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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RE(

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

Name: ---------- ----------

UHID No : ------- --- Consultant : ---------- Dept : Paed

Date of Admission : 3/6/ ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : OT ---------- Ward : OT ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	8:40 Am	ER	OT	
3/6/26	12 Pm	OT	ICU	

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6/20	Evac probe (Lobulator)	9:20am	9:50am	3086593	[signature]
	Gross checked by [illegible] @				[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/6/26	IV placement	1	3086772	Lan
	PAC - Done in	1		Lan
	(OT Basis)			
	Cross checked by Balpay ward			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	IV flow Balpay.		

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D
Dr. VIDYASAGAR DUMPALA

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SURGERY DETAILS

Date : 3/6/26

Patient Name: Mast. D. Rithwik Date of Birth: 25/2/18 Age: 8yrs.

Gender: M Ward : OT UHID No.: 205496.

Date of Surgery: 3/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Coblation Adenotonsillectomy + GA.
+ Tongue Tie Release and both ears wax removal

Time in : 9^15 Am Time Out : 10 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Vidyasagar. D	OT-charges.
2.	Anaesthetist	Dr. Madhav	
3.	Assistant Surgeon	-	Coblate charge
4.	OT Technician	Tech-Vaishnavi	9.20am to 9.50am
5.	Circulating Nurse	Sr. Maria	3086593
6.	Assistant Nurse	Br-Asst	New Probe

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3086591 / 3086592 Order by: .....

1.5

40630
12500.

OT Rent 12000 -

(others) Wax removal - 8000

(others) Tounge Tie - 18524

OT Consumables - ~~8~~000

Ref. No. F/CONB/SUR/OT/02

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CONSUMABLES OF OT

Patient Nam
Gender
Date : 3/6/26

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

ge : .....

Circulating Staff : Mana Technician : Vaishnavi

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube RAE (6.0) cuffed		1	Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		3	2/37		1	Suction Catheter		
HME filter : A/P/N		0				Feeding Tube		
Syringe 10 cc		2				Vaccum Suction Set		
05 cc		3	Gloves PF 8+6+7+7+7			Surgical Gloves		
02 cc		3				Gauze Pack		
01 cc		1				Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		1	NG tube 6 FG		2	Koochies (S)		
RL		1	Cautery Pencil		1	Evac probe New	1	
NS : 10ml/100 ml/ 500ml/1000ml		1+1	Koochies					
minispike		1	Ointments					
Dexamethasone		1	Suction Catheter					
Fentanyl			Cap, Mask		8+8	protogouns		2
Morphine			Gauze Pack		1			
~~Ketamine~~ Midazox		1	Mop Pack					
Propofol		1	Steristrip					
Rocuronium		1	Underpad					
~~Glycopyrolate~~ Relipara		1	Draw Sheet					
Myopyrolate		1	Abgel Allesorb		1			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage 6inch		1			
Veino-line 100cm		1	Tegaderm					
Suppositories			Ioban Nelton (12)		1			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution					
~~cefotaxime~~ cefantral	1gm	1	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Dr. Vidyasagar D — Surgeon
Dr. Madhav — Anaesthesiologist
Arif / Jasoona — Nurse
OT Technician

Order No. : 3088600 Ordered by : Shiva

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

Rainbow Children's Hospital | BirthRight by Rainbow

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060215	**Ward**	N 0 GF-EMERGENCY
Patient Name	Master DOLAKALA RITHWIK	**Bed Name**	ER 102
Age/Sex	8 Y 3 M 9 D / Male	**Order No**	0003086600
Date	03/06/2026 11:13	**Prescription No**	PRIP-1289748
Payor	CARE HEALTH INSURANCE LIMITED	**Dispensed Date**	03/06/2026 11:14
UHID	VIH-00205496		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	BANDAGE # 6 INCH	Muttu	GENERAL	BG23	10/27	1	20.62	20.625
3	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706I0B	08/27	1	1,153.00	1,153.00
4	CEFANTRAL 1GM INJ	LUPIN LIMITED	H	A26007PP	12/27	1	42.60	42.60
5	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00395A	04/27	1	10.87	10.87
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	2	28.13	56.26
7	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
8	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
10	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	77160326	02/28	3	34.64	103.92
11	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
12	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
13	ENCORE MICROPTIC GLOVES-8 PF	ANSEL	H	260200611T	02/29	1	128.00	128.00
14	EVAC70XTRAHPWITHINTEGRATEDCABLE-E	ARTHOCARE	C	220IO75	10/28	1	27,758.00	27,758.00
15	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	8	10.00	80.00
16	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
17	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A0101I6	12/30	2	63.00	126.00
18	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
19	JUSTIN SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
20	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	1	69.10	69.10
21	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
22	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
23	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
24	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		26FB001	01/29	4	23.43	93.72
25	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		235040261NLZA	09/30	6	23.43	140.58
26	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif	H	1C261641	02/29	1	44.93	44.93
27	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	1	105.22	105.22
28	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
29	RAE ORAL WITH CUFF TUBE-6.0	RUSCH		440E25G1707	06/30	1	1,525.00	1,525.00
30	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252O93	11/27	1	737.08	737.08
31	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
32	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00

