

KUH-0013706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2011 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



Buyal brand

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES OF OT

C Technician : Date : Time : *10:00 AM*

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|------------------------------------|-----------|----------|--------------------------|------------|------------|-------------------------|----------|----------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube <i>551505</i> | <i>1</i> | <i>1</i> | Major Pack <i>Drage</i> | <i>1</i> | <i>1</i> | Inj Vit.K | | |
| LMA <i>21212</i> | <i>1</i> | <i>1</i> | Sutures | | | Cord Clamp | | |
| ECG leads : A P N | <i>5</i> | <i>3</i> | | | | Suction Catheter | | |
| HME filter : A P N | <i>1</i> | <i>1</i> | | | | Feeding Tube | | |
| Syringes : 10 cc | <i>10</i> | <i>3</i> | | | | Vaccum Suction Set | | |
| 05 cc | <i>10</i> | <i>3</i> | Gloves | | | Surgical Gloves | | |
| 02 cc | <i>10</i> | <i>2</i> | <i>G, 6/1/2 A, 3/1/2</i> | <i>2</i> | <i>1</i> | Gauze Pack | | |
| 01 cc | <i>5</i> | <i>1</i> | <i>p.p.c, 1/2 A 1/2</i> | <i>1</i> | <i>1</i> | Syringe 1ml / 2ml | | |
| Cautery plate : A P N | <i>1</i> | <i>1</i> | Surgical blade | <i>1</i> | <i>1</i> | Surgical Blade # 20 | | |
| IV set | <i>1</i> | <i>1</i> | NG tube | | | Koochies (S) | | |
| RL | <i>1</i> | <i>1</i> | Cautery pencil | | | <i>Ns 500ml</i> | <i>1</i> | <i>1</i> |
| NS (10ml / 100ml / 500ml / 1000ml) | <i>5</i> | <i>5</i> | Koochies | | | <i>Transobix</i> | <i>1</i> | <i>1</i> |
| <i>minispice</i> | <i>1</i> | <i>1</i> | Ointments | | | <i>1001, 501, 100</i> | <i>4</i> | <i>4</i> |
| <i>08 moslo p</i> | <i>1</i> | <i>1</i> | Suction Catheter | | | <i>Psy-Anaesthesia</i> | <i>1</i> | <i>1</i> |
| Fentanyl | <i>1</i> | <i>1</i> | Cap, Mask | <i>5/5</i> | <i>5/5</i> | <i>12g needle</i> | <i>1</i> | <i>1</i> |
| Morphine | | | Gauze Pack <i>(N)</i> | <i>5/5</i> | <i>2</i> | | | |
| Ketamine | | | Mop Pack | <i>1</i> | <i>1</i> | | | |
| Propofol | <i>3</i> | <i>1</i> | Steristrip | <i>1</i> | <i>1</i> | | | |
| Rocuronium | <i>1</i> | <i>1</i> | Underpad | <i>1</i> | <i>1</i> | | | |
| Glycopyolate | <i>1</i> | <i>1</i> | Draw sheet | <i>1</i> | <i>1</i> | | | |
| <i>Myopylate (Neo)</i> | <i>2</i> | <i>1</i> | Abgel | | | | | |
| Ondansetron | <i>1</i> | <i>1</i> | Foleys catheter | | | | | |
| Pencan 25g/ Spinal Needle 22 | <i>1</i> | <i>1</i> | Urobag | | | | | |
| Bupivacaine 0.25% | <i>1</i> | <i>1</i> | Chest Drainage Catheter | | | | | |
| Bupivacaine 0.25%(Heavy) | | | Romodrain bag | | | <i>Gauze</i> | <i>3</i> | <i>3</i> |
| Antibiotics | | | Bandage | | | <i>Glycerin</i> | <i>4</i> | <i>4</i> |
| <i>Couperin</i> | <i>1</i> | <i>1</i> | Tegaderm | | | <i>Dexamid</i> | <i>1</i> | <i>1</i> |
| Suppositories | | | Ioban | | | <i>Dexamidranex</i> | <i>1</i> | <i>1</i> |
| Anamol 80mg / 250mg / 170 mg | | | Double J Stent | | | <i>Socetpmin</i> | <i>1</i> | <i>1</i> |
| Supridol 100mg | | | Vaccum Suction set | <i>1</i> | <i>1</i> | <i>Nasal proctition</i> | <i>1</i> | <i>1</i> |
| Justin 2.5 mg / 25mg / 100mg | <i>1</i> | <i>1</i> | Plastic Bed Sheet | <i>1</i> | <i>1</i> | <i>Nasal proctition</i> | <i>1</i> | <i>1</i> |
| Tab. Misoprost 200mg | | | Betadine Solution | <i>1</i> | <i>1</i> | | | |
| <i>Microshield set</i> | <i>1</i> | <i>1</i> | Microshield | <i>1</i> | <i>1</i> | | | |
| <i>oral air way 0112</i> | <i>1</i> | <i>1</i> | Cotton Balls | <i>1</i> | <i>1</i> | | | |
| <i>Nasal airway 16108</i> | <i>1</i> | <i>1</i> | Latex Gloves | <i>5</i> | <i>5</i> | | | |
| <i>Spray 100ml + 100ml</i> | <i>1</i> | <i>1</i> | Ramdione Scrub | | | | | |
| <i>Low carbide 2012</i> | <i>1</i> | <i>1</i> | Saral | | | | | |

