CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

Patient Sticker

28-Jun
80936

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ENTERED

SURGERY DETAILS

Date : 4/7/26

Patient Name: B. Shi Moksha Putsa Date of Birth: .... Age: 3Y

Gender: F Ward : P-OT UHID No.: 126149

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

Name of the Surgery : Adeno tonsillectomy c coblation

Time in : 5:20 pm Put Tube Time Out : 6:15 pm

		NAME	**AMOUNT**
1.	Surgeon	PVLN Murthy	SF - 38400
2.	Anaesthetist	Dr. Shaini	AF 12000
3.	Assistant Surgeon	—	OT - 19000
4.	OT Technician	Venkat	
5.	Circulating Nurse	Suman	
6.	Assistant Nurse	Akhil	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others Coblation → 9688034

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9688033 Order by: Beyamin

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

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

ADENO TONSILECTOMY.

CONSUMABLES OF OT

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..... Technician : ..... Date : 4/7 Time : 8:30 a.m.

Anaesthesia Disposables (5+1)	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4/5.5/6/5.5	HH	01	Major Pack Prapegaurd	2	1	Inj Vit.K		
LMA 2	01	—	Sutures			Cord Clamp		
ECG leads : A / P / N	3+2	3				Suction Catheter		
HME filter : A / P / N	01	01				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves 7-7.5	2+2	—	Surgical Gloves		
02 cc	10	2	7. 7.5	2+2	2	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	0/	—	Surgical blade			Surgical Blade # 20		
IV set	01	01	NG tube 6 No	2	2	Koochies (S)		
RL	01	01	Cautery pencil			Ns 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	4+1+1	0+1	Koochies			Transofix	1	1
mini Spike	01	0	Ointments			Local Bte	2	1
Vacuoy set	0,	01	Suction Catheter			Soulon	1	
Fentanyl	01	01	Cap, Mask	5/5	3/3	Inj. Adrenalin	5	3
Morphine			Gauze Pack N	2	2			
Ketamine			Mop Pack	1	—			
Propofol	03	01	Steristrip					
Rocuronium	01	01	Underpad	1	1			
Glycopyrolate	01	0	Draw sheet					
Myopyrolate 1 Pedo.	01	02	Abgel					
Ondansetron	01	—	Foleys catheter			O2 0.1	1+1	—
Pencan 25g/ Spinal Needle 22			Urobag			RA 20, 22	1+1	
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			Oxygen (P)	01	—
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics Augmentin 600mg	01	01	Bandage					
IVFCM	01	01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	1+1	01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Surgipad 10cm + 10cm	1+1	01	Microshield	1	—			
Gauze + Gloves all	Staff	01	Cotton Balls					
Dettol + Tonsee	1+1	1+1	Latex Gloves	10p	10p			
IV Canula 22/24	1+1	—	Ramdione Scrub					
Sutures - optional 1/3	1+1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9687848 Ordered by : .....

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

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11:25AM through whatsapp Preapproval / BA

ESTIMATION SLIP

EUV-OD126149

Date : 28/Jun/26 UHID / IP No. : ~~[illegible]~~ Sl No. 80936

Name of Patient : Baby Sri Maherha Putsa Age: 3y Gender: F

Father's / Husband's Name : Mr. Prashanth Corporate / Occupation : Carrier Technologies

Address : ____ Phone : 8096355406 Email: ____

Procedure / Plan : Adenotonsillectomy c Coblation

MODE OF PAYMENT : ☐ SELF ☑ TPA : Generali Central (FG) ☐ GIPSA: ____ OTHERS

TARIFF INFORMATION : Dr. PVLN Murthy

ROOM CATEGORY		GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day)	Room Rent & Nursing Charges				23200/day	NA					
	Doctor's Fee										
	L. Tax										

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	Rs: 42240 (ST+AST) + 15,840 (Anaes) + 10,000/hr (OT)	
O.T. Consumables	8500/-	Subject to approval by TPA / Insurance Company
Instrument Charges	Coblator → 7500/-	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	extra	As per actual - Not Included in Estimation

