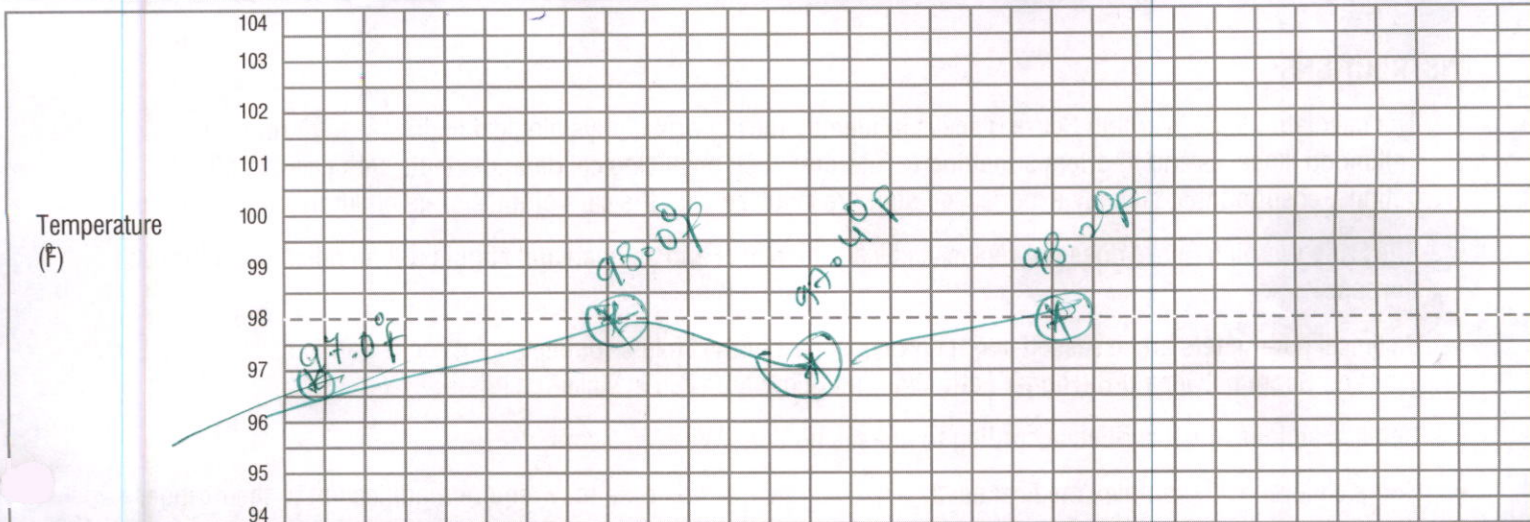
SCHOOL AGE (5-12 years) Children's Observation & Early Warning Scoring Chart

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

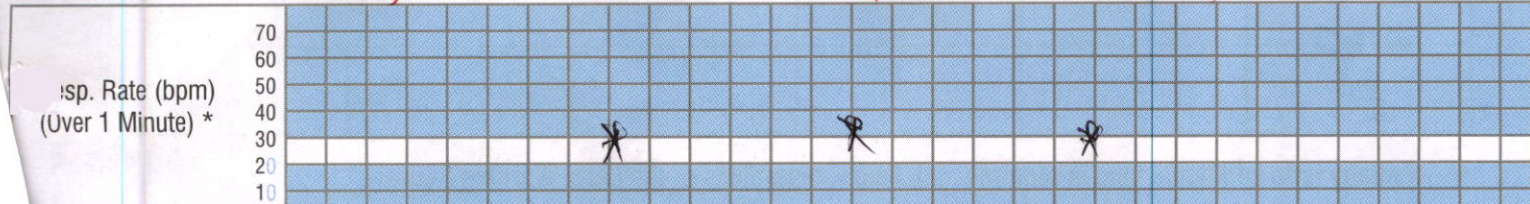
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/9/11 Time: 7:50pm 10:00am 10:10am 6:00pm 6:00pm



Heart Rate (Number) 106bpm 118bpm 105bpm 110bpm



Resp Rate (Number) 26bpm 25bpm 24bpm 23bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) Saturations (%) 100% 99% 98% 100%

conscious Normal Altered

* 15/15 15/15 15/15 15/15

SCORE 1 0 1 1

or of shaded boxes 0 0 0 0

ore 0 0 0 0

er's Initials 0 0 0 0

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.

elow 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)



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.

