

MAH-00308663 IP5-00174387
Master D SHAWN 9 Y 9 M 7 D (M)
20-08-2016
Dr. ALLU CHANDANA

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GIPSA

SURGERY DETAILS

79616

Date : 27/5/26

Patient Name: Date of Birth: Age:

Gender: male Ward : P OT UHID No.:

Date of Surgery: 27/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Coblation Adenotonsillectomy GA

Time in : 3:20 PM

Time Out : 4:10 PM

	NAME	AMOUNT
1. Surgeon	Dr. Allu Chandana
2. Anaesthetist	Dr. Himabindu
3. Assistant Surgeon
4. OT Technician	venkat Sai
5. Circulating Nurse	Thejas
6. Assistant Nurse	Babi

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Coblater - 9620730

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 96207291

Order by: Babi

ESTIMATION SLIP

pre-approval

79616

Date : 02/04/2026 UHID / IP No. : MAH-0030863. Sl No.
 Name of Patient : Muskan Shrivastava Age: 34 Gender: M
 Father's / Husband's Name : Mr. Nitish Corporate / Occupation : Business Solutions
 Address : Phone : 91 21018133 Email :
 Procedure / Plan : Laparoscopic Adenoidectomy under GA

MODE OF PAYMENT : SELF TPA : GIPSA: Health India / oriented OTHERS

TARIFF INFORMATION :

Dep. SLLC hospital

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			X							
Doctor's Fee				1 day						
L. Tax				5 days	NA					

PARTICULARS		AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges		An. plan	
O.T. Consumables		7500	Subject to approval by TPA / Insurance Company
Instrument Charges		7500	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations		6000	As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :	Infusion pump / Syringe pump :
	Ventilator : Conventional :	HFO-SLE 5000 :	HFO Sensormedix :
	Phototherapy : Single Surface :	Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		As per actual - Not Included in Estimation	
Package	PPK 02	51500	
Others	C. use ward	24,000	Self purchase
Initial Minimum Deposit		15,000	& Final room charge

REMARKS:

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc)/ Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/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 patient in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I, Ms. Shubhadha 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: Shubhadha Signatory Relationship: Mother Signature of the Financial Counselor: Shritha

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174387 Admit Date : 27-May-2026 Admit Time : 01:01 PM UHID : MAH-00308663

Patient Details :

Patient Name : Master D SHAWN Age : 9 Y 9 M 7 D
Guardian : Mr D H VISHAL MICHAEL DOB : 20-08-2016
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 2-2-18/18/5/4, LANE NO 06 D D Colony Phone No : 9121018133/ 7981477822
Hyderabad Telangana INDIA 500013 E-mail : shubhadha.deshpande@gmail.com

Admission Details :

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

Contact Details :

Name : Mr D H VISHAL MICHAEL Relationship : Father
Contact Address : H NO 2-2-18/18/5/4, LANE NO 06 D D Colony Phone No : 9121018133
Hyderabad Telangana INDIA 500013

Signature

Doctor Details :

Doctor Name : Dr. ALLU CHANDANA 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 : HEALTHINDIA INSURANCE TPA
SERVICES PVT LTD



Adeno

CONSUMABLES OF OT

Circulating staff : Technician : Date : 27/5/20 Time : 2pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4, 4.5, 5, 5.5	14	01	Major Pack Drape	1	1	Inj Vit.K		
LMA 2, 2 1/2	1	1	Sutures			Cord Clamp		
ECG leads : A/P/N	05	03				Suction Catheter		
HME filter : A/P/N	01	01				Feeding Tube		
Syringes : 10 cc	10	4x3 PF				Vaccum Suction Set		
05 cc	10	3	Gloves 61657752-2-2-2			Surgical Gloves		
02 cc	10	0				Gauze Pack		
01 cc	05	1				Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	1	Surgical blade			Surgical Blade # 20		
IV set	01	01	NG tube 8	2	2	Koochies (S)		
RL	01	01	Cautery pencil			NS 500ml	2	01
NS : 10ml / 100ml / 500ml / 1000ml	01	04	Koochies			100ml SCA	2	01
mini Spibe	01	01	Ointments			Amesin 0.25%	1	1
O2 mask (P)	01	1	Suction Catheter			20g needle (long)	1	1
Fentanyl	01	01	Cap, Mask	45	50	caution	1	1
Morphine			Gauze Pack NTR	2	2	Abdominal	3	3
Ketamine			Mop Pack	1	1			
Propofol	03	02	Steristrip			Drum	1	1
Rocuronium	01	01	Underpad	1	1	Nasinh (A)	1	1
Glycopyrolate	01	1	Draw sheet	1	0			
Myopyrolate	01	01	Abgel					
Ondansetron	01	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			Gauze + Gloves all	4x4	01
Bupivacaine 0.25%			Chest Drainage Catheter			Dexa + Tranexa	1+2	1+1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Dexmed	01	1
Antibiotics Ivpcu	01	01	Bandage			50cc + pmo line	1+1	1
Aug 1.2g	01	01	Tegaderm					
Suppositories			loban			midazolam	1	01
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	2			
Justin : 12.5 mg / 25mg / 100mg	1+1	01	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum set	01	01	Microshield	1	0			
Oral airway 1/2	1+1	1	Cotton Balls	1	0			
Nasal airway 2 1/4	1+1	1	Latex Gloves	100	50			
IV cannula 22/24	1+1	1	Ramdione Scrub					
Zwag 10cm x 100cm	1+1	01	Saral					

Surgeon : Anaesthesiologist : 9629835 Nurse : OT Technician :
 Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ACTIVITY RECORD FOR BILLING


Name : _____

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


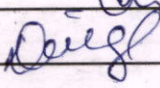
Date of Admission: _____ Time : _____ : _____ Time: _____

Room / Bed No : _____ Ward : _____ ile bed type : _____

MAH-00308663 IP5-00174387
Master D SHAWN
20-08-2016 9 Y 9 M 7 D (M)
Dr. ALLU CHANDANA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/8/26	2pm	ER	OT	
20/8/26	6:30pm	OT	204	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Uswalal Devi	20/5/26	9630838	Barnau
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5/22	E.v placement	①	29358	Rachel
	PDL up			
28/5/26	NHA	①	9630837	Baron

ANY OTHER INFORMATION

.....

Will

Date: 28/5/26 Time: e. 10am Prepared By: *[Signature]*

Staff Nurse <i>[Signature]</i>	Shift / Ward —	Billing Assistant —	Billing Supervisor —
---------------------------------------	-----------------------	----------------------------	-----------------------------



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

MAH-00308663 IPS-00174387

Master D SHAWN

20-08-2018

9 Y 9 M 7 D

(M)

Dr. ALLU CHANDANA



Patient Name:

Shawn

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

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

History of present illness :

Child apparently asymptomatic 1 year ago, later
child developed
- cough, cold since 1 year
 one off
- Aggravated more with cold item intake
 Relieved on medication

Oral breathing
 Snoring) since 1 year
 more aggravated in night time
 associated with cough, cold

Throat pain since 9 months
 on & off episodes

↓
on examination Grade @ Adenoid with
grade 3-4 Tonsillar hypertrophy



Pediatric 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 / CIAB / 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)) 23.36kg (Centile _____)

On Examination :

Temperature : 98.2°f Pulse Rate : 97/min B.P. 116/64 (75) mmHg SPO2 99.1.0%

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

Rash _____ ✓

Lymphadenopathy _____ -

Oedema : _____ -

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : _____ BAC ⊕

Any addes sounds : _____ clear

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

Cardiovascular System :

Inspection of procordium : _____ (N)

Heart Sounds : _____ S1S2 ⊕

Any murmur : _____ NO murmur

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

Per Abdomen :

Inspection _____ (N)

Palpation : _____ soft

Ausculation : _____ RS ⊕

Spine : _____ External Genitelia : _____

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



Pati

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

10

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____ flexor

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Chronic Adenotonsillitis



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP
PT/APTT

Planned Management

- 1) NPO Since 8:15AM Solid
12:20pm liquid
 - 2) IVF: DNS @ 80ml/hr
 - 3) Shift to OT
 - 4) (oblation assisted
Adenotomyllectomy)
- noted by
Rachel

Signature of the Doctor: Pavani
Name of the Doctor: Pavani
Date & Time: 27/5/26

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Allu Chandana
Date & Time: 27/5/26 pm

OPERATION THEATRE NOTES

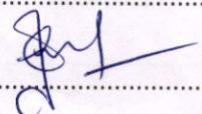
Amount of Blood Loss: _____ Blood Transfused (in ML) _____

Name and Number of Surgical Specimen sent for examination: _____

Peri-Operative Complications: _____

- NPO until fully awake
- Inj - AUGMENTIN - 825mg/IV/Q8H
- Inj - PARACETAMOL - 500mg/IV/Q6H
- Inj PAN - 20mg/IV/AM/POD
- Syp - RELENT plus
5ml _____ 5ml
- OTRIVIN - p N/D
2° _____ 2°
- SOLSPRE N/S Q4H
↑↑ | ↑↑
- Betadine | gargles

Name of the Surgeon: Dr. Chandana

Signature of the Surgeon: 

Date & Time: 23/5/26 - 4:15pm

MAH-00308663 IP5-00174387
 Master D SHAWN
 20-08-2018 9 Y 9 M 7 D (M)
 Dr. ALLU CHANDANA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 27/5/26 2:30 P.M.	<p>CLs/B-Resolved</p> <p>Chronic Adenotonsillitis coblation Adenotonsillectomy</p>	
	<p>hemodynamically stable</p>	<p><u>Plan</u></p> <p>- med. as per chart</p>
28/5/26 28/5/26 8:30 AM	<p>seen by Resident Dr. Santini</p>	<p>Dr. Parvati Paed.</p>
	<p>Chronic adenotonsillitis post coblation adenotonsillectomy. accepting orally no fever / bleeding / vomiting</p> <p>O/E child afebrile, asleep hemodynamically stable chest clear throat healthy</p>	<p><u>Plan</u></p> <p>1. continue medication 2. Plan discharge today</p> <p>Dr. Santini 28/5/26 8:30 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/20 10:00am	<p>c/o B. Dr. Chandana POD - 1 Sx : Coblation Adenotonsillectomy</p>	
	<p>c/o pain A/E Afebrile B/L tonsillar fossa slough nose - mucoid d/s</p>	<p>Adm - CSF - plan discharge</p>
		<p><i>[Signature]</i></p>



CROSS CONSULTATION FORM

Doctor Name: Dr. Ujjwala Date: 28/5/26 Time:

Diagnosis: post adenotonsillectomy

Hospital: RCH - BH

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:

Ret Opinion on discharge

Signature: [Signature]

Findings and Recommendations :

Chronic adenotonsillitis
post coblation adenotonsillectomy
no fever/vomiting/bleeding
Accepting orally.

OfE
child asleep, afebrile
hemodynamically stable
Chest clear, abdomen soft-
throat healthy.

Plan
1. Can be discharged today
2. To follow up with
ENT Surgeon.

Consultant :

DR. UJJWALA DESAI
Registration No: 90550

Name: Dr Ujjwala Signature: [Signature] Date & Time: 28/5/26

MAH-00308663 IP5-00174387
 Master D SHAWN
 20-08-2016 9 Y 9 M 7 D (M)
 Dr. ALLU CHANDANA



Pati



RESULT SHEET

als

Date					
Time					
Hb	12.2				
PCV	38.2				
RBC	5.33				
WBC	10.61				
N/L	52/43				
Platelets	287				
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					
Cholesterol					
INR	24/1.0				
T	38				
Protein / Sugar					

MAH-00308663
 Master D SHAWN IP5-00174387
 20-08-2016 9 Y 9 M 7 D (M)
 Dr. ALLU CHANDANA

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
						<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 : Pavan. v

Date & Time : 22/5/26 @ 2pm

Nurse Name & Signature: Rachel @

Date & Time : 27/5/26 @ 2pm

MAH-00308663
 Master D SHAWN
 20-08-2016 9 Y 9 M 7 D (M)
 Dr. ALLU CHANDANA



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : OTRIVIN - P ^{Nasal spray}				Date	28/5																	
Dose	Route	Frequency	Start Dt.	Time	10am																	
2 ^o	each nostril	12H	28/5																			
Name & Signature of the Doctor Starting the Drugs: Pauani																						
Additional Instructions: 10am Milk Suck																						
Daily Doctor's Endorsement by a Sign																						
DRUG : SOLSPE ^{Nasal spray}				Date	28/5																	
Dose	Route	Frequency	Start Dt.	Time	10am																	
2 puff	each nostril	12H	28/5																			
Name & Signature of the Doctor Starting the Drugs: Pauani																						
Additional Instructions: 10am Milk Suck																						
Daily Doctor's Endorsement by a Sign																						
DRUG : Symp. AMOXYCILLIN CLAVULANATE				Date	28/5																	
Dose	Route	Frequency	Start Dt.	Time	10am																	
5ml	PO	BD	28/5																			
Name & Signature of the Doctor Starting the Drugs: Sahithi																						
Additional Instructions: ES - (5ml/600mg) @ 20mg/kg/day																						
Daily Doctor's Endorsement by a Sign																						
DRUG : Symp PARACETAMOL				Date	28/5																	
Dose	Route	Frequency	Start Dt.	Time	6am																	
10ml	PO	Q8H	28/5																			
Name & Signature of the Doctor Starting the Drugs: Sahithi																						
Additional Instructions: (5ml/240mg) 8 th hourly.																						
Daily Doctor's Endorsement by a Sign																						

VERIFIED BY : Name Signature

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

VERIFIED BY : Name Signature

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																			

IPAM-00308663
 Master D SHAWN
 20-08-2018
 Dr. ALLU CHANDANA
 9 Y 9 M 7 D (M)
 IP5-00174387

Weight: 23 kg Ward: R 05



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

VARIABLE DOSE

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
27/5/26	3:20 pm	INJ. AUGMENTIN AMOXICILLIN + POTASSIUM CLAVULANATE	1 gm	IV	[Signature]	venkat Bobi
27/5/26	3:25 pm	INJ. DEXAMETHASONE	3 mg	IV	[Signature]	venkat Bobi
27/5/26	3:26 pm	INJ. TRANEXEMIC ACID	450 mg	IV	[Signature]	venkat Bobi
27/5/26	3:30 pm	INJ. PARACETAMOL	450 mg	IV	[Signature]	venkat Bobi
27/5/26	3:20 pm	DICLOFENAC supp.	25 mg	PR	[Signature]	venkat Bobi

VERIFIED BY : Nani Signature



23/15/26

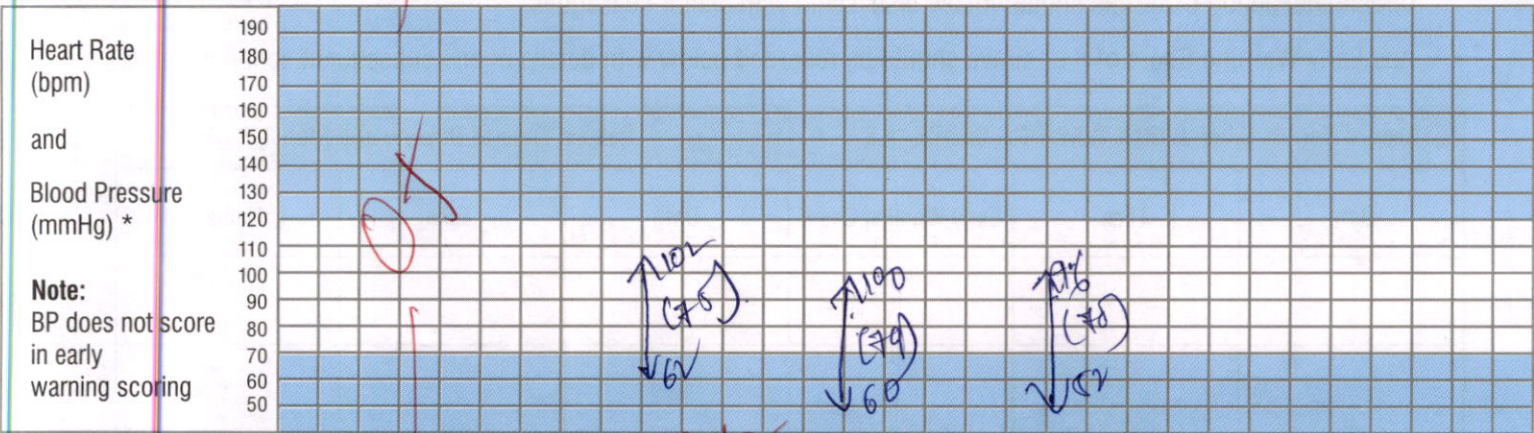
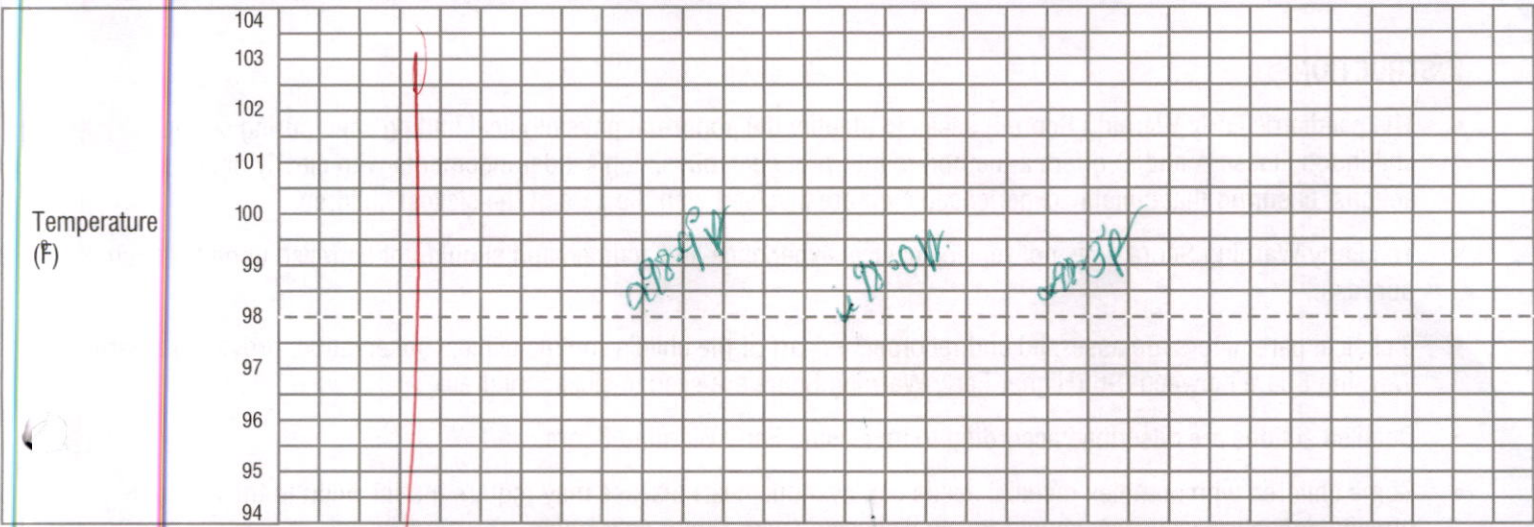
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



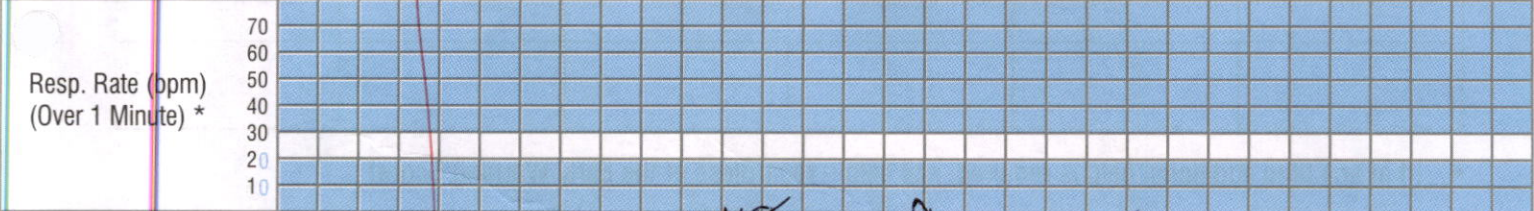
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 1 10pm 2AM 6AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 125 120 125



Resp Rate (Number) 23 21 23

Resp Mod/ Severe Distress None / Mild

Receiving O2 (l/min) O2 Saturations (%) 99 98 97

Conscious Level Normal / Altered C C C

GCS * 15/15 15/15 16/16

TOTAL SCORE Number of shaded boxes 0 0 0

Pain Score 0 0 0

Observer's Initials [Signatures]

- 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)

Patient Stit

MAH-00308663 IP5-00174387
Master D SHAWN
20-08-2016 9 Y 9 M 7 D (M)
Dr. ALLU CHANDANA



FLUID CHART

27/6/26

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 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	Hand											
	06:00 pm	Hand											
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	Hand											
	10:00 pm	No IV											
	11:00 pm	Hand											
	12:00 am	Hand											
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am	No IV											
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs Intake		Good				Total 24 hrs. Output		M-D U-4					

MAH-00308663
 Master D SHAWN
 20-08-2016
 Dr. ALLU CHANDANA
 9 Y 9 M 7 D
 IP5-00174387
 (M)

FLUID CHART



28/5/26

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.

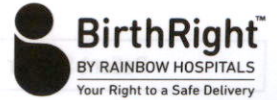
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	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 []

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

MAH-00308663
Master D SHAWN
20-08-2016
Dr. ALLU CHANDANA
9 Y 9 M 7 D (M)
IP5-00174387



Name: Master Shawn Age: 9 Sex: Male UHID.No :
 Date: 20/8/26 Time: 4:15 Proposed Operation: Adenotonsillectomy
 Diagnosis: Snoring, Frequent URI
 E.P / CRT: 2 Secs H.R: 64 Weight: 33 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: Nil

Medical History: CVS: NO Heart issues
 RESP: NO Asthma Diabetes: NO
 CNS:
 Renal: WNL
 Hepatic / GE: WNL Physical Activity: Good
 Others:

Past Anaesthetic History: NO Previous Surgeries

Physical Exam:

Airway: MR 1 2 3 4 Mouth Opening: > 3cm Mentohyoid Distance: (A) Neck: (N) Teeth: (N)

Lungs: WNL
 Heart: WNL
 CNS:

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No Mother

CURRENT MEDICATIONS	DOSAGE

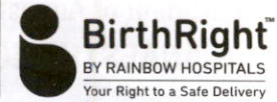
Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL Water / ORS 2 Hours Others 6 Hours CBP on Admission
Breakfast before 8!
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. H. Subrahmanyam



ANAESTHESIA CHART



Pre Induction Assessment: 2:15 pm

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 103/min B.P/CRT: 102/48 SpO₂: 98 R.R: 16 Last Feed: 7hr

Pre-OP Diagnosis: Adenoid hypertrophy Operation: Adenoidectomy Date: 27/5/26

Surgeon: Dr. Allu Chandana Anaesthesiologist: Dr. H. M. S. Reddy Technician: 2

TIME	NO/AIR/O ₂ LPM	HALO/ISO/SEVO	Drugs:	Antibiotic
3:20	100	MAC 0.8	PROPOFOL 80mg IV MIDAZOLAM 1mg IV FENTANYL 60mcg IV ROCURONIUM 15mg IV	AUGMENTIN 1gm IV (Amoxicillin + clavulanic acid) Suppository DICLOFENAC 25mg PR
3:30	100	MAC 0.8	DEXAMETHASONE 3mg IV TRANEXAMIC ACID 450mg IV PARACETAMOL 450mg IV	
6:15	FIO ₂ /SaO ₂	100/100		
	ETCO ₂	41/40		
	ECG	Normal		
	Temperature	33.7		
	Urine Output			
	Fluids Blood		<u>RL @ 330ml/hr - Total transfused - 290ml</u>	
	B.P			
	V Systolic			
	A Diastolic			
	X Mean			
	Heart Rate			
	Tourniquet on Time			
	Tourniquet off Time			
	Throat Pack In			
	Throat Pack Out			

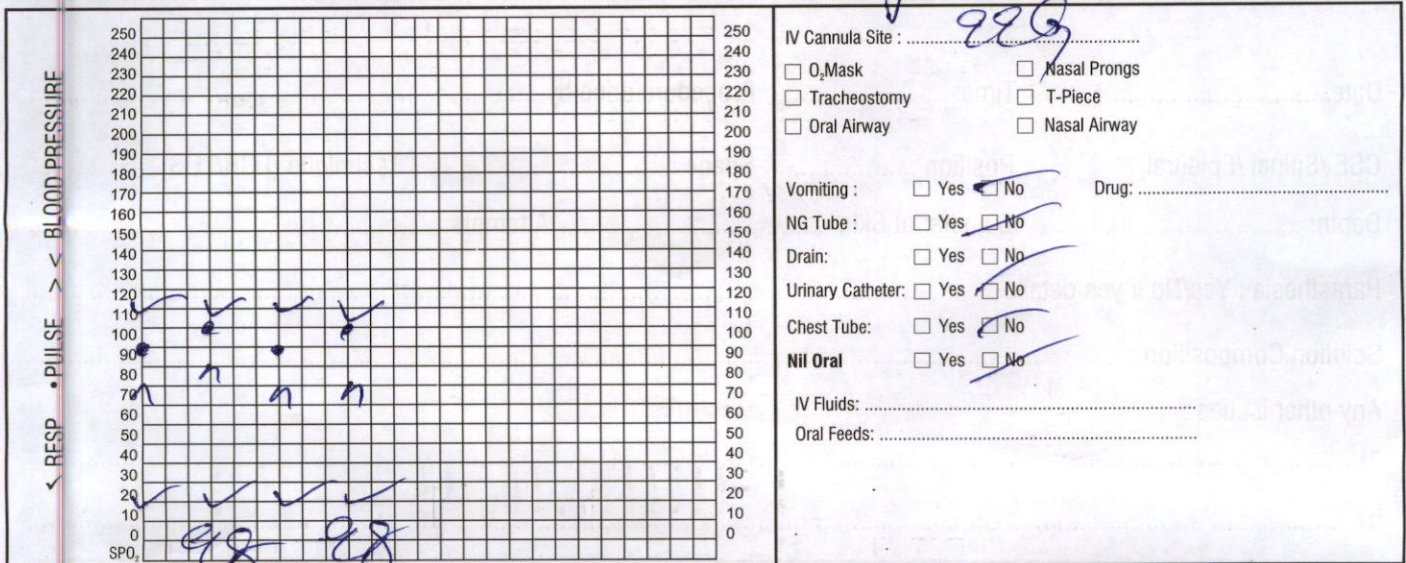
LAB Values
 ABG
 GRBS
 Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>RUL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead - <u>3 leads</u> <input checked="" type="checkbox"/> Temp Site - <u>Skid</u> <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>3:20 pm</u> OP Start: <u>3:25 pm</u> OP End: <u>4:10 pm</u> Leave OR: Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>22g LUL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction: <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>5.5</u> at <u>17.5</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <u>South pole RAB</u> <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>2</u> Attempts: <u>1</u> Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Krishna</u> Signature of the Doctor: <u>[Signature]</u>
--	--	--	---



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Quish Time Received : 4:15pm Time Discharged :



IV Cannula Site : 22G

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	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	2	2		
Pink = 2 Pale dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	8	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<u>27/5</u>	<u>4:15pm</u>	<u>1</u>	<u>✓</u>	<u>Quish</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Sri Lupa

Anaesthesiologist Signature: [Signature]

Date & Time:

PACU Nurse Name : Quish

PACU Nurse Signature: [Signature]

Date & Time: 27/5/2016 6:30pm

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): 204

Date & Time: 27/5/2016 6:30pm



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Adenotonsillectomy

Anaesthesiologist: Dr. H. Subrahmanyam Surgeon: Dr. Santosh

Please read this before you consent for Anaesthesia

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

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others Nil

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: [Signature]
Name: Michael
Relationship with patient: Father
Date & Time: 26/05/26 - 4:23 PM

Witness:

Signature: [Signature]
Name: Shubhadra
Date & Time: 26/05/26 : 4:23 PM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. H. Subrahmanyam Date: 26/5/26 Time: 4:23 PM



అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై లిస్ట్:

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

- హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుశ అవయవ వైఫల్యం
 కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)
 ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:
 సంతకం:
 పేరు:
 రోగితో సంబంధం:
 తేదీ & సమయం:

సాక్షి:
 సంతకం:
 పేరు:
 తేదీ & సమయం:

డాక్టర్ :
 సంతకం: పేరు: తేదీ & సమయం:



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 10am

Weight: 33kg's Centile: >25th

Height: 149cm Centile: >25th

Inference: well child

RDA: - Calories: 1600kcal/d Protein: 28g/ml/d

Diet Recommendations: soft diet

Re-Assessment: avoid spicy and outside foods

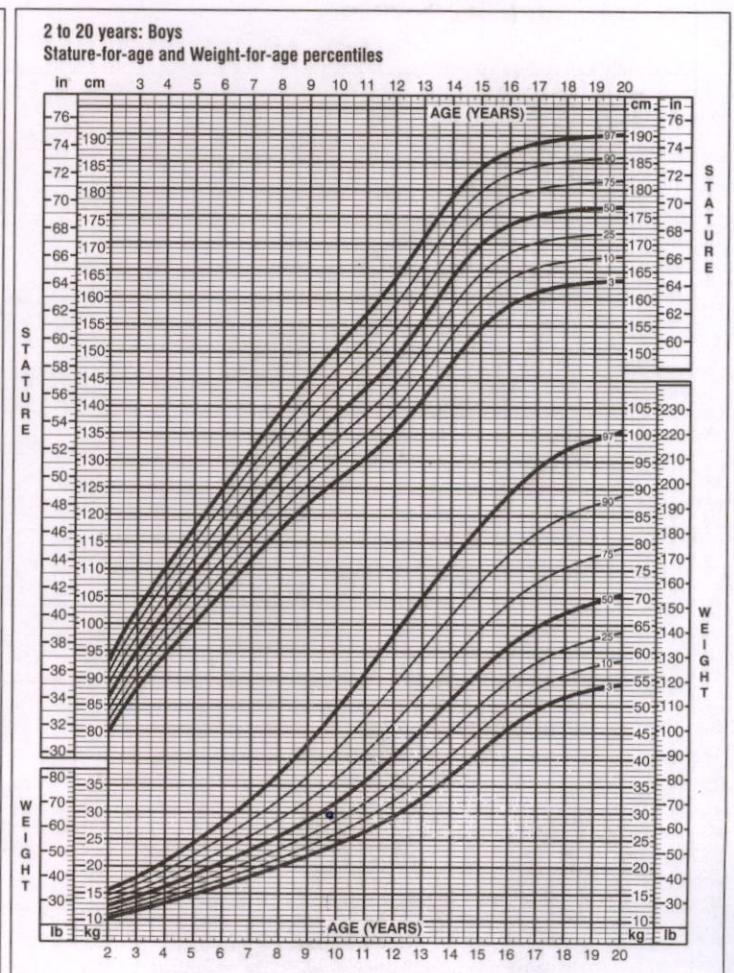
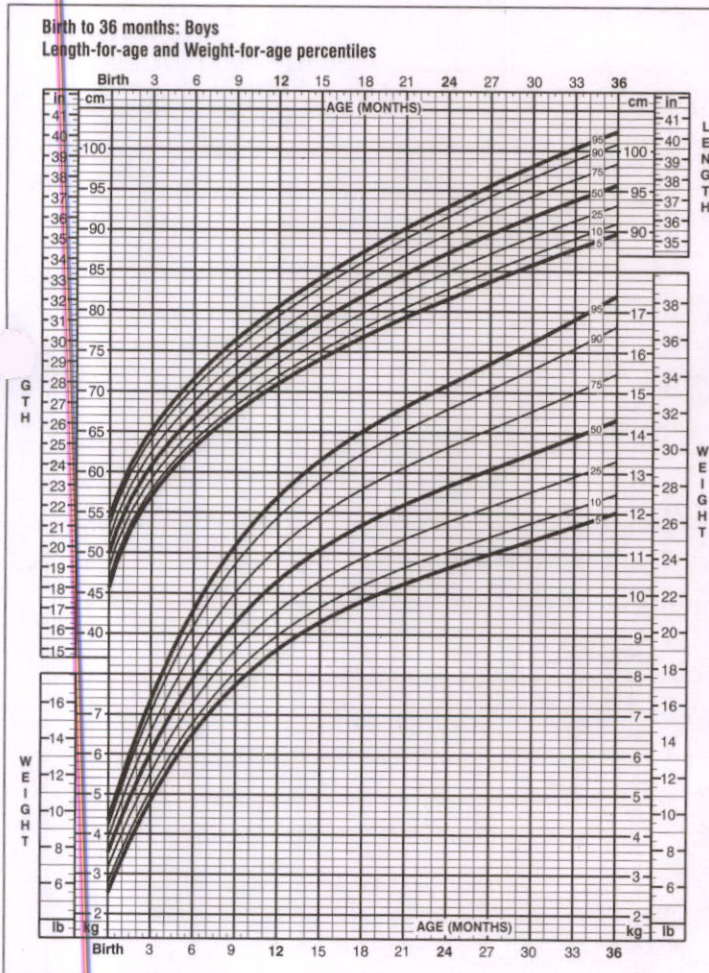
Food Allergies: No Veg/Non-veg

Diagnosis: Adenotonsillectomy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature:

GROWTH CHART (BOYS)



Dietician's Name Nikitha

Dietician's Signature Nikitha