Equipment Charges	Monitor :		Oxygen :		Infusion pump / Syringe pump :	
	Ventilator :	Conventional :		HFO-SLE 5000 :		HFO Sensormedix :
	Phototherapy :	Single Surface :		Double Surface :		Triple Surface :

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	extra	As per actual - Not Included in Estimation
Package	evac Ward: 28K (STC)	
Others		
Initial Minimum Deposit	→ Rs. 15,000/- & final dues clearing	

NA: 30k/1D/1th EBA: 1.55L OT Adv. 5000/-

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

Room rent ded/STA @ 12 noon cycle

Adm/Dis/IPR/cons @ AL/RAC

Subject to tariff revisions.

DECLARATION

I Prashanth 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

(Obaidullah)

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

-00126149 IP5-00175969
y SRI MOKSHA PUTSA
2-2022 3 Y 6 M 19 D (F)
P V L N MURTHY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary				
3	Nursing Initial assessment	1			
4	Patient Transfer form	1+1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	1+2			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1+1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	6			
	Billing	2			
	Total No. of Pages	35			

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

Signature and Date : L. Tejasvi
(P.T.O)
25/07/25

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175969 **Admit Date** : 04-Jul-2026 **Admit Time** : 01:57 PM **UHID** : CUV-00126149

Patient Details :

Patient Name	: Baby SRI MOKSHA PUTSA	**Age**	: 3 Y 6 M 18 D
Guardian	: Mr PUTSA LAKSHMI MANIKYA PRASANTH	**DOB**	: 16-12-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: PLOT NO 24, DOOR NO 402, SAHAJA HEIGHTS, RADHE NAGAR COLONY, NEAR HS DARGAH, RAIDURGAM Gachibowli Hyderabad Telangana INDIA 500032	**Phone No**	: 8096355406/ 7981328754
		E-mail	: MANIKYAPRASANTH@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr PUTSA LAKSHMI MANIKYA **Relationship** : Father

Contact Address : PLOT NO 24, DOOR NO 402, SAHAJA HEIGHTS, RADHE NAGAR COLONY, NEAR HS DARGAH, RAIDURGAM Gachibowli Hyderabad Telangana INDIA 500032 **Phone No** : 8096355406

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 : GENERALI CENTRAL INSURANCE COMPANY LIMITED

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

Date of Admission: ____ te of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	2:35pm	ER	OT	
4/7/26	8 pm	OT	239	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR, Faisal 'B	5/7/26	9688564	
2				
3				
4				
5				
6		D/C		
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
04/07	CBP	67053	Israel

MEDICAL EQUIPMENT (WARD & ICU)

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

DIC

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
04/07	~~PAC~~ (OP Basis)	—	—	
4/7/26	IV Placement	01	9687502	
5/7/26	NHA	01	9688602	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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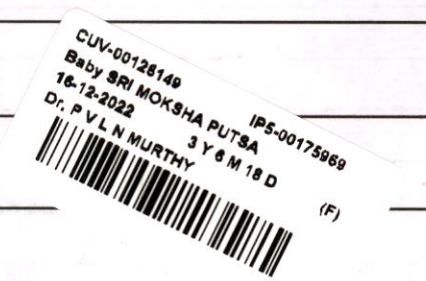
PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Name : Sri Moksha Putsa Age/Sex 3y/F

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- Open mouth breathing
- Poor clarity of speech } × 6 months
- Snoring

History of present illness :

Open mouth breathing
Snoring
Poor clarity of speech } × 6 months

↓

Diagnosed → Grade IV Tonsillitis &
Grade IV Adenoid hypertrophy.

↓

Now admitted for
Coblation Adenotonsillectomy

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
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Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

Term / NVD / CIAB / 3.4 Kg

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : upper middle class

Developmental History :

Achieved as per age.

