

UH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
1-08-2020 5 Y 8 M 28 D (M)
Patient
Dr. P V L N MURTHY



SURGERY DETAILS

80431

Date : 28/5/26

Patient Name: Master. Jethwik Vaman Date of Birth: 11-08-2020 Age: 5Y8M

Gender: Male Ward : P.O.T UHID No.: 00136319

Date of Surgery: 28/5/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

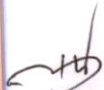
Name of the Surgery : Adeno tonsillectomy & coblation

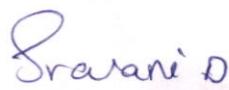
Time in : 7:15am

Time Out : 8:15am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	: PVLN MURTHY
2. Anaesthetist	: Dr. Ishwarya
3. Assistant Surgeon	: -
4. OT Technician	: Vijay
5. Circulating Nurse	: Savani
6. Assistant Nurse	: Kalyan

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Cebulator used - 9631014


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 9631013/
Docu. No. : RCHB/FRM/GENERAL/114

Order by: 

MAST. N. JETHWAJI
 Patient Sticker
 KH-00136319
 6395

Adeno



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	5	5	Major Pack	1	1	Inj Vit.K		
LMA			Drape			Cord Clamp		
ECG leads : A/P/N	5	3	Sutures			Suction Catheter		
HME filter : A/P/N	1	1				Feeding Tube		
Syringes : 10 cc	10	10				Vaccum Suction Set		
05 cc	10	10	Gloves	6	6	Surgical Gloves		
02 cc	10	-	Pf. G. 6 1/2	2	2	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	-	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube	6	6	Koochies (S)		
RL	1	1	Cautery pencil			NS : 500ml	1	-
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies			transoxide	1	-
minispile	1	1	Ointments			Savlon	1	1
oamark	1	1	Suction Catheter					
Fentanyl	1		Cap, Mask	5	5			
Morphine			Gauze Pack	5	5			
Ketamine			Mop Pack	1	1			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad					
Glycopyrolate	1	1	Draw sheet	1	1			
Myopyrolate	1	2	Abgel					
Ondansetron	1	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			Dichofque 75mg	01	01
Bupivacaine 0.25%			Chest Drainage Catheter			Gaude	3	2
Bupivacaine 0.25%(Heavy)			Romodrain bag			Glaucel	4	-
Antibiotics	1	1	Bandage			deurped	1	-
low purn	1	1	Tegaderm			dexatranter	1	1
Suppositories			loban			solcpoline	1	-
Anamol : 80mg / 250mg / 170 mg			Double J Stent	1	-	Lexicord + Jelly	1	1
Supridol : 100mg			Vaccum Suction set	1	1	MES + Ephedri	1	1
Justin : 12.5 mg / 25mg / 100mg	1	1	Plastic Bed Sheet	1	1	Ades + centur	1	1
Tab. Misoprost : 200mg			Betadine Solution	1				
Vaccum set	1	1	Microshield					
Oral air way 2/3	1	-	Cotton Balls					
Nasal air way 2/24	1	-	Latex Gloves					
Zincay wern - 100cm	1	1	Ramdione Scrub					
low cannula 2/24	1	1	Saral					

Surgeon : 9630746 Anaesthesiologist
 Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ESTIMATION SLIP

5:50 PM As dly of father - 91-56 Through WhatsApp
 Pre-approved

Date: 24/05/26 UHID / IP No.: KUM-00136319 SI No. **80431**
 Name of Patient: Maa M Jethu's Varan Age: 54/80 Gender: M
 Father's / Husband's Name: Mr. N. K. Krishna Kumar Corporate / Occupation: Genpact
 Address: _____ Phone: 9962899688 Email: Indri
 Procedure / Plan: Adenotomistomy & coblation July

MODE OF PAYMENT: SELF TPA: Swaha/Aditya GIPSA: _____ OTHERS _____

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	-	-	-	-	-	-	-	-	-	-
Doctor's Fee	-	-	-	-	-	-	-	-	-	-
L. Tax	-	-	-	-	-	-	-	-	-	-

PARTICULARS	AMOUNT (₹)															
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>44693</u> (Subject to approval by TPA / Insurance Company)															
O.T. Consumables	<u>8500/-</u> (Not Covered by TPA / Insurance company)															
Instrument Charges	<u>7500/-</u> (As per actual - Not Included in Estimation)															
Pharmacy, Consumables & Investigations	<u>8000/-</u> (As per actual - Not Included in Estimation)															
Equipment Charges	<table border="1"> <tr> <td>Monitor :</td> <td>Oxygen :</td> <td>Infusion pump / Syringe pump :</td> </tr> <tr> <td>Ventilator :</td> <td>Conventional :</td> <td>HFO-SLE 5000 :</td> </tr> <tr> <td>Phototherapy :</td> <td>Single Surface :</td> <td>Double Surface :</td> </tr> <tr> <td></td> <td></td> <td>HFO Sensomedix :</td> </tr> <tr> <td></td> <td></td> <td>Triple Surface :</td> </tr> </table>	Monitor :	Oxygen :	Infusion pump / Syringe pump :	Ventilator :	Conventional :	HFO-SLE 5000 :	Phototherapy :	Single Surface :	Double Surface :			HFO Sensomedix :			Triple Surface :
Monitor :	Oxygen :	Infusion pump / Syringe pump :														
Ventilator :	Conventional :	HFO-SLE 5000 :														
Phototherapy :	Single Surface :	Double Surface :														
		HFO Sensomedix :														
		Triple Surface :														
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	<u>extra</u> (As per actual - Not Included in Estimation)															
Package	<u>Evac Wand: 24 hrs etc.</u>															
Others																
Initial Minimum Deposit	<u>As 15,000/- of final dues clearing</u>															

REMARKS: 30k/20/1H. 1320/16/16

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, N. Krishna Kumar 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: _____ Signatory Relationship: _____ Signature of the Financial Counselor: _____

ACTIVITY RECORD FOR BILLING

Name : _____ KUM-00136319 IP5-00174415
 Master NADENDLA JETHWIK VAMAN
 31-08-2020 6 Y 6 M 28 D (M)
 UHID No. : _____ Dr. P V L N MURTHY
 consultant: _____ Dept : _____



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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/05/26	6:10 Am	ER	OT	Annab
28/5/26	11:40am	OT	tof	Ruman

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. vijayalaxmi reddy	29/5/26	26416120	Aparajitha
2				
3				
4				
5				
6				
7				
8				
9				
10				

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174415 Admit Date : 28-May-2026 Admit Time : 05:27 AM UHID : KUH-00136319

Patient Details :

Patient Name : Master NADENDLA JETHWIK VAMAN Age : 5 Y 8 M 28 D
Guardian : Mr NADENDLA KRANTHI KUMAR DOB : 31-08-2020
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO - 201, VISION ARCADE ,
MATHRUSREE NAGAR , MIYAPUR Hyderabad
Telangana INDIA 500049 Phone No : 9962899686/ 9940345173
E-mail : NOMAIL@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 NADENDLA KRANTHI KUMAR Relationship : Father
Contact Address : FLAT NO - 201, VISION ARCADE ,
MATHRUSREE NAGAR , MIYAPUR Hyderabad
Telangana INDIA 500049 Phone No : 9962899686 / 9940345173

N. Kranthi Kumar
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 : FAMILY HEALTH PLAN INSURANCE
TPA LTD



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
31-08-2020 5 Y 8 M 28 D (M)
Dr. P V L N MURTHY



Patient Name: N. Jethwik vaman

UHID ID: _____

Department: _____

Consultant: Dr. PVLN murthy

Patient ID:

KUH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
31-08-2020 5 Y 8 M 28 D (M)
Dr. P. V. L. N. MURTHY



History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- Recurrent cough, cold since 1 year
- Oral breathing since 1 year
- Snoring since 1 year
- Throat pain since 9 months

History of present illness :

- child apparently asymptomatic ^{till} since 1 year ago
later child developed recurrent cough, cold
since 1 year
- more associated with cold intermits
 - No seasonal variation
 - more in night time, Relieved on medications

Oral breathing }
Snoring } since 1 year

- more associated with cough, cold
- more aggravated in night time

Throat pain since 9 months, on/off
associated with cough, cold



0/4 Grade II Adenoid with tonsillar
hypertrophy

Now do mild nose block, NO cough, NO fever



Systemic multiorgan History & Physical Examination

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

Similar episodes of illness since 1 year

Birth & Neonatal History:

Term / CIAR / 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)) 19.8 kg (Centile _____)

On Examination :

Temperature : 98.4^oF Pulse Rate : 102/min B.P. 99/53 (60 mmHg) SPO2 99.1.eea

Resp. rate and type of breathing : 24/min
Regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : RFC (+)

Any addes sounds : Clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Auscultation : RFC (+)

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Hemodynamic stability

Planned Labs:

CBP

Planned Management

1) NPO since 8pm food
3:45am water

2) IVF DNS @ 50ml/hr

3) Shift to OT

4) Coblation assisted
Adenotonsillectomy

*Nil
Per ora
28/5/26*

Signature of the Doctor: _____

[Signature]
Sae

Name of the Doctor: _____

Date & Time: _____

28/5/26

Signature of the Consultant: _____

[Signature]

Name of the Consultant: _____

P V L N Murthy

Date & Time: _____

28/5/26

DR. P V L N MURTHY
Registration No: 47267

KUH-00136319 IP5-00174415
 Master NADENDLA JETHWIK VAMAN
 31-08-2020 5 Y 8 M 28 D (M)
 Dr. P V L N MURTHY

Patient S

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. PVLN Murthy

Date: 20/05/26

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

Start Time of Assessment: 6 AM

Weight: 19.8 kg

Allergic History:

Chief Complaints: Recurrent URTI since 1 year
do Oral breathing since 1 year
Sneeze
Throat pain since 9 months

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

C Circulation

Normal
 Abnormal

- Pallor
- Cyanosis
- Mottling
- Bleeding

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

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

Breathing

Rate: 24/min SpO₂ on FiO₂ 99.1% RA
 Rhythm: Regular
 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

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 102/min

CFT [] Central] Perse
[] Peripheral

Any urgent interventions needed: Yes No

BP: 99/13 (62) mmHg

Pulse Volume: [] Central
[] Peripheral] Good

Murmurs: Yes No

Liver Span:

If in Shock: [] Compensated
[] Hypotensive

ECG:

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.: 98.4 F

Any urgent interventions needed: Yes No

Any Rash: Yes No

If Yes

If yes describe the rash

Active bleed

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:

Labs Planned: CBP

Treatment Planned:
1) NPO
2) Inf. D5W @ 50ml/hr
3) Neb. Divalin 1. regulate stat
4) Shift to O7
5) plan esblation assisted
Adenotonsillectomy

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: Sci
Signature: [Signature]
Date & Time: 20/5/26

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. P. V. L. Murthy
 Asst. Surgeon :
 Anaesthetist : Dr. Aishwarya
 Scrub Nurse : Rajya

KUH-00136319 IP5-00174415
 Master NADENDLA JETHWIK AN
 11-08-2020 5 Y 8 M 28 (M)
 Patient Name: P. V. L. MURTHY
 UHID No. : 
 Date : 28/8/20 In-time : 7:15 AM Out-time : 8:15 AM

Gender : M
Athena Jones



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>7:10 AM</u>
Patient Has Confirmed	
Identity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input 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 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 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 : <u>[Signature]</u>	
Name : <u>Dr. AISHWARYA</u>	

TIME OUT	Time: <u>7:35 AM</u>
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?	<u>Nil</u> <u>1hr</u> <u>30m</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" 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 : <u>[Signature]</u>	
Name : <u>[Signature]</u>	

SIGN OUT	Time: <u>8 AM</u>
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 Labeled (including patient name)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 : <u>[Signature]</u>	
Name : <u>P. V. L. MURTHY</u>	

KUH-00136319 IP5-00174415
 Master NADENDLA JETHWIK VAMAN
 11-08-2020 5 Y 8 M 28 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.O.T. Duration of Procedure : 1 hour

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 checked="" type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : Dni - Augmentin 600mg	Srawani
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 : Not Applicable Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Srawani
3. Patient's body temperature immediately post operation (Recovery Room) 36° °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	Srawani
4. Name of doctor or staff administering the antibiotic : Srawani Date & Time of antibiotic administration : 28/5/20 @ 7Am Date & Time procedure started : 28/5/20 @ 7:30Am	Srawani

- 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

UH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
11-08-2020 5 Y 8 M 28 D (M)
Jr. P V L N MURTHY



OPERATION THEATER NOTES

Patient's Name : Master Jethwik Vaman Age : 5 Y 8 M Gender : Male Female

JHID No. : 00136319 Weight : 20kg Height :

Surgeon : Dr. PVLN Murthy Asst. Surgeon :

Anesthetist : Dr. Aishwarya OT Nurse : Sravani Kalpan OT Technician : Vijay

Pre-Operative Diagnosis : Chc Adenotomilike

Surgical Procedure : Adenotomillectomy + coblation

Indications for Surgery :

Date : 28/5/20 Start Time : 7:30am End Time : 8:10am

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes : Adenotomillectomy + coblation

OPERATION THEATRE NOTES

Amount of Blood Loss: _____ Blood Transfused (in ML) _____

Name and Number of Surgical Specimen sent for examination: _____

Peri-Operative Complications:

- 1 SYR - AUGMENTIN DDS 5ml BID - 2Wk
- 2 SYR - XTZAL-M 5ml BID - 2Wk
- 3 SYR - I BUCRESIC PLUS 5ml TID - 2Wk
- 4 T. TRANEXA 500mg qd BID 2Wk
- 5 BOTROCKET solution 1d 1Wk 2Wk
- 6 salt-water gargle TID 2Wk

Name of the Surgeon: Dr. P. V. L. N. Murthy
Signature of the Surgeon: [Signature] DR. P. V. L. N. MURTHY
Registration No: 47267
Date & Time: 28/5/28 at 8:20 AM

Patient Sticker

CUH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
11-08-2020 5 Y 8 M 28 D (M)
Dr. P V L N MURTHY



POST-SURGICAL CARE PLAN FORM

Procedure Done: Adeno tonsillectomy & cauterization

Post-Surgical Diagnosis: Che: Adeno tonsillitis

Post-Operative Monitoring Parameters /Frequency:
Bleeding, vitals

Wound Care:
mouth with

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

2024
PLN

Treating Surgeon
(Signature & Stamp)

Date: 28/5/26 Time: 8:20am

Note: Plan of care will be readjusted if necessary.

KUH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
31-08-2020 5 Y 8 M 28 D (M)
Dr. P V L N MURTHY



CROSS CONSULTATION FORM

Doctor Name : Dr. Ujjwala Desai Date : 29/5/20 Time :

Diagnosis : Chr. Adenotonsillitis, s/p Adenotonsillectomy 2 coded

Hospital : RCH, Bangalore hills

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:

Signature: _____

Findings and Recommendations :

No fever
mild pain (+)
Nose blockage (+)
Bleeding

No vomiting

ENT - (N)

Child is hemodynamically stable

Plan

• D/C today

• Moxrup eye drops

Consultant : Dr. Ujjwala

Name : Dr. Ujjwala Signature : DR. UJJWALA DESAI Date & Time : 29/5/20

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 Master NADENDLA JETHWIK VAMAN
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 Dr. P V L N MURTHY

Patient
 Mrs
 N.



RESULT SHEET

Date	28/5/26				
Time	5:38 AM				
Hb	11.6				
PCV	35.8				
RBC	4.30				
WBC	10.44				
N/L	65.1 / 253				
Platelets	274				
CRP					
ESR					
PCT					
RES					
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					

Patient St

KUH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
31-08-2020 5 Y 8 M 28 D (M)
Dr. P V L N MURTHY



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: 07

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 : *Sury Sai*

Date & Time : 28/5/26 5:30 AM

Nurse Name & Signature: *Renuka*

Date & Time : 28/5/26 & 5:50 AM



KUH-00136319

DRUG CHART

Date of Admission: 28/5/20 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



REGULAR PRESCRIPTIONS

Weight. 19.8kg Ward. SAUT

VERIFIED

DRUG : Syb AUGMENTIN OD				Date/Time	28/5
Dose	Route	Frequency	Start Date		
5ml	P/O	BD	28/5	10AM	OT inj OT
Name & Signature of the Doctor Starting the Drugs:					
Ayushman					
Additional Instructions:				10PM	OT inj OT
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : Syb XYZAL-M				Date/Time	28/5
Dose	Route	Frequency	Start Date		
5ml	P/O	OD	28/5	9PM	OT inj OT
Name & Signature of the Doctor Starting the Drugs:					
Ayushman					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : Syb IBUCESIC AUS				Date/Time	28/5
Dose	Route	Frequency	Start Date		
5ml	P/O	TID	28/5	6AM	OT 7:15 AM 7:30 AM OT inj OT
Name & Signature of the Doctor Starting the Drugs:					
Ayushman					
Additional Instructions:				2PM	4PM 8:00 AM 10:00 AM
				10 PM	12 AM 12:30 AM OT inj OT
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : T-TRANEXA				Date/Time	28/5
Dose	Route	Frequency	Start Date		
4 tabs	P/O	BD	28/5	10AM	OT inj OT
Name & Signature of the Doctor Starting the Drugs:					
Ayushman					
Additional Instructions:				10PM	OT inj OT
→ (tab → 500mg)					
Daily Doctor's Endorsement by a Sign					

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 Master NADENDLA JETHWIK VAMAN
 31-08-2020 5 Y 8 M 28 D (M)
 Dr. P V L N MURTHY



Sheet No:

REGULAR PRESCRIPTIONS

Weight 19.8

Ward SPT

DRUG : BOTROLOP Nargal				Date																	
				Time	28/5	20/5															
Dose	Route	Frequency	Start Dt.																		
2 drops	Nargal	TID	28/5	6AM	X																
Name & Signature of the Doctor Starting the Drugs:																					
Ayushma				2PM 28/5 Mitro																	
Additional Instructions:				10PM Am A																	
Daily Doctor's Endorsement by a Sign																					
DRUG : Mox 14 P Eyedrops				Date																	
				Time																	
Dose	Route	Frequency	Start Dt.																		
2 drop	Drop	TID	28/5																		
Name & Signature of the Doctor Starting the Drugs:																					
Ayushma																					
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																					

Signature

VERIFIED BY : Nam

VERIFIED

VERIFIED

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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																			

Signature
VERIFIED BY : Name



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
28/5	6AM	Neb. DUOLIN	1 respule	neb	Sai	Suman SHARANI
28/5/26	7:15AM	Ij DEXAMETASONE	2mg	IV	Ashy	Suman SHARANI
28/5/26	7:15AM	Ij TRANEXAMIC ACID	300 mg	IV	Ashy	Suman SHARANI
28/5/26	7:22AM	Ij PARACETAMOL	300mg	IV	Ashy	Suman SHARANI
28/5/26	7:15AM	Supp. DICLOFENAC	12.5mg	PR	Ashy	Suman SHARANI
28/5/26	7:16AM	Ij AUGMENTIN	600 mg	IV	Ashy	Suman SHARANI

Signature
VERIFIED BY : Name

VERIFIED



I.V. FLUIDS CHART

Weight. 19.8kg Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/5/24		Ivf-DNS	IV	50ml/hr	Sai	Not connected			
28/5/26	7:20 AM	RINGER LACTATE	IV	200ml/hr	Ashy	Sai Ashy		Sai Ashy	

Signature
VERIFIED BY : Name



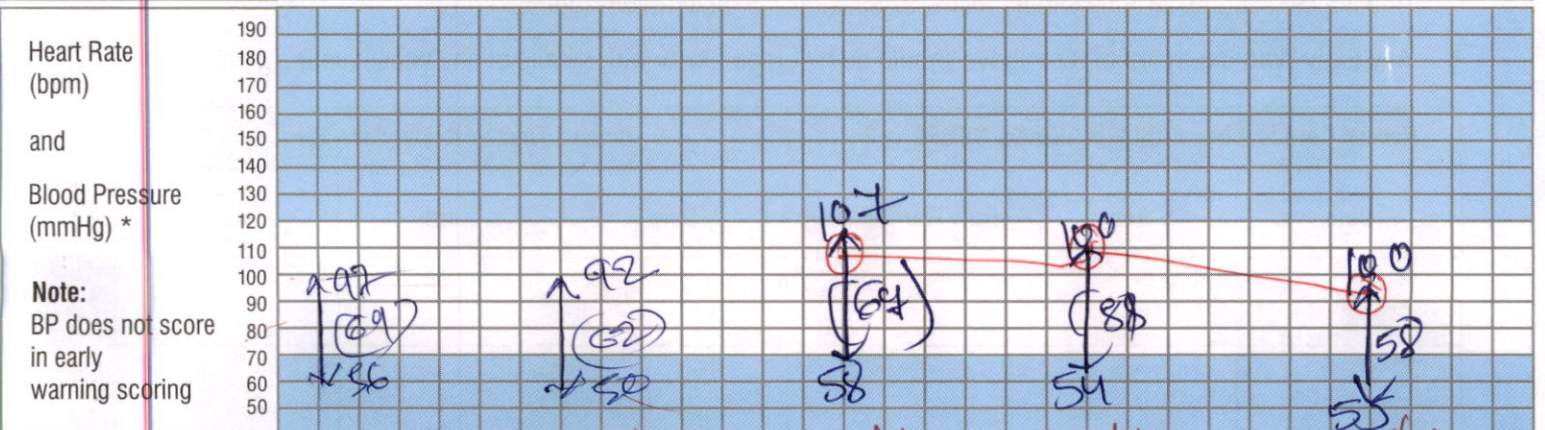
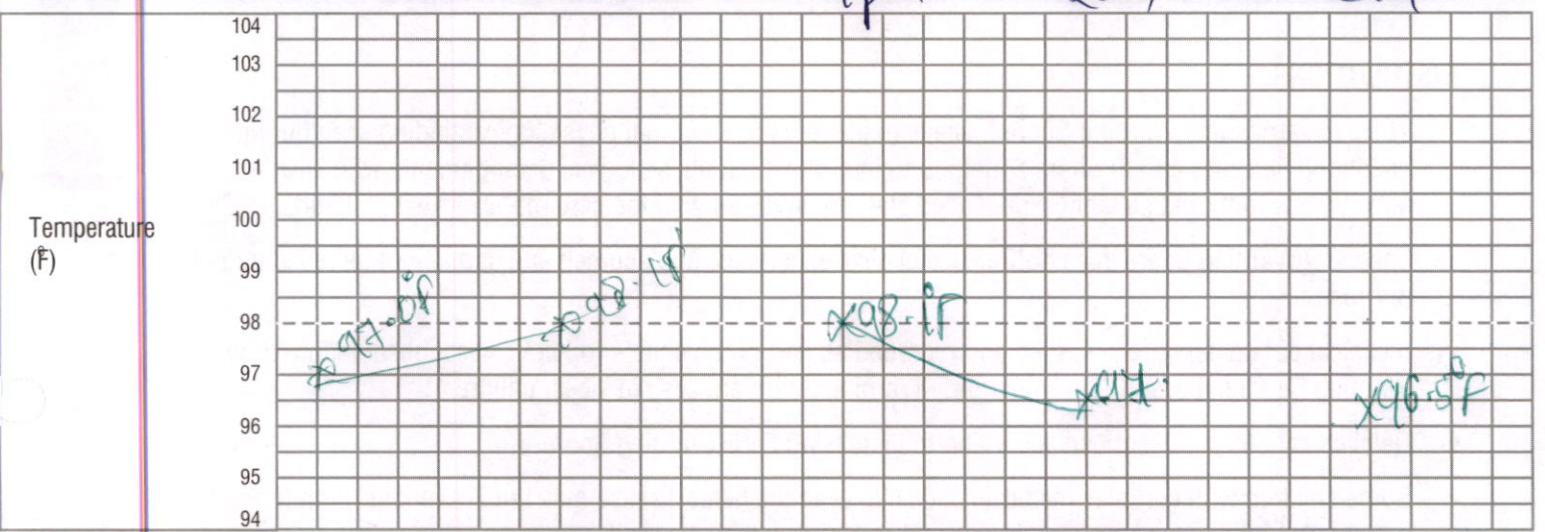
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ... 28/5 ... Time: 12:30 PM SPM

Doctor / Nurse / Family Concern? [Blank] [Blank] [Blank] [Blank] [Blank]



Heart Rate (Number) 120b/m 118b/m 106b/m 110b 105b/m



Resp Rate (Number) 26b/m 28b/m 27b/m 28b/m 26b/m

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1 1 1 1

Pain Score 0 0 0 0 0

Observer's Initials [Signature] [Signature] [Signature] [Signature] [Signature]

- 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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Sticker

KUH-00138319 IP5-00174415
 Master NADENDLA JETHWIK VAMAN
 31-08-2020 6 Y 8 M 28 D (M)
 Dr. P V L N MURTHY



FLUID CHART

Sheet No. : 1

- 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			
28/8/15	08:00 am	RL NPO	200ml	-	-	-	-	-	-	✓	0	Amur	
	09:00 am	RL NPO	200ml	-	-	-	-	-	-	-	0		
	10:00 am	tho 200ml										Amur	
	11:00 am										4		
	12:00 pm										5		
	01:00 pm												
Total Intake :						Total Output :							
28/8/15	02:00 pm											Amur	
	03:00 pm												
	04:00 pm											Amur	
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
28/8/26	08:00 pm										0	Nikish	
	09:00 pm										0		
	10:00 pm	HCO3+								✓	0	Nikish	
	11:00 pm	1/2 DNS									0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
28/8/26	02:00 am										0	Nikish	
	03:00 am	1/2 DNS									0		
	04:00 am	HCO3								✓	0	Nikish	
	05:00 am										0		
	06:00 am										0		
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART



Sheet No. : 2

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 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												
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

* Upper loose incisor + *

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

UH-00136319 IP5-00174415
Master NADENDLA JETHWIK VAMAN
1-08-2020 5 Y 8 M 28 D (M)
Jr. P V L N MURTHY



Name: Mad. N. Jethwik Vaman Age: 5y 8m Sex: Male UHID.No: 736319

Date: 27/5/2026 Time: 10:56 AM Proposed Operation: Adeno tonsillectomy & Obstruction

Diagnosis:

B.P / CRT: H.R: Weight: 20.7 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: Creat: Total Bill: HCV: 2D Echo:
Plate: 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: NBDT

Medical History: CVS: H/O cold : Yesterday, no H/O fever & Cough
RESP: - Diabetes:

CNS: -
Renal: -
Hepatic / GE: Physical Activity: Active child.

Others: B/H: NVD / Full term (B.Wt: 3.6 kg) NICU Admission for 2-3 days for observations
Past Anaesthetic History: vacinations done as per chart

Physical Exam: mod built

Airway: MP 1 2 3 4 Mouth Opening: Adapt Mentohyoid Distance: Neck: Teeth: loose tooth

Lungs: RAE

Heart: S1 S2

CNS: NAD

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:
1. DVT Prophylaxis:
2. NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
3. Informed Consent: Standard High Risk
4. Post Operative Pain Management: Discussed with Patient
5. Other Instructions:
cep cleaning commutation
nebulised & Dexam 1/2 hr prep
consent pending
Ex.

Signature: [Signature] Name: Dr. SHIVA.

KUH-00138319 IP5-00174415
 Master NADENDLA JETHWIK VAMAN
 31-08-2020 5 Y 8 M 28 D (M)
 Dr. P V L N MURTHY



ANAESTHESIA CHART



Pre Induction

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 112 B.P / CRT: 100/62 SpO₂: 100% R.R: 14/min Last Feed: 7.6 hrs

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

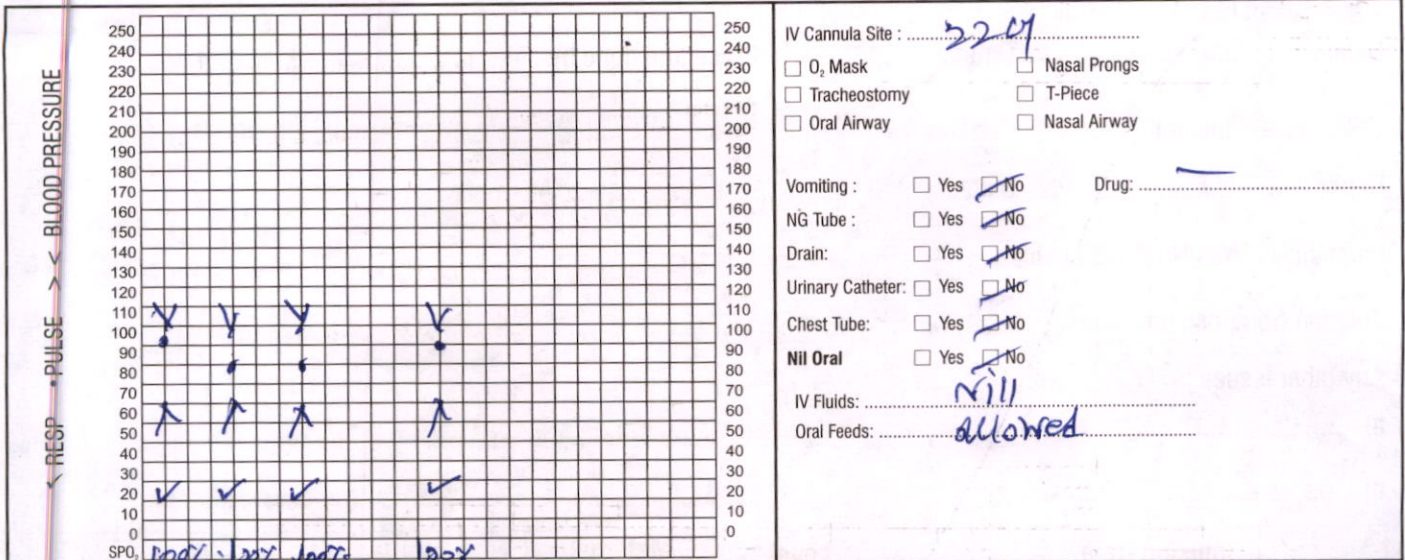
Surgeon: MURTHY Anaesthesiologist: Dr. ANSHU ARYA Technician: V. JAY

TIME	N ₂ O AIR / O ₂ LPM				HALO / SO / SEVO				Antibiotic
Drugs:									
7:15	<u>50%</u>				<u>0.5 MAC</u>				<u>D. Augmentin</u>
7:20									
7:25									<u>Sup. DICLOFENAC</u>
7:30									
7:35									Blood Loss
7:40									
7:45									
7:50									
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Suman Time Received : 8:20am Time Discharged : 11:40am



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	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		
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		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	8	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	8:20am	02/10	NA	<u>Suman</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Mohan

Anaesthesiologist Signature : Mohan

Date & Time : 28/5/2020 11:40am

PACU Nurse Name : Suman

PACU Nurse Signature : Suman

Date & Time : 28/5/2020 11:40am

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): 10F Suman

Date & Time: 28/5/2020 11:40am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



KUH-00136319 IP5-00174415
 Master NADENDLA JETHWIK VAMAN
 31-08-2020 5 Y 8 M 28 D (M)
 Dr. P V L N MURTHY



Patient Name : JETHWIK Age : 5yr Gender : Male Female

UHID NO: 136310 Surgeon Name: Dr. MURTHY

Anaesthesiologist : Dr. ASHWARYA

Operative procedure planned : Adenotonsillectomy coablation

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 without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease

Others : LARYNGOSPASM, DESATURATION, POST OPERATIVE O2 SUPPORT

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient JETHWIK VAMAN the above mentioned operation / Diagnostic / Therapeutic procedures ADENOTONSILLECTOMY

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : G. Naveena
Name : G. Naveena
Relationship with Patient: Mother
Date & Time : 28/5/26 ; 7AM

Witness :

Signature : [Signature]
Name : Kalyan
Date & Time : 28/5/26 @ 7am

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. ASHWARYA
Date & Time : 28/5/26 ; 7AM



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/20 Time: 12 PM

Weight: 19.8 kgs Centile: >25th

Height: 113 cm Centile: >25th

Inference: well child

RDA: - Calories: 1400 kcal/d Protein: 24 g/d

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy & outside foods.

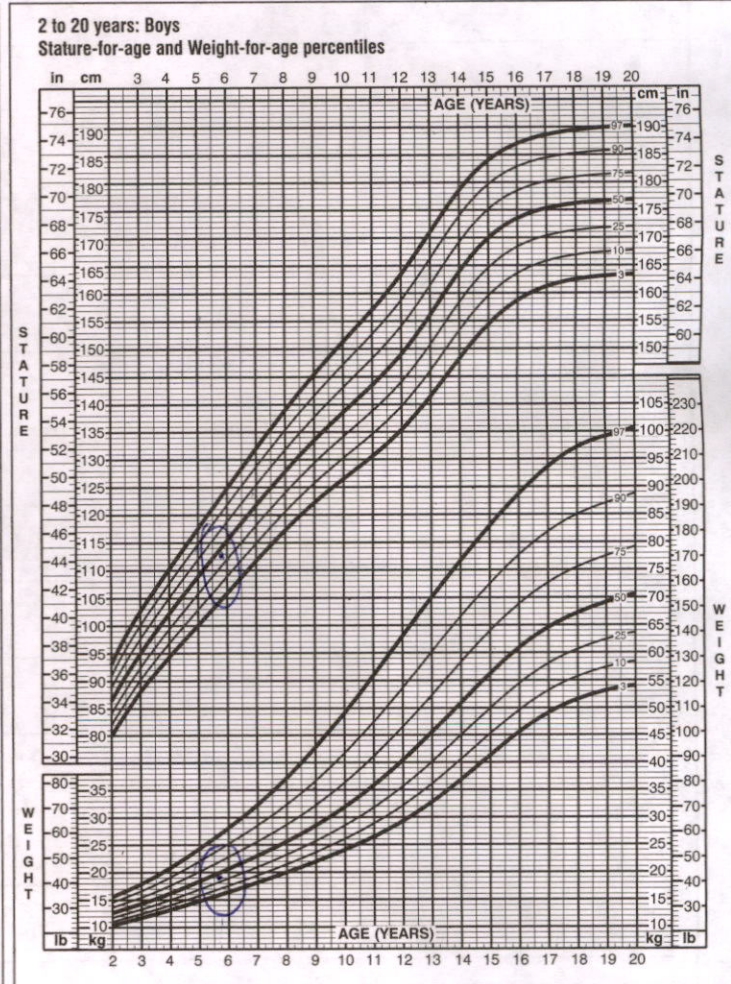
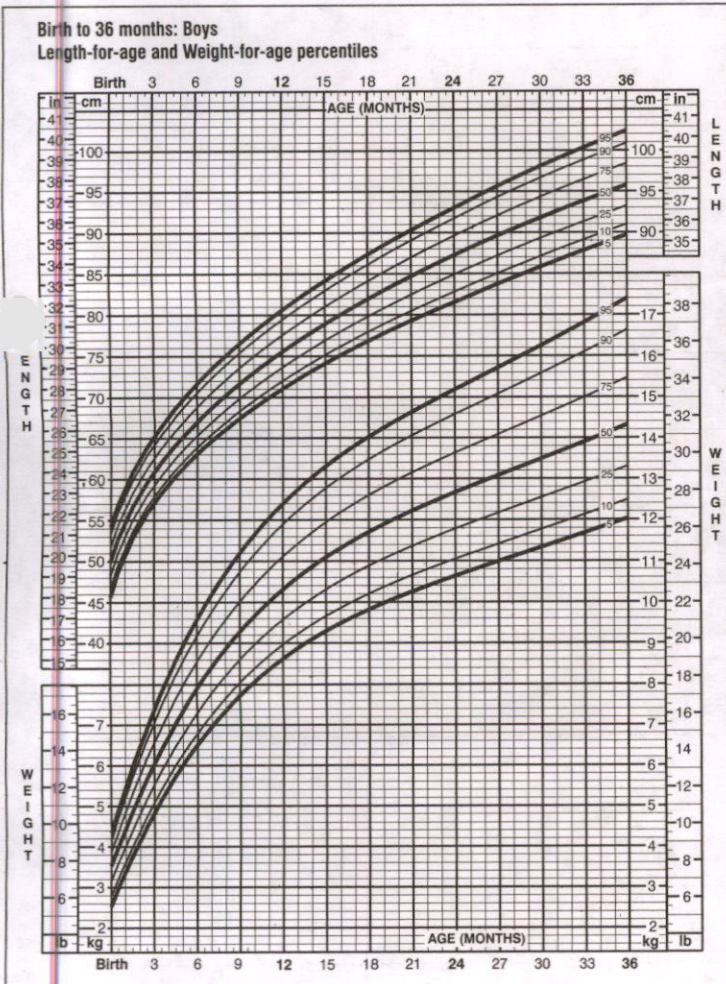
Food Allergies: Yes, potato Veg/Non-veg: Non-veg

Diagnosis: Chronic Adenotonsillitis

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: G. Navana

GROWTH CHART (BOYS)



Dietician's Name: Monica

Dietician's Signature: Monica

