BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
08-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 13/7/26

Patient Name: Mater Fawaz ullah Date of Birth: 08-11-2020 Age: 5yrs

Gender: Male Ward : OT-B UHID No.: BAH-00605641 IP26-00006831

Date of Surgery: 13/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : COBLATION ADENOTONSILLECTOMY LGA.

Time in : 10:00 AM Time Out : 11:00AM.

		NAME	AMOUNT
1.	Surgeon	Dr. Allu chandana	
2.	Anaesthetist	Dr. Sanjeev Dr. Ayesha	
3.	Assistant Surgeon	I	
4.	OT Technician	Br. Arvind	
5.	Circulating Nurse	Sr. Karuna	
6.	Assistant Nurse	Sr. Sandya.	

SmithNephew
EVAC° 70 Xtra HP
With Integrated Cable
REF EIC5874-01
LOT 2193417
2028-09-17

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Karuna.
Signature of Circulating Nurse

Order No: 26-00008133324

Order by: Sandya. 13/7/26 @ 12:10pm
(or record saved)

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
08-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

Adenotonsillectomy

CONSUMABLES OF OT

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Circulating staff : Kaveena Technician : Anand Date : 13/7/26 Time :

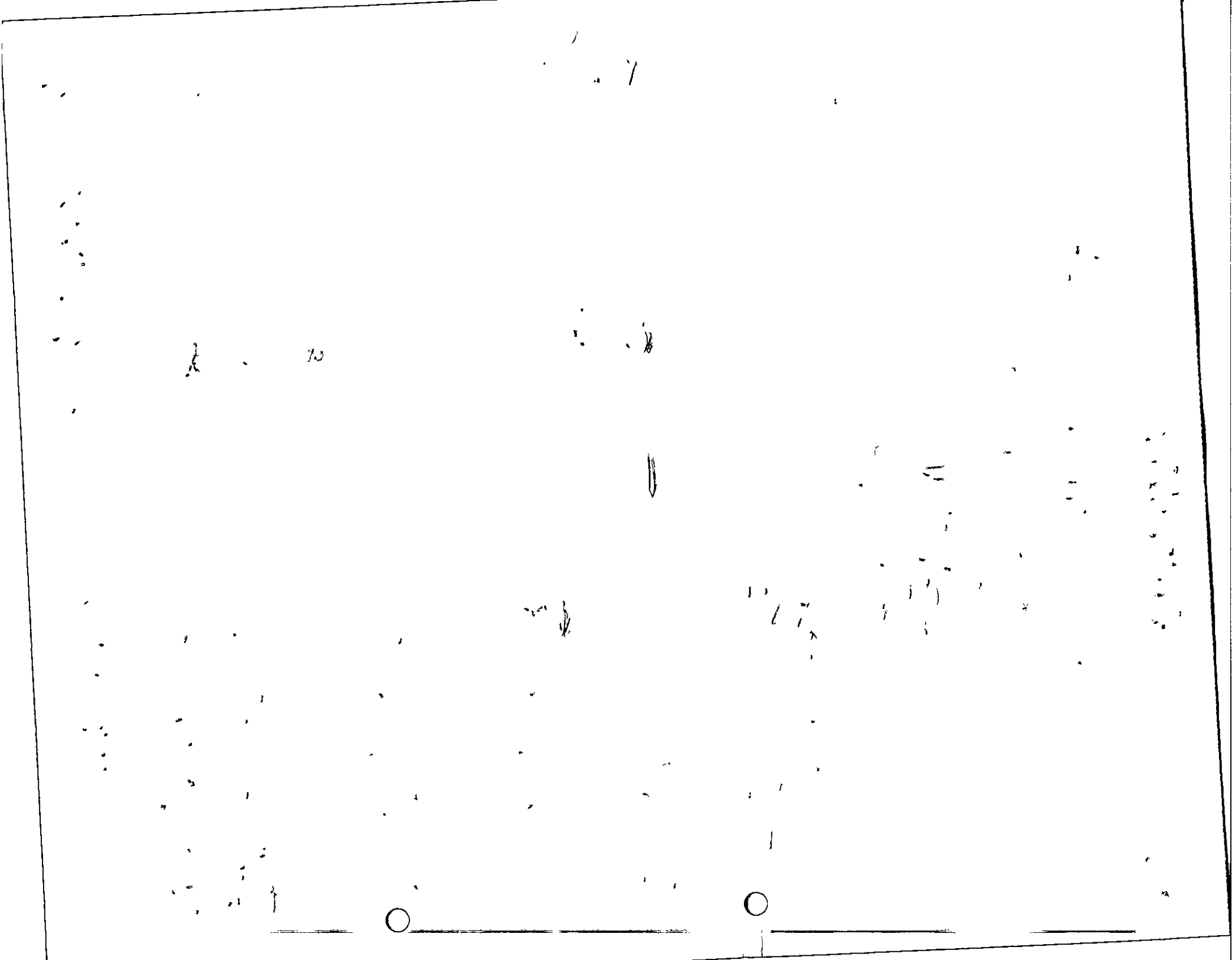
Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.0		01	Major Pack General	01		Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		05				Suction Catheter		
HME filter : A / P / N			Infant Feeding 5		2	Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		
05 cc		05	Gloves			Surgical Gloves		
02 cc		05	Gnome 6½, 7	1+1		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set 10-0008248		01	NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	01 + 02		Koochies					
MIDAZOLAM		01	Ointments			Nasal dressing grade with string		01
PCM		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
Morphine Atropine		01	Gauze Pack		02	5ml D5c		02
Ketamine Adrenaline		01	Mop Pack		01	10cc		01
Propofol		02	Steristrip					
Rocuronium		01	Underpad		1+1	Adrenaline		02
Glycopyrolate		01	Draw sheet					
Myopyrolate Neostamine		02	Abgel					
Ondansetron O2 mask(P)		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Dexamethasone		01	Tegaderm					
Suppositories 10-0000219		01	Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		2			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Tranexa		01	Microshield		01			
Aquremenfin 600mg		01	Cotton Balls					
Vacuum Suction		01	Latex Gloves					
Nebulation Mask(P)		01	Ramdione Scrub					
Anwin heavy 0.25%.		01	Saral					

Smith+Nephew
EVAC+ 70 Xtra HP
With Integrated Cable
REF EIC5874-01
LOT 2193417
2028-09-17

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000213320 / 3314 Ordered by : Sandhya 13/7/26 @ 12pm

Doc. No. : RCH / FRM / GENERAL / 125



Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer,
Old MLA quarters road AP State Housing Board Himayatnagar ,
Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: BAH-00605641	**Name**	: Master MOHAMMED FAWAZ ULLAH RAZI
Age / Sex	: 5 Y 8 M 7 D / Male	**Doctor**	ALLU CHANDANA
Adm/Reg Date/Time	: 13/07/2026 08:19	**Payor**	: TATA AIG General Insurance Co. Ltd.
Order Date	: 13/07/2026 11:45	**Ordernumber**	: 26-0000213314
Visit ID	: IP26-00006831	**Ward/Bed No**	: 4F -OT / PPO-417
Patient Address	: 20-04-656/9, Charminar, Hyderabad, Telangana, INDIA, 500002		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NEBULIZATION CHAMBER (PEAD) AEROTEK		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
2	FLEXOMETALIC TUBE 3.5 CUFFED	FLEXOMETALIC TUBE 3.5 CUFFED	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		3 Vial	Dispensed
5	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
6	NS 1000 ML CLOSED EUROFLEX		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	CRITIDOL INJ 50 MG 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
8	AEQUIMENTIN INJ 1.2GM		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	GENERAL SURGERY KIT SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
10	DEXAMETHASONE INJ 2 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
11	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
12	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
13	NS 100ML ACCULIFE - EH	NORMALSALINE 0.9% SODIUMCHLORIDE100ML CLO	1 mL	/ Once Daily	1 Days		1 mL	Dispensed
14	Oxygen Mask With Tubing - PeadROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		7 Nos	Dispensed
16	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
17	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
19	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
20	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
22	MYOSTIGMIN INJ 1ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
23	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
24	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
25	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
26	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
27	ROCUNIUM INJ 50 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed

ALLU CHANDANA

Reg No : 03408

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: BAH-00605641	**Name**	: Master MOHAMMED FAWAZ ULLAH RAZI
Age / Sex	: 5 Y 8 M 7 D / Male	**Doctor**	: ALLU CHANDANA
Adm/Reg Date/Time	: 13/07/2026 08:19	**Payor**	: TATA AIG General Insurance Co. Ltd.
Order Date	: 13/07/2026 11:55	**Ordernumber**	: 26-0000213320
Visit ID	: IP26-00006831	**Ward/Bed No**	: 4F -OT / PPO-417
Patient Address	: 20-04-656/9, Charminar, Hyderabad, Telangana, INDIA, 500002		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	IVALON NASAL PACK WITH STRING (8CMX1.5CM		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed

ALLU CHANDANA

Reg No : 03408

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Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

DISCHARGE SUMMARY

Name	Master MOHAMMED FAWAZ ULLAH RAZI	**UHID**	BAH-00605641
Father/Guardian	Mr MOHD ZAKI ULLAH	**Age/Gender**	5 Y 8 M 7 D/ Male
Address	20-04-656/9, Charminar, Hyderabad, Telangana, INDIA, 500002		
IP No	IP26-00006831	**Admission Date**	13-07-2026
Ref Doctor	SELF		
Discharge Date	14.07.2026		

Consultant:
Dr. ALLU CHANDANA
MBBS, MS ENT, DNB, Post doctoral fellowship in Paediatric ENT
03408

Co-Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
CHRONIC ADENOTONSILLITIS	

Name	Master MOHAMMED FAWAZ ULLAH RAZI	UHID	BAH-00605641
IP No	IP26-00006831	Admission Date	13-07-2026

Procedure : COBLATION ADENOTONSILLECTOMY UNDER GENERAL ANESTHESIA DONE ON 13.07.2026

History: Master MOHAMMED FAWAZ ULLAH RAZI, 5 Y 8 M 7 D child presented with history of cold, cough since 1 week since 2 days ago, grade III tonsillar enlargement prior to admission. For the above complaints child was admitted at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 98/min and Respiratory rate - 28/min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 18 kilo grams.

Investigations: Enclosed reports.

Procedure : COBLATION ADENOTONSILLECTOMY UNDER GENERAL ANESTHESIA DONE ON 13.07.2026

Surgery Notes:
* Patient in general anesthesia in Rose's position.
* Boyle davis mouth gag applied
* Bilateral tonsillectomy done with coblation.
* Under endoscopic guidance adenoidectomy done.
* Hemostasis secured
* Procedure uneventful.

Post-Operative Notes: Post operative period was uneventful. Child was

Name	Master MOHAMMED FAWAZ ULLAH RAZI	**UHID**	BAH-00605641
IP No	IP26-00006831	**Admission Date**	13-07-2026

initiated on oral feeds gradually which child tolerated well. He remained hemodynamically stable during the hospital stay and operated site remained healthy. Child is being discharged with the following advice.

Advice:
* Diet as advised.
* Syrup Augmentin DDS 457mg/5ml - 5ml twice daily for 5 days
* Syrup Paracetamol 240mg/5ml-5ml, every 6thhourly (6am,12pm,6pm,12am) after food for 1 week
* Syrup Ibugesic 100mg/5ml - 7ml twice daily (9am,9pm) for 5 days
* Tab. Junior Lanzol 15mg - once daily in morning for 1 week
* Syrup. Relent plus 4.5 ml twice daily for 5 days.
* Otrivin P nasal drops 2 drops twice daily for 5 days.
* Solspre nasal spray 2 drops in each nostril twice daily for 2 weeks.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ALLU CHANDANA after 2 weeks in OPD at Himayatnagar with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer

Name	Master MOHAMMED FAWAZ ULLAH RAZI	UHID	BAH-00605641
IP No	IP26-00006831	Admission Date	13-07-2026

drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.
* **Analgesics** without food/empty stomach can cause gastrointestinal irritation, frequent use of these drugs lowers the absorption of folate and Vit-C. **Analgesics** can be taken with food & recommonded diet to be followed.
* **Steroids** can decreases the absorption of minerals, proteins & Vit-K from food & increase fluid retention. Take immediately after food & recommonded diet to be followed.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

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Name	Master MOHAMMED FAWAZ ULLAH RAZI	**UHID**	BAH-00605641
IP No	IP26-00006831	**Admission Date**	13-07-2026

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Consultant:
Dr. ALLU CHANDANA
MBBS, MS ENT, DNB, Post doctoral fellowship in Paediatric ENT
03408

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ACTIVITY RECORD FOR BILLING

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

Name: --

UHID 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
13/7/26		ER	OT	[signature]
13/7/26	11:00 AM	OT	PICU	Kalurey. & Sonia.
13/7/26	12pm	PICU	2nd floor 208	Saba / Manika
~~13/7/26~~	~~2pm~~	~~PICU~~		

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/7/26	CBP	11615	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7/26	Invasive Monitar		13/7/26 at 2pm		
	Infusion pump	11.30 am		213345	8

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7/26	I.V placement	(1)	13279	
13/7/26	NHA	(1)		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
05-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Jaitesh	
13/7		
4:00pm	S/p - Adenotonsillectomy	
	Afebrile	Plan
	Vitals - Stable	- Cont Augmentin
	RS - B/L AE (+)	- Cont By Dexamethasone
	P/A - Soft, NT	- Cont By paracetamol
		- Soft Diet.

Docu. No. : RCH /FRM / CLINICAL / 088

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o/s - Dr. Chandana	
13/7/20 12:30pm.	POD: 0	/ Coblation Adenotonsillectomy
	O/E awake afebrile pallor (+) nose (+)	Adv cbT as per charting - encourage orally. - shift to ward after feed.
13/7	C/S/B for Naipunya	
	S/P: Coblation Adenotonsillectomy	
	O/E Afebrile. Vitals - stable. R/S - BLAE (+). oral cavity - (N). nose (N)	Plan - Cont Augmentin, Dexamethasone. - Cont P/ paracetamol OTRIVIN Solespre nasal spray. - Monitor vitals - soft diet Ref

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

- c/o cold, cough :: 1 week
  ↓ 2 days ago.

History of present illness :

- c/o cold - alw running nose ↓
- c/o cough - dry cough.
  - no diurnal variation.
  - grade III
  tonsilar
  enlargement
  (+)

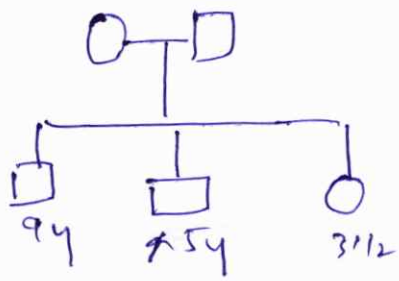
- no h/o fever
- passing urine adequately.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

term | NAB | 3.4 kg |
no NICU admission



Birth & Socio Economic History :

About Father :

About Mother : no family hlo asthma / allergy in the

Any additional Information :

Developmental History :

upto date

Immunization History :

upto date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 18kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate: 98 bpm Description _____

B.P. _____ SPO2 100% at room air.

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

BAE (+) clear

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovasclular System :

S1 S2 (+) no murmur

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

soft, non tender.

Inspection _____

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

coblation adenoloniellectomy.

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC

NB Prabir

Planned Management :

1) NPO and suction orders

2) IVF

3) antacid syp.

NB Prabir

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00605841 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
05-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

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DRUG CHART

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

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

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

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

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

REGULAR PRESCRIPTIONS

Weight. 18 kg Ward. .....

DRUG : SYP AMBROXOL-S

Dose	Route	Frequency	Start Date
4ml	PO	BD	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																	
13/7																	
10am	8																
10pm																	

DRUG : Inj. AUGMENTIN

Dose	Route	Frequency	Start Date
600mg	IV	TID	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sanyal

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																	
13/7																	
9:45am ✓																	
4pm																	
10 pm																	

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
250mg	IV	6th hrly	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sanyal

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																	
13/7																	
10am ✓																	
4pm																	
10pm																	
4am																	

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
15mg	IV	OD	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sanyal

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																	
13/7																	
6am ✓																	

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Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Syp. AFLENT Plus

Dose	Route	Frequency	Start Dt.
4ml	oral	BD	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sagar

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 13/7 10am ✓

DRUG : OTRIVIN-P nasal drop

Dose	Route	Frequency	Start Dt.
2	nasal	BD	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: BD 9am

DRUG : SOLSPRE nasal spray

Dose	Route	Frequency	Start Dt.
2 sprays	nasal	6th hrly	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sagar

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 12am ✗ 6am ✗ 12pm ✓ 6pm

DRUG : Inj. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
1.5 mg	IV	8th hrly	13/7

Name & Signature of the Doctor Starting the Drugs: B. Sagar

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 10am ✓ 4pm 10pm 4am

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

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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				

Verified By Name Signature

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Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/7	9.45am	AUGMENTIN	500 mg	IV		
13/7	10Am	PARACETAMOL	270 mg	IV		
13/7	10Am	TRANEXAMIC ACID	250mg	IV		
13/7	10Am	DEXAMETHASONE	2mg	IV		
13/7	11:15am	Neb ε ADRENALINE	1:100 2ml+3ml NS	PN		

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

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06-11-2020 5 Y 8 M 7 D (M)
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I.V. FLUIDS CHART

Weight. ..... Ward. .....

		Composition of I.V. Fluid (If additive, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/7/26	5:30pm	IVF - PLASMALYTE	IV	40 ml/hr					
13/7	10 AM	RINGER LACTATE	IV	180	Chn	~~D~~ D	13/7	Chn	

Signature .....

VERIFIED BY : Name .....

9246160961

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Fawaz Ullah Razi Age: 5y 8m Sex: m UHID.No: BAH-00605641

Date: 11/7/26 Time: 4:35pm Proposed Operation: Adenotonsillectomy.

Diagnosis: Adenotonsillar hypertrophy.

B.P / CRT: 43sec H.R: ..... Weight: 18kgs 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 - 2.

Medical History: CVS: - Now has cold & Occ. cough. LSCS | FT | 3.4kgs | No NICU admission

RESP: ? under 5 wheezer | Br. Asthma. Diabetes Nil. Development appropriate

CNS: was on Nebulization | uses inhaler on & off. Immunised till date.

Renal: Admitted for Pneumonia - 2yrs back | 3yrs back. → takes flu vaccine every year → not taken this

Hepatic / GE: H/o loose stools → 4-5 episodes 1 day back. Physical Activity: active.

Others: Eczema.

Past Anaesthetic History: Nil.

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck (N) Teeth (N)

Lungs: BAE ⊕ clr

Heart: S1S2 ⊕

CNS: active.

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site: accessible. | Spine Exam for regional: well felt.

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☑ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Ambrodil-S	
Levolin } puff.	
Budecort }	

Pre-Operative Instructions:

1. DVT Prophylaxis: ✓
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - IBL on cannulation.
   - To continue Ambrodil-S
   - Levolin & Budecort puff enhaler used prior to shifting.

3:30AM ↑ water ORS ✓
7:30AM ↑
9:30 - SX

Signature: ..... Name: DR. AKHILA. K.

Docu. No. : RCH /FRM / CLINICAL / 044

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: ADS

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 113/m | B.P / CRT: 104/62 | SpO_2: 100% | R.R: 18/m | Last Feed: >6 hrs.

Pre-OP Diagnosis: ADENO-TONSILLAR HYPERTROPHY Operation: ADENOTONSILECTOMY COBLATION Date: 13/7

Surgeon: Dr. AC Anaesthesiologist: Dr Samir / Dr AYESHA Technician: Aravind

TIME: 1000 1030 1100 1130

N_2O / AIR / O_2 LPM: LF 14/min

HALO / SO / SEVO: MAC 0.9 - 1.0

Drugs:
- MIDAZOLAM 0.6 mg
- PROPOFOL 30 + 30 mg iv
- FENTANYL 40 MCG iv
- ROCURONIUM 10 + 5 + 2 mg iv
- PARACETAMOL 150 mg iv
- DEXAMETHASONE 2 mg + TRANEXA 250 mg iv
- Inj. NEOSTIGMINE 1.25 mg
- Inj. GLYCOPYRROLATE 0.2 mg iv
- NEB c ADRENALINE 1:100 prn

FIO_2 / SaO_2: 100 100 100 100
ETCO$_2$: 37 37 37 37
ECG: SR SR SR SR
Temperature
Urine Output: RL

Fluids / Blood

Antibiotic: AUGMENTIN Suppository 500 mg
DICLOFENAC 12.5 mg
Blood Loss ~30 mL

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (R) UL
☐ Art Site:
☑ EKG Lead 3 leads
☑ Temp Site Skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☑ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other Sheets

Times:
Anaes Start: 10 AM
OP Start: ↓
OP End: ↓
Leave OR: 11 AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G (L) UL
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 5.0 at Soultpole cm
☐ Oral ☐ Nasal ☐ Cuff RAE
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☑ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 01
Difficulty Why? -

☐ **Bilat = BS**
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor:
Signature of the Doctor:

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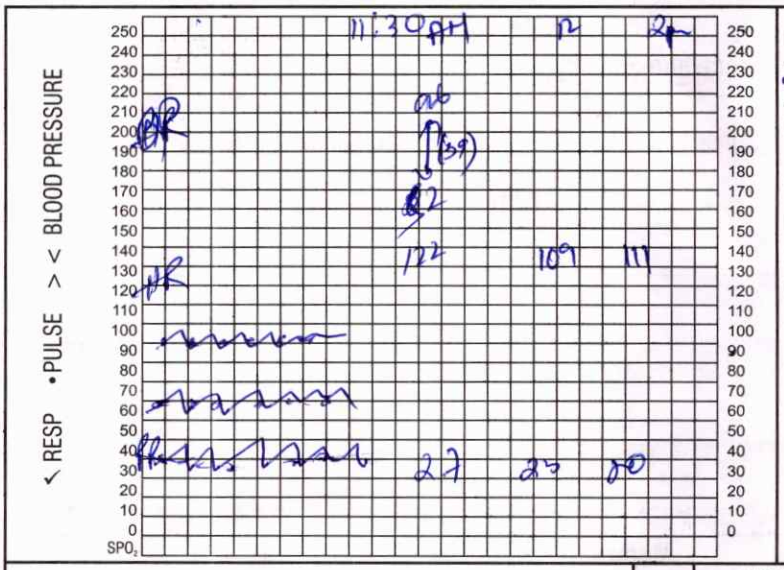
POST-[redacted]T RECORD

Received in PACU by : Karuna. Time Received : ..... Time Discharged : .....



IV Cannula Site : Left
☑ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: Augmentin
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☐ No
IV Fluids: RL
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
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	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2		
	TOTAL	9	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
13/7/26	10:00AM	0	Normal	
13/7/26	10:15AM	0	Normal	
13/7/26	10:20AM	0	Normal	
13/7/26	10:35AM	0	Normal	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : [redacted]
Anaesthesiologist Signature: [redacted]
Date & Time: .....

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

PACU Nurse Name : Karuna
PACU Nurse Signature: [redacted]
Date & Time: 13/7/26 @ 11:20AM.

Transferred to Unit by (PACU): .....
Date & Time: .....

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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 : .....

PATIENT TRANSFER FORM

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Dr. ALLU CHANDANA

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26	13/07/26 a:
Treating Consultant Name: Dr. Allu Chandana	Transfer Ordered by: Dr. Sreegantha	Reason for Transfer: Stable
From Unit: PICU (203)	To Unit: 2nd floor (208)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sonia	Dr. Sreegantha

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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INFC)R SURGERY OR SPE(

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Patient Name : MOHAMMED FAWAZ ULLAH Gender: ☑ Male ☐ Female Age : 5yr 8m.

UHID No : ..... Date : 13/9/26

Instruction:
This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

..... COBLATION ADENOTONSILLECTOMY .....

..... upon .....

(Name of the Patient) MOHD FAWAZ ULLAH

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

..... BLEEDING .....

..... LARYNGOSPASM .....

.....

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: .....

Consentee :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : Md Zalei Ullah

Name : Zalei Ullah

Relationship with Patient: father

Date & Time : 13/9/26 @ 9:56Am

Witness :

Signature : Reha

Name : Reha

Date & Time : 13/9/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Chandana

Date & Time : 13/9/26 8:30am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

Patient Name : Fawaz Ullah Razi Age : 5y 8m Gender : Male ☑ Female ☐

UHID NO: BAH-00605641 Surgeon Name: Dr. Chandana

Anaesthesiologist : Dr-Samir.

Operative procedure planned : Adenotonsillectomy.

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

Comments : laryngospasm, desaturation

- 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 Fawaz Ullah Razi 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 : Reha

Name : Habeeba khatoon Reha.

Relationship with Patient: Mother

Date & Time : 11/7/26

Witness :

Signature :

Name :

Date & Time : 13/7/26

Doctor (who is taking the consent) :

Signature :

Name : DR. AKHILA. K.

Date & Time : 11/7/26 9:50 pm

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POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☑ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 13/7/25 Time: 11:10Am

Name of the Surgery: Coblation Assisted ADENOTONSILLECTOMY

Drugs used for sedation during surgical procedure: Inj. PROPOFOL 30+30mg IV, Inj. FENTANYL 40+10 mcg IV

IV Fluids type / amount used using surgical procedure: RL @ 180 ml/hr [10:00Am - 11:00Am]

Input 200 ml Output ..... ml Blood Loss ..... ml

Blood Transfusion if any NO

Any intra operative event: —

On arrival to PICU / NICU / MICU / WARD:

Temp: 36.2°C HR: 109/min RR: 19/min BP: 94/52 mmHg CRT: < 3 sec

Peripheries: Warm SpO₂: 100% @ 4 lit O₂/min on facemask

Drains:

ET Tube: ☑ Cuffed ☐ Uncuffed

Size of ETT: 5.0 Length of Fixation of ETT: 15cm

Surgeon's Notes: ☑ Yes ☐ No

Time of Arrival to Unit: 11:20Am

Handover given by:

Anesthesiologist's Name Dr. Ayesha

Signature:

Date & Time: 13/7/26, 11:25Am

Handover taken by:

Doctor's Name B. Sneha

Signature:

Date & Time: 13/7/26 12:30 Am

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OPERATION THEATER NOTES

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
08-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

Patient's Name ..... Age : 5yr..... Gender : M.....

UHID.: ..... P.No. :..... Weight : .....

Surgeon : Dr. Chandana	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure : Coblation Adenotonsillectomy ↓ GA.

Indications for Surgery : Chronic Adenotonsillitis

Date :	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

- pt in GA, in Rose's position
- Boyle Davis mouth gag applied
- B/L Tonsillectomy done with coblation.
- ↓ endoscopic guidance adenoidectomy done
- Hemostasis secured.
- procedure uneventful

POST - OPERATIVE ORDERS :

- NPO until fully awake.
- Inj. AUGMENTIN - 25mg/kg/IV/8H
- Inj. PCM 15mg/kg/IV/8H
- Inj. PAN - 15mg/IV/AM/OD
- Inj. DEXA - 1.5mg/IV/8H 2doses post op
- Syp. RELENT-plus 4.5ml — 4.5ml x 5days
- OTRIVIN-P N/D 2° — 2° - x 5days -
- SOLSPRE N/S ↑↑/↑↑ x8GM

Dr. Chandana

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : .....Time : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Allu chandana
Asst. Surgeon :
Anaesthetist : Dr. Samir Anjalka
Scrub Nurse : Sr. Sandya

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
08-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

Patient : ..... Gender : .....
UHID N .....
Date : 13/7/26 In-time : 10:00 AM Out-time : 11:00 AM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:45 am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☐ No ☑ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : .....
Name : .....

Before Skin Incision ➤➤

TIME OUT Time: 10:20 AM

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : .....
Name : Samir @ 10:20 AM

Before Patient Leaves Operating Room

SIGN OUT Time: .....

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☑ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : .....
Name : Dr. Chandana

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PATIENT TRANSFER FORM

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
08-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 @ 8:49 pm	13/7/26 @ 11:20 pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Allu chandana	Dr. Samir.	Observation
From Unit	**To Unit** PICU	**Information to Attendant**
OT	~~Pre-Post~~	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Reluna	Dr. Samir

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

BAH-00605641 IP26-00006831
Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

wt- 18 kg

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EM...RIAGE FORM

Patient's Name : Fawaz Ullah Age : 5year 8month **Gender:** ☑ Male ☐ Female

Date : 13/7/26 Time of Arrival : 8:20 Am

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.3°F PR: 91/m BP: ..... RR: ..... SpO_2: 100%

Chief Complaints: C/o Patient is coming for surgery

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Prabir

Signature of Triage Nurse : .....

Date & Time : 13/7/26 @ 8:22 Am

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Master MOHAMMED FAWAZ ULLAH
05-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : 8:20 PM

Chief Complaints: c/o coming for surgery RBS: .....

Height : ..... Weight : 18 BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 / Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With family

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : 8:22 PM

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→

Samples collected by: / Time: /

Samples sent by : / Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: ..... BP: ..... CFT:	Shift - out from ER to: .....
RR: ..... SPO_2 :	Time of Shift - out: .....
GCS:..... Temperature :	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Prabin ..... Signature of the Nurse : .....

Date & Time : 13/7/26 @ 8:22 AM

PATIENT TRANSFER FORM

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Master MOHAMMED FAWAZ ULLAH
06-11-2020 5 Y 8 M 7 D (M)
Dr. ALLU CHANDANA

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 ⊙	13/7/26 ⊙
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Tanvi	Admission
From Unit	To Unit	Information to Attendant
ER	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
20		Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Rcabin	Dr. Tanvi

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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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: 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Tanvi

Date & Time : 13/7/26 @ 8:30 AM

Nurse Name & Signature: Prabha

Date & Time : 13/7/26 @ 8:30 AM