Immunization History :

As per schedule

(P.T.O.)

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 21 kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 94 b/m B.P. 98/60 mmHg SPO2 100 @ RA

Resp.rate and type of breathing : 26 br/min

Rash

Lymphadenopathy — (-)

Oedema :

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BILATE, Clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (0)

Any murmur :

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

Per Abdomen :

Inspection

Palpation :

Ausculation : Soft, Non distended

Spine : External Genitelia :

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

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton : WNL

Tone: WNL Power WNL

Co-ordinator : WNL

Posture : WNL

Involuntary Movements : WNL

Reflexes : WNL

DTR WNL **Superficials:** WNL

Plantars WNL

Sensory System : WNL

Bladder / Bowel : WNL

Clinical Summary & Diagnostic:

Grade IV Adenoid hypertrophy with Grade IV tonsillitis

(P.T.O.)

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Bleeding
sepsis

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP
LFT, RFT, S. Electrolytes
N.B Israil
4.7.26

Planned Management

- NPO as advised
- IVF. DNS
- Shift to OT

DR. P V L N MURTHY
Registration No: 47267

Signature of the Doctor: .....
Name of the Doctor: Dr. N. Chandan
Date & Time: 04/07/26, 10.50 pm

Signature of the Consultant: .....
Name of the Consultant: Dr. PVLN Murthy
Date & Time: 4/7/26 at 6:30 pm

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

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OPERATION THEATER NOTES

Patient's Name : B. Sri Moksha Putsa Age : 3Y Gender : ☐ Male ☐ Female

UHID No.: 126149 Weight : ..... Height : .....

Surgeon : PVLN Murthy	Asst. Surgeon : —	
Anesthetist : Dr. Shaisri	OT Nurse: AVhil	OT Technician: Venkat
Pre-Operative Diagnosis: Chr. Adenotonsillitis		
Surgical Procedure : Adeno tonsillectomy & Coblation		
Indications for Surgery :		
Date : 4/7/26	Start Time : 04:41 Pm	End Time : 6.5 pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adeno tonsillectomy & Coblation

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Syp. PANTOP DSR 5ml BID 2wks

2 Syp. ZYZAL-M 5ml BD 2wks

3 Syp. CROCIN DS 5ml TID - 2wks

4 T. TRANEXA 500mg BD - 2wks

5 Salt water gargle TID 2wks

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

Signature of the Surgeon: DR. P V L N MURTHY Registration No: 47267

Date & Time: 4/7/26 6.30pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/1/26 9:30pm	CS/B Resident	
	Δ: Chronic adenotonsillitis	Plan
	Adenotonsillectomy ± coablation	① Continue medications as started by ENTS
	Child is valet hemodynamically stable	
	Encourage oral feed	② Monitor for bleed & vitals
	mild bleed from nose	
	mild throat pain	Soluble
	O/E	
	Vitals stable	
5/1/26 9PM	Seen by Resident	
	Δsis - chronic adenotonsillitis	
	S/p adenotonsillectomy	
	Accepting orally	
	Hemodynamically Stable	D/C today

Sahithi

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCHBH /FRM / CLINICAL / 088

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CROSS CONSULTATION FORM

Doctor Name : Dr faisal Date : 5/7/26. Time :

Diagnosis : Chronic adenotonsillitis s/p adenotonsillectomy.

Hospital : KEM - BH

Type of Referral :
☐ Emergency
☐ Urgent
☒ Non Urgent

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

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

opinion on D/c

Signature:

Findings and Recommendations :

Dx:- chronic adenotonsillitis
s/p coblation adenotonsillectomy.
no fever / pain / vomiting / bleeding
Accepting orally

O/E
child alert, afebrile
Hemodynamically stable
throat healthy

Plan
.. can be discharged today
2. f/u c ENT Surgeon.

Consultant :

Name : Dr faisal Signature : DR. FAISAL B NAHDI Registration No: 66228 Date & Time : 5/7/26.

