

KUH-00182567 IP5-00174560  
Baby VOODINENI SHRIKA  
04-09-2014 11 Y 8 M 27 D (F)  
Dr. P V L N MURTHY



SmithNephew  
EVAC® 70 XTRA HP  
WITH INTEGRATED CABLE  
REF EIC5874-01  
LOT 2201075  
2028-10-21

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### SURGERY DETAILS

80539

Date : 3/15/20

Patient Name: V. Shreika Date of Birth: 04-09-2014 Age: 11y 8m

Gender: F Ward: P.O.T UHID No: 0062567

Date of Surgery: 3/15/20  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Adeno to middle larynx & larynx  
B/L Tumor patty

Time in : 12 PM Time Out : 1 PM

	NAME	AMOUNT
1. Surgeon	P V L N MURTHY	
2. Anaesthetist		
3. Assistant Surgeon		
4. OT Technician		
5. Circulating Nurse	Gravani	
6. Assistant Nurse	Surata	

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others ...cobulator → 9636551

Signature of the Surgeon: *[Signature]* Signature of Circulating Nurse: *[Signature]*

Order No: 9636550 Order by: Gravani D

# ESTIMATION SLIP

per - Approval

Date: 30/05/2026 UHID / IP No.: KUH-00169567 SI No. 80539

Name of Patient: Baby V. Shreya. Shreya Age: 114 Gender: F.

Father's / Husband's Name: Mr. Sharath Rao Corporate / Occupation: Company

Address: \_\_\_\_\_ Phone: 9966183573 Email: \_\_\_\_\_

Procedure / Plan: Adeno tonsillectomy + loblation  
B/C Tracheostomy

MODE OF PAYMENT:  SELF  TPA: MA / New India  GIPSA: \_\_\_\_\_  OTHERS

### TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			x.							
Doctor's Fee				1 day						
L. Tax				Imply						
PARTICULARS						AMOUNT (₹)				
Surgeon's / Anesthetists's Fee / O.T. Charges						Imply				
O.T. Consumables						Subject to approval by TPA / Insurance Company				
Instrument Charges						Not Covered by TPA / Insurance company				
Pharmacy, Consumables & Investigations						As per actual - Not Included in Estimation				
Equipment Charges	Monitor :		Oxygen :			Infusion pump / Syringe pump :				
	Ventilator :	Conventional :	HFO-SLE 5000 :			HFO Sensormedix :				
	Phototherapy :	Single Surface :	Double Surface :			Triple Surface :				
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.						As per actual - Not Included in Estimation				
Package						1,05,850				
Others						24,000 (Self purchase)				
Initial Minimum Deposit						15,000				

### REMARKS:

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and all 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.

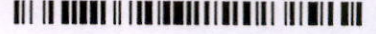
### DECLARATION

I, Ms. Shreya, 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: Has Signatory Relationship: Mother Signature of the Financial Counselor: Drift

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174560      Admit Date : 31-May-2026      Admit Time : 09:44 AM      UHID : KUH-00162567

Patient Details :

Patient Name : Baby VODDINENI SHRIKA      Age : 11 Y 8 M 27 D  
Guardian : Mr VODDINENI SHARATH RAO      DOB : 04-09-2014  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : FLAT NO 303, R V KUMUDA APARTMENTS,  
Chandanagar Hyderabad Telangana INDIA      Phone No : 9966183573/ 9502619206  
500050      E-mail : HARIUR4ND@GMAIL.COM

Admission Details :

Bed Type : DAY CARE      Bed No : PRE OP 401      Ward Name : 4F-OT COMPLEX  
Room No : PRE OP 401      Admission Type : First Visit

Contact Details :

Name : Mr VODDINENI SHARATH RAO      Relationship : Father  
Contact Address : FLAT NO 303, R V KUMUDA APARTMENTS,  
Chandanagar Hyderabad Telangana INDIA      Phone No : 9966183573  
500050

*N. Haritha*  
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 : MEDI ASSIST INSURANCE TPA PVT LTD

### ACTIVITY RECORD FOR BILLING


Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time \_\_\_\_\_ ;e : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

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### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/5/26	10:30am	ER	OT	Rachel
31/5/26	3:50pm	OT	339	Sreer

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



Vaddaneni Shrikan Adena

KCH-00162567

6314

CONSUMABLES OF OT



Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4, 4.5, 5, 6	111	1	Major Pack <i>Drape</i>	1	1	Inj Vit.K		
LMA	111	-	Sutures			Cord Clamp		
ECG leads : A (P) / N	5	3				Suction Catheter		
HME filter : A (P) / N	1	1				Feeding Tube		
Syringes : 10 cc	15	5				Vaccum Suction Set		
05 cc	15	5	Gloves			Surgical Gloves		
02 cc	15	3	6, 1/2, 2, 3 1/2	2/2	-	Gauze Pack		
01 cc	3	-	PF 6, 6 1/2, 7 1/2	111		Syringe 1ml / 2ml		
Cautery plate : A (P) / N	1	-	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube 5	2	2	Koochies (S)		
RL	1	1	Cautery pencil			NS soap	1	1
NS : 10ml / 100ml / 500ml / 1000ml	111	111	Koochies			Fraxid	1	1
mirispke	1	1	Ointments			10cc, 5cc, 2cc	24	24
vaccum set	1	1	Suction Catheter			Prj. Ahali	3	3
Fentanyl	1	1	Cap, Mask	5/5	5/5	Sarlon	1	1
Morphine			Gauze Pack	5/5	5/5	Bufractol drops	1	1
Ketamine			Mop Pack	1	1			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	-	Draw sheet	1	1			
Myopyrolate + Neo	111	1	Abgel			Adrenaline + Atropine	111	111
Ondansetron	1	-	Foleys catheter			Midazolam Ephedrine	111	111
Pencan 25g / Spinal Needle 22			Urobag			Loxical + 10x2% jelly	111	111
Bupivacaine 0.25%			Chest Drainage Catheter			NG + suction	5/5	-
Bupivacaine 0.25% (Heavy)			Romodrain bag			Nasal air way		
Antibiotics			Bandage			20, 22, 24	111	111
IV PCM	1	1	Tegaderm			oral air way		
Suppositories			loban			1, 2	111	-
Anamol 80mg / 250mg / 170 mg			Double J Stent			Q site + spint (113)	111	-
Supridol : 100mg			Vaccum Suction set	2	2	IV AUG 1.2 / 600mg	111	1
Justin : 2.5 mg / 25mg / 100mg	111	-	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
3way 10x100cm	111	1	Microshield	1	1			
GLOVE all + gauze	111	-	Cotton Balls	1	1			
Tanexa + Dexam	111	111	Latex Gloves	111	111			
O2 MASK	1	1	Ramdione Scrub					
Wcannula (22, 24)	111	-	Saral					

Surgeon ..... Anaesthesiologist ..... Nurse *Free* ..... OT Technician .....

Order No. : 9636450 ..... Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125







# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Baby V. Srika

UHID ID:

KUH-00162567

Department:

Consultant:

KUH-00162567 IP5-00174560  
Baby VODDINENI SHRIKA  
04-09-2014 11 Y 8 M 27 D (F)  
Dr. P.V.L.N MURTHY





### Pediatric Multiorgan History & Physical Examination

Name : Baby V. Srika Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

c/o recurrent episodes of  
cold, cough  
nose block ⊕  
Open mouth Breathing  
Snoring Issues ⊕ } 2 year

#### History of present illness :

As per informant, child apparently well  
then had  
recurrent episodes of cold,  
cough  
tonsillitis  
Open mouth Breathing.  
Snoring Issues ⊕  
O/E: Had Adenoid  
Hypertrophy

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Baby VODDINENI SHRIKA  
04-09-2014      11 Y 8 M 27 D      (F)  
Dr. P V L N MURTHY



**Pediatric Multiorgan ... & Physical Examination**

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

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**Birth & Neonatal History:**

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*Normal perinatal.*

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : *} middle*

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**Developmental History :**

*Attained app for age*

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**Immunization History :**

*Immunized till date*

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### History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_

Weight (kgs) ) 40.9 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.1°F Pulse Rate : 116/min B.P. 105/78 SPO2 99.1% RA

Resp. rate and type of breathing : 22/min  
regular

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

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

Air entry & breath sounds : \_\_\_\_\_ BATEO, clear

Any added sounds : \_\_\_\_\_

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

#### Cardiovascular System :

Inspection of precordium : \_\_\_\_\_ (N)

Heart Sounds : \_\_\_\_\_ S<sub>1</sub>S<sub>2</sub> heard

Any murmur : \_\_\_\_\_

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

#### Per Abdomen :

Inspection \_\_\_\_\_ (N)

Palpation : \_\_\_\_\_ Soft, non tender

Auscultation : \_\_\_\_\_ BS (N)

Spine : \_\_\_\_\_ (N) External Genitalia : \_\_\_\_\_ (N)

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

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**Pediatric Multisystem & Physical Examination**

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

**Motor System:**

Nutrition : Good

Tone : (R) Power 4/5

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : Nil

**Reflexes :**

DTR (R) Superficials:  
Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : regular

**Clinical Summary & Diagnostic:**

Chronic Adenotonsillitis + DNS (HIT)  
Now for Adenotomylectomy + coblation  
B/c Turbinoplasty



**Pediatric Multiorgan Dysfunction & Physical Examination**

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: For Hemodynamic Stability

**Planned Labs:**

IV cannula -

**Planned Management**

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

ALB  
Aug  
31/5/26 @ 10 AM

**DR. PVLN MURTHY**  
Registration No: 4726

Signature of the Doctor: TD

Signature of the Consultant: [Signature]

Name of the Doctor: Jayash

Name of the Consultant: Pr in Neely

Date & Time: 31/05/26 @ 9:50 AM

Date & Time: 31/5/26



# CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : Chronic Adenotonsillitis + Hypertrophic turbinate + DNS

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:

SIP Adenotonsillectomy & coablation + BIL Turbinoplasty

Signature: \_\_\_\_\_

**Findings and Recommendations :**

child is afebrile  
 doing well.

no post operative vomit

~~vomiting~~, nasal bleeding (+)  
 hemodynamically stable

OLE

WS - S, S (+)

RS - BA (+)

PIA - soft

ENT - clear.

Plan

- ① T. LEFODEM XP 325mg
- ② T. MONDESLOR BID
- ~~② T. HIFENAC-P~~
- ④ TAB TRANEXA 500
- ⑤ BOTROCILOT SOL.
- ⑥ NASOCLEBR SALINE Drop
- ⑦ Tab DOLD 650 QID.
- ⑧ tab IBUPROPHEN 200mg (SOS)

Plan d/c today.

**Consultant :**

Name : Anapurna Signature : \_\_\_\_\_ Date & Time : 10:45 AM 1/6/26





# INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By:  Patient  Patient Attendant

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

1. Adeno tonsillectomy + CABG + B/L Tracheostomy  
 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)
<u>Good healthily</u>	<u>Medication</u>

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

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

- |    |   |
|----|---|
| a. | <u>Bleeding, change in voice, nasal regurgitation</u> |
| b. | <u>Rec. of suicide</u>                                |

I authorize Dr. \_\_\_\_\_ 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: N. Haritha  
 Name: Haritha  
 Relationship with patient: Mother  
 Date & Time: 31/5/26 @ 11 AM

**Witness:**

Signature: [Signature]  
 Name: \_\_\_\_\_  
 Date & Time: 31/5/26 2 PM

**Doctor (who is taking consent):**

Signature: [Signature] Name: Dr. P V L N Murthy Date: 31/5/26 Time: 2 PM

## శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో బిల్టెన్ 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), పల్మానరీ 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.

4. 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 అవస్థ 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: .....

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Baby VODDINENI SHRIKA  
04-09-2014 11 Y 8 M 27 D (F)  
Dr. P V L N MURTHY



## OPERATION THEATER NOTES

Patient's Name : Baby voddineni shrika Age : 11y. 8m Gender :  Male  Female

UHID No. : 00162567 Weight : 9.1 kg Height : .....

Surgeon : PVL N Murthy Asst. Surgeon : .....

Anesthetist : Dr. Akhila OT Nurse : Sarav OT Technician : Vijay

Pre-Operative Diagnosis : che. Adenomatous polyps + 1st IT + DNS

Surgical Procedure : Adenotomy + tubular resection  
BLC tubular plasty

Indications for Surgery : .....

Date : 31/5/20 Start Time : 12 PM End Time : 1 PM

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

Post Operative Diagnosis : .....

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

Operation Notes : Adenotomy + tubular resection  
BLC tubular plasty

.....  
.....  
.....  
.....  
.....  
.....



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P. P. V. L. N. MURTHY



## POST-SURGICAL CARE PLAN FORM

Procedure Done: ..... *Adeno & malleotomy T. Adhesion + Bc Tubecrop*

Post-Surgical Diagnosis: ..... *Chc. ADTS + HT*

Post-Operative Monitoring Parameters /Frequency:

*Bleeding, vitals*

Wound Care:

*Mouth wash, Nald wash*

Drain /Special Lines/Catheters:

*—*

Special Patient Positioning and Requirements:

*lateral*

Nutritional Instructions:

*veg soft*

When to Start Mobilization:

*after 1hr*

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

*2014*

Treating Surgeon  
(Signature & Stamp)

Date: *31/5/20* Time: *2pm*

Note: Plan of care will be readjusted if necessary.

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 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					



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 Baby VODDINENI SHRIKA  
 04-09-2014      11 Y 8 M 27 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
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayashri (JN)

Date & Time: 31/05/2014 @ 9:50 AM

Nurse Name & Signature: Luchel @

Date & Time: 31/5/14 @ 10AM

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 VODDINENI SHRIKA  
 2014 11 Y 8 M 27 D (F)  
 V L N MURTHY



Sheet No: ..... REGULAR PRESCRIPTIONS Weight ..... Ward .....

**DRUG :** T. TRANEXA . Date/Time 3/5

Dose	Route	Frequency	Start Dt.
500 mg	PO	1a wly	3/5 9AM ✓

Name & Signature of the Doctor Starting the Drugs:  
*Savitri*

Additional Instructions:  
 9PM *Patel me.*

Daily Doctor's Endorsement by a Sign

**DRUG :** BOTROCLOT <sup>nose</sup> Date/Time 31/5/16

Dose	Route	Frequency	Start Dt.
2	Nose	8 hly	3/5 6AM <i>Prinsna</i>

Name & Signature of the Doctor Starting the Drugs:  
*Savitri*

Additional Instructions:  
 2 drops each nostril *10pm 6:30pm Prinsna*

Daily Doctor's Endorsement by a Sign

**DRUG :** NASOCLAR <sup>saline</sup> Date/Time

Dose	Route	Frequency	Start Dt.
	Nose	8 hly	3/5 7AM

Name & Signature of the Doctor Starting the Drugs:  
*Savitri*

Additional Instructions:  
 each nostril - saline wash. *11pm Prinsna*

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:

Doctor's Endorsement by a Sign







Dose	Route	Frequency	Start Date	Date Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				
DRUG : T. CEPODEM XP				Date Time 31/5
Dose 1 tab	Route PO	Frequency 12 hly	Start Date 31/5	10AM ✓
Name & Signature of the Doctor Starting the Drugs: Sahithi				
Additional Instructions: CEFPODOXIME 200mg CLAVULANATE 125mg				10pm Prathibha Anand
<b>Daily Doctor's Endorsement by a Sign</b>				
DRUG : T. MONDESLOA				Date Time 31/5
Dose 1 tab	Route PO	Frequency BD	Start Date 31/5	10AM NOT given
Name & Signature of the Doctor Starting the Drugs: Sahithi				
Additional Instructions: DESLORATADINE - 5mg MONTELUKAST - 10mg				10pm Prathibha Anand
<b>Daily Doctor's Endorsement by a Sign</b>				
DRUG : T. HIFENAC-P				Date Time 31/5
Dose 1 tab	Route PO	Frequency 12 hly	Start Date 31/5	10AM ✓
Name & Signature of the Doctor Starting the Drugs: Sahithi				
Additional Instructions: PARACETAMOL - 325mg ACECLOFENAC - 100mg				10pm Prathibha Anand
<b>Daily Doctor's Endorsement by a Sign</b>				



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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/15	12:00pm	Inj. AMOXICILIN CLAVULANIC ACID	102mg	IV	(Signature)	Babu Srajan
3/15	12:10pm	Inj. PARACETAMOL	600mg	W	(Signature)	Babu Srajan
3/15	12:10pm	Inj. DICLOFENAC	35mg	W	(Signature)	Babu Srajan
3/15	12:15pm	Inj. DEXAMETHA SONE	9mg	W	(Signature)	Babu Srajan
3/15	12:15pm	Inj. TRANEXAMIC ACID	500mg	IV	(Signature)	Babu Srajan

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



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 Baby VODDINENI SHRIKA  
 04-09-2014 11 Y 8 M 27 D (F)  
 Dr. P V L N MURTHY

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

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 6pm      10:30 pm      6am  
 Doctor / Nurse / Family Concern? \_\_\_\_\_

Temperature (F)	104			
	103			
	102			
	101			
	100			
	99			
	98	<u>98.0 F</u>	<u>98.2 F</u>	<u>98.2 F</u>
	97			
	96			
	94			

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110			
	100			
90				
80				
70				
60				
50				
Note: BP does not score in early warning scoring				
Heart Rate (Number)	<u>87b/m</u>	<u>110b/m</u>	<u>100b/m</u>	

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	Resp Rate (Number)	<u>22b/m</u>	<u>25b/m</u>	<u>22b/m</u>	

Resp Distress	Mod/ Severe			
	None / Mild			
Receiving O <sub>2</sub> (l/min)				
O <sub>2</sub> Saturations (%)	<u>97%</u>	<u>100%</u>	<u>100%</u>	
Conscious Level	Normal			
	Altered			
GCS *	<u>11/15</u>	<u>15/14</u>	<u>15/14</u>	

<b>TOTAL SCORE</b>			
Number of shaded boxes	<u>0</u>	<u>0</u>	<u>0</u>
Pain Score	<u>0</u>	<u>0</u>	<u>0</u>
Observer's Initials	<u>K</u>	<u>[Signature]</u>	<u>[Signature]</u>

**ACTIONS**

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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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KUH-00162567 IP5-00174560  
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 04-09-2014 11 Y 8 M 27 D (F)  
 Dr. P V L N MURTHY



# FLUID CHART

Sheet No. : .....

3/15/21

- 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												

Total Intake :

Total Output :

	02:00 pm												
3/15	03:00 pm	Ice	-	-	-	-	-	-	-	-	1		pr
	04:00 pm	H <sub>2</sub> O	-	-	-	-	-	-	-	-	0		
	05:00 pm										0		
	06:00 pm										0		
	07:00 pm	and rice									0		prathi

Total Intake :

Total Output :

u = 0 m = 0

	08:00 pm		H <sub>2</sub> O								0		
	09:00 pm										0		
	10:00 pm		H <sub>2</sub> O								0		Annamma
	11:00 pm										0		
	12:00 am		H <sub>2</sub> O								0		
	01:00 am										0		

Total Intake :

Total Output :

	02:00 am										0		
	03:00 am		H <sub>2</sub> O								0		
	04:00 am										0		Annamma
	05:00 am		H <sub>2</sub> O								0		
	06:00 am										0		
	07:00 am										0		

Total Intake :

Total Output :

Total 24 hrs. Intake	
----------------------	--

Total 24 hrs. Output	m = 0 u = 4
----------------------	-------------

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# 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



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# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 11/6/26 Time: 9am

Weight: 40.915 Centile: 75th

Height: 115cm Centile: 75th

Inference: Well child

RDA: — Calories: 1700kcal/d Protein: 29gm/d

Diet Recommendations: soft rice

Re-Assessment: avoid Spicy & outside foods

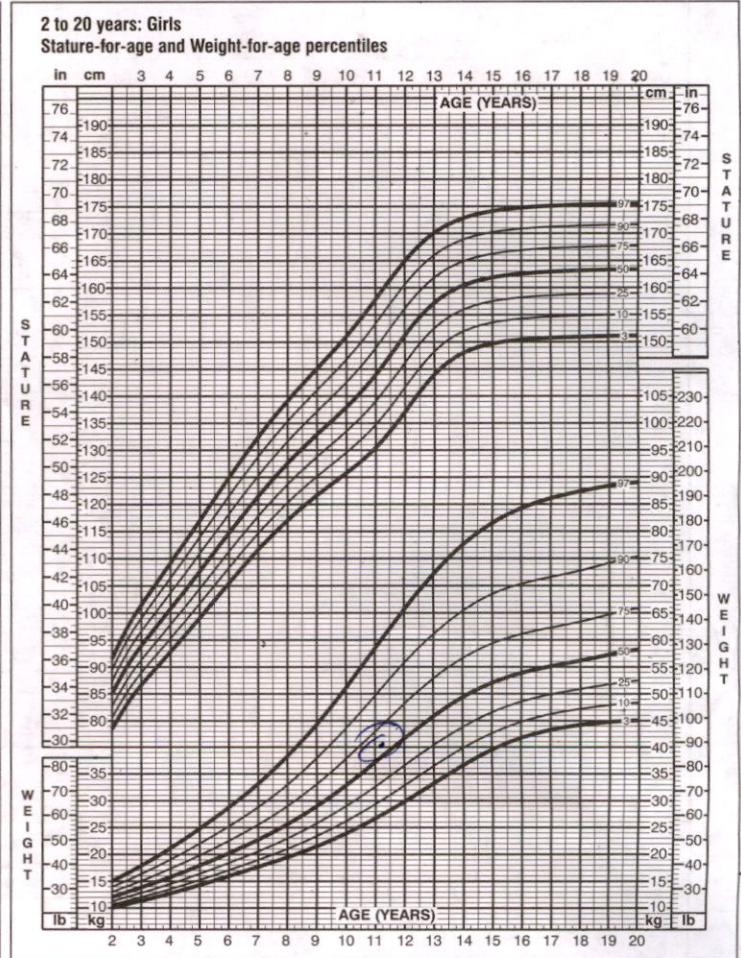
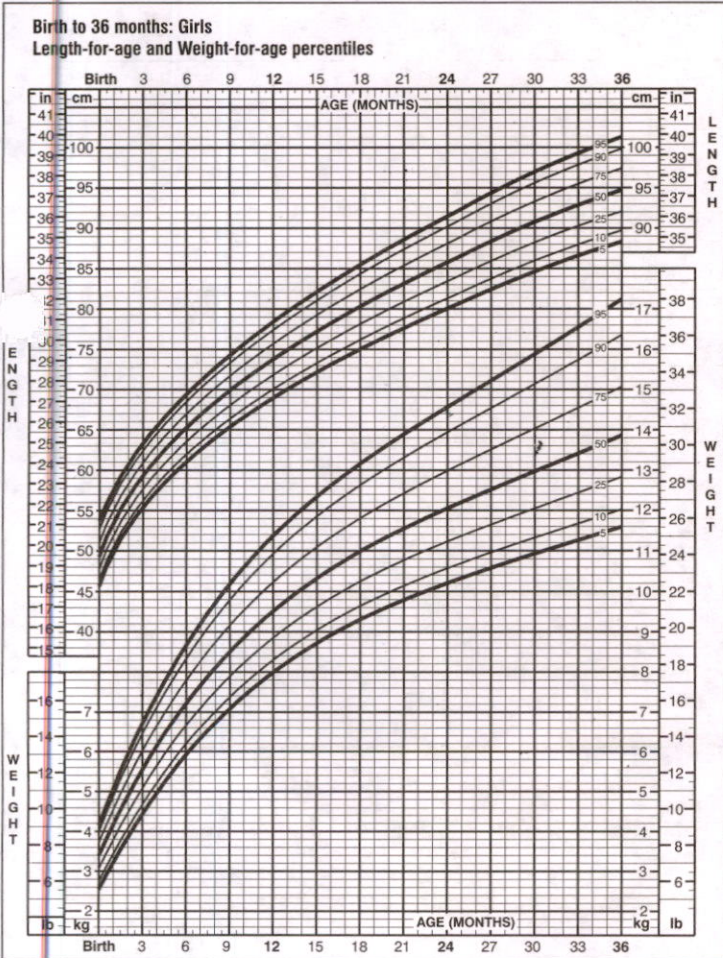
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Adenotonsillitis

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: N Haritha

## GROWTH CHART (GIRLS)



Dietician's Name: Saina

Dietician's Signature: Saina