		Intake				Output					IV Site Thrombo- phlebitis 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						

Patient Sticker

BAH-00647103 IP5-00176160
 Master EPPALAPELLY RISHIK
 25-04-2015 11 Y 2 M 15 D (M)
 Dr. P V L N MURTHY



FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet

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						



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/7/26

Assessment:

Goals

- | | | | | | |
|---|---|---|---|--|--|
| ☐ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Acute pain & Discomfort

Time	Plan of Care	Time	Implementation	Evaluation
4 PM	Assess the pt General Condition. Relieve pain & Discomfort monitor vital signs monitor for bleeding maintain NPO status maintain I/O chart 7:30 PM pt shift to the ward	4 PM	Assessed the pt General Condition. Relieved pain & Discomfort monitored vital signs monitored for bleeding NPO broken, water given maintained I/O chart 7:30 PM pt shifted to the ward	pt is Conscious & oriented vital stable no bleeding no Vomiting Maintained shifted

Re-Assessment: to reduced pain & Discomfort.

Special Notes:

Nurse Signature: *[Signature]*

Nurse Name: *Divya*

Date & Time: 9/7/26 8 PM

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/26

Assessment: Baby having discomfort

Goals

- | | | | | | |
|---|---|---|---|--|--|
| ☒ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
10pm	→ Assess the Baby General Condition, monitor vitals Record	11pm	→ Assessed the Baby General Condition, monitored vitals Recorded	By Author done pt condition improved
12am	→ provide comfortable position	1am	→ provided comfortable position	
2am	→ Administer medication as per doctor order	4am	→ Administered medication as per doctor order	
6am	→ Watch for surgical site Bleeding	8am	→ Watched for surgical site Bleeding	

Re-Assessment: Baby

Special Notes:

Nurse Signature:

Nurse Name: Aparanjitha (091061)

Date & Time: 10/7/26 2pm

Nurse Signature: Nurse Name: Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. P V L N MURTHY Department: ER → OT Date of Admission: 9/7/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
	<u>Adeno tonsillitis.</u>					
BACKGROUND	Area	Shift Time	<u>ER</u> <u>4pm</u>	<u>OT</u> <u>8am-12pm</u>	<u>OT</u> <u>12pm-8pm</u>	
	Medical Condition (Any special condition to be noted):		<u>Nil</u>	<u>NA</u>	<u>NA</u>	
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	Vital Signs:	Temp:	<u>98°F</u>	<u>98.6°F</u>	<u>98.2°F</u>	
		Res:	<u>24 blm</u>	<u>25 blm</u>	<u>26 blm</u>	
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>99%</u>	
		Pulse:	<u>103 bpm</u>	<u>105 bpm</u>	<u>115 bpm</u>	
		BP:	<u>115/52</u>	<u>106/42</u>	<u>100/60</u>	
		Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	
	Pain Score:	<u>0</u>	<u>1/10</u>	<u>0/10</u>		
	Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Others Specify:		<u>Nil</u>	<u>NA</u>	<u>NA</u>		
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Other Special Orders / Medications:			<u>Nil</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:			<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>DU</u>
Handed Over By Name :		<u>Sagan</u>	<u>Deef</u>	<u>Apparajitha</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>9/7/26</u>	<u>9/7/26</u>	<u>10/7</u>		
Time:		<u>4 pm</u>	<u>8pm</u>	<u>8am</u>		
Taken Over By Name :		<u>Teenu</u>	<u>Apparajitha</u>	<u>Sarika</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>9/7</u>	<u>9/7</u>	<u>10/7</u>		
Time:		<u>4 pm</u>	<u>8pm</u>	<u>8am</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
	Res:							
	SpO ₂ :							
	Pulse:							
	BP:							
	Fall Risk Score:							
	Pain Score:							
	Recommendations	Safety Needs:						
Physiotherapy		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Others Specify:								
Special Diet:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Other Special Orders / Medications:								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								