10.30a

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RESULT SHEET

Date	4/7/26					
Time	2:04PM					
Hb	10.8					
PCV	35.0					
RBC	5.31					
WBC	12.04					
N/L						
Platelets	264					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

CUV-00126149 IPS-00175969
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Sri Moksha

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ 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 : 04/07/2026, 1:50 PM

Nurse Name & Signature: Nr. Sumeta

Date & Time : 04/7/2026 : 2pm

CUV-00126149 IP5-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

: Moksha.

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 04/07/26 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 .....

CUV-00126149 IPS-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS

Weight. 21 kg Ward. ....

DRUG: SYP AUGMENTIN DDS				Date/Time	4/7
Dose	Route	Frequency	Start Date	10 AM	[illegible]
5ml	P/O	BID	04/07	10 PM	
Name & Signature of the Doctor Starting the Drugs: Soheb					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: SYP XYZAL M				Date/Time	4/7	5/7
Dose	Route	Frequency	Start Date	10 AM	✓	1AM S.O. [illegible]
5ml	P/O	BID	04/07	10 PM	✓	
Name & Signature of the Doctor Starting the Drugs: Soheb						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: SYP CROCIN DS				Date/Time	4/7	5/7
Dose	Route	Frequency	Start Date	6 AM	/	6AM [illegible]
5ml	P/O	TID	04/07	2 PM	/	
Name & Signature of the Doctor Starting the Drugs: Soheb				10 PM	8.40 ✓	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: TAB TRAWEKA				Date/Time	4/7	5/7
Dose	Route	Frequency	Start Date	10 AM	/	[illegible]
1/4 tab	P/O	BID	04/07	10 PM	8.30 ✓	
Name & Signature of the Doctor Starting the Drugs: Soheb						
Additional Instructions: 1 tab = 500mg						
Daily Doctor's Endorsement by a Sign						

Dr. P V E N MURTHY

Weight. 21kg Ward. .....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
04/07/26	5:35pm	Inj TRANEXEMIC ACID	300mg	IV		
04/07/26	5:36pm	INJ DEXAMETHASONE	2mg	IV		
04/07/26	5:40pm	INJ PARACETAMOL	300mg	IV		
04/07/26	5:37pm	SUP DICLOFENAC	12.5mg	P/R		
04/07/26	5:35pm	INJ AUGMENTIN	630mg	IV		

Dr. P V L N MURTHY

IPS-00175969 CUV-00128149

I.V. FLUIDS CHART

Weight. 21 kg Ward

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
04/07/26	2 PM	DNS	IV	60 ml/hr	[signature]	Not connected			
04/07/26	5:30pm	RINGER LACTATE	IV	200 ml/hr	[signature]	[signature] [signature]	4/7	[signature]	[signature] [signature]

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

UV-00126149 IP5-00175969
aby SRI MOKSHA PUTSA
5-12-2022 3 Y 6 M 18 D (F)
r. P V L N MURTHY

19/7/26

c. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10PM	8AM	6AM	10AM
Doctor / Nurse / Family Concern?				
Temperature (F) (94–104)	98.2	98.5°F	98.7°F	97.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)	100/72 (80)	101/64 (72)	99/59 (69)	102/60 (75)
Heart Rate (Number)	122	120	122	126
Resp. Rate (bpm) (Over 1 Minute) * (10–70)				
Resp Rate (Number)	28	24	24	26
Resp Distress — Mod/ Severe / None / Mild				
Receiving O_2(l/min) / O_2Saturations (%)				
Conscious Level — Normal / Altered	99%	98%	99%	100%
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE — Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Dr. P V L N MURTHY

Patient S

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	—										
	03:00 pm	—										
	04:00 pm	—										
	05:00 pm	RL	NBO	200ml	—						0	
	06:00 pm	RL	NPO	200ml	—						0	
	07:00 pm	H2O	SOFT FEEDS		—						0	
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	

