

BAH-00652606 IP5-00173725
Baby VEMULA HANVIKA
09-08-2022 3 Y 9 M 3 D (F)
Dr. MANCHUKONDA SANTHOSH

SmithNephew
EVAC[®] 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2200917
2028-10-13

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date :12/5/26.....

Patient Name:Vemula Hanvika..... Date of Birth:09-08-2022 Age:3y.....

Gender:Female..... Ward :P.O.T..... UHID No.:BAH-00652606.....

Date of Surgery:12/5/26..... OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2


Name of the Surgery :Coblation Adeno
Tonsillectomy.....

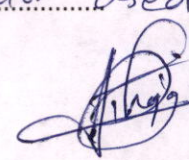
Time in :1:45pm.....

Time Out :3 PM.....

	NAME	AMOUNT
1. Surgeon	DR. Santhosh
2. Anaesthetist	Dr. Aditi
3. Assistant Surgeon
4. OT Technician	Ramesh
5. Circulating Nurse	Thijay
6. Assistant Nurse	Bikhlai

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa OthersCobulator used -> 9604769.....


Signature of the Surgeon


Signature of Circulating Nurse

Order No:9604768.....

Order by:y. Ramesh.....



Adeno

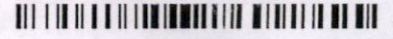
CONSUMABLES OF OT

Circulating staff : Technician : Date : 12/3/2023 Time : 1 pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 40/03/15	11	01	Major Pack Torope	1	1	Inj Vit.K		
LMA 1/2/2	1	—	Sutures			Cord Clamp		
ECG leads : A/P/N	5	03				Suction Catheter		
HME filter : A/P/N	1	01				Feeding Tube		
Syringes : 10 cc	10	05	s/r			Vaccum Suction Set		
05 cc	10	05	Gloves 6/6 S (7/5 2/2 2/2)			Surgical Gloves		
02 cc	10	05				Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	01	NG tube 6	2	2	Koochies (S)		
RL	1	01	Cautery pencil			NC Spon	2	1
NS : 10ml / 100ml / 500ml / 1000ml	142	11	Koochies			100	5	1
minispike	1	1	Ointments			transoxy	1	0
admate	1	—	Suction Catheter			adrenalin	3	3
Fentanyl	1	01	Cap, Mask	4	3	salon	1	1
Morphine			Gauze Pack	3	2	amawin 0.25%	1	1
Ketamine			Mop Pack	1	1	flut shield	2	2
Propofol	3	02	Steristrip					
Rocuronium	1	01	Underpad					
Glycopyrolate	1	01	Draw sheet					
Myopyrolate (med)	2	02	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			Gauze	3	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Glassay	4	—
Antibiotics Aug 600mg	1	1	Bandage			Dexamid	1	—
P.o.pum	1	1	Tegaderm			dexam tramox	1	—
Suppositories			Ioban			Soc + pmio	1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	2			
Justin: 12.5 mg / 25mg / 100mg	1	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	—	—			
vacuum set	1	1	Microshield	1	1			
oral airway 0/1	1	—	Cotton Balls	—	—			
oral airway 16/18	1	—	Latex Gloves	1	0			
zincy 1000 + 1000	1	01	Ramdione Scrub					
Nov Curia 82124	1	—	Saral					

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173725 Admit Date : 12-May-2026 Admit Time : 12:24 PM UHID : BAH-00652606

Patient Details :

Patient Name : Baby VEMULA HANVIKA Age : 3 Y 9 M 3 D
Guardian : Mr VEMULA NARASIMHA REDDY DOB : 09-08-2022
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO GD50, GANGA COLONY Rama Phone No : 7013556110/ 8978157307
Krishnpuram Mancherial Telangana INDIA E-mail : NR050625@GMAIL.COM
504301

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 VEMULA NARASIMHA REDDY Relationship : Father
Contact Address : H NO GD50, GANGA COLONY Rama Phone No : 7013556110
Krishnpuram Mancherial Telangana INDIA
504301

Signature

Doctor Details :

Doctor Name : Dr. MANCHUKONDA SANTHOSH KUMAR 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

BAH-00652606 IP5-00173725
 Baby VEMULA HANVIKA
 08-08-2022 3 Y 9 M 3 D (F)
 Dr. MANCHUKONDA SANTHOSH



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
12/5/26	1 pm	ER	OT	[Signature]
12/5	4.10 pm	OT	318	[Signature]

Cross Consultation Visit

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



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**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00852606 IP5-00173725
Baby VEMULA HANVIKA
09-08-2022 3 Y 9 M 3 D (F)
Dr. MANCHUKONDA SANTHOSH



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Hanvika Age/Sex _____
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cp recurrent otitis media: 9m.

History of present illness :

cp recurrent otitis media : 9m.
7 episodes / month

No fever / cough / cold / loose stools / vomiting

Oral intake fair
activity good.

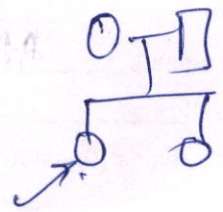
Pediatric Multiorgan History & Physical Examination

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

②

Birth & Neonatal History:

④ perinatal transition



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developed auto age.

Immunization History :

Immunised as per age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____

Weight (kgs)) 12.4 kg Centile _____

On Examination :

Temperature : 97.9°F Pulse Rate : 120/min B.P. 98/60 SPO2 99% RA 65/min

Resp. rate and type of breathing : 22/min

Rash _____
Lymphadenopathy ⊖ grade III Tonsillar hypertrophy

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE ⊕ noisy crackling ⊕

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft NT

Auscultation : bowel sounds ⊕

Spine : _____ External Genitalia : _____

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : N/A

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Chronic adenotonsillitis



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: prevent complication

Desired goals of the treatment: hemodynamic stability

Planned Labs:

Cannulation
CBP
M/S Bhavani
12/5/26

Planned Management

continue NPO (from 7 AM.)
Shift to OT

Signature of the Doctor: [Signature]

Name of the Doctor: Sahitani

Date & Time: 12/5/26. 12 pm.

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. M. Santosh

Date & Time: 12/5/26

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REF EIC5874-01

LOT 2200917

2028-10-13



OPERATION THEATER NOTES

Patient's Name : Age : Gender : Male Female

UHID No.: Weight : Height :

Surgeon :		Asst. Surgeon :	
Anesthetist : <i>Dr. Aditi</i>	OT Nurse: <i>Bikhlai</i>	OT Technician: <i>Ramesh</i>	
Pre-Operative Diagnosis:			
Surgical Procedure : <i>coablation Adenotomillectomy</i>			
Indications for Surgery :			
Date :	Start Time : <i>2.02pm</i>	End Time : <i>3pm</i>	
Pre Operative Preparations:			
Post Operative Diagnosis:			
Peri-Operative Complications:			
Operation Notes:			
<i>G_{III} tonsillar hypertrophy</i>			
<i>G_{II} adenoid hypertrophy</i>			
<i>coablation Adenotomillectomy</i>			

OPERATION THEATER NOTES

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1. IV Augmentin
250mg IV BD

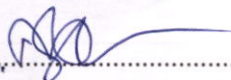
2. IV PCM 250mg IV BD

3. IV Tranexa 200mg
IV BD

4. Botroclot 1ld
2° ————— 2°

5. Nasoclear 1ld
2° ————— 2°

Name of the Surgeon:

Signature of the Surgeon: 

Date & Time: 12/5/26 @ 3pm

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Dr. MANCHUKONDA SANTHOSH



POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

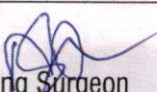
When to Start Mobilization:

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up


Treating Surgeon
(Signature & Stamp)

Date:12/5/26..... Time:3pm.....

Note: Plan of care will be readjusted if necessary.

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 Baby VEMULA HANVIKA (F)
 09-08-2022 3 Y 9 M 3 D
 Dr. MANCHUKONDA SANTHOSH

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 6pm	Seen by Resident.	
	SP lobectomy Adenotonsillectomy	
	child asleep hemodynamically stable	Plan 1. continue medications as charted 2. NPO till fully awake S Sahithi
12/5/26 9am	Seen by Resident: Dr Sahithi	
	chronic adenotonsillitis SP adenotonsillectomy. 3 ep. of vomitings No fever/vomitings/bleeding accepting orally	Plan 1. Discharge today
	O/E child afebrile hemodynamically stable chest clear abdomen soft	S Sahithi

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 Baby VEMULA HANVIKA
 09-08-2022 3 Y 9 M 3 D (F)
 Dr. MANCHUKONDA SANTHOSH



RESULT SHEET

Date	12/05				
Time	12:34				
Hb	10.8				
PCV	34.4				
RBC	4.50				
WBC	10.73				
N/L	43.9				
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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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: ICU 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: Sahitri

Date & Time: 12/5/20 12pm

Nurse Name & Signature: Bhavani

Date & Time: 12/5/20 @ 12pm

BAH-00652606 IP5-00173725
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 09-08-2022 3 Y 9 M 3 D (F)
 Dr. MANCHUKONDA SANTHOSH



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : BOTROLOTT drops nasal
 Date/Time: 12/5/20
 Dose: 2^o Route: each nostril Frequency: TID Start Dt.: 12/5
 Name & Signature of the Doctor Starting the Drugs: *[Signature]*
 Additional Instructions: 10ml each 3 times

Daily Doctor's Endorsement by a Sign

DRUG : NASOCLEAR nasal drops
 Date/Time: 12/5/20
 Dose: 2^o Route: each nostril Frequency: TID Start Dt.: 12/5
 Name & Signature of the Doctor Starting the Drugs: *[Signature]*
 Additional Instructions: 1 drop 3 times

Daily Doctor's Endorsement by a Sign

DRUG : SYPONDAN SETRON
 Date/Time:
 Dose: 5ml Route: PO Frequency: TID Start Dt.: 12/5
 Name & Signature of the Doctor Starting the Drugs: *[Signature]*
 Additional Instructions: (2mg/5ml)

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

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name

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09-08-2022 3 Y 9 M 3 D (F)
Dr. MANCHUKONDA SANTHOSH

318

Hanvika



CROSS CONSULTATION FORM

Doctor Name : Date : 13/5 Time : 9am

Diagnosis : post adenotonsillectomy

Hospital : RCH - B

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 / bleeding / vomiting - 3 episodes.
- oral intake - okay
- O/E : child active
vitals stable
Chest clear.
Throat healthy.

Adv : (D) today.

F/up to ENT surgeon.
Syp ONDANSETRON - TID

Consultant :

Dr. FAISAL B NAHDI
Reg. No: 66228

Name : Signature : Date & Time : 13/5

018

SAHIB
KHALID
HOSPITAL

SAHIB KHALID HOSPITAL
LABORATORY FORM

13/12
Faint handwritten text

15/12/12

Faint handwritten notes

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DR. FAISAL B. NAHDI
Reg. No. 00358

DRUG CHART

Date of Admission: 12/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

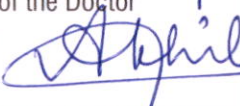

DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

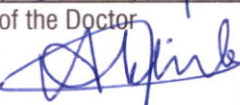
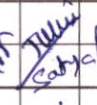
Signature
VERIFIED BY : Name


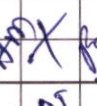
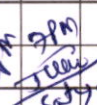


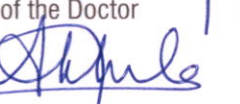
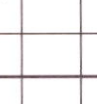
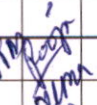
REGULAR PRESCRIPTIONS

Weight. 12.4 kg Ward. OT

DRUG : Inj AUGMENTIN				Date Time	12/5	13/5															
Dose	Route	Frequency	Start Date																		
300mg	IV	TID	12/5	6AM	X	10PM															
Name & Signature of the Doctor Starting the Drugs:				 2PM OT																	
Additional Instructions:				10PM 20/5 																	
Daily Doctor's Endorsement by a Sign																					

DRUG : Inj PANTOPRAZO				Date Time	12/5	13/5															
Dose	Route	Frequency	Start Date																		
12mg	IV	DD	12/5																		
Name & Signature of the Doctor Starting the Drugs:				 6AM 20/5 																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG : Inj PARACETAMOL				Date Time	12/5	13/5															
Dose	Route	Frequency	Start Date																		
180mg	IV	QID	12/5	6AM	X	12PM															
Name & Signature of the Doctor Starting the Drugs:				 6AM OT 																	
Additional Instructions:				12PM OT 6PM 2PM 																	
Daily Doctor's Endorsement by a Sign																					

DRUG : Inj TRANEXA				Date Time	12/5																
Dose	Route	Frequency	Start Date																		
200mg	IV	BID	12/5	10AM		1:50															
Name & Signature of the Doctor Starting the Drugs:				 10AM OT 																	
Additional Instructions:				10AM 20/5 																	
Daily Doctor's Endorsement by a Sign																					



Weight. 12.4 kg Ward. 05

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
2/5/26	2.00	ENT AMOXICILAV	360mg	iv	Sch.	Amos Paul
14/7/21	1.45	ENT PARACETAMOL	180mg	iv	Sch.	Amos Paul
12/5/21	1.45	ENT DEXA	7-2mg	iv	Sch.	Amos Paul
12/6/21	1.50	ENT TRANEXE	180mg	iv	Sch.	Amos Paul

Signature
Name

BAH-00652606 IP5-00173725
 Baby VEMULA HANVIKA
 09-08-2022 3 Y 9 M 3 D (F)
 Dr. MANCHUKONDA SANTHOSH



Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12.15.22 Time: 5:30 PM 12:00 6:00

Doctor / Nurse / Family Concern?

Temperature (F)	104			
	103			
	102			
	101			
	100			
	99	*99.4 F		
	98		98.2 F	
	97			97.0 F
	96			
	95			

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110	110	95	100
	100			
90				
80				
70				
60	60	61	63	
50				
Heart Rate (Number)	120 bpm	97 bpm	100 bpm	

Resp. Rate (bpm) Over 1 Minute *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	Resp Rate (Number)		24/m	20/m

Resp Distress	Mod/ Severe None / Mild			
---------------	-------------------------	--	--	--

Receiving O ₂ (l/min)	O ₂ Saturations (%)	99%	100%	100%
----------------------------------	--------------------------------	-----	------	------

Conscious Level	Normal / Altered			
-----------------	------------------	--	--	--

GCS *		15/15	15/15	14
-------	--	-------	-------	----

TOTAL SCORE				
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

SAH-00652606 IP5-00173725
 Baby VEMULA HANVIKA
 09-08-2022 3 Y 9 M 3 D (F)
 Dr. MANCHUKONDA SANTHOSH

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.

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	Agg										
	05:00 pm											
	06:00 pm	juvz										
	07:00 pm											
Total Intake :						Total Output : m-o u-0						
	08:00 pm											
	09:00 pm	H2O										
	10:00 pm											
	11:00 pm	H2O										
	12:00 am											
	01:00 am											
Total Intake :						Total Output : m-o u-2						
	02:00 am											
	03:00 am	H2O										
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am	H2O										
Total Intake :						Total Output : m-o u-2						
Total 24 hrs. Intake						Total 24 hrs. Output						
						m-o u-4						



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.

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
13/8/22			Mouth	I.V	N.G							
	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

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపన 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 వీల్ లోకల్ అనస్థీషియా లేదా నార్మల్ బ్లడ్ 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 బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: ADENOTONSILLECTOMY COABLATION

Anaesthesiologist: Dr. ASHWARYA 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 laryngospasm, desaturation.

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: V. Narsimha REDDY
Name: Vemula Narsimha REDDY
Relationship with patient: su
Date & Time: 9/5/26 4:35 pm

Witness:

Signature: Pravalika
Name: Pravalika
Date & Time: 9/5/26 @ 4:35 pm

Doctor (who is taking consent):

Signature: Asy Name: Dr. ASHWARYA Date: 9/5/26 Time: 4:35 pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00652606 IP5-00173725
 Baby VEMULA HANVIKA
 09-09-2022 3 Y 9 M 3 D (F)
 Dr. MANCHUKONDA SANTHOSH

Name: V. Hanvika Age: 3yr. Sex: F UHID.No: BAH-652606

Date: 9/5/22 Time: 4:25pm Proposed Operation: TONSILLECTOMY, ADENOIDECTOMY COAGULATION

Diagnosis: Gr. III tonsillar Hypertrophy

B.P / CRT: 92/60 H.R: 94 Weight: 12.4kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

(1/4) Hgb: 10. Glucose: / Protein: / HIV: / X-Ray: /
 PCV: / Urea: / Alb: / HBS Ag: / ECG: /
 WBC: / Creat: / Total Bill: / HCV: / 2D Echo: /
 Plate: 4.25,000 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: None

Medical History: CVS:

RESP: n/o Pneumonia @ 1 1/2 yr Diabetes: FT / LSCS / 3.2kg / No NICU stay

CNS: on O2 suppat age.

Renal: no c/o cough, cold.

Hepatic / GE: NO c/o snoring. Physical Activity: Active

Others: Milestones / 15 mo vaccination / age.

Past Anaesthetic History: wl.

Physical Exam:

Airway: MP1 2 3 4 Mouth Opening: >3F Mentohyoid Distance: 5 Neck: 5 Teeth: intact

Lungs: /

Heart: WNL

CNS: /

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional: 5

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>	

Pre-Operative Instructions:

- DVT Prophylaxis: Explained
- NIL ORAL Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: → CBP while

Signature: [Signature] Name: Dr. ASHWARYA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 92 B.P./CRT: Excl SpO₂: 100 R.R.: 16 Last Feed: 2 hrs

Pre-OP Diagnosis: Grade III Prolifer Operation: transcatheter Date: 25/8

Surgeon: Dr Manchukonda Santosh Anaesthesiologist: Dr Aditya Technician: Ramesh

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SG / SEVO	Drugs:	Antibiotic	Blood Loss	NOTES
1:45			INT PROPOFOL 10mg/20ml	360mg		
2:05			INT MIDAZOLAM 5mg			
2:15			INT ROXIDONE 10mg			
2:25			INT PRIVILEGE 10mg			
2:35			INT DE XAMETHASONE 10mg			
2:45			INT ISOPRANALIN 10mg			
2:55			INT ISOPRANALIN 10mg			
3:05			INT ISOPRANALIN 10mg			
3:15			INT ISOPRANALIN 10mg			
3:25			INT ISOPRANALIN 10mg			
3:35			INT ISOPRANALIN 10mg			
3:45			INT ISOPRANALIN 10mg			
3:55			INT ISOPRANALIN 10mg			
4:05			INT ISOPRANALIN 10mg			
4:15			INT ISOPRANALIN 10mg			
4:25			INT ISOPRANALIN 10mg			
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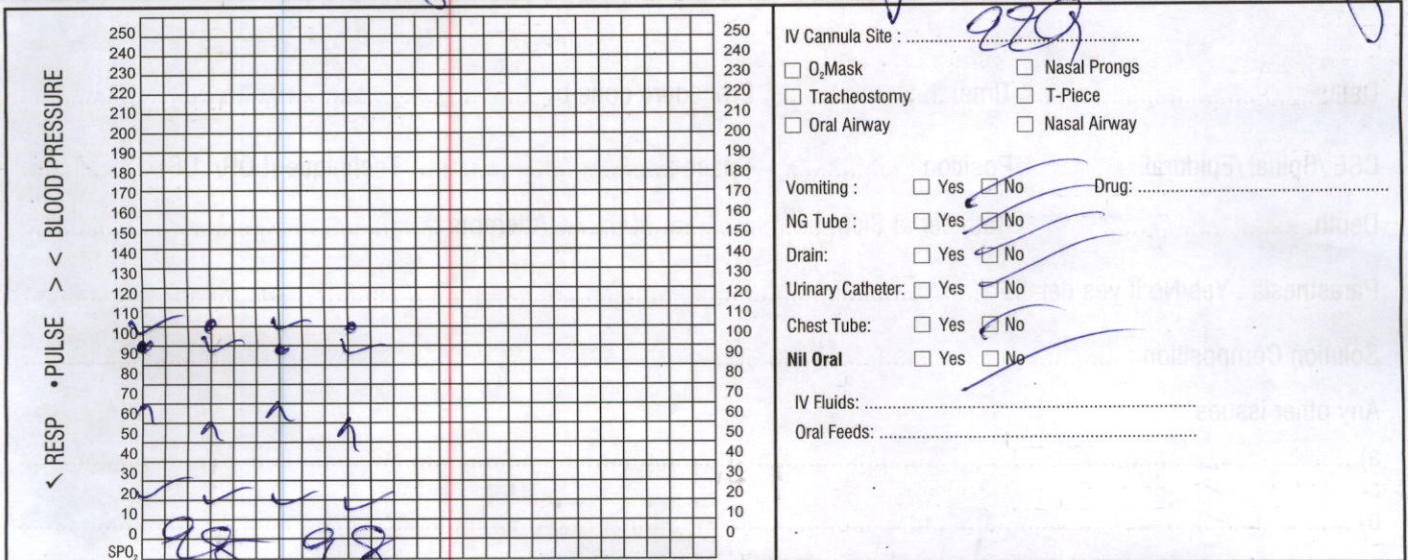
LAB Values: ABG, GRBS, Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>RUL</u> <input checked="" type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <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 checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator <input checked="" type="checkbox"/> Position: <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>1:45</u> OP Start: <u>2:05</u> OP End: <u>2:45</u> Leave OR: <u>3:05</u> 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"/> ABT: <input checked="" type="checkbox"/> IV: <u>WR</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>Rocuronium</u> <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input checked="" type="checkbox"/> Fiberoptic Blade# <u>2</u> Attempts: <u>1</u> Difficulty Why?	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: <input type="checkbox"/> Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr Aditya</u> Signature of the Doctor:
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Durg Time Received : 3:15pm Time Discharged : 4:10pm



POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	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 move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2	2	2	2		
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic level	= 2	2	2	2	2		
BP ± 20-50 of Pre Anaesthetic level	= 1						
BP ± 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	1	1	2	2		
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/15	3:15pm	1	—	Durg

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name : Dr. Manchu
 Anaesthesiologist Signature : [Signature]
 Date & Time : _____
 PACU Nurse Name : [Signature]
 PACU Nurse Signature : [Signature]
 Date & Time : 12/5/2022

Transferred to Unit by (PACU): 3:18
 Date & Time: 12/5/2022

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 :

318

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 13/5/26 Time: 6pm

Weight: 12.4 kg Centile: 5th

Height: 90cm Centile: 5th

Inference: Underweight child

RDA: - Calories: 1300 kcal/d Protein: 22 gm/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid Spicy & outside foods

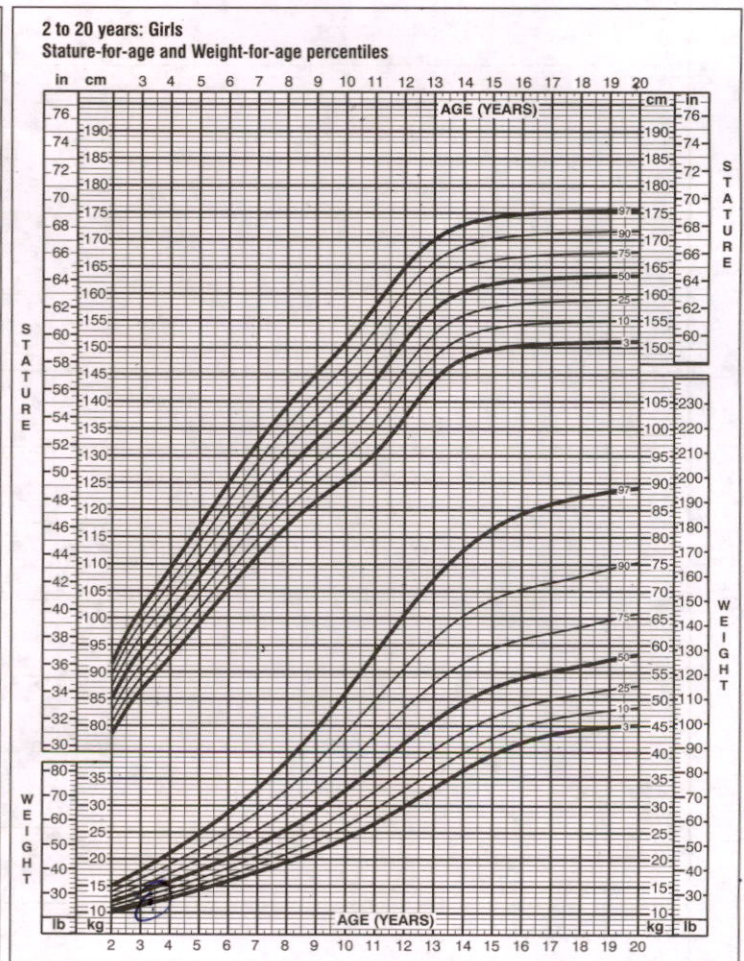
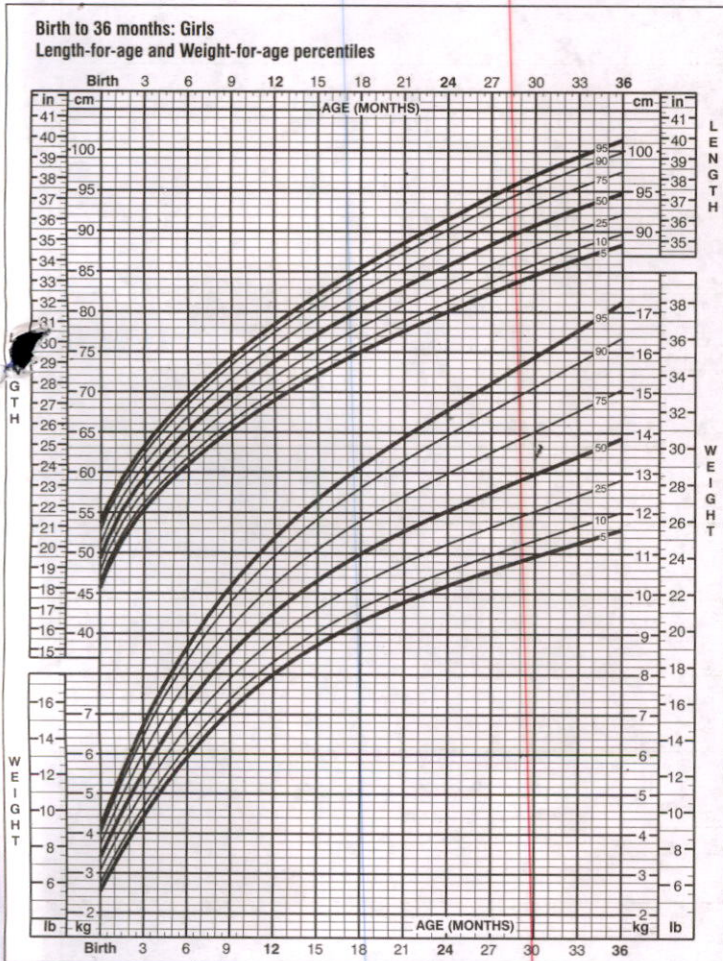
Food Allergies: No Veg/Non-veg: Veg

Diagnosis: Adenotonsillectomy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: [Signature]

Dietician's Signature: [Signature]