Printed Time : 03-06-2026 17:31

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060215	**Ward**	N 0 GF-EMERGENCY
Patient Name	Master DOLAKALA RITHWIK	**Bed Name**	ER 102
Age/Sex	8 Y 3 M 9 D / Male	**Order No**	0003086600
Date	03/06/2026 11:13	**Prescription No**	PRIP-1289748
Payor	CARE HEALTH INSURANCE LIMITED	**Dispensed Date**	03/06/2026 11:14
UHID	VIH-00205496		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	8	10.00	80.00
34	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K25E01000Z	04/30	1	464.00	464.00
35	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J	C1	TT5035	04/30	1	663.00	663.00
						Total :	**35,968.72**	**36,972.19**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060215 **Admit Date** : 03-Jun-2026 **Admit Time** : 07:36 AM **UHID** : VIH-00205496

Patient Details :

Patient Name	: Master DOLAKALA RITHWIK	**Age**	: 8 Y 3 M 9 D
Guardian	: Mr D. JAGDISH KUMAR	**DOB**	: 25-02-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kulsumpura Kulsumpura Hyderabad Telangana INDIA 500067	**Phone No**	: 9989374443/ 9700004433
		E-mail	: 9989374443@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr D. JAGDISH KUMAR **Relationship** : S/O

Contact Address : Kulsumpura Kulsumpura Hyderabad Telangana INDIA 500067 **Phone No** : 9989374443

Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR DUMPALA **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

Patient Name : Mast. DOLAKALA RITHWIK UHID : VIH-00205496 IPD : IP-00060215 Gender : Male Age : 8 Y 3 M 9 D

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

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wt:- 22.0kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : master. Rithvika Age : 8Y Gender: ☑ Male ☐ Female

Date : 3/6/26 Time of Arrival : 7:30 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: 97.6°F PR: 80b/M BP: 102/66(72) RR: 18b/M SpO2: 100%

Chief Complaints: patient Came to surgery Adenoidectomy + Tongue Tie release

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 : 7:34 Am

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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 3/6/26 @ 7:34Am

Patient Name : Mast. DOLAKALA RITHWIK UHID : VIH-00205496 IPD : IP-00060215 Gender : Male Age : 8 Y 3 M 9 D

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/6/26 Time of arrival : 7:35 Am

Chief Complaints: patient Come to surgery Adenotonsillectomy RBS: —

Height : — Weight : 22.0kg 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 : 7:39 Am

Patient Name : Mast. DOLAKALA RITHWIK UHID : VIH-00205496 IPD : IP-00060215 Gender : Male Age : 8 Y 3 M 9 D

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

Time	Nursing Notes
7:30 Am	✱ patient come to ER
7:34 Am	✱ vital checked & Recorded
7:38 Am	✱ Doctor seen the patient Adviced Admission
7:42 Am	✱ Admission process done
	✱ IV placement done
	✱ last food :- 9:30 pm
	✱ last water :- 7:10 Am

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

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

N:0 | —

Condition of patient at time of shift - out :		Details of Shift - out
HR: 105 bpm	BP: 105/66(74)	CFT: <2sec
RR: 18 bpm	SPO_2 : 100 %	
GCS: 15/15	Temperature : 98.2°F	
Pain Score: 0		
Repeat RBS (if applicable): —		

Shift - out from ER to: OT

Time of Shift - out: 3/6/26 @ 8:40 AM

Handover given to: Sr. ~~Vai~~ Meghana (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Vaishnavi Signature of the Nurse : Vai

Date & Time : 3/6/26 @ 8:40 AM

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 12 Pm Mode of Arrival: Stretcher Admitting From: ☐ ER ☐ OPD ☐ Direct OT

Allergy / Adverse Reaction Nill Body Weight: 22 Kg Kg

Height: ..... cm

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Family History: N/T

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☐ None ☑ Yes, If Yes, fill reconciliation form

Observations: Weight: 22 kg Length: – Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 114 b/m RR: 24 b/m BP: 98/60 (72) mm/hg

Pain Score: 0 Specify Site: – (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26) (Document in the Braden Q Assessment Sheet)

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

Character of Pain – Location – Frequency – Duration –

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
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

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 ..... parents .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse's Name: ..... Griffin ..... Date: ..... 3/6/26 ..... Time: ..... 12.30pm ..... Signature

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205496 IP-0006021 Master DOLAKALA RITHWIK 25-02-2018 8 Y 3 M 9 D Dr. VIDYASAGAR DUMPALA	3/6/26 at	3/6/26 at 12 Pm
	Transfer Ordered by Dr. Brunda	Reason for Transfer post opp care
From Unit OT	To Unit Room (#10)	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.	O2 Mask — (1)	
2.		
3.		
4.		
5.		

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

(1) Dr. Vidyasagar - D

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. prasoona.	Dr. Brunda

Patient & Clinical Records Received by : Anitha

Date & Time of Patient Received : @ 12.10PM

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205496 IP-00060215 Master DOLAKALA RITHWIK 25-02-2018 8 Y 3 M 9 D (M) Dr. VIDYASAGAR DUMPALA	3/6/26 @ 7:36 Am	3/6/26 @ 8:40 Am
	Transfer Ordered by Dr. Shivam	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 23	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? OP slip given to attender

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
Samuel /Ser	Dr. Shivam

Patient & Clinical Records Received by : Meghana

Date & Time of Patient Received : 3/6/26 at 8:40AM

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

Department: _____

Consultant: _____

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

KLCD Adenotonsillar Hypertrophy with Tongue tie
for surg

History of present illness :

NPOstats

SOLID → 9pm yesterday
Liquid → 7am today

Posted for Adenotonsillectomy + Tongue Tie release
Bothear wax removal

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

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

NOT Significant

Birth & Neonatal History:

FT/LSCS/CIAB/2.8Kg

NO H/O NICU Admn

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for Age

Immunization History :

Vaccination due for Age

(P.T.O.)

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____(Centile _____)

On Examination :

Temperature : _____ Pulse Rate :_____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash_____

Lymphadenopathy_____

Oedema :_____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BL_____

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds :_____

Any murmur :_____

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

Per Abdomen :

Inspection_____

Palpation :_____

Ausculation :_____

Spine :_____ External Genitelia : _____

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

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Adenotonsillar Hypertrophy + Tongue tie

(P.T.O.)

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP

Noted by
Sr Gayatri
3/6/26
@ 9.20 am.

Planned Management

Keep NPO
- Shift to OT

Signature of the Doctor: .....
Name of the Doctor: Dr Shivam
Date & Time: 3/6/26 7:48 Am

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

VIH-00205496 IP-0006021
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D
Dr. VIDYASAGAR DUMPALA

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OPERATION NOTES

Surgeon : DR-D·Vidyasagar	Asst. Surgeon : —
Pre-Operative Diagnosis:	Adenotonsillitis + Ankyloglossia + Both ears wax
Surgical Procedure :	Coblation Adenotonsillectomy + Tongue tie Release and both ears wax removal
Indications for Surgery :	Grade 3 Tonsils, Tongue tie & B/L Ear wax Grade 4 Adenoids

Date : 3/6/2026	Start Time : 9:15 AM	End Time : 10 AM

Post Operative Diagnosis: -do-

Peri-Operative Complications: —

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

Name and Number of Surgical Specimen sent for examination: —

Operation Notes: Child placed in supine position local Infiltration given to the sublingual area and Tongue Tie Release done using Cold Instruments. Child placed in Prone position, mouth gag applied

(P.T.O.)

- Cablation assisted Adenotonsillectomy done. hemostasis achieved
- Both ears were removed TM Intact Normal

Tonsils Grade 3.
Adenoids Grade 4.

Post OP orders.

- Inj: TAXIM-O 100 mg/IV 5ml x BD x 1 Week
- Inj. CALPOL 200mg/IV 5ml x TID x 3 days
- Inj. MUCAINE GEL 5ml x BD x 1 Week
- Inj: RELENT PLUS 2.5ml x BD x 1 Week
- Nasoclear Saline Spray TID x 1 Week
- Nasivion - P nasal Spray TID x 1 Week
- Inj. BEVON 5ml x OD x 1 week

M/o 1 Week

VIH-00205496 IP-0006021
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D
Dr. VIDYASAGAR DUMPALA

SURGICAL SAFETY CHECKLIST

Surgeon : Dr: Vidya Sagar
Asst. Surgeon :
Anaesthetist : Dr: Madhav
Scrub Nurse : Arif

UHID No. : ..... Age : 8yrs Gender : Male
Surgery Name Adenotonsillectomy + Tongue Tie release
Date : 3/6/26 In-time : 9:15Am Out-time : 10Am

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 09:00Am

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 : 03/06/26
Name : Dr. Madhav

Before Skin Incision ➤ ➤

TIME OUT Time: 9:15 AM

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Mast. Rithwik
- 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? Bleeding, 30min, 1ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Laryngospasm, Bronchospasm.
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature :
Name : Mast.

Before Patient Leaves Operating Room

SIGN OUT Time: 10Am

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. Vidya Sagar-D

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Master D. Rithvik Age: 8yr 3m Sex: Male UHID.No: VIH-205496.

Date: 02/06/26 Time: 1:15Pm Proposed Operation: Adenotonsillectomy + Tongue tie release + Both ears wax removal

Diagnosis: Adenotonsillar Hypertrophy + Tongue tie.

B.P / CRT: 94/57 Leth H.R: 88/m Weight: 22.82kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: NKDA

Medical History: CVS: Recurrent cold (+) - not present now.

RESP: Mouth Breathing (+) Diabetes: (-).

CNS: snoring (+). LSCS/FT/BWT 2.7kg no NICU admission/ no developmental delays/ CIARS

Renal:

Hepatic / GE: (-). Physical Activity: Active. Immunised till date.

Others:

Past Anaesthetic History: H/o surgery on 2nd day after birth — meckel's diverticulum? - GA-ETT

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: (N) Neck: (N) Teeth: loose lower (L) central incisor.

Lungs: B/LAE (+), clear.

Heart: S1S2 (+)

CNS: Active.

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site: accessible Spine Exam for regional: (N).

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours (coconut water) → Others 6 Hours | explained.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - CBP after cannulation.

Signature: [signature] Name: DR.M.VINEETHA

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

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D
Dr. VIDYASAGAR DUMPALA

ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☑ No | **Fasting Status:** Adequate

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

H.R: 112/min | B.P / CRT: 81/42 | SpO_2: 100% | R.R: 24/min + B/L ear wax removal | Last Feed: > 6hr

Pre-OP Diagnosis: Adenotonsillar Hypertrophy Operation: Adenotonsillectomy + Tongue tie release Date: 03/06/26

Surgeon: Dr. Vidyasagar Tongue tie Anaesthesiologist: Dr. Madhav Technician: Vaishnavi

TIME 9:15 9:30 10 10:30

N_2O / N_2 / O_2 / LPM 60%

HALO / ISO / SEVO 3%

Drugs:

PROPOFOL 50+10mg IV.
MIDAZOLAM 1mg IV.
FENTANYL 50mcg IV.
ROCURONIUM 15mg IV
PARACETAMOL 345mg IV.
DEXAMETHASONE 2.5mg IV.

Antibiotic: CEFOTAXIME 1gm IV.
Suppository: DICLOFENAC 25mg PR
Blood Loss
NOTES

FIO / SaO_2	100	100	100	100
$ETCO_2$	38	39	38	38
ECG	NSR	NSR	NSR	NSR
Temperature				
Urine Output				

Fluids / Blood: RL - 230ml/hr.

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: LHL
☐ Art Site:
☑ EKG Lead 3leads
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ 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: 09:15AM
OP Start: 09:30AM
OP End:
Leave OR: 10:00AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 6.0 at 18 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 1
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: Dr Madhav

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Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D
Dr. VIDYASAGAR DUMPALA

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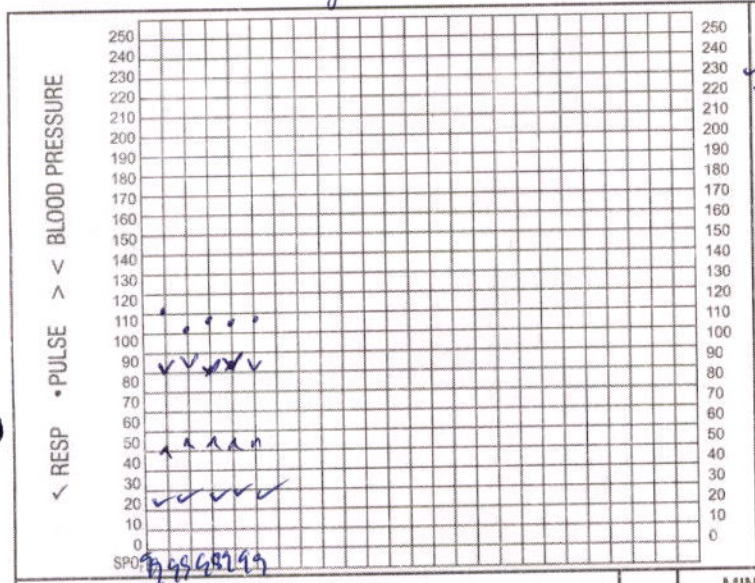
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Meghna Time Received : 10:15am Time Discharged : .....



IV Cannula Site : Left hand.

- ☐ O_2 Mask
- ☑ Nasal Prongs
- ☑ Tracheostomy
- ☑ T-Piece
- ☑ Oral Airway
- ☑ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: No drug Administered

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☐ Yes ☑ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: Nil

Oral Feeds: Water @ 10:30am

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6/26 am	10:15 am	0	-	

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

Anaesthesiologist Name : Dr. Madhav Dr. Brunda

Anaesthesiologist Signature: Brunda

Date & Time: 3/6/26 at 11am

PACU Nurse Name : Prasoona

PACU Nurse Signature: Prasoona

Date & Time: 3/6/26 at 11Am

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

Transferred to Unit by (PACU): Prasoona

Date & Time: 3/6/26 at 11am

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Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D
Dr. VIDYASAGAR DUMPALA

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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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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 : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Master D. Pithwik. Age : 8yr 3m Gender : Male ☑ Female ☐

UHID NO: VIH 0090 05496 Surgeon Name: Dr. Vidya Lagar.

Anaesthesiologist : Dr. M. Vineeltis

Operative procedure planned : Adenotonsillectomy + Tongue tie release + Both ears wax removal

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

eneral 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 : Desaturation, Bronchospasm, Laryngospasm.

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 Master D. Pithwik the above mentioned operation / Diagnostic / Therapeutic procedures Adenotonsillectomy + Tongue tie Release + Both ear wax Removal

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 : .....

Name : D Jagadeesh Kumar

Relationship with Patient: Father

Date & Time : 02/06/2026

Witness :

Signature : Sumangali

Name : D. Sumangali (Mother)

Date & Time : 02/06/2026

Doctor (who is taking the consent) :

Signature : .....

Name : DR. M. VINEETHA

Date & Time : 02/06/2026

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master DOLAKALA RITHWIK**	**Age :**	**8 Y 3 M 9 D**
IP No:	**IP-00060215**	**Sex:**	**Male**
Consultant:	**Dr. VIDYASAGAR DUMPALA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: D. JAGDISH KUMAR
Relationship: brother.
Date: 07-36 A.M
Time: 03-06-07:36 AM
Witness Name: Reena
Witness Signature:

Patient Address:
Kulsumpura Kulsumpura Hyderabad
Telangana INDIA 500067

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

RCH/ FRM / CLINICAL / 126

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/6/26 Time:

	8 AM	10 AM	11 PM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?													

Temperature (°F) — 8/6/26

98.6°F | 98.2°F | 98.4°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

98 (73) 56 | 103 (79) 69 | 97 (77) 61

Heart Rate (Number)	106	105	101	100	107	112	109	114	100	105	102	95
Resp. Rate (bpm) (Over 1 Minute) *	23	22	22	20	22	23	23	28		25		20
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	N	N	N	N	N				
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	100%	98	99	98	99	99	100	99	98	99
Conscious Level: Normal / Altered	✓	✓	✓	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	M	M	B	B	B	B

Noted by Dr. Banerjee 8/6/26 @ 5am

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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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)

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8Y3M9D (M)
Dr. VIDYASAGAR DUMPALA

(1)

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FLUID CHART

Sheet No. : .....

3/6/26

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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
2/6/26	08:00 am		NBM								0	
	09:00 am		NBM + 250 ml/hr								0	
	10:00 am		NBM								0	
	11:00 am		H2O at 10am i/c ice cream								0	
	12:00 pm										!!	Anetta 3/6/26 @2pm
	01:00 pm										!!	
Total Intake :						Total Output :						
3/6/26	02:00 pm		Juice									Manisha 3/6/26 @8pm
	03:00 pm									✓		
	04:00 pm											
	05:00 pm		ice								0	
	06:00 pm		cream									
	07:00 pm									✓		
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm		Ice cream									
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
4/6	02:00 am									✓		Sanju 4/6 @7am
	03:00 am		water									
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Noted by Beena 4/6 @5am

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

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DRUG CHART

Date of Admission: 3/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

REGULAR PRESCRIPTIONS

Weight. 22.0 kg Ward. OT

DRUG : Syp. TAXIM-O

Dose	Route	Frequency	Start Date
5ml	P/O	12 hrly	3/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. prashanth

Additional Instructions:
5ml/100mg

Date/Time		
3/6		
10 am		
10 pm	ENO	

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Syp. CALPOL

Dose	Route	Frequency	Start Date
5ml	P/O	8 hrly	3/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. prashanth

Additional Instructions:
5ml/250mg

Date/Time		
3/6		
6 am		
2 pm	Gayatri	
10 pm	ENO	

Daily Doctor's Endorsement by a Sign

DRUG : Syp. MUCAINE GEL

Dose	Route	Frequency	Start Date
5ml	P/O	12 hrly	3/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. prashanth

Additional Instructions:

Date/Time		
3/6		
6 am		
6 pm	Gayatri	

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Syp. RELENT plus

Dose	Route	Frequency	Start Date
2.5ml	P/O	12 hrly	3/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. prashanth

Additional Instructions:

Date/Time		
3/6		
6 am		
6 pm	Gayatri	

Daily Doctor's Endorsement by a Sign

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D (M)
Dr. VIDYASAGAR DUMPALA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

VERIFIED

DRUG : Syp. IBUGON

Dose	Route	Frequency	Start Dt.
5ml	PO	ONCE DAILY	3/6/24

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/6
2 pm	Gayu

VERIFIED

DRUG : NAFOCLEAR NASAL DROPS

Dose	Route	Frequency	Start Dt.
2 DROPS	P/N	8 hrly	3/6/24

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions: 2 DROPS IN EACH NOSTRIL

Daily Doctor's Endorsement by a Sign

Date / Time	3/6
6 am	/
2 pm	Gayu
10 pm	ESD

VERIFIED

DRUG : NAFOXON-P- NASAL DROPS.

Dose	Route	Frequency	Start Dt.
2 DROPS	P/N	8 hrly	3/6/24

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions: 2 DROPS IN EACH NOSTRIL.

Daily Doctor's Endorsement by a Sign

Date / Time	3/6
6 am	/
2 pm	Gayu
10 pm	ESD

VERIFIED BY

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

ily Doctor's Endorsement by a Sign

Date / Time

Patient Sticker

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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 ....

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8 Y 3 M 9 D
Dr. VIDYASAGAR DUMPALA

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

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
03/06	09:15 Am	Inj. CEFOTAXIME	1gm	IV		Rakesh Prasanna
03/06	09:15 Am	Sup. DICLOFENAC	25mg	PR		Rakesh Prasanna
03/06	09:20 Am	Inj. DEXAMETHASONE	2.5mg	IV		Rakesh Prasanna
03/06	09:40 Am	Inj. PARACETAMOL	345mg	IV		Rakesh Prasanna

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

VIH-00205496 IP-00060215
Master DOLAKALA RITHWIK
25-02-2018 8Y3M9D
Dr. VIDYASAGAR DUMPALA

I.V. FLUIDS CHART

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

Date		position of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
03/06	09:15 Am	RINGER LACTATE	IV	230 ml/hr			03/06		

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