UV-00126149 IP5-00175969
aby SRI MOKSHA PUTSA
6-12-2022 3 Y 6 M 18 D (F)
r. P V L N MURTHY

5/12

FLUID CHART

Rainbow® Children's Hospital
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Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

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

1 Adeno tonsillectomy c Coblation

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

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

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

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

a. Bleeding, change in voice, Nasal regurgitation
b. Need of steroids

1. I authorize Dr. Dr LVN Murthy and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: P Siva Priyanka
Name: P Siva Priyanka
Relationship with patient: Mother
Date & Time: 4/7/2026, 5:24pm

Witness:

Signature: .....
Name: Mani Kalluraya
Date & Time: 4/7/26, 5:25pm

Doctor (who is taking consent): DR. P V L N MURTHY
Signature: ..... Registration No: A12607 Name: LVN Murthy Date 4/7/26 Time: 5:22pm

Docu. No.: RCHBH/FRM CLINICAL / 027 (26)

(P.T.O)

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. PVLN Murthy
Asst. Surgeon : —
Anaesthetist : Dr. Shanti
Scrub Nurse : Akhil

Patient Name : B. Sri moksha Putsa Age : 3Y Gender : F
UHID No. : 126143 Surgery Name : Adenotonsillectomy
Date : 4/7/26 In-time : 5:20pm Out-time : 6:15pm

CUV-00126149 IPS-00175969
Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 5:15 pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☑ No ☐ NA

Signature : PVLN
Name : DR SHIVA

Before Skin Incision ➤➤

TIME OUT Time: 5:40 pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 1 hrs 5-10ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : [signature]
Name : Suman

Before Patient Leaves Operating Room

SIGN OUT Time: 6 pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☑ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

DR. P V L N MURTHY
Registration No: 47267

Signature : [signature]
Name : PVLN Murthy

Patient Sticke

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Baby SRI MOKSHA PUTSA
16-12-2022 3 Y 6 M 18 D (F)
Dr. P V L N MURTHY

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 4/7/26

To Be Filled In By Assigned Nurse :

Department : ENT Duration of Procedure : 1 hrs

Name of Surgeon : Dr. PVLN Murthy Date of Admission : 4/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☐ Single Dose Antibiotic or ☑ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : INJ. AUGMENTIN	
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	
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Venkat Sai Date & Time of antibiotic administration : 4/7/26 at Date & Time procedure started : 4/7/26 at 5:41 pm	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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Baby SRI MOKSHA PUTSA
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Dr. P V L N MURTHY

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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.

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2-2022 3 Y 6 M 19 D (F)
P V L N MURTHY

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 5/7/26 Time: 9am

Weight: 21kg Centile: <97th

Height: 95cm Centile: <97th

Inference: Overweight child

RDA: - Calories: 1300kcal/d Protein: 22gm/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid Spicy & outside foods

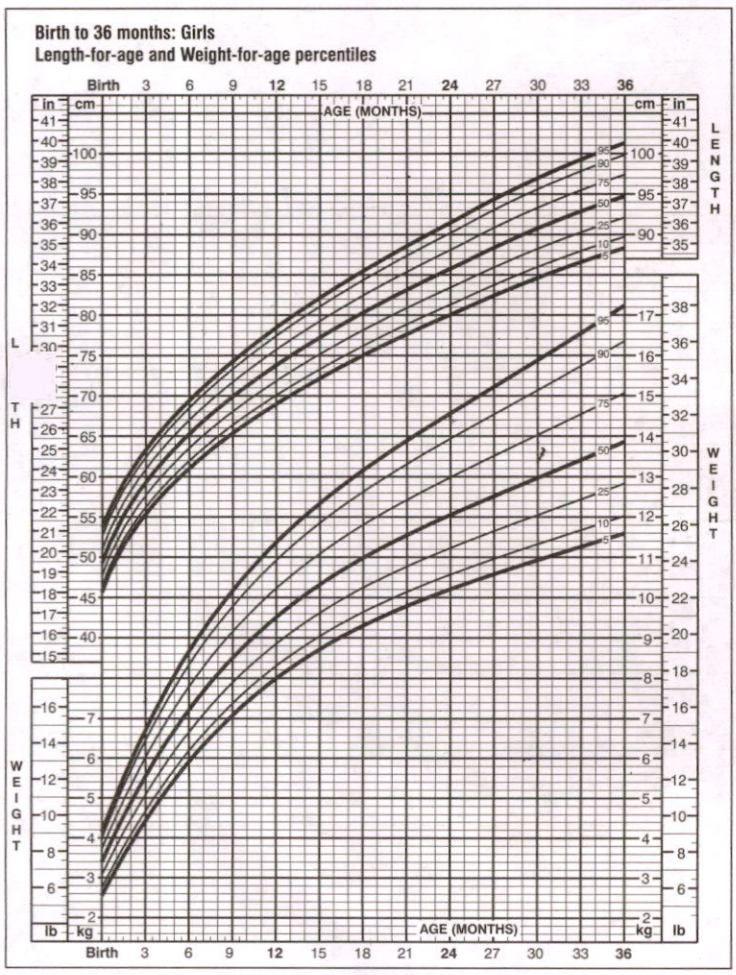
Food Allergies: NO Veg/Non-veg NON-veg

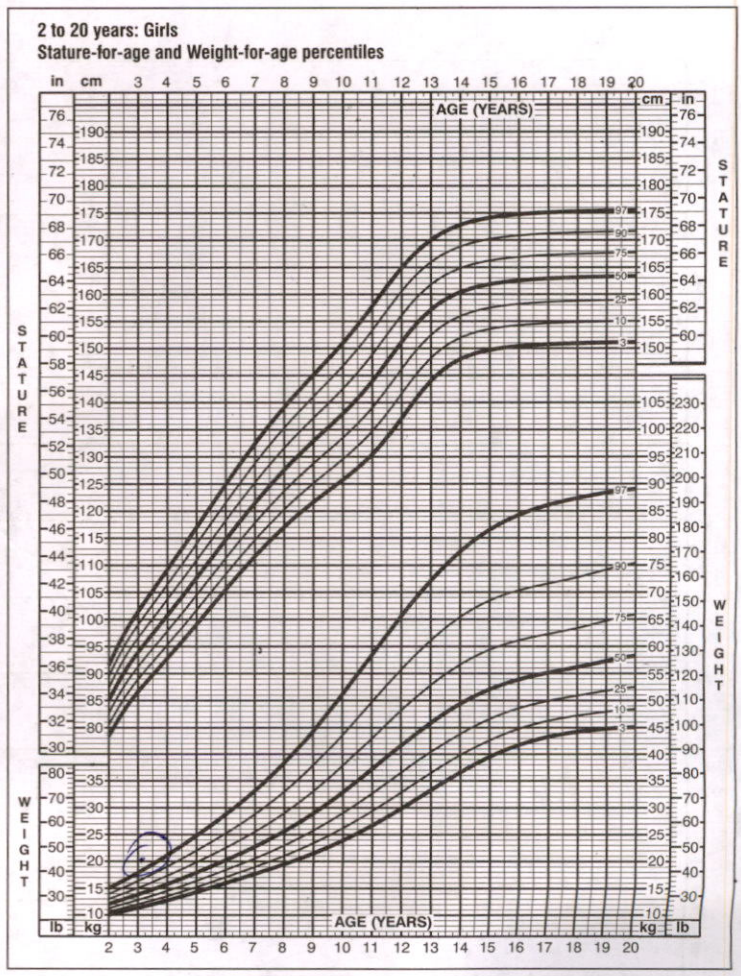
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ~~Oral~~ ☐ Enteral ☐ Parenteral

Patient's Signature: Sahi

GROWTH CHART (GIRLS)





Dietician's Name Raima Dietician's Signature Raima

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

(P.T.O.)

Daily Notes: