

KOH-00283168 IP5-00174458
Master RAM SMARAN TEJ REDDY
29-08-2017 8 Y 8 M 29 D (M)
Dr. P V L N MURTHY

SmithNephew
EVAC[®] 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2201068
2028-10-21



SURGERY DETAILS

80477

Date : 28/05/2026

Patient Name: Master Ram Smaran Tej Date of Birth: 29-08-2017 Age: 8Y8M

Gender: M Ward: P.O.T UHID No.: 00283168

Date of Surgery: 28/05/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Adeno for milledomy & loblation

Time in : 7:30 PM

Time Out : 8:30 PM

	NAME	AMOUNT
1. Surgeon	P V L N MURTHY	
2. Anaesthetist		
3. Assistant Surgeon		
4. OT Technician	Gopi	
5. Circulating Nurse	Sravani	
6. Assistant Nurse	Alhil	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9632039

Order by: Sravani D

ESTIMATION SLIP

2:55 pm
 Date - Approx. Through which App
 80457

Date : 25/05/2026 UHID / IP No. : K014-00293168 SI No.
 Name of Patient : Mastur. Ramtej Reddy Age: 84 Gender: M.
 Father's / Husband's Name : Mr. Anil Reddy Corporate / Occupation : Accenture
 Address : _____ Phone : 7893445539 Email: _____
 Procedure / Plan : Adenoidectomy + Tonsillectomy + Coblation + T - Tonsillectomy

MODE OF PAYMENT : SELF TPA : Widulhealth GIPSA : _____ OTHERS _____

TARIFF INFORMATION : Dr. PV L. Almusthy TATAIG. (C-29 + C-5)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges				18750						
Doctor's Fee				18050						
L. Tax				N/A						

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	103136
O.T. Consumables	7500
Instrument Charges	7500
Pharmacy Consumables & Investigations	3000
Equipment Charges	
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	
Package	
Others	24,000 (Subject to coverage)
Initial Minimum Deposit	15000

- REMARKS: E.B.3.25.L
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
 - In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and procedures from the date of admission will be according to the higher category.
 - Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
 - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
 - For Non-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, IP/TPS/Ag, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 - During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
 - Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 - Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

I Mr. Anil Reddy **DECLARATION** have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client _____ Signatory Relationship _____ Signature of the Financial Counselor Smith

ACTIVITY RECORD FOR BILLING

Name : _____ **KOH-00283168 IP5-00174458** _____

Master RAM SMARAN TEJ REDDY
29-09-2017 8 Y 8 M 29 D (M)
Dr. P V L N MURTHY

UHID No. : _____ **29/09/17** _____ Consultant: _____ Dept : _____



Date of Admissior _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5	5 pm	FR	OT	R
28/5	9:30pm	OT	108	Srani

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr Ujjwala Desai	29/5/16	963829	Aparanjitha
2				
3				
4				
5				
6				
7				
8				
9				
10				

Patient Sticker

Adno

CONSUMABLES OF OT

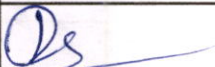
87/1877044
6425
2011-01-28/168

Circulating Staff: Technician: Date: Time: 5:30 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 40515151	11	11	Major Pack drop	1	1	Inj Vit.K		
LMA			Sutures gownny	2	2	Cord Clamp		
ECG leads : A/P/N	5	3				Suction Catheter		
HME filter : A/P/N	1	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves			Surgical Gloves		
02 cc	10	0	C, by 7 7/2 2424			Gauze Pack		
01 cc	5	—	PF 6, 03 (3) 2424			Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube 6 NO	2	2	Koochies (S)		
RL	1	1	Cautery pencil			NS 500 ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	11	11	Koochies			toe see	2	1
minipipe	1	1	Ointments			Adrenaline inj	3	3
02 mark (B)	1	—	Suction Catheter			Sarlon	1	—
Fentanyl	1	1	Cap, Mask	5	5	analgin 0.25g	1	1
Morphine			Gauze Pack NHR	3	2			
Ketamine			Mop Pack	1	—			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	1			
Myopyrolate NAO	1	1	Abgel					
Ondansetron	1	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag			Gauze	3	—
Antibiotics AUG 12mg	1	1	Bandage			Gloves	4	—
Douper	1	1	Tegaderm			padding	1	—
Suppositories			Ioban			oxatranax	1	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Sol-traline	1	—
Supriol : 100mg			Vaccum Suction set	2	2	mebexolol	1	—
Justin : 12.5 mg / 25mg / 100mg	1	1	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
vaccum set	1	1	Microshield	1	1			
oral airway 1.2	1	—	Cotton Balls	1	1			
oral airway 2.24	1	—	Latex Gloves	10	10			
3 way 1cm 100cm	1	1	Ramdione Scrub					
3 way 1cm 2.24	1	—	Saral					

Surgeon: 9631998 Anaesthesiologist: _____ Nurse: _____ OT Technician: _____
 Order No.: _____ Ordered by: _____
 Doc. No.: RCH / FRM / GENERAL / 125

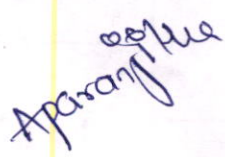
PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/16	IV placement	1	31625	
	PAC done on basis			

ANY OTHER INFORMATION

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

Date : 29/5/16 Time : team Prepared By : Aparanjitha

Staff Nurse 	Shift / Ward 108	Billing Assistant	Billing Supervisor
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**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name:

Ram Tej Reddy

UHID ID:

KOH-00283168 IP5-00174458

Master RAM SMARAN TEJ REDDY

29-08-2017 8 Y 8 M 29 D (M)

Dr. P V L N MURTHY



Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : Master Ram Tej Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cll chronic adenotonsillitis

History of present illness :

cll chronic history recurrent upper respiratory tract infections since 1 year associated with mouth breathing & snoring since 7 months.

No fever / cough / vomitings / loose stools / vomiting
oral intake fair
urine output adequate.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 23kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 92/min B.P. 100/59 (64) SPO2 100% - CPA

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

Rash _____

Lymphadenopathy _____ grade II tonsillar

Oedema : _____ hypertrophy.

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAC ⊕ clear

Any added sounds : ⊖

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : ⊖

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

Per Abdomen :

Inspection _____

Palpation : soft, NT

Auscultation : ⊖

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (10)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : NAD

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Intact

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

chronic adenotonsillitis .
Planned for adenotonsillectomy
EBL/Turbinoplasty



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complications

Desired goals of the treatment: hemodynamic stability

Planned Labs:

IV Cannula - CBP
~~NB cultures~~

Planned Management

continue NAO
Shift to OT on call.
~~NB cultures~~

Signature of the Doctor: [Signature]
Name of the Doctor: Savitri
Date & Time: 28/5/26 12:30

Signature of the Consultant: [Signature]
Name of the Consultant: DR. UJJWALA DESAI
Registration No.: 90553
Date & Time: 29/5/26 @ 9.10 am

KOH-00283168 IP5-00174458
 Master RAM SMARAN TEJ REDDY
 29-08-2017 8 Y 8 M 30 D (R)
 Dr. P. V. L. N. MURTHY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 9am	<p><u>C/S/B Resident</u> <u>Dr. Ajushman</u></p>	
	<p>Chr. Adenotonsillitis; Adenotonsillectomy <u>T Coblet</u></p>	
	<p>No fever No pain mild pain Hemodynamically stable</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> • Plan D/C 7/12 • Cont med'ca per chat • Inform sos
		<p>Ajushman</p>

KCH-00283168 IP5-00174458
 Minister RAM SMARAN TEJ REDDY
 20-08-2017 8 Y 8 M 29 D (M)
 Dr. P V L N MURTHY



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1. Adenoidectomy + tonsillectomy + Coblation
2. Tracheoplasty

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Good breath</u>	<u>Medicine</u>

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- a. Bleeding, Change in voice, nasal regurgitation
- b. Sec. of airway

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

Patient / Patient Attendant:
 Signature: _____
 Name: ANIL SURRAS REDDY, P.
 Relationship with patient: FATHER
 Date & Time: 28/5/26

Witness:
 Signature: _____
 Name: Suchetha V
 Date & Time: 28/05/2026

Doctor (who is taking consent):
 Signature: _____ Name: P. V. L. N. MURTHY Date: 28/5/26 Time: 9:00 PM

()

Handwritten notes in the top left corner, including a small diagram with two curved lines.

Handwritten notes in the middle left section, possibly including a date or reference number.

Handwritten notes in the middle right section, appearing to be a list or set of instructions.

Handwritten notes in the bottom middle section, possibly a signature or a specific instruction.

Handwritten notes in the bottom right section, possibly a date or a reference.

Handwritten notes at the bottom left, possibly a title or a section header.

Handwritten notes at the bottom middle, possibly a list of items or a table.

Handwritten notes at the bottom right, possibly a signature or a date.

KOH-00283168 IP5-00174458
Master RAM SMARAN TEJ REDDY
29-08-2017 8 Y 8 M 30 D (M)
Dr. P V L N MURTHY



CROSS CONSULTATION FORM

Doctor Name : Dr. Ujjwala Desai Date : 29/5/26 Time :

Diagnosis : Chr. Adenofossillitis + HIT ; Adenotonsillectomy & Coblation

Hospital : RCH, Banjara hills

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

• No fever

No bleeding

~~no~~ mild pain (+)

oral intake - fair

hemodynamically stable

ENT - (N)

Plan

• D/c today

Consultant :

Name : Dr Ujjwala Desai

Signature : Desai

29/5/26

Date & Time :

KOH-00283168 IP5-00174458
Master RAM SMARAN TEJ REDDY
29-08-2017 8 Y 8 M 29 D (M)
Dr. P V L N MURTHY



OPERATION THEATER NOTES

Patient's Name : Master Ram Smaran Tej Age : 8 Y 8 M Gender : Male Female

UHID No. : 00283168 Weight : Height :

Surgeon : Dr. PVLN Murthy Asst. Surgeon :

Anesthetist : Dr. Jeshwini OT Nurse : Akhil, Akhil OT Technician : Gopi

Pre-Operative Diagnosis: Ch. Adenotomectomy + H.T

Surgical Procedure : Adenotomectomy & cauterization

Indications for Surgery :

Date : 28/5/25 Start Time : 7:30 pm End Time : 8:30 pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenotomectomy & cauterization

KOH-00283168
 Master RAM SMARAN TEJ REDDY (M)
 Patient 29-08-2017 8 Y 8 M 29 D
 Dr. P. V. L. N. MURTHY



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 28/5/26

To Be Filled In By Assigned Nurse :

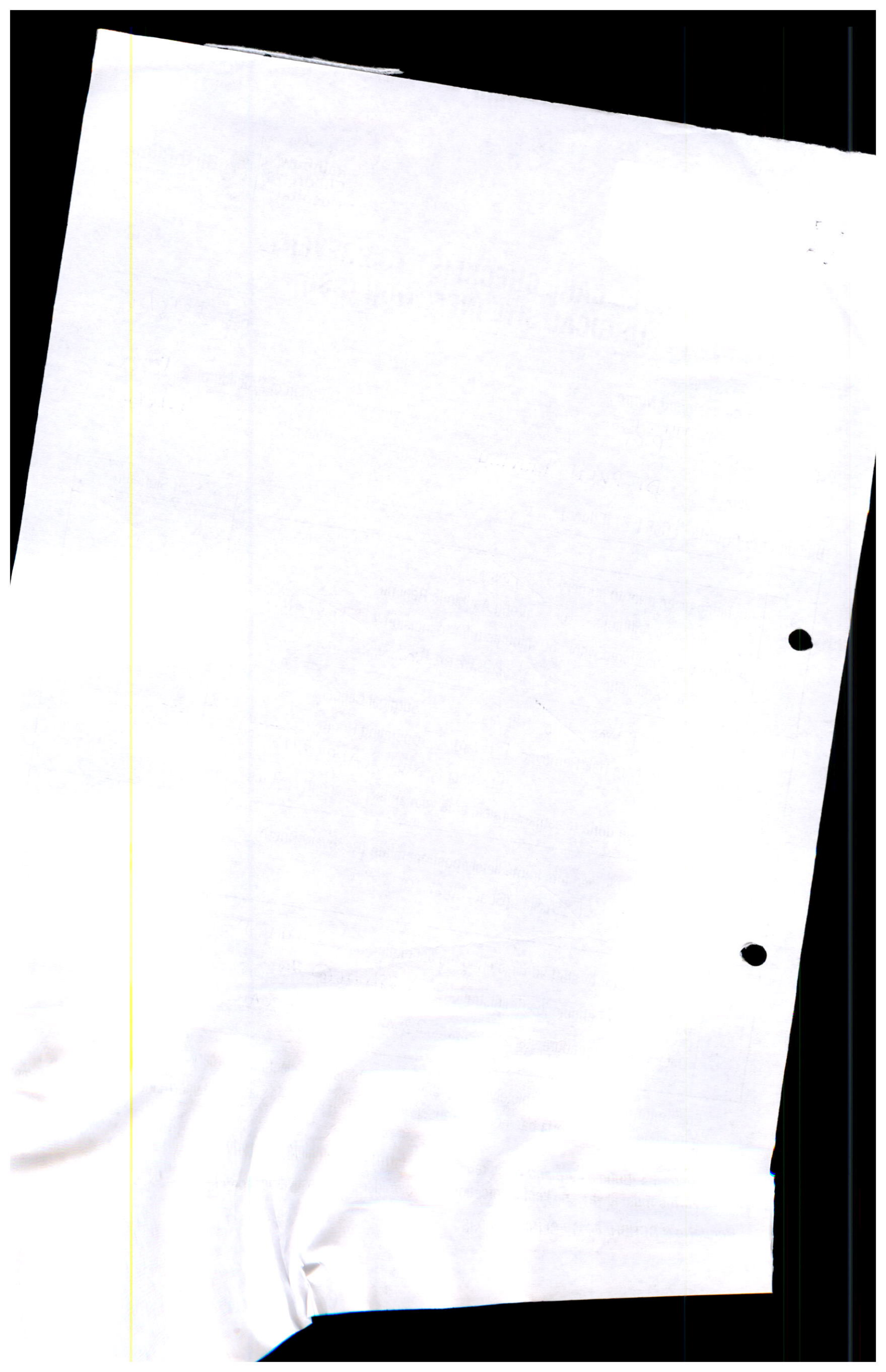
Department : P.O.T. Duration of Procedure : 1 hour

Name of Surgeon : Dr. P.V.L.N. Murthy Date of Admission : 28/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : Pns. Augmentin	Sravani
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : NOT APPLICABLE Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sravani
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	Sravani
4.	Name of doctor or staff administering the antibiotic : Sravani P Date & Time of antibiotic administration : 28/5/26 @ 7A Date & Time procedure started : 28/5/26 @ 7:20AM	Sravani

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department



JH-00283168 IP5-00174458
Master RAM SMARAN TEJ REDDY
29-08-2017 8 Y 8 M 29 D (M)
Dr. P V L N MURTHY



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: 28/5/2017 Time: 09.00

Note: Plan of care will be readjusted if necessary.



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Ram Tej Reddy Age: 8yrs 8m Sex: M UHID.No: KOH-00283168
 Date: 29/8/26 Time: 1:30pm Proposed Operation: Adenotonsillectomy + Bil turbinatectomy
 Diagnosis: Adenotonsillar hypertrophy
 B.P / CRT: 107/62 H.R: 90/min Weight: 23.3kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: 12.5 Creat: Total Bill: HCV: 2D Echo:
 Plate: Na: Dir. Bill: Blood group: Stress/Angio:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: SGOT/SGPT:

Allergies: NADA

Medical History: CVS: NAD
 RESP: Diabetes: (-)
 CNS:
 Renal:
 Hepatic / GE: Physical Activity:
 Others: BH: FT; NO delay in mile stones.

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: MentoHyoid Distance: Neck: Teeth: loose upper canine
 Lungs:
 Heart: NAD
 CNS:

Pregnant: Yes No NA Venous Access Site: 22G @ ul. Spine Exam for regional: (-)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

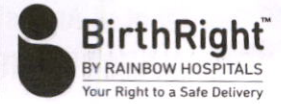
CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:
 1. DVT Prophylaxis :
 2. NIL ORAL $\left\{ \begin{array}{l} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{array} \right.$
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:
EBP to be done on i.v cannulation.

Signature: [Signature] Name: Dr. Swathi



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 85/min B.P/CRT: 110/65mmHg SpO₂: 100% R.R: 22/min Last Feed: 26hr

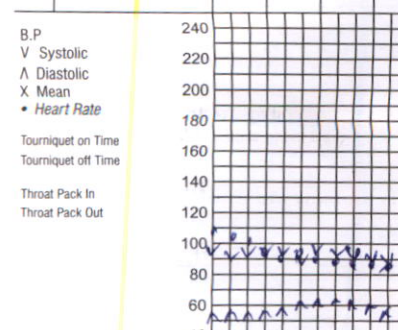
Pre-OP Diagnosis: Adenotonsillar hypertrophy Operation: Adenotonsillectomy Date: 29/8/17

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

TIME	7:30	8pm	8:30pm																	
N ₂ O / AIR / O ₂ / LPM	0.5 / 10 / 21																			
HALO / SO / SEVO	4.5 / 5 / 21																			
Drugs:																				
MIDAZOLAM	1mg																			
FENTANYL	50mcg																			
PROPOFOL	40mg + 20																			
ROCURONIUM	10mg																			
DEXAMETHASONE	2mg																			
TRANEXAMIC ACID	345mg																			
PARACETAMOL	345mg																			
MYOXYBOLATE	2.3ml																			
FI ₀₂ / SaO ₂	100 / 100	100 / 100	100 / 100																	
ETCO ₂	39	38	40																	
ECG	SR	SR	SR																	
Temperature	35.2	35.3	35.6																	
Urine Output																				
Fluids																				
Blood																				
B.P																				
V Systolic																				
A Diastolic																				
X Mean																				
• Heart Rate																				
Tourniquet on Time																				
Tourniquet off Time																				
Throat Pack In																				
Throat Pack Out																				
ABG																				
GRBS																				
Others																				

Inj AUGMENTIN
690mg
Suppository
DICLOFENAC
25mg PR.
Blood Loss

Fluids Blood
RINGER 250ml/hr.
LACTATE



LAB Values

Equipment Checked and Functional

BP Cuff Site: R.U.L.

Art Site: 3 leads

Temp Site: skin

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: ROSE

Pressure Points Checked

Eye Care: Oint Tape Padding Awake

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

Times: Anaes Start: 7:30pm OP Start: 7:45pm OP End: 8:10pm Leave OR: 8:20pm

Anaesthesia: GA Monitored Anaesthesia Care Regional

Line (Size & Location): CVP: ART: IV: 22G R.U.L. IV: IV:

Induction: IV Inhal Pre O₂ RSI Others

Mask SGA Airway Oral Nasal

ETT# 5.5 at 17 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: ROCURONIUM

Awake Direct Vision Video Laryngoscopy Stylette / Bougie Fiberoptic

Blade# 2 Attempts: 1

Difficulty Why? 1

Bilat = BS Semi-Closed Circle Closed Circle Other

Regional: Extremity Spinal Epidural Caudal

Others: Position: Site: Needle Size: Depth: Parasthesia Yes No Catheter at skin: cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to PACU ICU Other Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Tejaswini

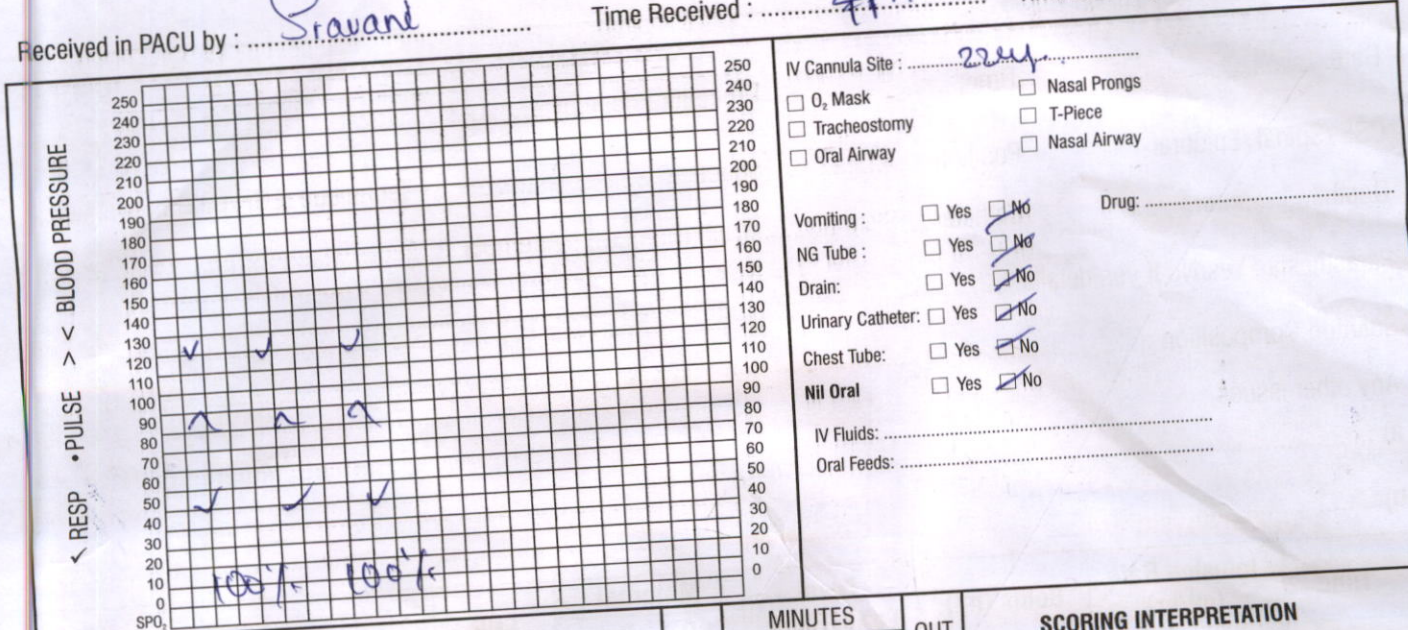
Signature of the Doctor: [Signature]

KOH-00283168 IP5-00174458
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 Dr. P V L N MURTHY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sravani Time Received : 9pm Time Discharged :



IV Cannula Site : 2244

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

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	1	1	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	1	1	2		
TOTAL		8	8	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	@ 6pm	0/10	Nil	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Tejaswini
 Anaesthesiologist Signature:
 Date & Time: 28/5/20 @ 9pm
 PACU Nurse Name : Savitri
 PACU Nurse Signature:
 Date & Time: 28/5/20 @ 4pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): 108
 Date & Time: 28/5/20 @ 9pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



KOH-00283168 IP5-00174458
Master RAM SMARAN TEJ REDDY
29-08-2017 8 Y 8 M 29 D (M)
Dr. P V L N MURTHY

Patient Name : Ram Tej Reddy Age : 8y Gender : Male Female

UHID NO: KOH-00283168 Surgeon Name: Dr. PVLN Murthy

Anaesthesiologist : Dr. Swathi

Operative procedure planned : Adenotonsillectomy + BIC tracheostomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others : -nil-

Comments :

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


DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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.

PATIENT TRANSFER FORM

Patient Name & UHID No. KOH-00283168 IP5-00174458 Master RAM SMARAN TEJ REDDY 29-08-2017 8 Y 8 M 29 D (M) Dr. P V L N MURTHY 		Date & Time of Admission 28/5/26 @ 4:09 pm	Date & Time of Transfer Order 28/5/26 @ 5 pm
		Transfer Ordered by Dr. Jayalri	Reason for Transfer Admission
From Unit EC	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Personal belongings including clinical documents. If any handed over to attendant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what? ...op file	Patient shifted with ID band: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Imaging Films No		If No:	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	pro to gown	①
2.	Adult medium	①
3.	op file	①
4.	EVAC	①
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Dr. Shevati	Name of Person Ordered Transfer Dr. Jayalri
---	--

Patient & Clinical Records Received by :

Teena

Date & Time of Patient Received :

28/5/26 @ 5 pm

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

KOH-00283168 IP5-00174458
 Master RAM SMARAN TEJ REDDY
 29-08-2017 8 Y 8 M 29 D (M)
 Dr. P V L N MURTHY



Pat

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

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

RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/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					



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

**Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)**

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
						<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: Jayabir (JN)

Date & Time: 28/05/26 @ 4:00 PM

Nurse Name & Signature: T. Penthu, Tej

Date & Time: 28/05/26 @ 4:00 PM

Ran

KOH-00283168 IP5-00174458
Master RAM SMARAN TEJ REDDY
29-08-2017 8 Y 8 M 29 D (M)
Dr. P.V.L.N MURTHY



DRUG CHART

Date of Admission: 28/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

Signature
VERIFIED BY : Name



VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : Syp AUGMENTIN DS				Date Time
Dose	Route	Frequency	Start Date	
7.5ml	P/O	BD	28/5	6AM
Name & Signature of the Doctor Starting the Drugs:				
Ayushman				6AM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Syp XYZALM				Date Time
Dose	Route	Frequency	Start Date	
5ml	P/O	OD	28/5	10PM
Name & Signature of the Doctor Starting the Drugs:				
Ayushma				10PM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Syp CROCIN DS				Date Time
Dose	Route	Frequency	Start Date	
2.5ml	P/O	TID	28/5	6A.M
Name & Signature of the Doctor Starting the Drugs:				
Ayushma				2PM
Additional Instructions:				10PM
Daily Doctor's Endorsement by a Sign				

DRUG : T. TRANEXT				Date Time
Dose	Route	Frequency	Start Date	
2 tabs	P/O	BD	28/5	10AM
Name & Signature of the Doctor Starting the Drugs:				
Ayushma				10PM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	7:30am	Inj DEXAMETHASONE	2mg	IV		Sreeraj
						Sreeraj
28/5/26	7:30am	Inj TRANEXAMIC ACID	345mg.	IV		Sreeraj
						Benjamin
28/5/26	7:40am	Inj AUGMENTIN.	690mg	IV		Sreeraj
						Benjamin
28/5/26	7:40am	Inj PARACETAMOL	345mg	IV		Sreeraj
						Benjamin
28/5/26	7:35pm	Sup. DICLOFENAC.	25mg	PR		Sreeraj
						Benjamin

VERIFIED BY : Name Signature

KOH-00283168 IP5-001744
 Master RAM SMARAN TEJ REDDY
 29-08-2017 8 Y 8 M 30 D
 Dr. P V L N MURTHY

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

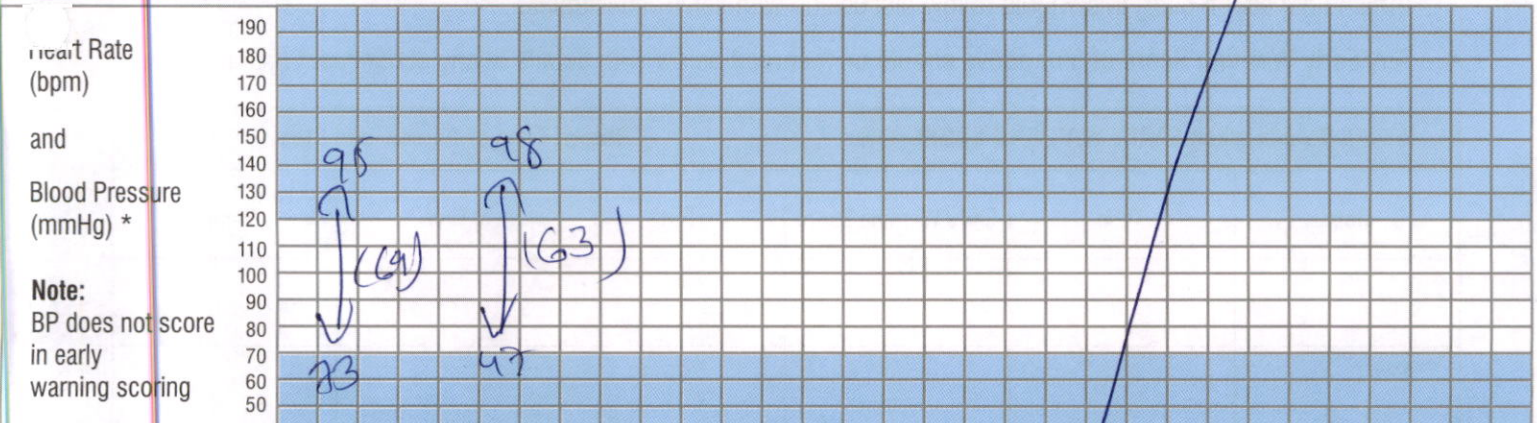
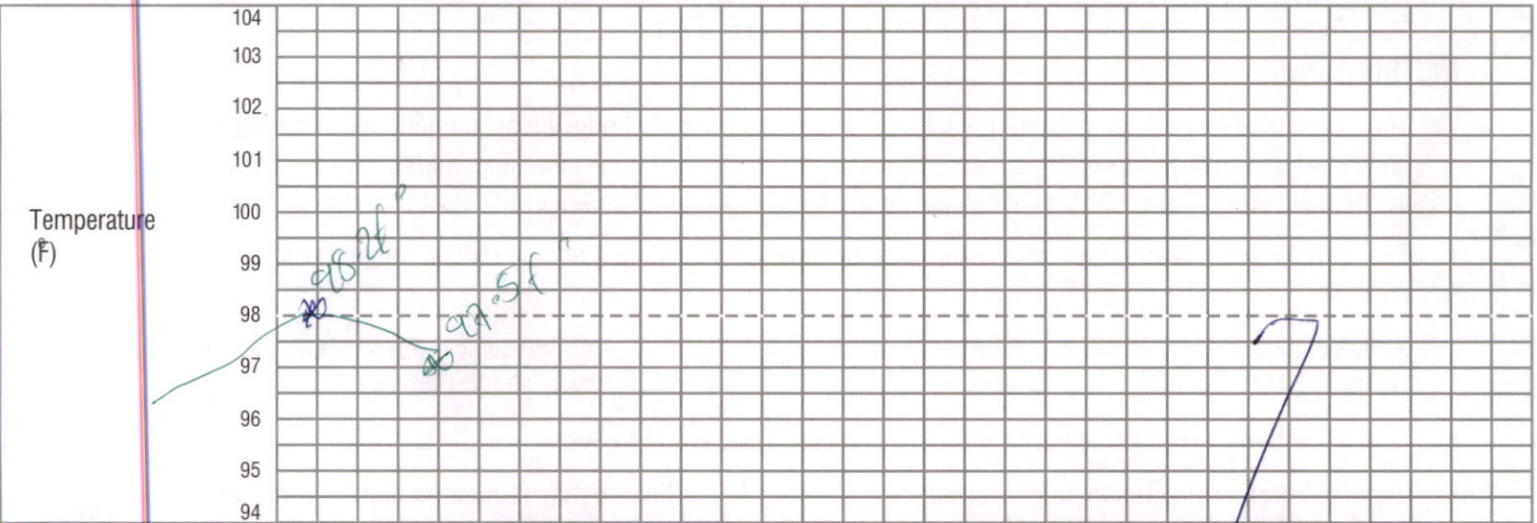
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



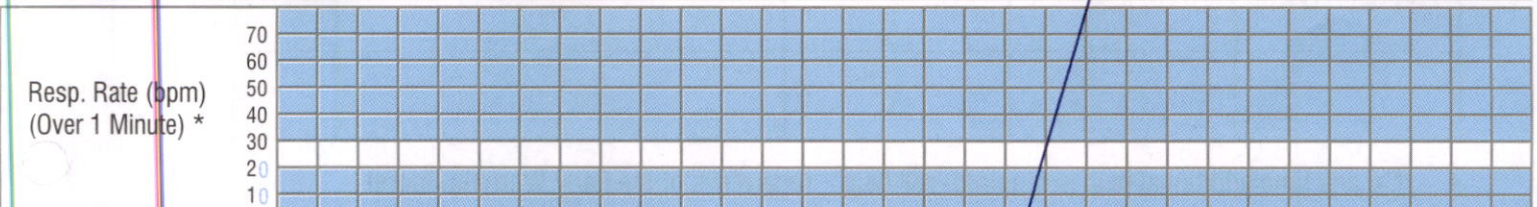
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 2PM 6AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 93b/m 100b/m



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

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 98%

Conscious Level Normal Altered 15/15 15/15

GCS *

TOTAL SCORE
 Number of shaded boxes 1 1
 Pain Score 0 0
 Observer's Initials P P

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Sticker

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 Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29/5/26 Time: 9 AM

Weight: 23 kgs Centile: 10th

Height: 136 cms Centile: 75th

Inference: underweight child

RDA: - Calories: 1550 kcal/d Protein: 27g/d

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy & outside foods.

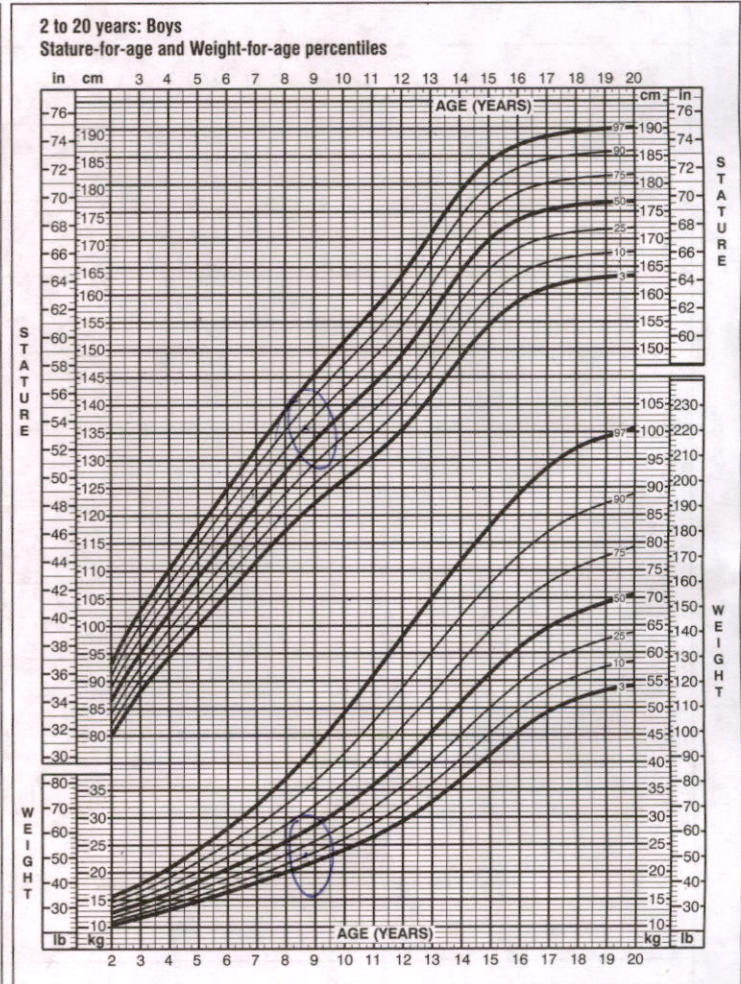
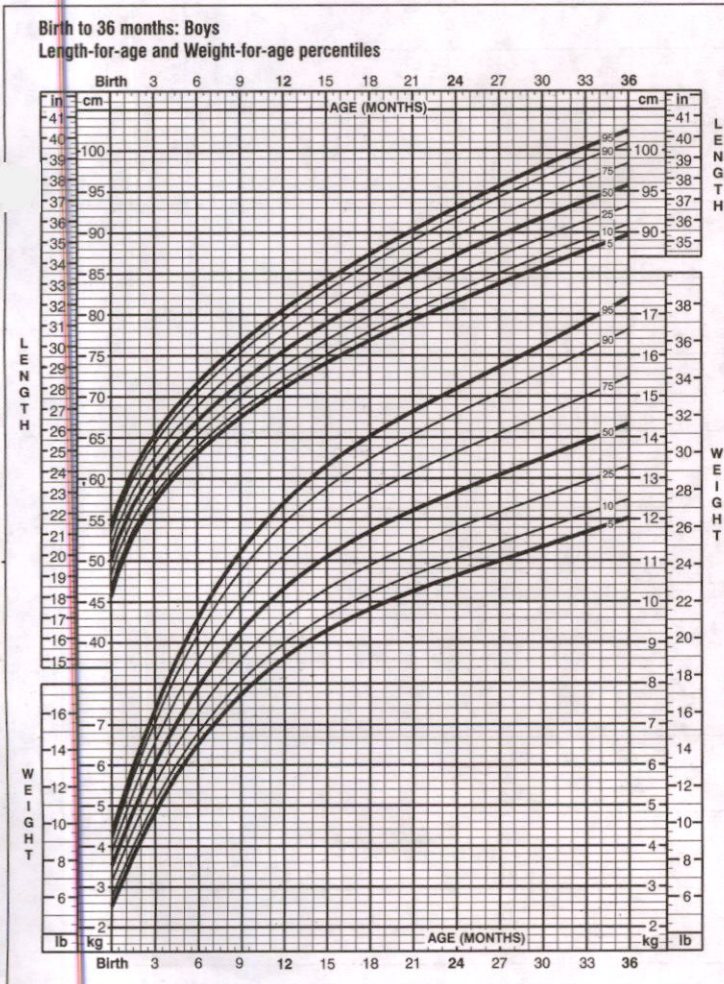
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: chronic adenotonsillitis

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Sudh

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