THE HUMPTY DUMPTY SCALE 9/7 10/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2			
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
TOTAL			10	10			

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	4/4				
Call device within reach	Yes	4/4				
Wheels Locked	Yes	4/4				
Room free of clutter	Yes	4/4				
Adequate Lighting	Yes	4/4				
Wheel Chair Support	No	1/0				
Other Intervention(s) Specify	No	1/0				
Nurse's Name :	Sagar	APM				
Signature :	[Signature]	[Signature]				
Date :	9/7	10/7				
Time :	2:10 pm	6 pm				

BAH-00647103 IP5-00176160
Master EPPALAPPELLY RISHIK
25-04-2016 11 Y 2 M 14 D (M)
Dr. P V L N MURTHY



BRADEN 'Q' SCALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 21-4-2016	10/2		
				Time : 2:10 pm	6		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	
				TOTAL SCORE	28	28	
				Evaluator's Name	[Signature]		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7/26	2:10 pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil Nil	[Signature]
9/7/26	6:35 pm	4/10	SS	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	[Signature]
10/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Appy
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

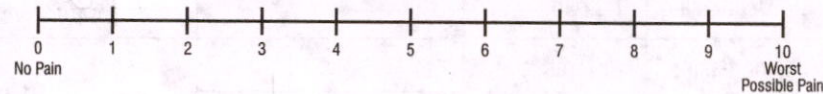
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

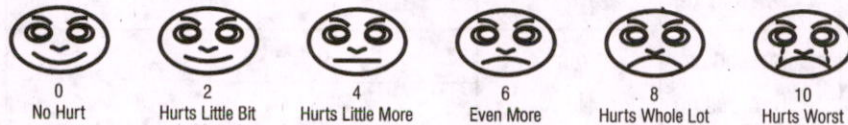
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



BAH-00647103 IP5-00176160
Master EPPALAPPELLY RISHIK
25-04-2015 11 Y 2 M 14 D (M)
Dr. P V L N MURTHY



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: Telegu Patient / Learner Literacy: ☐ Read ☒ Write ☒ Speak Willingness to Learn: ☐ Yes ☒ No Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
9/7/26	2:16 pm	7.	Infection control measures	M	4	0	1	1	-	
10/7/26	7am	9	soft diet	M	1	0	1	1	-	Nicitha

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify)									
Learning Barriers:									
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice					
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)					
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing						
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed									
Mechanism/s to overcome barrier/s:									
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify						
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding:									
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review							

BAH-00647103

IP5-00176160

Master EPPALAPELLY RISHIK

25-04-2016

11 Y 2 M 14 D

(M)

Dr. P V L N MURTHY



MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Diagnosis:

Adenotonsillitis.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
<i>9/7/26</i> <i>2:10 pm</i>	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	<i>Adenotonsillitis</i>	<i>Swag. mgmt</i>	<i>- NPO</i> <i>- Adenotonsillitis</i> <i>elbowy</i>	<i>[Signature]</i>	☐ Nursing ☐ Others:
<i>9/7/26</i> <i>2:10 pm</i>	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	<i>Adeno tonsillitis.</i>	<i>H-Stability</i>	<i>- IV placed</i> <i>vitals</i> <i>monitoring</i> <i>- NPO.</i>	<i>[Signature]</i>	☒ Medical ☐ Others:
<i>10/8/26</i> <i>2am</i>	☐ Medical ☐ Nursing ☒ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	<i>Adenotonsillitis</i> <i>+ hyperemphic</i>	<i>Soft diet</i>	<i>ROA:</i> <i>@ 2-1700 kcally</i> <i>P: - 3081g</i>	<i>Nichy</i>	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



CHECKLIST FOR THROMBOPHLEBITIS

9/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		✓	—							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		—								
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		—	—							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		—	←							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		—	←							
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : _____ Name : _____

Signature of Ward In Charge :

Signature : _____ Name : _____



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 9/7/26

Department : P.O.T. Duration of Procedure : 1.66

Name of Surgeon : Dr. P.V.L.N. Murthy Date of Admission : 9/7/26

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

		Staff Signature
	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic : (iv) Augmentin	Thy
2.	Hair Removal ☐ Yes ☒ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☒ No	Thy
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Aman Date & Time of antibiotic administration : 9/7/26 @ Date & Time procedure started : 9/7/26 @ 5:15 PM	Thy

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse

(Bundle care and when required SSI form) are completed properly
must always be kept in Infection Control folder in respective department

CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Adenotomyllectomy + Turbinoplasty + Septoplasty + Spine Excision
Anaesthesiologist: Dr. Tejaswini 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: Desaturation, laryngospasm, bronchospasm

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: Rajani
Name: E. Rajani
Relationship with patient: mother
Date & Time: 8/7/26 5:35pm

Witness:

Signature: Rajani
Name: Rajani
Date & Time: 8/7/26 5:35pm

Doctor (who is taking consent):

Signature: Dr. Tejaswini Name: Dr. Tejaswini Date: 8/7/26 Time: 5:35pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అబ్సెన్స్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

రిజనల్ 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 అబ్సెన్స్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
☐ రిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజక్షన్ 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 సింట్రిల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ 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 అబ్సెన్స్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Name: Mateo E. Rishik Age: 11.42m Sex: male UHID.No: BAH-00641103
Date: 8/07/2020 Time: 5:30pm
Diagnosis: Adenotonsillar Hypertrophy Proposed Operation: Adenotonsillectomy + TUP
B.P / CRT: H.R: Weight: 38.65kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Septoplasty + Spur Excision

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

Medical History: CVS:
RESP: ARTD
CNS:
Renal:
Hepatic / GE:
Others:
NOT significant.
Allergies: AKDA
TEEM ASCS
Diabetes: B.Wt: 3kg.
NO NICU stay.
(N) development.
Physical Activity: Active.

Past Anaesthetic History: -

Physical Exam: (N)

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mento-hyoid Distance: 2FB Neck: (N) Teeth: Loose upper.
Lungs: BAE+ clear
Heart: S1S2+
CNS: HM+
Pregnant: ☐ Yes ☐ No ☒ NA

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: 3 explained.
- NIL ORAL Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management ☒ Discussed with Patient
- Other Instructions: CBP during cannulation

Signature: [Signature] Name: Dr. Tejaswini



ANAESTHESIA CHART

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Pre Induction Assessment:

☐ Yes ☒ No

Fasting Status: Adequate

Change in Patient Condition:

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 101 bpm

B.P / CRT: 100/50 mmHg

SpO₂: 98% on RA

R.R: 16/min

Last Feed: 9am

Pre-OP Diagnosis: Adeno Tonsillar hypertrophy

Operation: Adeno Tonsillectomy + Tubingoplasty

Date: 9/1/26

Surgeon: Dr. P.V.L.N. Murthy

Anaesthesiologist: Dr. Shipra → Dr. Brundha

Technician: Aman

TIME
N₂O / A₂ / O₂ / LPM
HALO / SO / SEVO

Drugs:

Midazolam 2 mg IV
Fentanyl 50 mcg IV
Propofol 100 mg IV
Vecuronium 20 mg IV
Dexamethasone 10 mg IV
Tranexamic Acid 600 mg IV
Paracetamol 600 mg IV

