

VIH-00158024 IP5-00174454
Master KOTA REYANSH
11-09-2019 6 Y 8 M 17 D (M)

Patient Dr. P. V. L. N. MURTHY



SURGERY DETAILS

Date: 28/5/20
Patient Name: Mat. Kota Rayansh Date of Birth: 11/9/2019 Age: 6y
Gender: Male Ward: P-OT UHID No.: 158024
Date of Surgery: 28/5/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery: Appendicectomy

Time in: 6:55 PM Time Out: 6:45 PM

	NAME	AMOUNT
1. Surgeon	Dr. V. L. N. Murthy	
2. Anaesthetist	Dr. Thyathu	
3. Assistant Surgeon		
4. OT Technician	Vijay	
5. Circulating Nurse	Benjam	
6. Assistant Nurse	Bhikhai	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others: Sphincter 9632269

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9632258

Order by: Sravani D.



Adeno
CONSUMABLES OF OT



Circulating staff : Technician : Date : Time : *3:30 PM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>40405/5</i>	<i>14</i>	<i>1</i>	Major Pack <i>Drape</i>	<i>1</i>	<i>0</i>	Inj Vit.K		
LMA			Sutures <i>foumy</i>	<i>2</i>	<i>2</i>	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>5</i>				Vaccum Suction Set		
05 cc	<i>10</i>	<i>5</i>	Gloves <i>6.6 1/2 7-7 1/2 2+2</i>			Surgical Gloves		
02 cc	<i>10</i>	<i>0</i>	<i>Pf-6.6 1/2 7-7 1/2 2+2</i>			Gauze Pack		
01 cc	<i>5</i>	<i>1</i>				Syringe 1ml / 2ml		
Cautery plate : A/P/N	<i>1</i>	<i>0</i>	Surgical blade			Surgical Blade # 20		
IV set	<i>1</i>	<i>1</i>	NG tube <i>6 No</i>	<i>2</i>	<i>2</i>	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>14</i>	<i>14</i>	Koochies			<i>transufize</i>	<i>1</i>	<i>1</i>
<i>minispike</i>	<i>1</i>	<i>0</i>	Ointments			<i>savlon</i>	<i>1</i>	<i>0</i>
<i>Osmall</i>	<i>1</i>	<i>1</i>	Suction Catheter			<i>Adriline</i>	<i>1</i>	<i>3</i>
Fentanyl	<i>1</i>	<i>1</i>	Cap, Mask <i>NAR</i>	<i>5</i>	<i>3/5</i>			
Morphine			Gauze Pack <i>BN</i>	<i>5</i>	<i>2</i>			
Ketamine			Mop Pack	<i>1</i>				
Propofol	<i>3</i>	<i>2</i>	Steristrip					
Rocuronium	<i>1</i>	<i>1</i>	Underpad	<i>1</i>	<i>1</i>			
Glycopyrolate	<i>1</i>	<i>1</i>	Draw sheet	<i>1</i>	<i>1</i>			
Myopyrolate <i>(New)</i>	<i>14</i>	<i>2</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%			Chest Drainage Catheter			<i>Gauze</i>	<i>3</i>	<i>1</i>
Bupivacaine 0.25%(Heavy)			Romodrain bag			<i>Gloves</i>	<i>4</i>	<i>1</i>
Antibiotics <i>Aug 600mg</i>	<i>1</i>	<i>1</i>	Bandage			<i>medmed</i>	<i>1</i>	<i>1</i>
<i>Novopen</i>	<i>1</i>	<i>1</i>	Tegaderm			<i>Dexatranexal</i>	<i>14</i>	<i>14</i>
Suppositories			loban	<i>1</i>	<i>1</i>	<i>50ctpraline</i>	<i>14</i>	<i>14</i>
Anamol : 80mg / 250mg / 170 mg			Double J Stent	<i>1</i>	<i>1</i>	<i>metaprolol</i>	<i>1</i>	<i>1</i>
Supridol : 100mg			Vaccum Suction set	<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>			
Tab. Misoprost : 200mg			Betadine Solution	<i>1</i>	<i>1</i>			
<i>Novonset</i>	<i>1</i>	<i>1</i>	Microshield	<i>1</i>	<i>1</i>			
<i>oral airway oil</i>	<i>14</i>	<i>1</i>	Cotton Balls	<i>1</i>	<i>1</i>			
<i>nasal airway 16/18</i>	<i>14</i>	<i>1</i>	Latex Gloves	<i>1</i>	<i>10</i>			
<i>Spary vom (fucem)</i>	<i>14</i>	<i>1</i>	Ramdione Scrub					
<i>Novocum 14 200mg</i>	<i>14</i>	<i>1</i>	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician : *Y. Senthil*
 Order No. : *9631959* Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174454 Admit Date : 28-May-2026 Admit Time : 02:09 PM UHID : VIH-00158024

Patient Details :

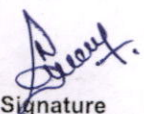
Patient Name	: Master KOTA REYANSH	Age	: 6 Y 8 M 17 D
Guardian	: Mr KOTA NARESH KUMAR	DOB	: 11-09-2019
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: PLOT NO 116, BAPU NAGAR Chintal Hyderabad Telangana INDIA 500054	Phone No	: 6303902783/ 9573511668
		E-mail	: KNARESH.COM@GMAIL.COM

Admission Details :

Bed Type	: DAY CARE	Bed No	: PRE OP 405	Ward Name	: 4F-OT COMPLEX
Room No	: PRE OP 405	Admission Type	: First Visit		

Contact Details :

Name	: Mr KOTA NARESH KUMAR	Relationship	: Father
Contact Address	: PLOT NO 116, BAPU NAGAR Chintal Hyderabad Telangana INDIA 500054	Phone No	: 6303902783


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	: CARE HEALTH INSURANCE LIMITED

VIH-00158024 IP5-00174454
Master KOTA REYANSH
11-09-2019 8 Y 8 M 17 D (M)
Dr. P V L N MURTHY



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ 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
28/5/26	4pm	fe	OT	S. Sranani
28/5/26	9pm	OT	339	Sranani

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr Annapoorna	29/05/26	9632629	Kalyani
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5/16	2 placement	1	31280	D. Sgarioni
	PAC done on basis			

ANY OTHER INFORMATION

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

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00158024 IPS-00174454
Master KOTA REYANSH
11-09-2019 6 Y 8 M 17 D (M)
Dr. P V L N MURTHY



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ 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 ⊕
Tonsillitis

History of present illness :

As per informant, child was apparently well
then had,

recurrent episodes of cold, cough
nose block ⊕

Open mouth Breathing ⊕
Snoring Issues ⊕
Tonsillitis

O/E: Had Adenoid Hypertrophy



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition

ITO

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

middle

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 18.6 kg (Centile _____)

On Examination :

Temperature : 98° F Pulse Rate : 116/min B.P. 108/63 ^{(74) mmHg} SPO2 100% RA
Resp. rate and type of breathing : 22/min

Rash _____
Lymphadenopathy _____ } tonsillar hypertrophy
Oedema : _____ } grade II
Allergies (if any): _____

Respiratory System :

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

Cardiovascular System :

Inspection of precordium : _____ (N)
Heart Sounds : _____ S₁, S₂ heard.
Any murmur : _____ no murmur
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____ (P)
Palpation : _____ Soft, non tender
Auscultation : _____ BS (N)
Spine : _____ (N) External Genitalia : _____ (N)
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : good

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : Nil

Reflexes :

DTR

(N)

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

chronic Adenotonsillitis

Now for coblation Adenotonsillectomy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: For Hemodynamic stability

Planned Labs:

IV Cannula
MS
Planned
28/5/26

Planned Management

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

Signature of the Doctor: JM

Name of the Doctor: Jayabn

Date & Time: 28/05/26

Signature of the Consultant:

Name of the Consultant: DR. P. V. L. N. MURTHY

Date & Time:

Registration No: 47287

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 Apr	<p><u>C/S/B Resident</u> C-Chr. Adenotonsillitis, Now for Colloid Adenotomies</p> <p>No fever No bleeding mild pain (+) oral intake fair Child is hemodynamically stable</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> Plan of C/S/B Cont med as per chd inform SOS for pain
29/5/20 8 am	<p><u>C/S/B Resident</u></p> <p>no complaints</p> <p>O/E = stable vitals chest clear throat healthy</p>	<p><u>Adv,</u></p> <p>Ⓟ today</p> <p><i>(Signature)</i> Dr. Akhile</p>

Ayushman
 SOS - Resettled
 colous



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. Adenotomyllectomy & Coblation
- 2.

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Good breathery	Medical

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. Bleedng, Change in voice, vocal regurgitation
- b. Sec. of Adenoids

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

Patient / Patient Attendant:

Signature: [Signature]
 Name: Kota Naveesh Kumar
 Relationship with patient: Parent
 Date & Time: 28/5/26 5:42P

Witness:

Signature: [Signature]
 Name: Kota Radhika
 Date & Time: 28/5/26 5:42P

Doctor (who is taking consent):

Signature: [Signature] Name: P V L N MURTHY Date: 28/5/26 Time: 5:40PM

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 నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జి, 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:

SURGICAL SAFETY CHECKLIST

Surgeon : *roshy*
 Asst. Surgeon :
 Anaesthetist : *Benjamin*
 Scrub Nurse : *Bikkai*

Patient Name : *Kota G. reyanth* Age : Gender :
 UHID No. : Surgery Name : *Adenectomy*
 Date : *28/6/26* In-time : *5:55pm* Out-time : *6:45*

VIH-00158024 IP5-00174454
 Master KOTA REYANSH
 11-09-2019 6 Y 8 M 17 D (M)
 Radr. P V L N MURTHY
 Ch Hc
 It take



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <i>5:50pm</i>
Patient Has Confirmed		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Marked		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Anaesthesia Safety Check Completed		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse Oximeter on Patient & Functioning		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does Patient have a:		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Signature : <i>[Signature]</i>		
Name : <i>Dr. Rejainini</i>		

TIME OUT		Time: <i>6:45pm</i>
Confirm all team members have introduced themselves by Name and Role		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is Essential Imaging Displayed?		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : <i>[Signature]</i>		
Name : <i>Benjamin Tom</i>		

SIGN OUT		Time: <i>6:45</i>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature : <i>[Signature]</i>		
Name : <i>P.V.L.N. Murthy</i>		



OPERATION THEATER NOTES

Patient's Name : Age : Gender : Male Female

UHID No.: Weight : 18.14 Height :

Surgeon : PVLN Murthy Asst. Surgeon :

Anesthetist : Dr. Thyagaraj OT Nurse: Boyan / Sikkh OT Technician: Gopi

Pre-Operative Diagnosis: Che. Adeno Carcinoma

Surgical Procedure : Adeno Carcinoma resection

Indications for Surgery :

Date : 20/6/20 Start Time : 6.15pm End Time : 6.45pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adeno Carcinoma resection

Amount of Blood Loss:		Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:		
Peri-Operative Complications:		
1 syp - AUGMENTIN DS 5ml BID 2wky		
2 syp - NYZALON 5ml BID - 2wky		
3 syp - CROLIN DS 5ml TID 2wky		
4 T-TRAMACETAMOL 500mg 2x (70) BID - 2wky		
5 BOTROCKET solution 1ml 3x TID 2wky		
6 salt water gargle TID 2wky		

Name of the Surgeon: *PV IN REEKS*

Signature of the Surgeon: *[Signature]*

Date & Time: *28/5/26 7pm*

VIH-00158024 IP5-00174454
 Master KOTA REYANSH
 11-09-2019 6 Y 8 M 17 D (M)
 Dr. P V L N MURTHY

Patient Sticker



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 28/5/20.....

Department : P-OT Duration of Procedure : 30 min

Name of Surgeon : Dr. Murthy Date of Admission : 28/5/20.....

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input checked="" type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic :	<i>Benjam</i>
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Benjam</i>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<i>Benjam</i>
4.	Name of doctor or staff administering the antibiotic : <i>Gopi</i> Date & Time of antibiotic administration : <i>28/5/20 @ 6:00pm</i> Date & Time procedure started : <i>28/5/20 @ 6:00pm</i>	<i>Benjam</i>

- 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

VIH-00158024 IP5-00174454
Master KOTA REYANSH
11-09-2019 6 Y 8 M 17 D (M)
Patient St. Dr. P V L N MURTHY



POST-SURGICAL CARE PLAN FORM

Procedure Done: Adeno tonsillectomy & cord ligation
Post-Surgical Diagnosis: Chc. Adeno tonsillitis

Post-Operative Monitoring Parameters / Frequency:
Bleedng, vitals

Wound Care:
Mouth 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
2 wks

Treating Surgeon (Signature & Stamp) _____ Date: 28/5/20 Time: 7 PM

Note: Plan of care will be readjusted if necessary.

VIH-00158024 IP5-00174454
 Master KOTA REYANSH
 11-09-2019 6 Y 8 M 17 D (M)
 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					

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI

 Others (ECG, Contrast Studies etc.) :

VIH-00158024 IP5-00174454
 Master KOTA REYANSH
 11-09-2019 8 Y 8 M 17 D (M)
 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: Savitri

Date & Time: 28/5/26 2 PM

Nurse Name & Signature: Bhavani

Date & Time: 28/5/26 2 PM



DRUG CHART

Date of Admission: 28/5/21 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight.18.6 kgs... Ward.G.T.....

DRUG : SympAOXYMEANTIN DS				Date Time																		
Dose	Route	Frequency	Start Date																			
5ml	P/O	BID	28/5	10AM	10PM																	
Name & Signature of the Doctor Starting the Drugs:				Kalyan																		
Additional Instructions:				10PM																		
Daily Doctor's Endorsement by a Sign																						

DRUG : Symp XYZAL-M				Date Time																		
Dose	Route	Frequency	Start Date																			
5ml	P/O	BD	28/5	9AM	Not given	10PM																
Name & Signature of the Doctor Starting the Drugs:				Kalyan																		
Additional Instructions:				9PM with mouth																		
Daily Doctor's Endorsement by a Sign																						

DRUG : Symp CROCEIN DS				Date Time																		
Dose	Route	Frequency	Start Date																			
5ml	P/O	TID	28/5	7AM	10PM																	
Name & Signature of the Doctor Starting the Drugs:				Kalyan																		
Additional Instructions:				11PM																		
Daily Doctor's Endorsement by a Sign																						

DRUG : T-TRANEXA				Date Time																		
Dose	Route	Frequency	Start Date																			
4 tabs	P/O	12H	28/5	5AM	10PM																	
Name & Signature of the Doctor Starting the Drugs:				Kalyan																		
Additional Instructions:				9PM																		
Daily Doctor's Endorsement by a Sign																						

VIH-00158024 IPS-00174454
 Master KOTA REYANSH
 11-09-2019 6 Y 8 M 17 D (M)
 Dr. P V L N MURTHY



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : 207 Roclor Na ₂ S ₂ O ₈				Date Time																
Dose	Route	Frequency	Start Dt.																	
2 drops	Hand	7 ID	22/5																	
Name & Signature of the Doctor Starting the Drugs: <i>Ayushman</i>																				
Additional Instructions: <i>10pm</i>																				
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																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY: Name Signature



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	5:55pm	Inj DEXAMETHASONE	1.5mg	IV		
28/5/26	5:55pm	Inj TRAMEXAMIC ACID	250mg	IV		
28/5/26	6pm	Inj AUGMENTIN	500mg	IV		
28/5/26	6:10pm	Inj PARACETAMOL	250mg	IV		
28/5/26	5:00pm	Sep. DICLOFENAC	12.5mg	PR		

Signature
Name



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr PVLN Murthy Date : 28/5/26

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

Start Time of Assessment: 2 PM Weight: 18.6 kg

Allergic History: ⊖

Chief Complaints: No chronic adenotonsillitis
now planned for
coablation
adenotonsillectomy

Pediatric Assessment Triangle

A Appearance - TICLS

B C Circulation

Breathing

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

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: ⊖

Medication History:

Relevant Investigations:

Primary Assessment

Airway

Open
 Maintainable
 Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing

Rate: 22/min SpO₂ on FiO₂ 100%

Rhythm:

Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring


Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAE ⊕

Palpation Findings (if necessary)

Any urgent interventions needed: Yes No

If Yes

Circulation  HR: 116/min CFT Central Peripheral Any urgent interventions needed: Yes No


BP: 108/63 (74) mmHg Murmurs: Yes No

Pulse Volume: Central Peripheral Liver Span: ECG:

If in Shock: Compensated Hypotensive Any Signs of Heart Failure: Yes No


Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

Disability  GCS: 15/15 AVPU: Any urgent interventions needed: Yes No

Pupils: Responsive Non-Responsive Size Right Left If Yes

Active Seizures: Yes No Sugars: Signs of Neurological compromise

Exposure  Temp.: 98.8 F Any Rash: Yes No, If yes describe the rash Any urgent interventions needed: Yes No

Active bleed If Yes

Lacerations Abrasions bruises Describe:

- 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 II tonsillar hypertrophy

Labs Planned: [Ⓢ]

Treatment Planned: Continue NPO
X shift to OT on call

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: Salituri
Signature: 
Date & Time: 2/8/5/26

Sr. Doctor on Duty (if necessary)
Name of the Sr. Doctor:
Signature:
Date & Time:

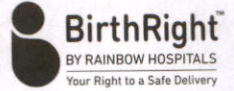
VIH-00158024 IP5-00174454
 Master KOTA REYANSH
 11-09-2019 6 Y 8 M 17 D (M)
 Dr. P V L N MURTHY



29/5/26

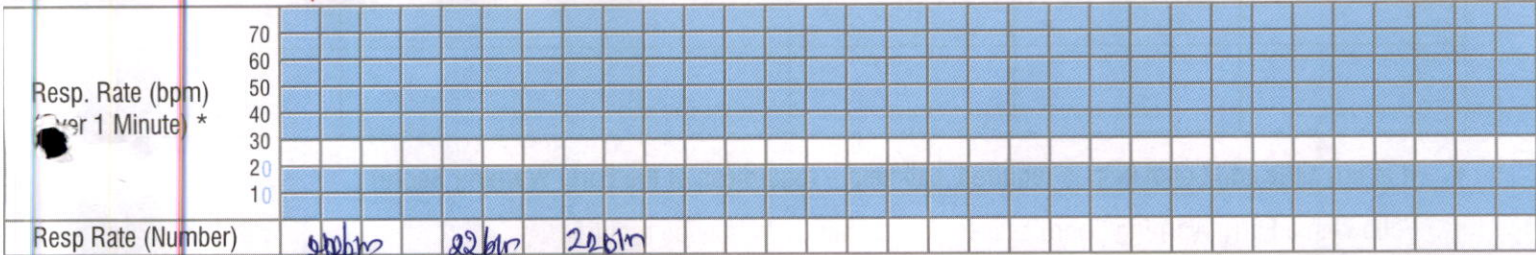
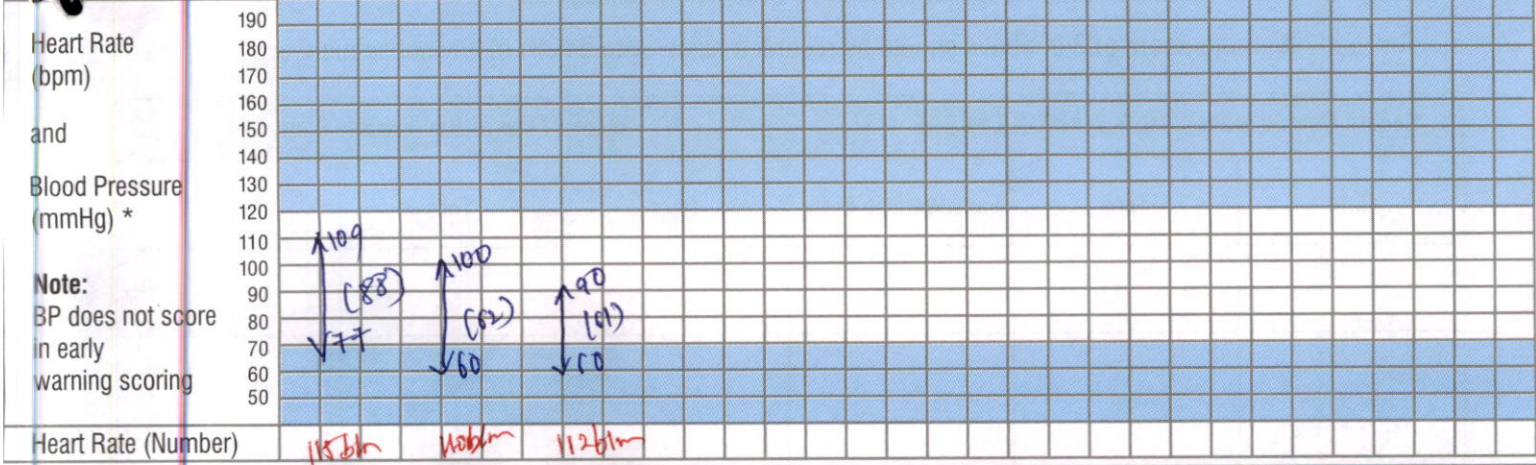
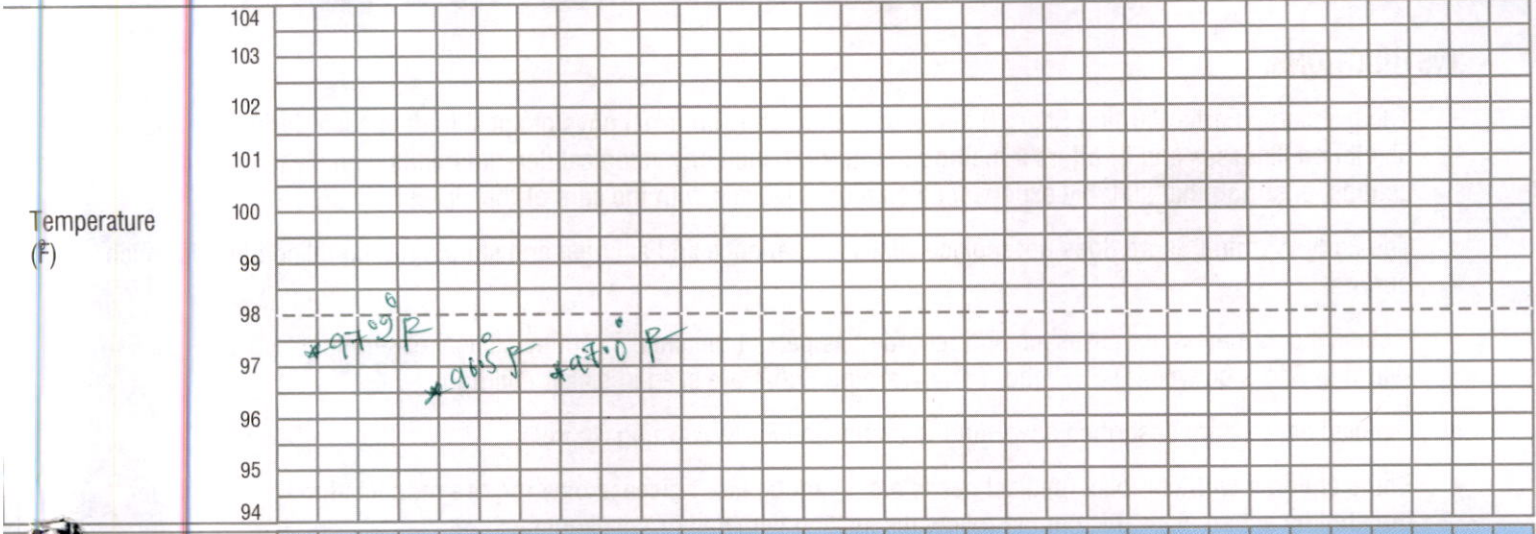
Doc. No. : RCHBH/ FRM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

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



Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 100% 99% 99%

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes 0 0 0

Pain Score 0 0 0

Observer's Initials R R S

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.

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



FLUID CHART

28/9/26

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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm		Water								0	2	
Total Intake :						Total Output :							
	08:00 pm		Water								2	2	
	09:00 pm										0		
	10:00 pm	NO IVP	Ice cream								0		
	11:00 pm										0		
	12:00 am		H ₂ O								0		
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0		
	03:00 am		H ₂ O								0		
	04:00 am	NO IVP									0		
	05:00 am	IVP	H ₂ O								0		
	06:00 am										0		
	07:00 am										0		
Total Intake :						Total Output :							
Total 24 hrs. Intake			Orally taken			Total 24 hrs. Output			02 on 20				



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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



VIH-00158024 IP5-00174454
Master KOTA REYANSH
11-09-2019 6 Y 8 M 17 D (M)
Dr. P V L N MURTHY

Name: MASTER KOTA REYANSH Age: 6 Y 8 M Sex: M UHID.No: VIH 00158024
Date: 27/5/21 Time: 5:00 PM Proposed Operation: ADENO TONSILLECTOMY
Diagnosis: GRADE II TONSILLITIS COABLATED
B.P./CRT: 135/85 H.R.: 108 Weight: 17.90 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.5</u>	Glucose:	Protein:	HIV: <u>Free</u>	X-Ray:
PCV: <u>39.0</u>	Urea:	Alb:	HBS Ag: <u>Negative</u>	ECG: <u>1</u>
WBC: <u>9.960</u>	Creat:	Total Bill:	HCV: <u>Negative</u>	2D Echo:
Plate: <u>4.14</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT: <u>32.7</u>	K:	LDH:	T3:	Other:
PTT: <u>31.7</u>	Ca++:	Alk phos:	T4:	
INR: <u>1.08</u>	Mg++:	Amylase:	TSH:	
<u>ESR 8</u>	Cl-:	SGOT/SGPT:		
<u>CRP < 0.2927</u>				

Allergies: No known allergy

Medical History: CVS: CSecton
RESP: POOR growth, mouth breathing Diabetes: both wt:
CNS: Amiee spells CFAB
Renal: --- NO NEUROMUSCULAR DISORDERS
Hepatic / GE: --- Physical Activity: Active, playful
Others: ---

Past Anaesthetic History: ---

Physical Exam:
Airway: MP 1 @ 3 4 Mouth Opening: Adequate Mentohyoid Distance: W Neck: W Teeth: W
Lungs: AERBE
Heart: S1S2
CNS: NAD

Pregnant: Yes No NA Venous Access Site: CVL RUL Spine Exam for regional: ---

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>

- Pre-Operative Instructions:**
- DVT Prophylaxis: ---
 - NIL ORAL: Water / ORS 2 Hours COCONUT WATER
Others 6 Hours FOOD/MILK
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: ---

Signature: Dr. Adithyan Name: Adithyan



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

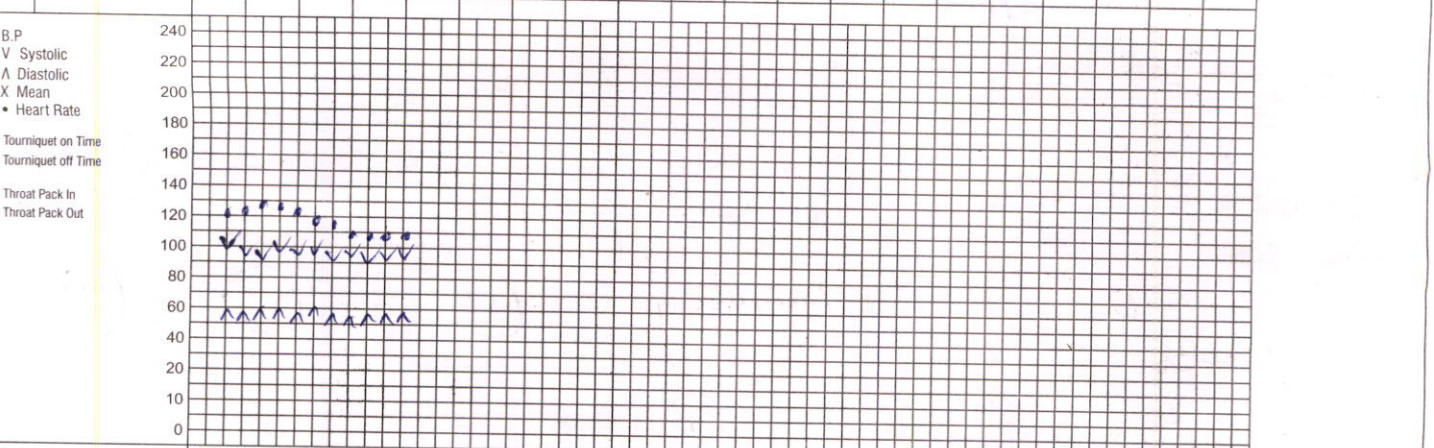
H.R.: 100/min B.P./CRT: 100/70mmHg SpO₂: 100% R.R.: 22/min Last Feed: >6hr

Pre-OP Diagnosis: Adenotonsillar Hypertrophy Operation: Adenotonsillectomy Date: 28/5/20

Surgeon: Dr. P.V.L.N. Murthy Anaesthesiologist: Dr. Tejaswini Technician: Prashanth

TIME	5:45	6:00	6:30	7:00
N ₂ O / AIR / O ₂ / LPM	0.5 / 50 / 2	0.5 / 50 / 2	0.5 / 50 / 2	0.5 / 50 / 2
HALO / SO / SEVO	205 / 3.4 / 11			
Drugs:	<u>MIDAZOLAM 0.8mg</u> <u>FENTANYL 40mcg</u> <u>PROPOFOL 40mg + 20 + 20mg</u> <u>ROCURONIUM 4mg</u> <u>DEXAMETHASONE 10mg</u> <u>FRANEXAMIC ACID 250mg</u> <u>PARACETAMOL 250mg</u> <u>NEOSTIGMINE 0.2mg</u> <u>CYCLOPENTHATE 170mcg</u>			
Antibiotic:	<u>Sup AUGMENTIN 500mg</u>			
Blood Loss:	<u>DICLOFENAC 12.5mg PR</u>			
FiO ₂ / SaO ₂	100	100	100	100
ETCO ₂	39	40	43	45
ECG	SR	SR	SR	SR
Temperature	36.9	35	35.2	35.5
Urine Output				

Fluids: RINGER LACTATE 170ml/hr



LAB Values

ABG: _____

GRBS: _____

Others: _____

- Equipment Checked and Functional
- BP RLL
- Cuff Site: RLL
- Art Site: _____
- EKG Lead
- Temp Site: skin
- FiO₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: ROSE
- Pressure Points Checked
- Eye Care:
 - Oint
 - Tape
 - Padding
 - Awake

- Temp:
- HME
 - Cling Film
 - Hugger's
 - Other
 - Fluid Warmer
 - OH Warmer
 - Cotton Wool
- Times:
- Anaes Start: 5:55pm
- OP Start: 6:15pm
- OP End: 6:30pm
- Leave OR: 6:45pm
- Anaesthesia:
- GA
 - Monitored Anaesthesia Care
 - Regional
- Line (Size & Location)
- CVP: _____
 - ART: _____
 - IV: 22G RLL
 - IV: _____
 - IV: _____

- Induction:
- IV
 - Pre O₂
 - Others
 - Inhal
 - RSI
- Mask SGA
- Airway Oral Nasal
- ETT# 5 at 16.5 cm
- Oral Nasal Cuff
- Tracheostomy Topical
- Drug: ROCURONIUM
- Awake Direct Vision
- Video Laryngoscopy Stylette / Bougie
- Fiberoptic
- Blade# 2 Attempts: 1
- Difficulty Why? _____
- Bilat = BS
- Semi-Closed Circle
- Closed Circle
- Other

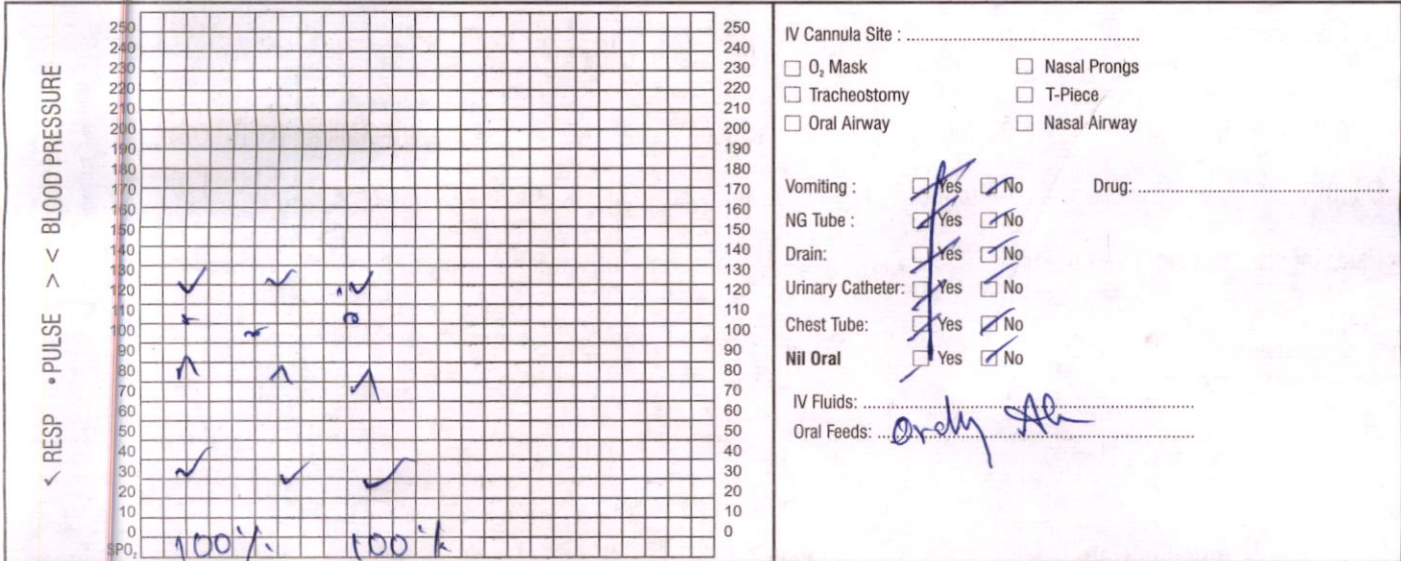
- Regional:
- Extremity _____ Specify: _____
- Spinal
 - Epidural
 - Caudal
- Others: _____
- Position: _____
- Site: _____
- Needle Size: _____ Depth: _____
- Parasthesia Yes No
- Catheter at skin _____ cm
- Drug Name & Conc: _____
- Bolus: _____
- Infusion: _____
- Block Level: _____
- Comments: _____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

Patient



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sarvani Time Received : 6 p.m. 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 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	7 PM	1/10	Ice Cream	Ban

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. J. P. Kumar

Anaesthesiologist Signature: [Signature]

Date & Time: 28/5/26 @ 8:10

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 28/5/26 @ 8:10

Reassessment Frequency:

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

Transferred to Unit by (PACU): 339 B. Kumar

Date & Time: 28/5/26 @ 9 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 :



339

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29/5/26 Time: 9pm

Weight: 18.6 kgs Centile: 50th

Height: 100cm Centile: 50th

Inference: local child

RDA: - Calories: 1450 kcal/d Protein: 28g/d

Diet Recommendations: soft diet

Re-Assesment: avoid spig & outside foods

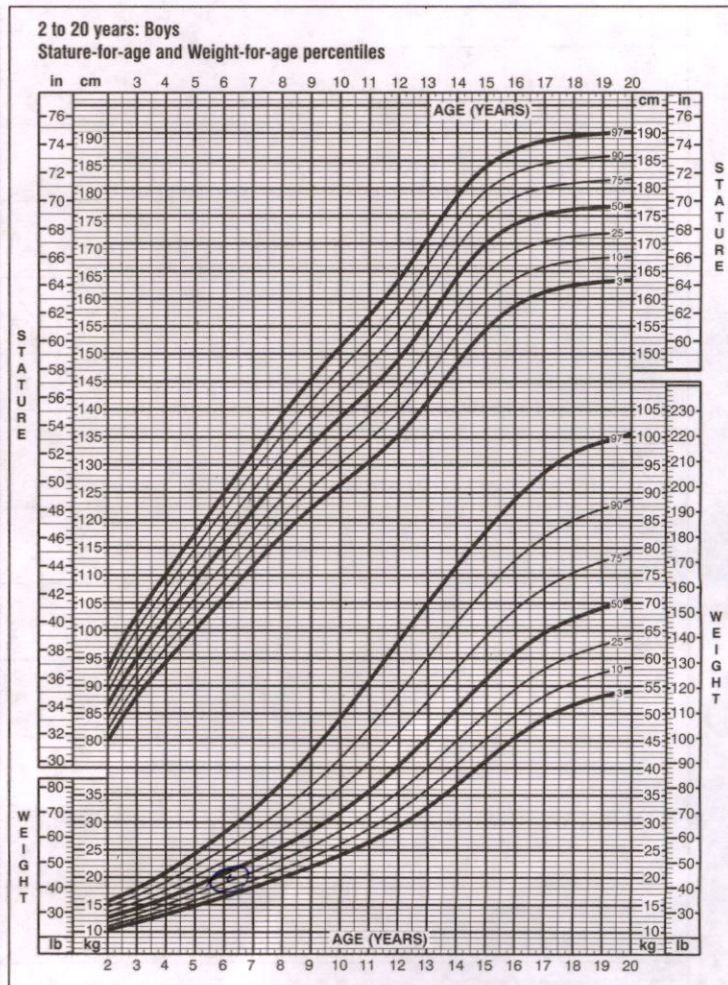
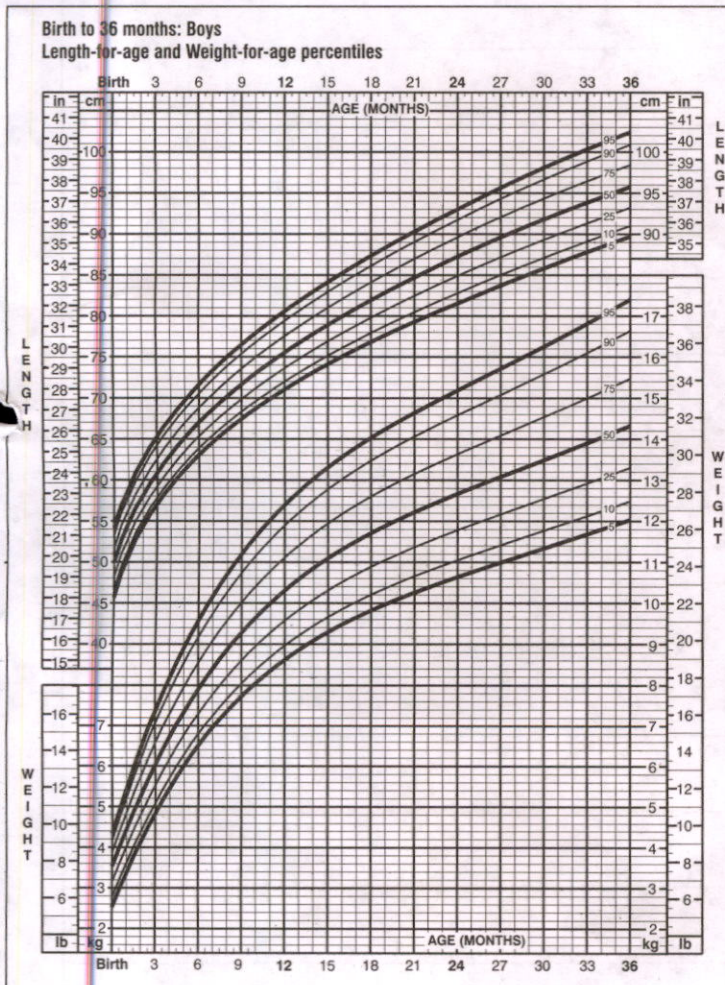
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Adenotonsillectomy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (BOYS)



Dietician's Name: *[Signature]*

Dietician's Signature: *[Signature]*