Surgeon : Anaesthesiologist : *769410* Nurse : OT Technician :
 Order No. : Ordered by :
 Doc. No. RCH / FRM / GENERAL / 125

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Charge : 6/5/26 Time: _____

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI

Room / Bed No : _____ Billable bed type : _____



WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|----------|--------|--------|--------------------|
| 15/5/26 | 9:45 AM | ER | OT | Annael |
| 15/5/26 | 10:35 AM | OT | Postop | Annael |
| 15/5/26 | 12:05 PM | Postop | ICU | Neey |
| | | | | |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|----|-------------------|----------|-----------|-----------|
| 1 | Dr. Vijayala Devi | 16/05/16 | 9600766 | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173859 **Admit Date** : 15-May-2026 **Admit Time** : 08:30 AM **UHID** : KUH-00135706

Patient Details :

| | |
|--|--------------------------------|
| Patient Name : Baby PONANI KRISHNA MANI GADI | Age : 7 Y 2 M 22 D |
| Guardian : Mr REVANTH GADI | DOB : 23-02-2019 |
| Gender : Female | Religion : |
| Occupation : | Martial Status : Single |
| Address (H) : D 108, FLOATILLA APTS, NEKNUMPUR Manikonda Hyderabad Telangana INDIA 500089 | Phone No : 9492844844 |
| | E-mail : no@gmail.com |

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 410 **Ward Name** : 4F-OT COMPLEX
Room No : POST OP 410 **Admission Type** : First Visit

Contact Details :

Name : Mr REVANTH GADI **Relationship** : Father
Contact Address : D 108, FLOATILLA APTS, NEKNUMPUR
Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : / 9492844844

G. Revanth
Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI **Specialisation** : ORTHOPEDICS
Referral Doctor : Self **Phone No** :
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.19
Payor Name : VOLO HEALTH INSURANCE TPA PVT LTD

KUH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



DEFICIENCY CHECK LIST OF CASE SHEET

| Sl.No. | List of Records | No. of Pages | Legibility | Completeness | Remarks |
|--------|--|--------------|------------|--------------|---------|
| 1 | Admission sheet | 1 | | | |
| 2 | Discharge Summary | 1 | | | |
| 3 | Nursing Initial assessment | 1 | | | |
| 4 | Patient Transfer form | 2 | | | |
| 5 | In-patient Medical record | 1 | | | |
| 6 | Doctors progress sheets | 1 | | | |
| 7 | Nursing plan of care and handover sheets | 1 | | | |
| 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 | 2 | | | |
| 17 | Consent for Formula feed | | | | |
| 18 | Consent for MTP | | | | |
| 19 | Consent for Radiological Investigations | | | | |
| 20 | Consent for HIV test | | | | |
| 21 | Anaesthesia notes (Pre Anaesthesia & post) | 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 | 1 | | | |
| 40 | PICU bed formula Dilution feeds | | | | |
| 41 | Gastro monitoring chart | | | | |
| 42 | Rch ED doctors note | | | | |
| 43 | BP Monitoring chart | | | | |
| 44 | RBS monitoring chart | | | | |
| 45 | Extra | 1 | | | |
| | Total No. of Pages | 37 | | | |

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

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI



Patient Name:

Baby Ponani Krishna Mani Gadi

UHID ID:

kuh-00135706

Department:

Consultant:

KUH-00135706

IP5-00173859

Baby PONANI KRISHNA MANI GADI

23-02-2019 7 Y 2 M 22 D (F)

Dr. VENKAT RAM THYALAPALLI



Orthopedic Multiorgan History & Physical Examination

Name : Baby Ponani Krishna Manigadi Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o alleged history of accidental fall at park
while playing on 14/4/26

History of present illness :

Had swelling & pain at (R) elbow post after
fall

Underwent closed reduction +
K-wire fixation
on 15/4/26

now for Implant removal

no A/o cold/cough

no A/o fever/vomiting

KUH-00135706 IPS-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI

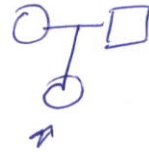


ry & Physical Examination

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

Birth & Neonatal History:

FT / LSCS / Fch / 2.8kg / CIAB



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : Middle

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

KUH-00135708 IP5-00173859
Baby PONANI KRISHNA MANI GADI (F)
23-02-2019 7 Y 2 M 22 D
Dr. VENKAT RAM THYALAPALLI

Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment: For Hemodynamic stability

Planned Labs:

IV Cannula

NIB
Subur
15/05/20

Planned Management

- 1) Continue NPO
- 2) IV fluids
- 3) Shift to OT on call

Signature of the Doctor: JM
Name of the Doctor: Jayabri
Date & Time: 15/5/20 @ 8:40AM

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Venkath
Date & Time: 15/5/20 @ 9:00

KUH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|---|
| | | |
| 6/8 9am | USG kidney - Supracostal No fever Mild pain | # humerus #, Plan for Implant remove |
| | Mild pain | Plan |
| | ^{oral} intake Good No | D/C today. |
| | Hemodynamically stable | Cont. Medicat ⁿ as per chart |
| | | Inj for SOS |
| | | Ayubhama |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI



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

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

CROSS CONSULTATION FORM

Doctor Name: Dr. S. Swal Date: 16/5 Time: 9:00am

Diagnosis: Supra Condylar # humerus Left side

Hospital :

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:

sfp implant removal.

Signature: _____

Findings and Recommendations :

Child doing well
mild pain at surgical site
no fresh complaint
d/c as per ortho advice

Plan
syp Ibuprofen Plus
5ml / TID / x2d.
RIA 5day E
ortho in OPD

Consultant :

Name : Dr. S. Swal Signature : [Signature] Date & Time : 16/5/19

Patient

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI



RESULT SHEET

| | | | | | |
|---------------------|--|--|--|--|--|
| Date | | | | | |
| Time | | | | | |
| Hb | | | | | |
| PCV | | | | | |
| RBC | | | | | |
| WBC | | | | | |
| N/L | | | | | |
| Platelets | | | | | |
| CRP | | | | | |
| ESR | | | | | |
| PCT | | | | | |
| FBS | | | | | |
| 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 | | | | | |

KUH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI

Patient



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 | Syrup CALCI MAX PLUS | 5ml | PO | OD | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | VITAMIN D Sachet 360 | 1 sachet | PO | weekly Once | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayashri

Date & Time: 15/5/26 8:40 AM

Nurse Name & Signature: Annab (Signature)

Date & Time: 15/5/26 8:40 AM

RCH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: N/A 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

REGULAR PRESCRIPTIONS

Weight. 25.7 kg. Ward.



| DR | | | | Date | Time |
|--|-------|-----------|------------|------|------|
| Dose | Route | Frequency | Start Date | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : Symp IBUGESIC PLUS | | | | Date | Time |
| Dose | Route | Frequency | Start Date | | |
| 10ml | P/O | TID | 15/5 | 11/5 | 16/5 |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : T. LANZOL | | | | Date | Time |
| Dose | Route | Frequency | Start Date | | |
| 30mg | P/O | QD | 15/5 | 15/5 | 16/5 |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : | | | | Date | Time |
| Dose | Route | Frequency | Start Date | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |

Patient S

KUH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



IJD 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 | 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 | | M | | | | | | | | | | |
| | 09:00 am | | P | | | | | | | | | | |
| | 10:00 am | | water | | | | | | | | | | |
| | 11:00 am | | eddy | | | | | | | | | | |
| | 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

FLUID CHART



Sheet No. :

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

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

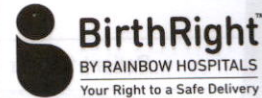
Total 24 hrs. Intake

Total 24 hrs. Output

Depa
PRE



ON



Name: Ms. Baby KRISHNA MANI GADI Age: 7y Sex: Female UHID.No: KUH-00135706

Date: 14/5/20 Time: 4:40pm Proposed Operation: Implant Removal

Diagnosis: slp Close Reduction + k wire fixation for ~~RT~~ Supracondylar Humeru fracture.

B.P / CRT: H.R: Weight: 26.5kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

| | | | | |
|------------------------|----------------|-------------------|--------------------|---------------------|
| Hgb: <u>10gm/l</u> | Glucose: | Protein: | HIV: | X-Ray: |
| PCV: <u>31.5</u> | Urea: | Alb: | HBS Ag: | ECG: |
| WBC: <u>9140</u> | Creat: | Total Bill: | HCV: | 2D Echo: |
| Plate: <u>3.5 lakh</u> | Na: | Dir. Bill: | Blood group: | Stress/Angio: |
| PT: | K: | LDH: | T3: | Other: |
| PTT: | Ca++: | Alk phos: | T4: | |
| INR: | Mg++: | Amylase: | TSH: | |
| | Cl-: | SGOT/SGPT: | | |

Allergies: DUST ALLERGY (Eye) (allie)

Medical History: CVS: On medical treatment Refresh

RESP: Diabetes: 40kair 2drops details not available

CNS: NIL SIGNIFICANT

Renal: FT/2scs/Fch/2.8kg/ctab

Hepatic / GE: Physical Activity: Immunisation

Others: for RT supracondylar Humeru #

Past Anaesthetic History: closed reduction + k wire fixation + plate ~~CA~~ (15/4/20) uneventful.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Thyroid Distance: (N) Neck: (N) Teeth: (N)

Lungs: BAC (+), Clear Missing tooth: (2) / (2)

Heart: SIS (+)

CNS: NAD

Pregnant: Yes No NA Venous Access Site: Peripheral (+) Spine Exam for regional: Midline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|--|----------------------|
| <u>Syp. CALCIMAX PLUS (Ca, Mg, Zinc)</u> | <u>5ml</u> |
| <u>SACHET D360</u> | <u>Weekly 6 wks.</u> |

Pre-Operative Instructions:

- DVT Prophylaxis: Explained
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

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

KUH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



POST-A

RECORD

Received in PACU by: Dr. Neelgini Time Received: 10:35 AM Time Discharged: 12 PM
10:35 AM 11:5 12:00 AM 11:35 AM 12 PM

| | | | | |
|---|---|--|---|--|
| BLOOD PRESSURE < /> PULSE < /> RESP < /> SPO ₂ | 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 | | 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 | IV Cannula Site: <u>Right</u> <input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug: _____ NG Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nil Oral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IV Fluids: _____ Oral Feeds: _____ |
|---|---|--|---|--|

| POST ANAESTHESIA SCORE (Modified Aldrete Score) | | | IN | MINUTES | | | OUT | SCORING INTERPRETATION |
|--|-----|---------------|----|---------|----|----|-----|--|
| | | | | 30 | 60 | 90 | | |
| Able to move 4 extremities voluntary or on command | = 2 | ACTIVITY | 1 | 1 | 2 | | | A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician: |
| Able to move 2 extremities voluntary or on command | = 1 | | | | | | | |
| Able to move 0 extremities voluntary or on command | = 0 | | | | | | | |
| Able to breathe deeply & cough freely | = 2 | RESPIRATION | 2 | 2 | 2 | | | |
| Dyspnea or limited breathing | = 1 | | | | | | | |
| Apnea | = 0 | | | | | | | |
| BP ± 10 of Pre Anaesthetic level | = 2 | CIRCULATION | 2 | 2 | 2 | | | |
| BP ± 10-50 of Pre Anaesthetic level | = 1 | | | | | | | |
| BP ± 10 of Pre Anaesthetic level | = 0 | | | | | | | |
| Fully awake | = 2 | CONSCIOUSNESS | 1 | 2 | 2 | | | |
| Arousable on calling | = 1 | | | | | | | |
| Not responding | = 0 | | | | | | | |
| Pink | = 2 | COLOR | 2 | 2 | 2 | | | |
| Pale, dusky, blotchy, jaundiced, other | = 1 | | | | | | | |
| Cyanotic | = 0 | | | | | | | |
| TOTAL | | | 8 | 9 | 10 | | | |

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|------|----------|------------|---|-----------------|
| 15/5 | 10:35 AM | 0/10 | on sedation | <u>Neelgini</u> |
| 15/5 | 12 PM | 2/10 | provided combi blue patches. evaluation of hand. | <u>Neelgini</u> |
| | | | | |

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Neelgini

Anaesthesiologist Signature: _____

Date & Time: 15/5/20 at 12 PM

PACU Nurse Name: Neelgini

PACU Nurse Signature: _____

Date & Time: 15/5/20 at 10:35 AM

Transferred to Unit by (PACU): 105

Date & Time: 15/5/20 at 12 PM

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI



SENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Implant Removal

Anaesthesiologist: Dr. Ayesha Surgeon: Dr. Venkat Ram

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 Laryngopam, Bronchopam

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: G. Revanthi

Name: G. REVANTHI

Relationship with patient: Father

Date & Time: 14/5/26, 4:40pm

Witness:

Signature: G. Susmitha

Name: G. Susmitha

Date & Time: 14/5/26, 4:40pm

Doctor (who is taking consent):

Signature: Dr. Sr. Ayesha Name: Dr. Sr. Ayesha Date: 14/5/26 Time: 4:45pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 - లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

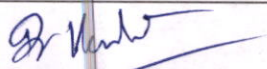
డాక్టర్:

సంతకం: పేరు: తేదీ & సమయం:

KUH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



POST-SURGICAL CARE PLAN FORM

| | |
|--|---|
| Procedure Done: | <i>Transplant Removal -</i> |
| Post-Surgical Diagnosis: | <i>Supracondylar & Lunum Fracture & Dislocation</i> |
| 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Any Other Post-Operative Care Needed including Required Follow Up | |
|  Treating Surgeon (Signature & Stamp) | Date: <i>15/5/2021</i> Time: <i>18:30 A</i> |
| Note: Plan of care will be readjusted if necessary. | |

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name: BABY. PONANI KUMAR Age: 7Y Gender: Male Female

UHID No.: RUH - 00135706 Weight: Height:

Surgeon: Dr Venkat Ram Thyalapalli Asst. Surgeon:

Anesthetist: Dr Dlayum OT Nurse: Ailvi OT Technician: Bapu

Pre-Operative Diagnosis: Supracondylar of humerus. Displaced & angulated

Surgical Procedure: Implant removal

Indications for Surgery: fracture

Date: 15/5/26 Start Time: 10:20 End Time: 10:32

Pre Operative Preparations:
.....
.....
.....

Post Operative Diagnosis: same

Peri-Operative Complications:
.....
.....

Operation Notes:
- 1 pedicle
- plate cut removed
- open through scud.
- Implant removed
- Drwg done
- manipulation done
- shifted to POW in stable condition



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. Implant removed.
 2. _____

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- 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) |
|--|---|
| Post hip prosthesis # humerus @ elbow (Leaking of prosthesis) | |

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

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

- a. Stiffness of elbow
 b. _____

- I authorize Dr. Veikat Ram Thyalapalli and his / her team to perform the procedural sedation upon the patient / myself.
- 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.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: G. Revanth
 Name: G. REVANTH
 Relationship with patient: FATHER
 Date & Time: 15/05/2024 10:15 AM

Witness:

Signature: G. Kusmitha
 Name: G. KUSMITHA
 Date & Time: 15/5/26 10:15 AM

Doctor (who is taking consent):

Signature: Veikat Name: Dr. Veikat Ram Thyalapalli Date: 15/5/2024 Time: 10:10 AM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు సాధ్యమైనవి నాకు వివరించబడ్డాయి.

| శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు: | శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు |
|---------------------------------------|---|
| | |

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

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

| | |
|----|--|
| a. | |
| b. | |

- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- 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:

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 15/5/26 Time: 12:30pm

Weight: 25.7kgs Centile: >50th

Height: 125cms Centile: >50th

Inference: well child

RDA: - Calories: 1500 kcal/d Protein: 26g/d

Diet Recommendations: Normal Diet

Re-Assessment: Avoid spicy, chilled and outside foods

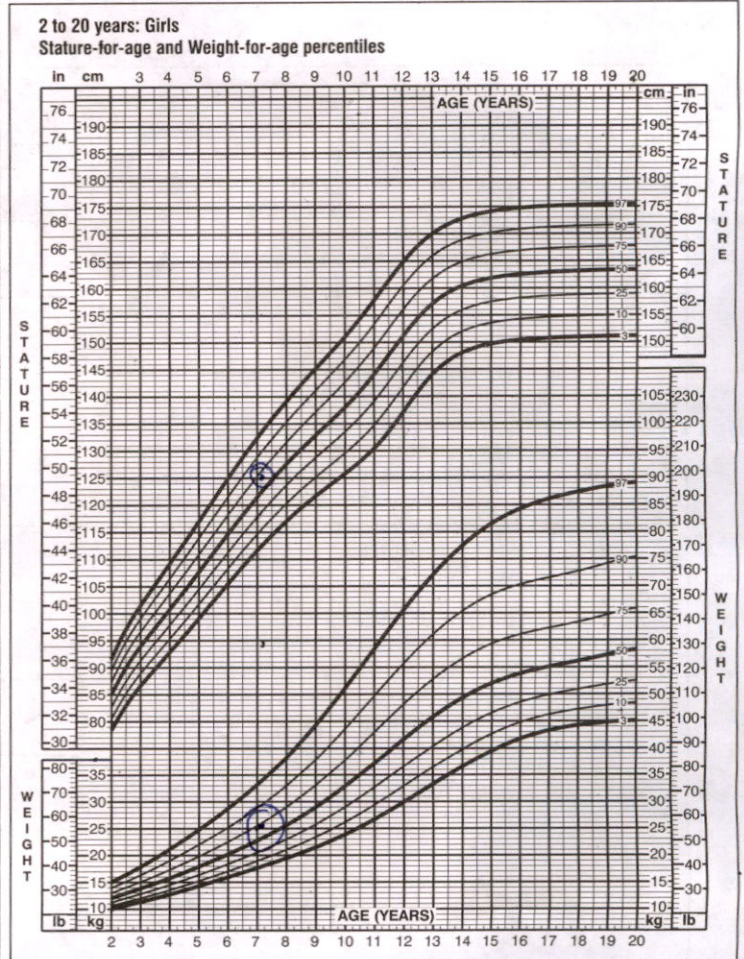
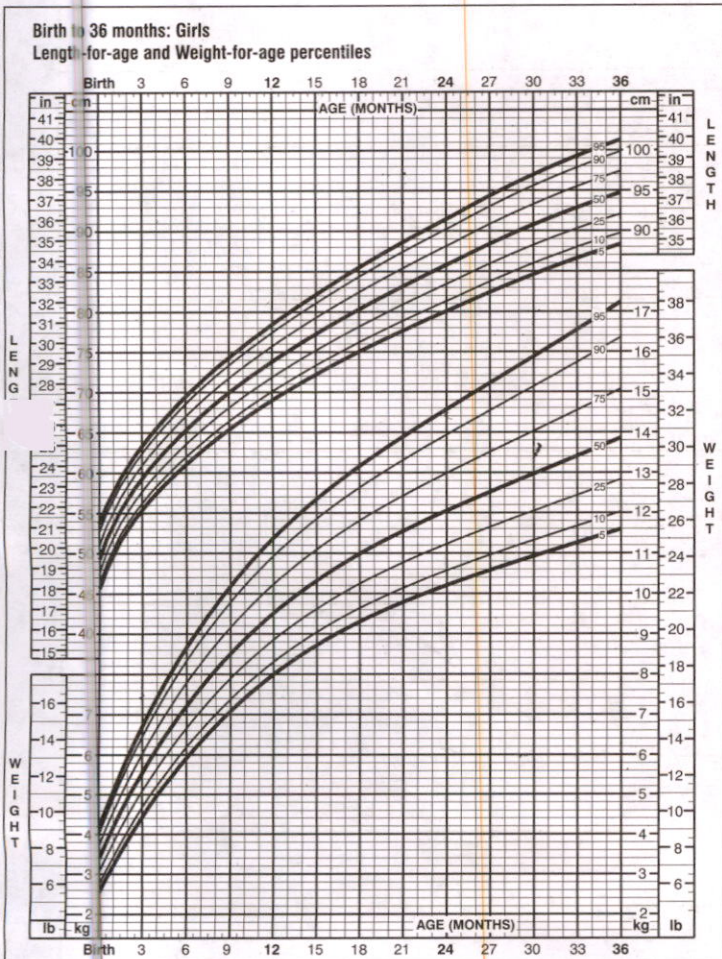
Food Allergies: No Veg/Non-veg: veg

Diagnosis: (R) Supra Condylar Humerus Fracture now Implant removed

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: A. Raman

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI

Pati



SURGERY DETAILS

Date : 15-05-26

Patient Name: PONANI KRISHNA MANI Date of Birth: 23-02-2019 Age: 7Y

Gender: F Ward: P.OJ UHID No.: 135706

Date of Surgery: 15-05-26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Vaginal hysterectomy - 0

Time in : 10:25 AM

Time Out : 10:35 AM

| | NAME | AMOUNT |
|----------------------|---------------------------|--------|
| 1. Surgeon | Dr Venkat Ram Thyalapalli | |
| 2. Anaesthetist | Dr. Durga Bharavi | |
| 3. Assistant Surgeon | | |
| 4. OT Technician | Chowthari | |
| 5. Circulating Nurse | Bhikshu | |
| 6. Assistant Nurse | Jyoti | |

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9609696

Order by: Jyoti

Patient Sticker

KUH-00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-02-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 15/5/20

Department : P.O.T. Duration of Procedure : 30 min

Name of Surgeon : Dr. Venkat R. Date of Admission : 15/5/20

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

| | Staff Signature |
|---|-----------------|
| Antibiotic given prior to surgery ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : | |
| 2. Hair Removal <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3. Patient's body temperature immediately post operation (Recovery Room) 36 °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C) | |
| 4. Name of doctor or staff administering the antibiotic : Date & Time of antibiotic administration : Date & Time procedure started : 15/5/20 at | |

- 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

KUH-00135706 IP5-00173859
Baby PONANI KRISHNA MANI GADI
23-02-2019 7 Y 2 M 22 D (F)
Dr. VENKAT RAM THYALAPALLI

Pati



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 15-05-26

Patient Name: PONANI KRISHNA MANI Date of Birth: 23-02-2019 Age: 7Y

Gender: F Ward: P.07 UHID No.: 135706

Date of Surgery: 15-05-26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Ventral Hernia Repair - (L)

Right hand
Time in : 10:25 AM

Time Out : 10:35 AM

| | NAME | AMOUNT |
|----------------------|---------------------------|--------|
| 1. Surgeon | Dr Venkat Ram Thyalapalli | |
| 2. Anaesthetist | Dr. Durga Bharani | |
| 3. Assistant Surgeon | | |
| 4. OT Technician | Gowtham | |
| 5. Circulating Nurse | Bikshu | |
| 6. Assistant Nurse | Jyothi | |

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9609696

Order by: Jyothi

KUH 00135706 IP5-00173859
 Baby PONANI KRISHNA MANI GADI
 23-07-2019 7 Y 2 M 22 D (F)
 Dr. VENKAT RAM THYALAPALLI



Byplak Anand



CONSUMABLES OF OT

C Technician : Date : Time : *10:00 AM*

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|------------------------------------|------------|----------|------------------------------|------------|------------|-----------------------------|-----------|----------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube <i>551505</i> | <i>14</i> | <i>7</i> | Major Pack <i>Drape</i> | <i>1</i> | <i>1</i> | Inj. Vit.K | | |
| LMA <i>21212</i> | <i>14</i> | <i>1</i> | Sutures | | | Cord Clamp | | |
| ECG leads : A (P) N | <i>5</i> | <i>3</i> | | | | Suction Catheter | | |
| HME filter : A (P) N | <i>1</i> | <i>1</i> | | | | Feeding Tube | | |
| Syringes : 10 cc | <i>10</i> | <i>3</i> | | | | Vaccum Suction Set | | |
| 05 cc | <i>10</i> | <i>3</i> | Gloves | | | Surgical Gloves | | |
| 02 cc | <i>10</i> | <i>2</i> | <i>6, 6 1/2, 2, 3 1/2</i> | <i>241</i> | <i>1</i> | Gauze Pack | | |
| 01 cc | <i>5</i> | <i>1</i> | <i>ppc, etc. (A) 1/2 etc</i> | <i>1</i> | <i>1</i> | Syringe 1ml / 2ml | | |
| Cautery plate : A (P) N | <i>1</i> | <i>1</i> | Surgical blade | <i>1</i> | <i>1</i> | Surgical Blade # 20 | | |
| IV set | <i>1</i> | <i>1</i> | NG tube | | | Koochies (S) | | |
| RL | <i>1</i> | <i>1</i> | Cautery pencil | | | <i>Ns 500ml</i> | <i>1</i> | <i>1</i> |
| NS : 10ml / 100ml / 500ml / 1000ml | <i>541</i> | <i>5</i> | Koochies | | | <i>Troxolix</i> | <i>1</i> | <i>1</i> |
| <i>minispile</i> | <i>1</i> | <i>1</i> | Ointments | | | <i>100, 50, 20</i> | <i>42</i> | <i>1</i> |
| <i>0.8mosp (P)</i> | <i>1</i> | <i>1</i> | Suction Catheter | | | <i>Pis-Anaesthesia</i> | <i>1</i> | <i>1</i> |
| Fentanyl | <i>1</i> | <i>1</i> | Cap, Mask | <i>5/5</i> | <i>5/5</i> | <i>10g needle</i> | <i>1</i> | <i>1</i> |
| Morphine | | | Gauze Pack (N) | <i>5/5</i> | <i>2</i> | | | |
| Ketamine | | | Mop Pack | <i>1</i> | <i>1</i> | | | |
| Propofol | <i>3</i> | <i>1</i> | Steristrip | <i>1</i> | <i>1</i> | | | |
| Rocuronium | <i>1</i> | <i>1</i> | Underpad | <i>1</i> | <i>1</i> | | | |
| Glycopyolate | <i>1</i> | <i>1</i> | Draw sheet | <i>1</i> | <i>1</i> | | | |
| <i>Myopylate (N20)</i> | <i>2</i> | <i>1</i> | Abgel | | | | | |
| Ondansetron | <i>1</i> | <i>1</i> | Foleys catheter | | | | | |
| Pencan 25g/ Spinal Needle 22 | <i>1</i> | <i>1</i> | Urobag | | | | | |
| Bupivacaine 0.25% | <i>1</i> | <i>1</i> | Chest Drainage Catheter | | | | | |
| Bupivacaine 0.25% (Heavy) | | | Romodrain bag | | | <i>Gauze</i> | <i>3</i> | <i>1</i> |
| Antibiotics | | | Bandage | | | <i>Glycerin</i> | <i>4</i> | <i>1</i> |
| <i>Suprim</i> | <i>1</i> | <i>1</i> | Tegaderm | | | <i>Dextmed</i> | <i>1</i> | <i>1</i> |
| Suppositories | | | Ioban | | | <i>Dext Transder</i> | <i>14</i> | <i>1</i> |
| Anamol : 80mg / 250mg / 170 mg | | | Double J Stent | | | <i>Solcpmline</i> | <i>14</i> | <i>1</i> |
| Supridol : 100mg | | | Vaccum Suction set | <i>1</i> | <i>1</i> | <i>Nasal proctition (P)</i> | <i>1</i> | <i>1</i> |
| Justin : 12.5 mg / 25mg / 100mg | <i>14</i> | <i>1</i> | Plastic Bed Sheet | <i>1</i> | <i>1</i> | <i>Nasal proctition (P)</i> | <i>1</i> | <i>1</i> |
| Tab. Misoprost : 200mg | | | Betadine Solution | <i>1</i> | <i>1</i> | | | |
| <i>Unicom set</i> | <i>1</i> | <i>1</i> | Microshield | <i>1</i> | <i>1</i> | | | |
| <i>oral air way 0.112</i> | <i>14</i> | <i>1</i> | Cotton Balls | <i>1</i> | <i>1</i> | | | |
| <i>Nasal airway 1.618x14</i> | <i>14</i> | <i>1</i> | Latex Gloves | <i>50</i> | <i>50</i> | | | |
| <i>Suprim 100mg 100mg</i> | <i>14</i> | <i>1</i> | Ramdione Scrub | | | | | |
| <i>Loc curculu 2012</i> | <i>14</i> | <i>1</i> | Saral | | | | | |

Surgeon : Anaesthesiologist : *769410* Nurse : OT Technician :
 Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125