FiO₂ / SaO₂

ETCO₂

ECG

Temperature

Urine Output

Fluids
Blood
Lactate

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

LAB Values

☒ Equipment Checked and Functional
☒ BP
☒ Cuff Site: left ul
☒ Art Site: 3 lead screw
☒ EKG Lead
☒ Temp Site
☒ FIO₂ Monitor
☒ Agent Monitor
☒ Pulse Oximeter
☒ Capnograph
☒ Ventilator
☐ Nerve Stimulator
Position: Spine
☐ Pressure Points Checked

Eye Care:

☒ Gint
☒ Tape
☐ Padding
☐ Awake

Temp:

☒ HME
☐ Cling Film
☐ Hugger's
☐ Other

Times:

Anaes Start: 5pm
OP Start: 5:30pm
OP End: 6:30pm
Leave OR: 6:30pm

Anaesthesia:

☒ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)

☐ CVP:
☐ ART:
☒ IV: 22G Rt ul
☐ IV:
☐ IV:

Induction

☒ IV
☒ Pre O₂
☐ Others

☐ Mask
☐ Airway
☐ ETT # 5.5 at 16 cm
☐ Oral
☐ Nasal
☐ Tracheostomy
☐ Drug: Vecuronium

☐ Awake
☐ Video Laryngoscopy
☐ Fiberoptic
Blade # South Pole
Attempts: Lat Tube

Difficulty Why?

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

Regional:

Extremity
☐ Spinal
Others:
Position:

Site:
Needle Size: 22G Depth: 16cm
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. Brundha
Signature of the Doctor: [Signature]

BAH-00647103 IP5-00176160
Master EPPALAPPELLY RISHIK
25-04-2015 11 Y 2 M 14 D (M)
Dr. P V L N MURTHY



POST-ANAESTHESIA CARE UNIT RECORD

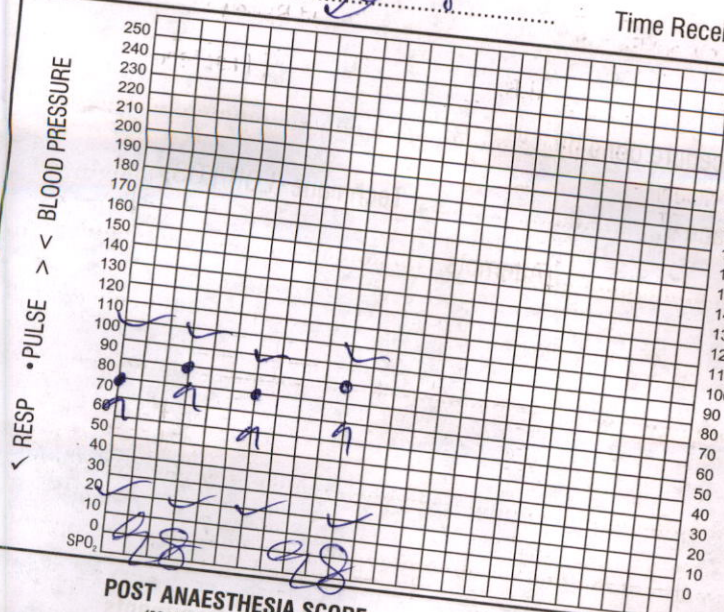
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Received in PACU by: Durg

Time Received: 6:13 PM

Time Discharged: 7:13 PM



IV Cannula Site: 288
☐ O₂ Mask
☐ Tracheostomy
☐ Oral Airway
☐ Nasal Prongs
☐ T-Piece
☐ Nasal Airway

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

IV Fluids: _____
Oral Feeds: _____

POST ANAESTHESIA SCORE (Modified Aldrete Score)

	IN	MINUTES			OUT
		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	1	2
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2
TOTAL		8	8	9	10

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/7	6:13 PM	1/10		Durg

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

Anaesthesiologist Name: Dr. Amreen

Anaesthesiologist Signature: [Signature]

Date & Time: _____

PACU Nurse Name: _____

PACU Nurse Signature: _____

Date & Time: _____

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): Durg

Date & Time: 6/7/20 @ 7:30 PM



Patient Sticker

Department of Anaesthesiology
ANALGESI

Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by
 Space : Technique (LOR/LOS)

CSE /Spinal /Epidural

Depth:

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

Q. No.	Ans.	Comments
a)		

b)	Level	Maternal		FHR
		BP	Pulse	

[illegible]

Delivery Details : Time : APGAR: SVD / INC:
 Inspected :

Delivery Details :
Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Discharge/Shifting Order: _____

Doctor Signature: _____

Doctor Name:

Date and Time :



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 3:15 pm Mode of Arrival: walking Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Body Weight: 39.5 Kg

..... NADA Height: cm

Past Medical History: Obtained From ☐ Patient ☒ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>NA</u>	<u>NA</u>	<u>N/A</u>

Family History: Nothing significant

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No

If yes please list,

Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☒ Yes ☐ No

Current Medication: ☒ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 39.5 Length: Head Circumference (< 2 years):

Temp.: 98.4 F HR: 80 bpm RR: 20 bpm BP: 90/50 mmHg

Pain Score: 0/10 Specify Site: (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 0/10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☒ Wong Baker

Character of Pain Location Frequency Duration

FUNCTIONAL SCREENING:☒ No Abnormalities Detected☐ Mobility Problem☐ Walking Problem☐ Developmental Delay☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☒ No Abnormalities Detected☐ Underweight☐ Overweight☐ Special Feeding Method☐ Feeding Problem☐ Special diet☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:☒ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives With *Parents*Siblings in household ☐ Yes ☐ No (if yes How Many?)All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach : ☒ Yes ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump : ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☐ Yes ☐ NoInformation given to *Mother*Nurse Signature: *[Signature]*Nurse Name: *Peena*Date: *9/7/26*Time: *4pm*

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Master EPPALAPPELLY RISHIK
25-04-2015 11 Y 2 M 14 D (M)
Dr. P V L N MURTHY

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DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: as per Doctor orders

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☒ Yes	☐ No
☐ Bathing	☒ Yes	☐ No
☐ Eating	☒ Yes	☐ No
☐ Walking	☒ Yes	☐ No
☐ Dressing	☒ Yes	☐ No
☐ Toileting	☒ Yes	☐ No

yes

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: medication

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date and Time: 9/7/26 @ 6pm



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/7/26 Time: 9am

Weight: 30 kg Centile: 75th

Height: 147 cm Centile: 77.5th

Inference: Well child

RDA: - Calories: 2000 cal/d Protein: 30 g/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy & outside foods

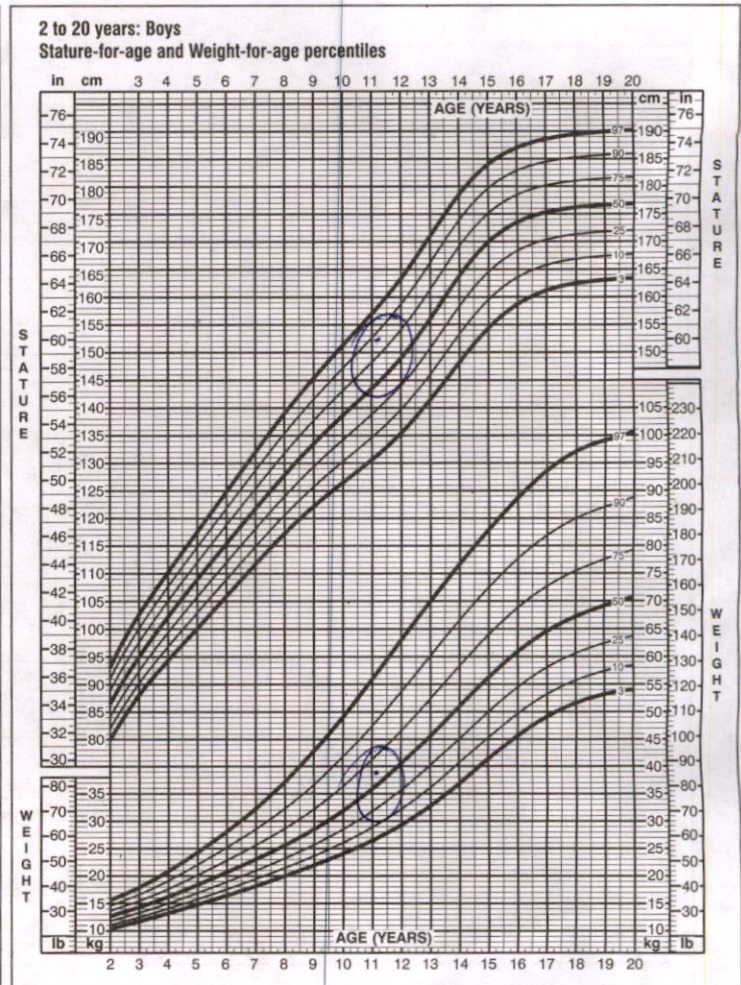
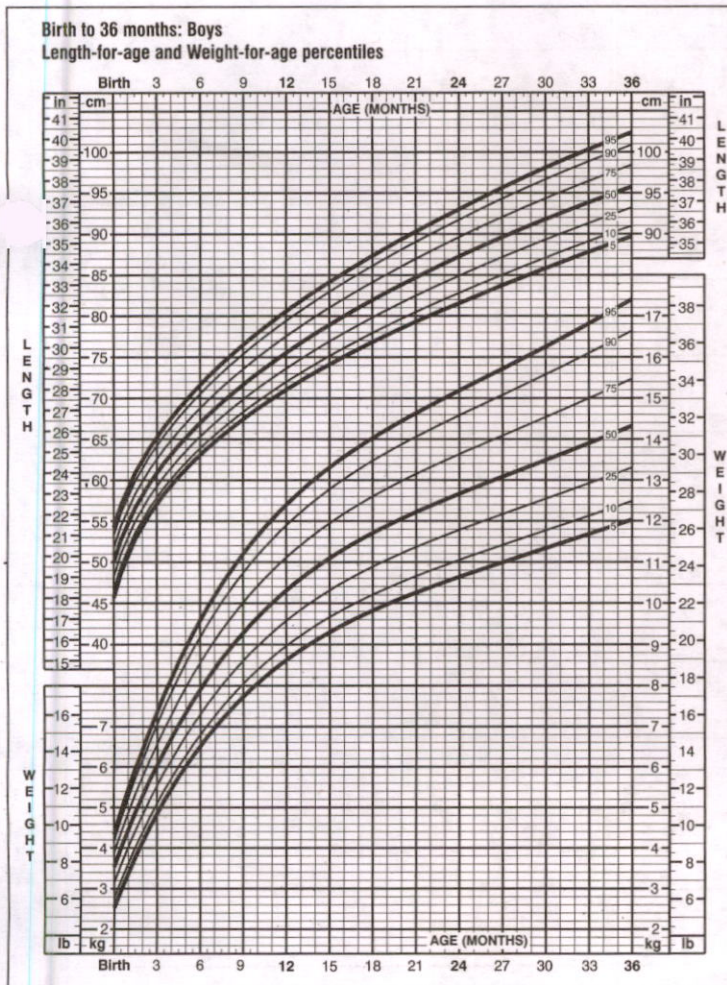
Food Allergies: NO Veg/Non-veg Non-veg

Diagnosis: Adenotonsillitis + Hypertrophied inferior turbinate

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Nivitha

Dietician's Signature: Nivitha

Daily Notes: