

Patient



SmithNephew
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2201074
2028-10-21

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

80183

SURGERY DETAILS

Date : 15/5/26

Patient Name: Baby Mishita Matta Date of Birth: 21/11/2019 Age: 6y

Gender: Female Ward: P-OT UHID No: K114-00.62108

Date of Surgery: 13/5/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery: Adeno tonsillectomy & Glandon

Time in : 3:30 pm

Time Out : 4:30 PM

	NAME	AMOUNT
1. Surgeon	P V L N MURTHY	
2. Anaesthetist	Dr. Jitendra	
3. Assistant Surgeon		
4. OT Technician	Venkat	
5. Circulating Nurse	Benjamin	
6. Assistant Nurse	Alex	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others ... Coblator Used => 9610138

Signature of the Surgeon

Signature of Circulating Nurse

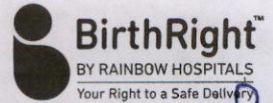
Order No: 9610137

Order by: J. Remes



Adms

CONSUMABLES OF OT



3-30 PM

Circulating staff : Technician : Date : 3277 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube	40	01	Major Pack	1	1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N	5	03				Suction Catheter		
HME filter : A/P/N	1	01				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	3	Gloves			Surgical Gloves		
02 cc	10	2	G, 6 1/2, 2, 7 1/2	242		Gauze Pack		
01 cc	5		of G, 6 1/2, 2, 7 1/2	242	2	Syringe 1ml / 2ml		
Cautery plate : A/P/N	1		Surgical blade			Surgical Blade # 20		
IV set	1	01	NG tube	2	2	Koochies (S)		
RL		01	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	141	141	Koochies			Paracetamol	1	1
Minispike	1	01	Ointments			Doc, sci, ze	242	1
Amalgam	1		Suction Catheter			swabs	1	1
Fentanyl	1	01	Cap, Mask	5/0	5/5	Ag. Abalun	2	3
Morphine			Gauze Pack	5/5	1			
Ketamine			Mop Pack	1				
Propofol	3	01	Steristrip	9				
Rocuronium	1	01	Underpad					
Glycopyrolate	1	01	Draw sheet					
Myopyrolate	2	02	Abgel					
Ondansetron	1		Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			Gauze	3	01
Bupivacaine 0.25%(Heavy)			Romodrain bag			Gloves	4	
Antibiotics Aug 600mg	1	01	Bandage			Dexatran-oxa	14	14
Duoperm	1	01	Tegaderm			Dexamid	1	
Suppositories			Ioban			Dexatran-oxa	14	
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin 12.5 mg / 25mg / 100mg	14	21	Plastic Bed Sheet	1				
Tab. Misoprost : 200mg			Betadine Solution	1				
Vaccum set	1	01	Microshield	1	1			
Oral airway 011	14		Cotton Balls	1				
Nasal airway 1618	14		Latex Gloves	1	10P			
Surgical instrument	14	01	Ramdione Scrub					
Low cannula 22184	14		Saral					

Surgeon : Anaesthesiologist : Nurse : Banjan OT Technician : Venkat

Order No. : 9610064 Ordered by :

ESTIMATION SLIP

Pre-approval

Date: 10/05/2018 UHID / IP No.: KUR-000 82108 SI No. **80183**
 Name of Patient: Baby Mrshita Age: 6y Gender: F
 Father's / Husband's Name: Mr Phani Kishore Corporate / Occupation: Head of
 Address: Hyd. Phone: 8879412008/9542596 Email: 18remensforeign
 Procedure / Plan: Adenomyolectomy + Colectomy

MODE OF PAYMENT: SELF TPA: MA/Bajaj Allianz CIPSA: MA OTHERS: Others

TARIFF INFORMATION:

Room Category	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges		<u>2500</u>	<u>2500</u>	<u>2500</u>	<u>2500</u>	<u>NA</u>				
Doctor's Fee		<u>in</u>	<u>in</u>	<u>in</u>	<u>in</u>	<u>in</u>				
L. Tax		<u>in</u>	<u>in</u>	<u>in</u>	<u>in</u>	<u>in</u>				

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges		<u>→ in pkg</u>
O.T. Consumables		<u>→ 2500</u> Subject to approval by TPA / Insurance Company
Instrument Charges		<u>→ 7500</u> Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations		<u>→ 2500</u> As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :
	Ventilator :	Conventional :
	Phototherapy :	Single Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		<u>As per actual - Not Included in Estimation</u>
Package	<u>PPV F O2: 57680</u>	<u>51968</u> / <u>57680</u>
Others	<u>(MHA/MA)</u>	<u>BA</u>
Initial Minimum Deposit	<u>→</u>	<u>Rs. 15000 / 7 fixed days (leaving)</u>

REMARKS: evac Wand: 27k

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

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

Signature of the Client: Phani Kishore
 Signatory Relationship: Rather
 Signature of the Financial Counselor: (Signature)

ACTIVITY RECORD FOR BILLING

Name: **KUH-00082108** **IP5-00173877**
Baby MISHITA MATTA
21-11-2019 **6 Y 5 M 24 D** (F)
 UHI: **Dr. P V L N MURTHY**



Consultant: _____ Dept: _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/05/20	3:30pm	ER	OT	[Signature]
15/5	6:1	OT	IP1	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Vijayalakshmi Devi	16/05/20	961035	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173877 Admit Date : 15-May-2026 Admit Time : 02:28 PM UHID : KUH-00082108

Patient Details :

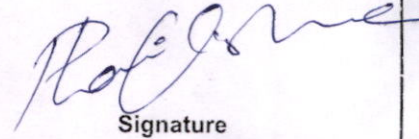
Patient Name : Baby MISHITA MATTA Age : 6 Y 5 M 24 D
Guardian : Mr PHANI KISHORE MATTA DOB : 21-11-2019
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : VILLA NO 16, NEST VILLAS, SIMHAPURI Phone No : 8879412008/ 9542596722
COLONY, BOWRAMPET, NEAR PRAGATHI E-mail : SUSMITAVANKA@GMAIL.COM
NAGAR Air Force Academy Hyderabad
Telangana INDIA 500043

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 402 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 402 Admission Type : First Visit

Contact Details :

Name : Mr PHANI KISHORE MATTA Relationship : Father
Contact Address : VILLA NO 16, NEST VILLAS, SIMHAPURI Phone No : 8879412008
COLONY, BOWRAMPET, NEAR PRAGATHI
NAGAR Air Force Academy Hyderabad
Telangana INDIA 500043


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 : SELFPAY / MEDI ASSIT.



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. P.V.L.N. Murthy Date : 15/5/20

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: Weight: ~~17~~ 17.3 kg

Allergic History:

Chief Complaints:

ClO = Recurrent upper
- Oral breathing since 1 year
snoring

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

C Circulation

Normal
 Abnormal

 Pallor
 Cyanosis
 Mottling
 Bleeding

Initial Physiological Status: Stable Unstable

 Life Threatening
 Non Life Threatening

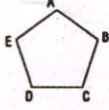
Any urgent interventions needed: Yes No
 If Yes

Significant Past History: Similar illness since 1 year

Medication History:


Relevant Investigations:

Primary Assessment

Airway 

Open
 Maintainable
 Not Maintainable

Any urgent interventions needed: Yes No
 If Yes

Breathing 

Rate: 23/min SpO₂ on FiO₂ 99% on RT

Rhythm: Regular

Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: RAEFD

Palpation Findings (if necessary)

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 96/min

CFT [Central] 2.3 sec
Peripheral

Any urgent interventions needed: Yes No

If Yes:

BP: 96/54 (61) mmHg

Pulse Volume: [Central]
[Peripheral] Good

If in Shock: [Compensated]
[Hypotensive]

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

Murmurs: Yes No

Liver Span:

ECG:

Any Signs of Heart Failure: Yes No



Disability

GCS: 15/15 AVPU:

Pupils: [Responsive Non-Responsive]
Size [Right]
[Left]

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes:

Exposure



Temp.: 98.2°f

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Grade IV Adenoid
Tonsillar hypertrophy

Labs Planned:

Treatment Planned:

- 1) NPO
- 2) IVF D5W @ 50ml/hr
- 3) shift to OT
- 4) 3.1 Neb now

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): chronic Adenotonsillitis

Assessment done by
Name of the Doctor: Sai

Signature: [Signature]

Date & Time: 15/5/26

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor:

Signature:

Date & Time:



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Baby mishita

UHID ID:

KUH-00082108 IP5-00173877
Baby MISHITA MATTA
21-11-2019 6 Y 5 M 24 D (F)
Dr. P V L N MURTHY

Department:



Consultant:

Dr PVLN murthy



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cto - oral breathing }
- Snoring } Since 1 Year
- Recurrent URTI } Since 1 Year

History of present illness :

Child apparently asymptomatic, later child developed
- recurrent URTI since 1 year
- more aggravated with cold item intake
- Seasonal variation ⊕
- Relieved on medication

Oral breathing → since 1 year
- more aggravated with URTI

Snoring → since 1 year
- more aggravated with URTI
- Relieved on medication

KUH-00082108 IP5-00173877
Baby MISHITA MATTA
21-11-2019 6 Y 5 M 24 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

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

Similar illness since 1 year
H/O ADHD on Tab. Aripiprazole 10mg
↓
Stopped in v/o aggressive behaviour

Birth & Neonatal History:

Term | CRAB | NO NICU

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____)
Weight (kgs) 17.3 kg (Centile _____) Height (cms): _____ (Centile _____)

On Examination :

Temperature : 98.2 f Pulse Rate : 114/min B.P. 102/60 (73)
Resp. rate and type of breathing : 23/min SPO2 99.1. RA
Regular
Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)
Air entry & breath sounds : RACE+
Any adde sounds : Clear
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : (N)
Heart Sounds : S2+
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Extenitella : _____



Pediatric Multiorgan History & Physical Examination

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

Similar illness since 1 year
H/o ADHD on Tab. Azepto 10mg
↓
Stopped in v/o aggressive behaviour

Birth & Neonatal History:

Term / C/S / NO NICU

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 17.3 kg (Centile _____)

On Examination :

Temperature : 98.2°f Pulse Rate : 114/min B.P. 107/60 (73) SPO2 99.1. ERA
Resp. rate and type of breathing : 23/min
regular

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)
Air entry & breath sounds : RACE (+)
Any addes sounds : Clear
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : (N)
Heart Sounds : S1S2 (+)
Any murmur : NO
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)
Palpation : Soft
Ausculation : BS (+)
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ (N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____ (N)

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____ flexor

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

_____ Chronic Adenotonsillitis



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Planned Management

1) NPO Since 12:30pm liquid
10:00am solid
2) IVF. DNS @ 50ml/hr
3) 3: NS nebulisation now
4) Shift to OT
NS continued
w/ 20% saline

Signature of the Doctor: Sy Sai

Signature of the Consultant: _____

Name of the Doctor: Sai


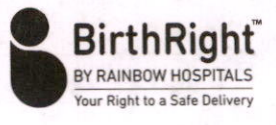
Name of the Consultant: _____

Date & Time: 15/5/2019

Date & Time: _____

2:30 PM

KJH-00082108 IP5-00173877
 Baby MISHITA MATTA
 21-11-2019 6 Y 5 M 24 D (F)
 Dr. P.V.L.N MURTHY

RESULT SHEET

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

KUH-00082108 IP5-00173877
Baby MISHITA MATTA
21-11-2019 6 Y 5 M 24 D (F)
Dr. P. V. L. N. MURTHY



CROSS CONSULTATION FORM

Doctor Name: [Signature] Date: 16/5 Time: 9:00am

Diagnosis: chronic Adenotonsillitis

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:

S/P Adenotonsillectomy.

Signature: _____

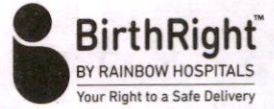
Findings and Recommendations :

child is doing well. Plan
no nasal bleed
taking soft feeds
vitals stable.

Consultant :

Name: Dryjwala Signature: [Signature] Date & Time: 16/5/26

KUH-00082108 IP5-00173877
 Baby MISHITA MATTA
 21-11-2019 6 Y 5 M 24 D (F)
 Dr. P V L N MURTHY



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
						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
						<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: Dr. Sai

Date & Time: 15/5/20 @ 3pm

Nurse Name & Signature: [Signature]

Date & Time: 15/5/20 @ 3pm

KUH-00082108 IP5-00173877
 Baby MISHITA MATTA
 21-11-2019 6 Y 5 M 24 D (F)
 Dr. P. V. L. N. MURTHY



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : T. LANZOL				Date Time	15/5	16/5															
Dose	Route	Frequency	Start Dt.																		
15mg	P/O	OD	15/5																		
Name & Signature of the Doctor Starting the Drugs:				 GANESH MURTHY																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : T. GRANEXA				Date Time	15/5	16/5															
Dose	Route	Frequency	Start Dt.																		
5mg	P/O	TID	15/5																		
Name & Signature of the Doctor Starting the Drugs:				 GANESH MURTHY																	
Additional Instructions:				2pm OT 10pm																	
Daily Doctor's Endorsement by a Sign																					
DRUG : BO TROLOL NORD				Date Time	15/5	16/5															
Dose	Route	Frequency	Start Dt.																		
2 drop		TID	15/5																		
Name & Signature of the Doctor Starting the Drugs:				 GANESH MURTHY																	
Additional Instructions:				2 drop each 2pm 10pm																	
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Signature

VERIFIED BY : Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

Signature
Name

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

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

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

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

Mishita

DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 17.34kg Ward.

DRUG : Symp. AUGMENTIN DS				Date/Time	15/5/16/5
Dose	Route	Frequency	Start Date		
5ml	P/O	BA	15/5		
Name & Signature of the Doctor Starting the Drugs:				6 AM X	Pragade
Additional Instructions:				6pm OT	
Daily Doctor's Endorsement by a Sign					

DRUG : Symp. OMNACOR 712				Date/Time	15/5/16/5
Dose	Route	Frequency	Start Date		
5ml	P/O	BA	15/5		
Name & Signature of the Doctor Starting the Drugs:				10 AM X	
Additional Instructions:				10pm OT	
Daily Doctor's Endorsement by a Sign					

DRUG : Symp. XYZAL-N				Date/Time	15/5/16/5
Dose	Route	Frequency	Start Date		
5ml	P/O	BA	15/5		
Name & Signature of the Doctor Starting the Drugs:				10 AM X	
Additional Instructions:				10pm 7uop	10pm 10h
Daily Doctor's Endorsement by a Sign					

DRUG : Symp. CROCINI DS				Date/Time	15/5/16/5
Dose	Route	Frequency	Start Date		
5ml	P/O	TD	15/5		
Name & Signature of the Doctor Starting the Drugs:				6 AM X	Pragade
Additional Instructions:				2pm OT	10pm Pragade
Daily Doctor's Endorsement by a Sign					



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/5/26		Meb 3 i.n.s	2ml	Meb	Sai	<i>[Signature]</i>
15/5/26	3.39 pm	PO INT AMOXICLAV	510mg	N	<i>[Signature]</i>	<i>[Signature]</i>
15/5/27	3.40 pm	PO INT PARACETAMOL	200mg	N	<i>[Signature]</i>	<i>[Signature]</i>
15/5/27	3.45 pm	PO INT DEYAMETH	1.5mg	N	<i>[Signature]</i>	<i>[Signature]</i>
15/5/27	3.41 pm	PO INT TRANEXAMIC ACID	250mg	N	<i>[Signature]</i>	<i>[Signature]</i>
15/5/27	3.46 pm	PO DILTIOPEMOL	125	PR	<i>[Signature]</i>	<i>[Signature]</i>

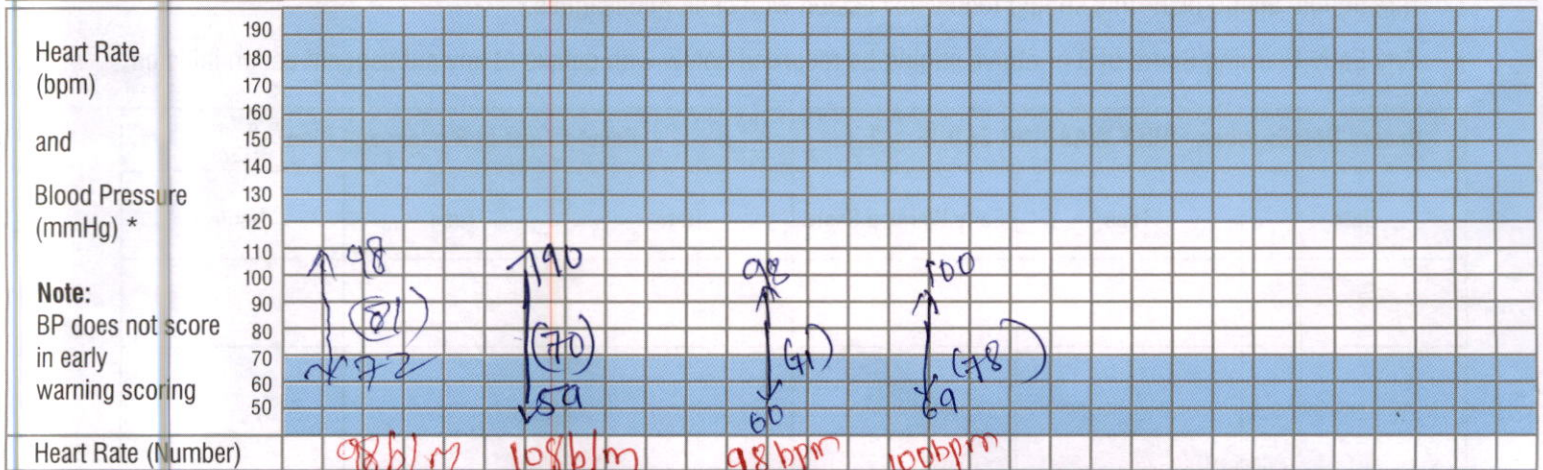
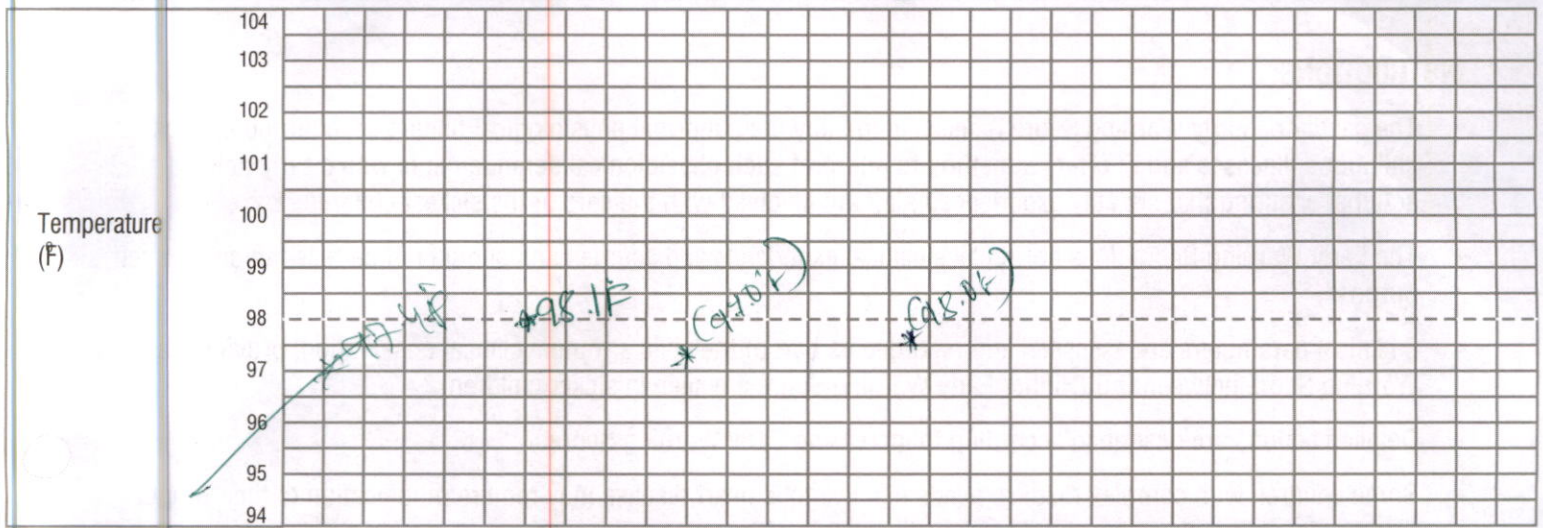
Signature

VERIFIED BY: Name



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/15 Time: 4pm 10pm 2am 6am
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 98 b/m 108 b/m 98 bpm 100 bpm
 Resp. Rate (bpm) (Over 1 Minute) *
 Resp Rate (Number) 26 b/m 26 b/m 26 b/m 26 b/m

Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 99% 98%
 Conscious Level Normal / Altered
 GCS * 15/5 15/5 15/5 15/5

TOTAL SCORE
 Number of shaded boxes 1 1 1 1
 Pain Score 0 0 0 0
 Observer's Initials [Signature]

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

KUH-00082108 IPS-00173877
 Baby MISHITA MATTA
 21-11-2019 6 Y 5 M 24 D (F)
 Dr. P V L N MURTHY

Patient Sticker



FLUID CHART

Sheet No. :

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

Date	Time	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												
15/10	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
15/10	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
16/10	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

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Mishita
 Anaesthesiologist: Dr. Sundhara Surgeon: Dr. Murthy

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
- Shock Obesity Chronic Obstructive Pulmonary Disease
- Others laryngospasm, Airway Obstruction

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: Susmita
 Name: SUSMITA VANKA
 Relationship with patient: Mother
 Date & Time: 11/5/26, 4pm

Witness:
 Signature: [Signature]
 Name: [Name]
 Date & Time: 11/5/26 4pm

Doctor (who is taking consent):
 Signature: [Signature] Name: Dr. Sundhara Date: 11/5/26 Time: 4pm

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 సెంట్రల్ వెనస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటలీలు, 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:

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

KUH-00082108 IP5-00173877
Baby MISHITA MATTA
21-11-2019 6 Y 5 M 24 D (F)
Dr. P V L N MURTHY

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mishita Age: 6y 5m Sex: F UHID.No: KUH-00082108

Date: 14/11/26 Time: 4 pm Proposed Operation: Adenotonsillectomy

Diagnosis: Adenotonsillar Hypertrophy

B.P / CRT: 94/78 H.R: 96/min Weight: 17.2kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:				
Hgb: <u>10.9</u> gm Hg	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>32</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>12680</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>379</u>	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: —

Medical History: CVS: —

RESP: Snoring (+), Mouth breathing (+) Diabetes: —

CNS: No cough / Fever. Mild congested nose.

Renal: —

Hepatic / GE: NAD Physical Activity: Active

Others: Born by NVD, Immunised to date, VE

Past Anaesthetic History: — Nil ADHD component (+)

Physical Exam: —

Airway: MP 1 2 3 4 Mouth Opening: (N) Mentohyoid Distance: (N) Neck: (N) Teeth: lower central incisors loose - Dental caps visible

Lungs: clear - Minimal lung sounds (+)

Heart: 1/1

CNS: NAD

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

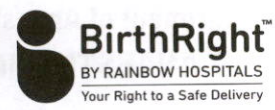
Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Accepta 10 (for ADHD)</u>	

- Pre-Operative Instructions:** 8y on 15/11 - 3pm
- DVT Prophylaxis:
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: 3x NS Nebulisations preop

Signature: [Signature] Name: Dr. Sunitha Reddy

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: As per NPO

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 98/min B.P./CRT: 94/58 SpO₂: 100 R.R.: 16 Last Feed: 7:30 PM

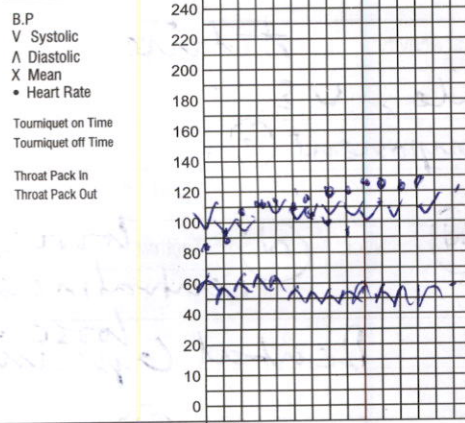
Pre-OP Diagnosis: Operation: Admission to ICU Date: 5/5/20

Surgeon: Dr. P. V. L. N. Murthy Anaesthesiologist: Dr. Ramon. Reddy Technician: Bayan

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SO ₂ / SEVO	Drugs:	FiO ₂ / SaO ₂	ETCO ₂	ECG	Temperature	Urine Output
3:30			100 PROPFOFOL 60mg 100 FENTANYL 30mg 100 MIDAZOLAM 20mg 100 ROCURANIUM 2mg 100 TRAMEXAMET 40mg 100 DEXAMETHASONE 5mg 100 RATACTAMIV 25mg Neostigmine 0.5 + Glyc 0.4	100	100	100	36.5	
				100	100	100	36.5	
				100	100	100	36.5	
				100	100	100	36.5	
				100	100	100	36.5	

Antibiotic
 100 Amoxicillin
 Suppository @ 510 mg
 3:39 pm
 DICLOFENAC
 Blood Loss

Fluids
 Blood 170ml



LAB Values

ABG	
GRBS	
Others	

- Equipment Checked and Functional
- BP
- Cuff Site:
- Art Site:
- EKG Lead
- Temp Site
- FIO₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: supine
- Pressure Points Checked
- Eye Care:
 - Oint
 - Tape
 - Padding
 - Awake

Temp:
 HME Fluid Warmer
 Cling Film OH Warmer
 Hugger's Cotton Wool
 Other

Times: 3:30 pm
 Anaes Start: 3:45 PM
 OP Start:
 OP End: 3:57 PM
 Leave OR: 4:30 PM

Anaesthesia:
 GA
 Monitored Anaesthesia Care
 Regional

Line (Size & Location)
 CVP:
 ART:
 IV: RUL 22G
 IV:
 IV:

Induction
 IV Inhal
 Pre O₂ RSI
 Others

Mask SGA
 Airway Oral Nasal
 ETT# 5 at 16 cm
 Oral Nasal Cuff
 Tracheostomy Topical
 Drug: ROCURANIUM

Awake Direct Vision
 Video Laryngoscopy Stylette / Bougie
 Fiberoptic
 Blade# 2 Attempts: 1
 Difficulty Why?

Bilat = BS
 Semi-Closed Circle
 Closed Circle
 Other

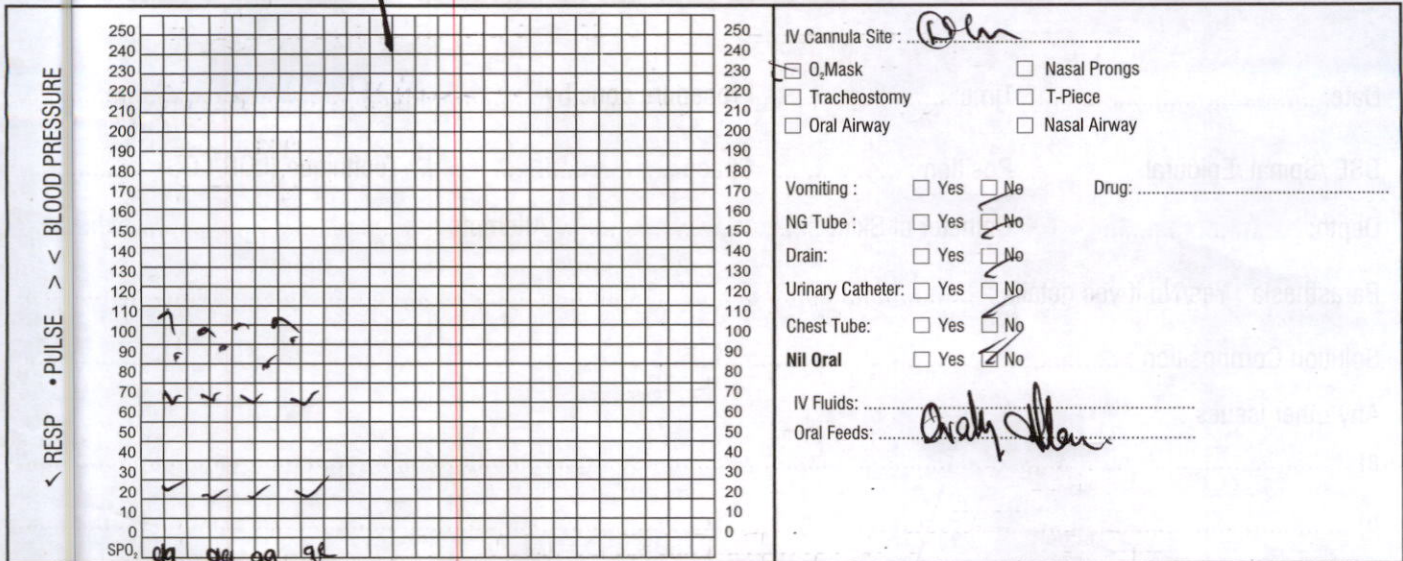
Regional:
 Extremity Specify:
 Spinal Epidural Caudal
 Others:
 Position:
 Site:
 Needle Size: Depth:
 Parasthesia Yes No
 Catheter at skin cm
 Drug Name & Conc:
 Bolus:
 Infusion:
 Block Level:
 Comments:
 Transportation to
 PACU ICU Other
 Relaxant Reversed Yes No NA
 Name of the Doctor: Dr. Ramon Reddy
 Signature of the Doctor: [Signature]

KUH-00082108 IP5-00173877
 Baby MISHITA MATTA
 21-11-2019 6 Y 5 M 24 D (F)
 Dr. P V L N MURTHY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : [Signature] Time Received : 4:30 PM Time Discharged :



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apnea = 0	RESPIRATION	2	2	2	2	
BP ± 30 of Pre Anaesthetic level = 2 BP ± 40-50 of Pre Anaesthetic level = 1 BP ± 60 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		2	2	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/5	5:30	1/10	ke exen	[Signature]

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 : [Signature]

Anaesthesiologist Signature: [Signature]

Date & Time:

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 15/5/20 6 PM

Transferred to Unit by (PACU): [Signature]

Date & Time: 15/5/20 6 PM

Patient Sticker



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

KUH-00082108 IP5-00173877
Baby MISHITA MATTA
11-11-2019 6 Y 5 M 24 D (F)
Dr. P V L N MURTHY



OPERATION THEATER NOTES

Patient's Name : Age : 6y Gender : Male Female

UHID No.: Weight : 17 Kg Height :

Surgeon : P V L N Murthy Asst. Surgeon :

Anesthetist : Dr. Thepshum OT Nurse: Alam, Beyan OT Technician: Venket

Pre-Operative Diagnosis: Chc. Adeno to millibly

Surgical Procedure :
Adeno for millibrony & Ccblctian

Indications for Surgery :

Date : 15/5/26 Start Time : End Time :

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adeno for millibrony & Ccblctian

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	
1 S/P - AUGMENTIN DDS 5ml BID - 2wks	
2 S/P - ONNACORTIL 5ml BID - 1wk	
3 S/P - X7ZAL-M 5ml BID 2wks	
4 S/P - CROLIN DS 5ml TID - 2wks	
5 T - LANATOLE DT 15ml BID - 2wks	
6 T - TRAMEXAT 500mg 4x TAB TID - 2wks	
7 BOTROLOT Solution for use TID - 2wks	
8 Salt-water gargle TID 2wks	

Name of the Surgeon: Dr. CN [Signature]

Signature of the Surgeon: [Signature]

Date & Time: 15/5/26

CUH-00082108 IP5-00173877

Baby MISHITA MATTA (F)

Patient 11-11-2019 6 Y 5 M 24 D
Dr. P V L N MURTHY



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.

KUM-00082108
 Baby MISHITA MATTA IP5-00173877
 21-11-2019 6 Y 5 M 24 D (F)
 Dr. P V L N MURTHY

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 16/5/26 Time: 8 AM

Weight: 17.3 kg Centile: >5th

Height: 111 cm Centile: 10th

Inference: underweight child

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

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy & outside foods

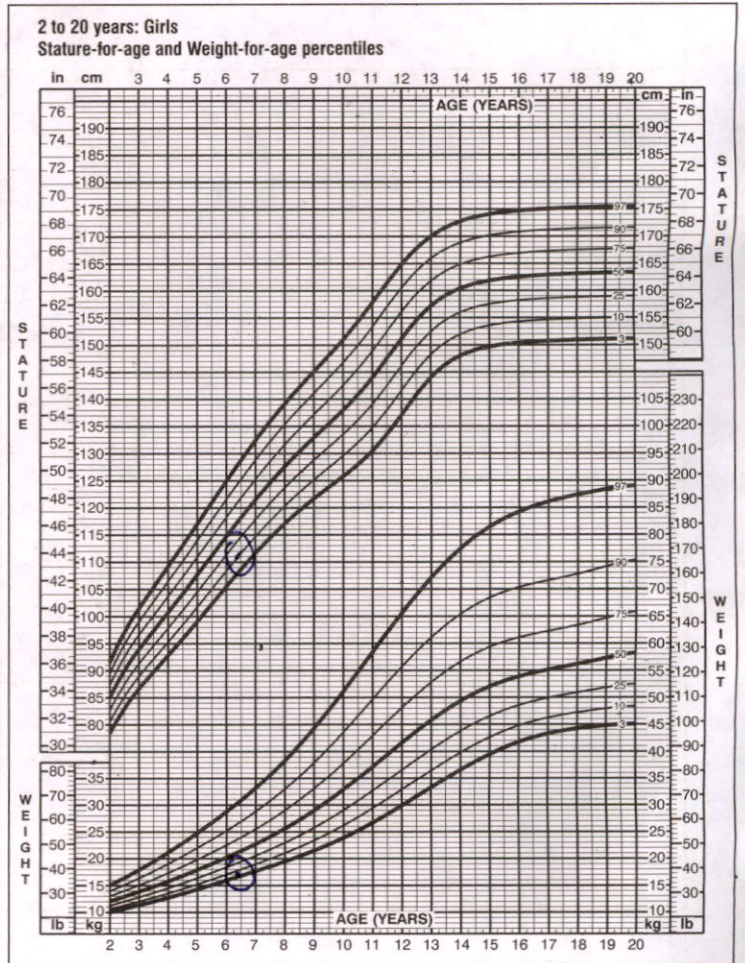
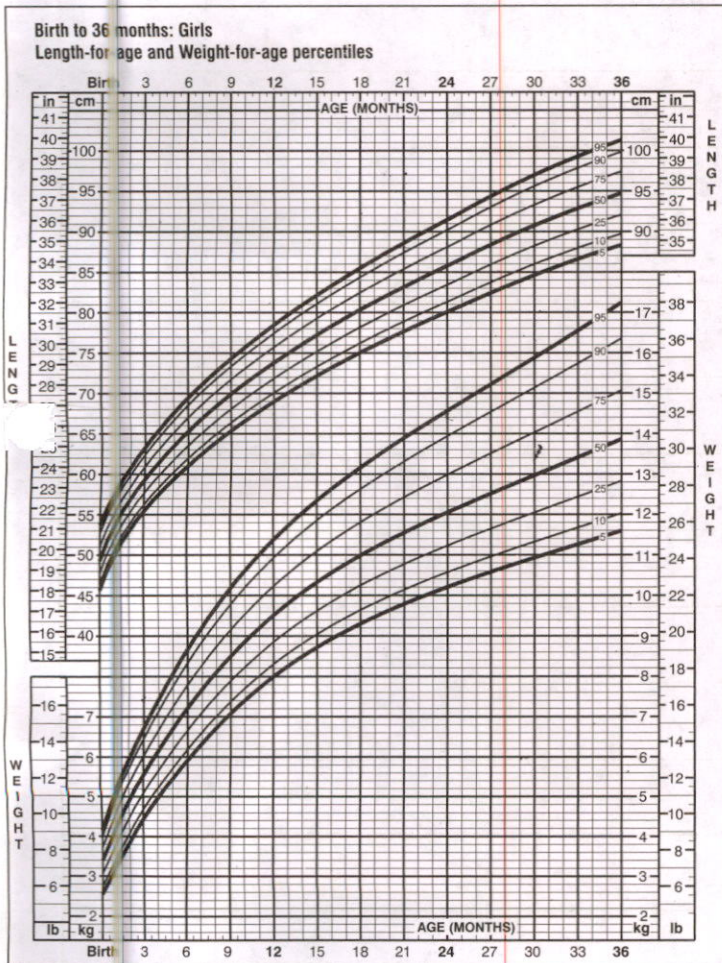
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Chronic Adenotonsillitis

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

