Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
Dr. PRASANTHI ARIPIRALA

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SURGERY DETAILS

Date : 13/5/2026

Patient Name: Baby Modalavalasa Sohitha Date of Birth: 23/8/2021 Age: 4 Y

Gender: F Ward : POT UHID No.: HCU-0007945

Date of Surgery: 13/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EPILEPSY SURGERY

Time in : 8:00 Am Time Out : 12:15 pm

CMRF

		NAME	AMOUNT
1.	Surgeon	Dr. Pranathi	
2.	Anaesthetist	Dr. Akhila / Dr. Sridhana	
3.	Assistant Surgeon		
4.	OT Technician	Bapo	
5.	Circulating Nurse	Amrusi	
6.	Assistant Nurse	Jyothi, Sujatha	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others ~~[illegible]~~ Neuro Drill used → 9606555

Signature of the Surgeon Signature of Circulating Nurse

Order No: 9606516 Order by: Jyothi

Docu. No. : RCHBH/FRM/GENERAL/114

H[redacted]07945 IP5-00173737
Baby [redacted]ODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 20 D (F)
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Epilepsy Surgery.

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CONSUMABLES OF OT

3642

Circulating staff : NORMAL Technician : V. Bagave Date : 13/5 Time : 8 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (4.0 (4.5) 5.0	1+1+1	1	Major Pack Drape	1	1	Inj Vit.K 88 2067	2	—
LMA 2	01	—	Sutures Prolene 3-0, 4-0	2+2	—	Cord Clamp 3085	2	—
ECG leads : A / (P) / (N)	5+1	1	5 0, PDS (3-0) (4-0)	2+2	1+1	Suction Catheter		
HME filter : A / (P) / N	01	1	2427, 2303, 2301	2+2	2	Feeding Tube Skin Stapler	1	—
Syringes : 10 cc	20	8	Monocryl 3-0, 4-0	2+2	—	Vaccum Suction Set		
05 cc	20	8	Gloves 6 ...	2+2+2+2	2	Surgical Gloves 5087	1	1
02 cc	20	6	AF 16 (6.5) (7) (7.5)	2+2+2+2	2+2+2	Gauze Pack		
01 cc	5	2	Craniotomy drape	1	1	Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	02	1	Surgical blade (11) (15)	2+2	1+1	Surgical Blade # 20		
IV set + Blood set	0 2+2	1+1	NG tube			Koochies (S)		
RL + 25% D + 3% NS	1+1+1	1+0+0	Cautery pencil	1	1	NS 500ml	2	2
NS : (10ml) / (100ml) / (500ml) / 1000ml	5+2+2	2+0+0	Koochies			(20cc) (10cc) (5cc), 1cc	2+2+2+2	2+1
Mini spike	01	1	Ointments			Transofix	1	1
Valley set	02	1	Suction Catheter			10cc c Adrenalin	1	1
Fentanyl	01	1	Cap, Mask	8/8	8/8	Bone wax	1	01
~~Morphine~~ Levipil 500mg	1	1	Gauze Pack (N) (R)	5+5	4+2	C-ARM cover	1	01
~~Ketamine~~ Pento Gown	1	2	Mop Pack	2	1P	Trimmer blade	1	—
Propofol	05	3	Steristrip					
Rocuronium	01	1	Underpad	1	1	Hot line	1	1
Glycopyrolate	01	1	Draw sheet	1	1	Gelco needle 22, 24	2+2	1
Myopyrolate 1 Pleo	02	2	Abgel	2	1	ABP KIT	01	—
Ondansetron	01	1	Foleys catheter 6 (8) 10	1+1+1	1	O.T 0.1	1+1	—
Pencan 25g/ Spinal Needle 22			Urobag, Uro meter	1+1	1	D.T. 18.20.22	1+1+1	—
Bupivacaine 0.25%	01		Chest Drainage Catheter			Ozmora (P)	01	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Duodenems	01	1
Antibiotics TAXIM (1gm) Amikacin 100	1+1	1+0	Bandage			NG + suction	a/f	—
Supcm	01	1	Tegaderm			Atropine + adrenaline	1+1	1+1
Suppositories			Ioban			Midaz + ephedrine	1+1	1+0
Anamol : (80mg) / 250mg / 170 mg	01	—	Double J Stent			Lowfely + Loxicard	1+1	1+1
Supridol : 100mg			Vaccum Suction set	2	2	Softnuf 4/6	2+2	1+1
Justin (12.5 mg) / 25mg / 100mg	01	—	Plastic Bed Sheet	1	1	Klipflim	01	1
Tab. Misoprost : 200mg			Betadine Solution 10%	1	1	50cc + Proline	5+5	—
Buretrol 10cm + (100cm)	3+3	2	Microshield	1	1	3 way stop cock	08	1
Gauze rolls + (7.5)	10+2+2	2+1	Cotton Balls	1	1	Camera cover	01	—
Dexa + Tramexa	1+1	1+1	Latex Gloves	10p	10p	Micro scope cover	01	1
IV Cannula (22), 24	2+2	1	Ramdione Scrub	1	1	Transpore + Durapore	1+1	1+1
Restin splint 1, 3	1+1+1	—	Saral			Betadine + Betoprep	1+1	0+1

Tegaderm pad + — 01 — 0
Tegaderm E — 01 — 0
Tegaderm CHG — 01 — 0

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9606623 Ordered by :

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

B10

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP HCV-00007945 IP5-00173737 Baby MODALAVALASA SOHITHA 23-08-2021 4 Y 8 M 19 D (F) Dr. PRASANTHI ARIPIRALA Consultant: _____ Dept : _____

Date of Admission: _____ f Discharge : _____ Time: _____

Room / Bed No : _____ ested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	6:00pm	ER	~~OT~~ 141	
13/5	7:30am	141	OT	
13/5	12:40pm	OT	PICU	
14-5-2026	1:30pm	PICU	141	Vindhya

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
12/5	Surgical profile	8395	
12/5/26	CBP, Electrolytes, UBG, RBS	26048663	
14/5	RBS	26048824	
15/5/26	CT HEAD Plain	024491	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/5/26	Inv. Monitor	12:45 pm	4:15 pm	9606179	Rani
	Inf. pump			9606179	
	Oxygen			9606179	
	Syringe pump.				
14/5	Inv. Monitor	Stop			
	Inf. Pump			9606179	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/05	IV placement	1	494	Ismail
	PAC Done			
13/5	Catheterization	1	9T2075	
13/5	Blood transfusion	1	960867	Rani
15/5	NHA	1	250962	

ANY OTHER INFORMATION

VBG-1

Date : 16/5/26 Time : 10 am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Anupa	GA-II (141)		

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8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173737 **Admit Date** : 12-May-2026 **Admit Time** : 05:06 PM **UHID** : HCV-00007945

Patient Details :

Patient Name	: Baby MODALAVALASA SOHITHA KRISHNA SREE	**Age**	: 4 Y 8 M 21 D
Guardian	: Mr MODALAVALASA BALA KRISHNA	**DOB**	: 23-08-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 2-101, MAIN STREET Dusi R S Srikakulam Andhra Pradesh INDIA 532484	**Phone No**	: 9515982999/ 8333931777
		E-mail	: MBKRISH007@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 220 **Ward Name** : 2F-PICU II

Room No : PICU 220 **Admission Type** : First Visit

Contact Details :

Name : Mr MODALAVALASA BALA KRISHNA **Relationship** : Father

Contact Address : H NO 2-101, MAIN STREET Dusi R S Srikakulam Andhra Pradesh INDIA 532484 **Phone No** : 9515982999 / 8333931777

Signature

Doctor Details :

Doctor Name : Dr. PRASANTHI ARIPIRALA **Specialisation** : PEDIATRIC NEURO SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. RAMESH KONANKI/ Dr. ANUPAMA Y

Payment Details :

Deposit Amount : 200000.00

Payment Mode : DC/CC Card **Payor Name** : Andhra Pradesh CMRF

HCV-00007945 IP5-00173737
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ADMISSION CRITERIA – PICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☑ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
- ☐ Patients with impending respiratory failure;
  - ☐ Upper airway obstruction;
  - ☐ Lower airway obstruction;
  - ☐ Alveolar disease; and
  - ☐ Unstable airway;
- ☐ All Paediatric patients after successful resuscitation;
- ☐ **Comatose Patients;**
  - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
  - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☐ **All types of shock/hemodynamic instability:**
  - ☐ Septic shock;
  - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☐ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph<7.2, altered sensorium, hyperglycemia)
- ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofilteration and peritoneal dialysis;
- ☐ **Post-Operative Patients;**
  - ☐ Requiring ventilation;
  - ☐ Unstable patients; and
  - ☑ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP<90 systolic and < 50 diastolic an or requiring ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall time > 4seconds.
- ☐ Children Blood pressure (Syst.) < [70 + (2× age "Years"].

Respiratory failure or high risk of failure or airway obstruction:

- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- ☐ O2 Saturation <90 % or need for O2 >4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- ☐ Distress and risk of exhaustion
- ☐ **Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: ..... Name of the Doctor: Dr Mahesh Date & Time: 13/5/26 3PM

Patient Sticker

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DISCHARGE CRITERIA – PICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : ..... Date : 12/5/26.

Type of Admission: ☑ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: 4 PM. Weight: 15.5 kg.

Allergic History: Nil

Chief Complaints: C/O Spasms diagnosed at 7 months of life. came for Corpus Colostomy.

Pediatric Assessment Triangle

A Appearance - TICLS (N)

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

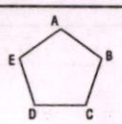
Any urgent interventions needed: ☑ Yes ☐ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 24 /min SpO_2 on FiO_2 98% on RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BAEA
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 120/min CFT [Central < 2sec / Peripheral .....]

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 98/56 (62) mmHg

Pulse Volume: [Central good. / Peripheral .....]

If in Shock: [Compensated ..... / Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 4 AVPU: Alert

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils: [Responsive ☑ Non-Responsive ☐ / Size [Right ..... / Left Equal]]

Active Seizures: ☐ Yes ☑ No Sugars: .....

Signs of Neurological compromise .....

Exposure

Temp.: 98.

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: Spastic quadriplegia. gross developmental delay, now for corpus callostomy.

Labs Planned: Surgical profile

Treatment Planned:

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): .....

Assessment done by

Name of the Doctor: Salvitti

Signature: A

Date & Time: 12/5/12.

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
Dr. PRASANTHI ARIPIRALA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Pediatric Multidisciplinary Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Case of spastic quadriplegia with gross developmental delay now planned for corpus callosotomy

History of present illness :

head spasms diagnosed at 7m of age, recieved prednisolone and ACTH.

MRI brain - B/L parietal sulcus prominance + diffuse atrophy - thin corpus callosum.

Medication - Levetiracetam, Clonazepam, Vigabatrin, Valproate, Nitrazepam, Ketodiet, Zonisamide, Briv.

No fever, Vomiting, loose stools, cough.

Patient Sticker

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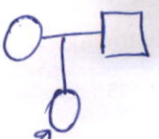
P & Physical Examination

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

⊖

Birth & Neonatal History:

FTND/C(AB)/2·4 kg.
NICU admission @ D-4
for 12 days.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

grose developmental delay across all domains

Immunization History :

Immunised.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 15.5kg (Centile _____)

On Examination :

Temperature : 98.0°F Pulse Rate : 120/min B.P. 98/56 SPO2 98%. @RA

Resp.rate and type of breathing : 24/min
regular

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds : BAE (+), clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 heard

Any murmur :

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

Per Abdomen :

Inspection (N)

Palpation : Soft, non tender

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

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Pedia... ...ysical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: ↑ Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

LGS
Developmental delay – regression
Spastic Quadriplegia
Now fd Corpus callosotomy

(P.T.O.)

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Pediatric ... ory & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Surgical profile
N/B
[illegible]

Planned Management

1) Continue
cumen
T. LAMITOR
Syp. CLOBA
Syp BREVIPIL.
NPO as per PAC
plan to do corpus
collostomy T/m
N/B
Renuka
12/5/26

Signature of the Doctor: Akhila

Name of the Doctor: Dr. Akhila

Date & Time: 12/5/26

Signature of the Consultant:

Name of the Consultant:

Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26. 12:30pm	Case received from operation theatre.	
	Dxs:- Drug refractory epilepsy Global developmental delay spastic quadriplegia.	plan.
	procedure:- Corpus callosotomy.	1. keep NPO
	sedation:- Inj midazolam, Inj Fentanyl Inj propofol.	2. IVF DNS 30 ml/hr.
		3. send CBP, serum electrolytes. ABG - NOW
		4. Monitor vitals.
	Input:- 200ml - NS. 500 ml - RL. 230 ml - PRBC.	5. W/F seizures.
		6. continue antiepileptics as per neuroteam.
	output :- 650 ml	
	Blood loss:- 40 ml.	Noted by
	Intra op :- uneventful.	Dr neuroteam.
	Vitals :- HR - 120 BP - 104/64 (74) mm Hg. RR - 20.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/08/21 @ 4pm	S/B Pavitram	
	A) Refractory Epilepsy - S/p corpus callosotomy - Shifted for Post op care	Adv
		1) Continue antiepileptics as per chart
	Issues	
	Post-op uneventful	2) Keep off oxygen
	On face mask @ 5 L/m	3) SpO2 monitoring
	Responding to commands	
	hemodynamically stable	4) Input/output charting
	Chest - B/L AE Equal	
	NVBS	5) Watch for seizures
	P/A Soft [illegible]	
	CNS B/L pupils Eql RTL	6) SOS Rx [illegible]
		7) Discuss with surgeon oral feeds
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	c/o Neurotearo	
6pm	LGS with drug refractory epilepsy with spastic quadriplegia (Etio:- Structural-NA91) S/p corpus callostomy.	
	O/E - vitals → stable - HMF - spontaneous eye opening - Eyes full fixing & following - Generalised spasticity - Exaggerated reflexes - Symmetrical antigravity movements - No cerebellar signs.	
		Adv: - vitals. - Baseline response → startocally - Plan to shift to ward E/m
	Dr. Vineet 130021.	

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 20 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/25 7pm.	S/B Dr-Prasanthi	Dr-Praneeth.
	LGS s/p Colostomy.	
	Conscious, looking around	
	crying.	
	moving limbs.	plan -
		- Cont- same
		- plan to shift to ward tm
		- NPO -
		- Oral liquids tm.
		- medications by NG.
		N.B
		R/O

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

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 12-05-2026 Day of Admission : D3 Today's Date & Time : 14-05-2026

PRISM - III Score in first 24hrs. of Admission : ..... Today's SOFA Score : .....

OVERVIEW

Diagnosis : Drug Refractory Epilepsy
Global developmental delay
Spastic Quadriplegia

Current Issues : 1 fever spike - 100.6°F
s/p corpus callostomy.

VITAL SIGNS Today's Wt. (kg) : 15.5 kg Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
Bilateral air entry present

CXR : .....

SPO_2 : 100% on Room air O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : .....

Ventilatory Settings : Leak around ETT : ..... Delivered Vt : .....

ABG : ..... $EtCO_2$: ..... P/F ratio : ..... O.I. : .....

Chest Physiotherapy Plan : ..... Suctioning Needs : .....

Any Nebs : ..... **ICD ?** ☐ Yes ☑ No, if Yes, details : .....

Plan of care : .....

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 123/min

Quality of Pulses : good cap refill Time : < 3sec Liver Edge : ..... cm below Rt costal margin

Blood Pressures : NIBP : 108/77 (88) IBP : ..... CVP : .....

Infusion of : ☐ Dopamine ..... mcg / kg / min - ☐ Dobutamine ..... mcg / kg / min

☐ Epinephrine ..... mcg / kg / min - ☐ Nor Epinephrine ..... mcg / kg / min

☐ Milrinone ..... mcg / kg / min

Any Other Infusions : .....

Last 2D Echo Findings : .....

Size of the heart and lung fields in latest CXR : .....

Arterial line in situ : ☐ Yes ☑ No Place of art. line & its condition : .....

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : .....

Day of arterial line : ..... Day of Central line : .....

Plan of Care : .....

CNS

Neuro Exam : Boerippel
Lamotrigine
Clobaz

Pupils : 2+ 2+ **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : ..... Types of Paralysis : .....

Relevant CT Scan, MRI EEG, Neurosonogram etc. : .....

Plan of Care : .....

..... Ramsay Sedation Score : .....

FLUIDS STATUS NUTRITION AND G.I

☑ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ..... / (+/-) ..... Input : 2·2 ml/k/d UO : 2·7 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : DNS @ 40ml/hr ml / hr (..... times maintenance)

TPN : ☐ Yes ☑ No - If yes, details : .....

..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day)

..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI

Labs : Na 141 K 4·9 Cl 108 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : Soft

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

.....

.....

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☑ No - If yes, details : .....

Describe c/s Reports : Inj. cefotaxime D2

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

.....

NEPHROLOGY ISSUES

Sr. Creat : 0·4 Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☐ Yes ☑ No - If yes, details : .....

Catheterized : ☐ Yes ☑ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

..... 13/5/26

HEMATOLOGY

Relevant Labs (CBP etc) : 10·7 / 10,130 / 3·7 lakh

Any Coagulopathy : 29·7 / 18·6

Relevant Transfusion History : .....

Plan of Care : .....

.....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☑ No ☐ NA

CRBSI Bundle Used ? : ☐ Yes ☑ No ☐ NA

CA - UTI Bundle Used ? : ☐ Yes ☑ No ☐ NA

Patient Managed as per Relevant Protocols : ☑ Yes ☐ No ☐ NA

If yes, then details : .....

.....

Pending Lab Results : ☐ Yes ☑ No

If yes, then details : .....

.....

Pending Consultations : ☐ Yes ☑ No

If yes, then details : .....

.....

FINAL COMMENTS

Plan shifting to ward.

Doctor's Name (Handover given) : Madhu

Signature : Madhu

Date & Time : 14/5/26 at 10:00am

Doctor's Name (Handover taken) : K. Sathya

Signature :

Date & Time : 14/5/26 10AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Neurofeam	
14/5/26 9am	LGS s/p corpus callosotomy c spastic quadriparesis	
		plan
		(1) Start NG feeds.
	Issues	(2) shift to ward in the evening now
	Fever 1 spike	
	No recurrent seizures s/p surgery	
	O/E conscious EOM full	
	cry good	
	spasticity of all 4 limbs	Bhu
	Good antigravity movement	N.B. Vindhya
		(3) NCCT head while shifting ward
		[signature]

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(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/3/26 12.20pm	S/B Dr. Anupama	
	1. Global Developmental Delay Spastic Quadriplegia	1) Plan. 1) Shift to ward
	S/P Corpus Callostomy	
	On Room air.	
	HR - 130/min	
	SpO_2 - 100%	
	RR - 18/min	
	RS - Bilateral air entry present.	
	CVS - S_1S_2 (N)	N.B. Vindhya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/3/26 1:20pm	shifting notes Δ: Global Developmental delay Spastic Quadriplegia S/p Corpus Callostomy no new issues vitals: HR - 125/min BP - 101/68(78) Pr good SpO2 - 98% ↓ room air RR - 24/min	plan. ① shift to ward ② continue medication as per chart ③ monitor vitals ④ Inform SOS ⑤ CT Brain T/m Medicines N.B Findings.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Neuroteam	
14/5/26 4pm	Secondary LGS c̄ GDD (m+c), spastic quadriparesis	
	Issues	Plan
	Fever persistent	
	→ ? d/t post surgery	① shift to ward
	→ Irritability (+)	② CT brain today
	→ Seizures ↓ 3 spn.	
	O/E: child conscious	③ start feeds NG
	eom full	centeen caned
	fixing, tracking (+)	
	Not recognizing parents	
	spasticity of hamstring, gastrocnemius	N.B Vinothya
	Good antigravity movements	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 9:00am	C/S/B neurology.	Advice.
	Secondary LGS.	
	c̄ GDD (M>C).	- Remove NG tube.
	spastic quadriparesis	
		- Remove foley's tube.
	s/p corpus callosotomy	
		- Canteen diet
	- no fever.	
	- ~~[illegible]~~ irritability reduced.	- CT Brain under sedation
	- yesterday.	
	↳ 10 head drops (mild).	
	(morning - 1 head drop).	- optimise ASM's after D/w Dr Prashanthi ma'am
	O/E	
	conscious	
	EOM full	- D/C T/m
	fixing & tracking ⊕.	
	spasticity of gastrocnemius	
		Dr Apoorva

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 11am.	S/B Dr. Prasanthi	
	10 jerks today morning	
	Sensorium better.	
	recognizing parents.	plan -
	sitting & support	
	taking liquids orally	- CT brain - 3D today
		- Inj. Valproate loading.
		ffb maintenance
		- observe for further event

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26		
	d/b Neurotam	
	– No new issues.	
	O/E: – vitals stable	
	– Recognizing parents.	
	– sits with head to sit & support	
	– taking well orally.	
		Adv:
		– vitals
		– est
		– Syr Mulfenac SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/s/b Neuroteam	
6/5/26	Drug refractory epilepsy, s/p corpus callosotomy	
	- 1 episode after loading valproate	
	O/E:- vitals → stable	
	HMF → Baseline sensorium	
	- EOM full, B/L pupils ESR	
	- Generalised spasticity	
	- Exaggerated reflexes	
		Adv. C/ today.
		Abhishek

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O+ve

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RESULT SHEET

Date	12/5/26	13/5/26				
Time	5pm	1:30pm				
Hb	7.8	10.7				
PCV	28.3	37.4				
RBC	4.86	5.73				
WBC	7480	10,130				
N/L	31/60	79.7/18.6				
Platelets	4.5 lakh	3.7 lakh				
CRP						
ESR						
PCT						
RBS						
Na	142	141				
K	4.3	4.9				
Cl	107	108				
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.4					
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	16/1.2					
APTT	46					
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	Anti HIV – NR.					
	HBsAg – NR					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: EK Shifted to: 07 ward.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayah.....

Date & Time : 12/05/26 & 5:30pm.....

Nurse Name & Signature: Renuka.....

Date & Time : 12/05/26 & 5:40 pm.....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: PICU Shifted to: Ward

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	Tab. LAMITOR	1/2 tablet	ORAL	12 Hrly		☑C ☐DC
2	SYRUP. CLOBA (1ml/2.5mg)	2ml	ORAL	AT BEDTIME		☑C ☐DC
3	SYRUP. BREVIPIL	1.5ml	ORAL	12Hrly		☑C ☐DC
4	INJ. CEFOTAXIME	750mg	I/V	8HRLY		☑C ☐DC
5	INJ. DEXAMETHASONE	1.5mg	I/V	12Hrly		☑C ☐DC
6	INJ. PARACETAMOL	150mg	I/V	8HRLY		☑C ☐DC
7	INJ. TRAMADOL	16mg	I/V	8HRLY		☑C ☐DC
8	INJ. PANTOPRAZOLE	15mg	I/V	OD		☑C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Madhuri

Date & Time : 14/5/26 at 11AM

Nurse Name & Signature: Vindhya

Date & Time : 14-5-2026 at

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 15.5kg Ward PW

DRUG : INJ DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
1.5mg	IV	BD	13/5

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	13/5	14/5	15/5
2am	X	8A / [illegible]	Puvi / Meer
2pm	1pm Lavanya	Vindhya / Sneha	

Stop / [illegible] 15/5

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
150mg	IV	TID	13/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	13/5	14/5	15/5
6am	X	Roy / S.A	Puvi / Meer
2pm	1pm Lavanya	Vindhya / Sneha	
10pm	Roy / S.A	Puvi / Meer	

Change / [illegible] 15/5

DRUG : Inj. TRAMADOL

Dose	Route	Frequency	Start Dt.
16 mg	IV	QID	13/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	13/5	14/5	15/5
12am	X	8A / 3 [illegible]	Puvi / Meer
8am	X	Vindhya / Sneha	Puvi / Meer
4pm	3pm Lavanya	5pm Vindhya / Sneha.	

Stop / [illegible] 15/5/2.6

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
15mg	IV	OD	13/5

Name & Signature of the Doctor Starting the Drugs: [illegible signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	13/5	14/5	15/5
6AM	✓	Roy / S.A	Puvi / Meer

Change / [illegible] 15/5

VERIFIED BY: Name ... Signature ...

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : Syp. PARACETAMOL

Dose	Route	Frequency	Start Dt.
4ml	PO	QID	15/5

Name & Signature of the Doctor Starting the Drugs: (signature)

Additional Instructions: 5ml = 240mg

Daily Doctor's Endorsement by a Sign

Date/Time: 15/5, 16/5 — 12am X; 6Am Inj; 12pm NPO; 6pm 3pm (initials)

DRUG : Syp. CEFIXIME

Dose	Route	Frequency	Start Dt.
6ml	PO	BD	15/5

Name & Signature of the Doctor Starting the Drugs: (signature)

Additional Instructions: 5ml = 100mg

Daily Doctor's Endorsement by a Sign

Date/Time: 15/5, 16/5 — 6AM Inj; 6pm (initials)

DRUG : T. LAHZOL-Jr

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	15/5

Name & Signature of the Doctor Starting the Drugs: (signature)

Additional Instructions: 1 tab = 15mg

Daily Doctor's Endorsement by a Sign

Date/Time: 16/5 — 8Am (initials)

DRUG : Syp. VALPROATE

Dose	Route	Frequency	Start Dt.
5ml	PO	BD	15/5

Name & Signature of the Doctor Starting the Drugs: (signature)

Additional Instructions: 5ml/200mg.

Daily Doctor's Endorsement by a Sign

Date/Time: 16/5 — 10 AM (initials); 12 pm

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DRUG CHART

Date of Admission: 12/5 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 / 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 ....

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REGULAR PRESCRIPTIONS

Weight. 15.5 kg Ward. PW

DRUG : Tab LAMITOR				Date ▸ / Time ▾	12/5	13/5	14/5	15/5
Dose: 1/2 tab	Route: PO	Frequency: BD	Start Date: 12/5					
Name & Signature of the Doctor Starting the Drugs: Aripirala				10AM	HOME	✓	Vindya / Sneha	Sravani
Additional Instructions: 1 tab = 25mg				10PM	✓	Roj / SA	Pravallika / Mer	Pravallika / Nikitha
Daily Doctor's Endorsement by a Sign								✓

DRUG : ~~Tab~~ Syp CLOBA				Date ▸ / Time ▾	12/5	13/5	14/5
Dose: 2 ml	Route: PO	Frequency: HS	Start Date: 12/5				
Name & Signature of the Doctor Starting the Drugs: Aripirala				10PM	HOME / 10PM ✓	Roj / SA	Pravallika / Mer
Additional Instructions: (1ml/2.5mg)							
Daily Doctor's Endorsement by a Sign							✓

DRUG : Syp BREVIPIL				Date ▸ / Time ▾	12/5	13/5	14/5	15/5
Dose: 1.5 ml	Route: PO	Frequency: BD	Start Date: 12/5					
Name & Signature of the Doctor Starting the Drugs: Aripirala				10AM	HOME	9:30am ✓	Vindya / Sneha	Sravani
Additional Instructions:				10PM	✓	Roj / SA	Pravallika / Mer	Pravallika / Nikitha
Daily Doctor's Endorsement by a Sign								✓

DRUG : INJ CEFOTAXIME				Date ▸ / Time ▾	13/5	14/5	15/5
Dose: 750mg	Route: IV	Frequency: TID	Start Date: 13/5	6am	X	Roj / SA / Madhavi	Pravallika / Mer
Name & Signature of the Doctor Starting the Drugs: Dr Mateen				2pm	Rani	Sneha	
Additional Instructions:				10pm	Roj / SA	Pravallika / Mer	
Daily Doctor's Endorsement by a Sign							

VERIFIED

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
Dr. PRASANTHI ARIPIRALA

Weight. 15.5 kg Ward. 05

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

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/5/26	8:05AM	Inj. CEFOTAXIME	750mg	IV	Rmj	
13/5/26	8:10AM	Inj. DEXAMETHASONE	1.5mg	IV	Rmj	
13/5/26	8:15AM	Inj. TRANEXAMIC ACID	250mg	IV	Rmj	
13/5/26	8:20AM	Inj. PARACETAMOL	250mg	IV	Rmj	
13/5/26	8:30AM	Inj. LEVITARECETAM	150mg	IV in 100ml NS	Rmj	
14/5/26	8pm	Inj. AVIL	7mg	IV	sl	HOLD
14/5/26	8pm	Syp. PEDICLORYL	7ml	PO	sl	HOLD
15/5/26	9am	Inj. AVIL	7mg	IV	sl	
15/5/26	9am	Syp. PEDICLORYL	7ml	PO	sl	
16/5	2pm	INJ. VALPROATE	300mg in 20ml NS			

Signature

VERIFIED BY [redacted]

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA (F)
23-08-2021 4 Y 8 M 19 D
Dr. PRASANTHI ARIPIRALA

I.V. FLUIDS CHART

Weight. 15.5kg Ward. DT

		on of I.V. Fluid ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/5	8:00 AM	RINGER LACTATE	IV	150ml/hr	[illegible]	done	13/5	[illegible]	
13/5	9:30 AM	Leucodepleted Packed Red cells	IV	70ml/hr	[illegible]	done	13/5	[illegible]	done
13/5	12:30 PM	IVF DNS	IV	40ml/hr	LY	done	13/5	LY	done
14/5	5AM	IVF DNS	IV	40ml/hr	LY	done	16/5		

D/C

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

HCV-0000[illegible]945 IP5-00173737
Baby MOD[illegible]ALAVALASA SOHITHA
23-08-2021 4 Y 8 M 22 D (F)
Dr. PRASA[illegible]THI ARIPIRALA

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16.1.5 Time: 6am

Doctor / Nurse / Family Concern?

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) * : 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

92 / 61 / 40

Note: BP does not score in early warning scoring

Heart Rate (Number): 109bm

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number): 27bm

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		99%
Conscious Level	Normal	
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		1
Pain Score		0
Observer's Initials		

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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It takes a lot to treat the little.

BirthRight
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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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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)

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA (F)
23-09-2021 4 Y 8 M 21 D
Dr. PRASANTHI ARIPIRALA

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/.. Time:

Parameter					
Doctor / Nurse / Family Concern? (Time)	10am	2pm	6pm	10pm	2AM
Temperature (°F)	98.5F	98F	98.1F	97.2F	98F
Blood Pressure (mmHg) *	103/62 (70)	115/65 (69)	103/55 (68)	93/59 (67)	100/69 (70)
Heart Rate (Number)	115 b/m	118 b/m	100.1.	110 b/m	119 b/m
Resp. Rate (bpm) (Over 1 Minute) *			0		
Resp Rate (Number)	28 b/m	29 b/m	28 b/m	27 b/m	22 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%	100%	99%	97%	99%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE — Number of shaded boxes	01	01	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials					

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) * scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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
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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.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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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)

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
Dr. PRASANTHI ARIPIRALA

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

PRESCHOOL (1-5 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 ..... Time:		10pm	2Am	6Am
Doctor / Nurse / Family Concern?				
Temperature (°F)	104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94	96.8°F	97.6°F	97.5°F / 96.8°F
Heart Rate (bpm) and Blood Pressure (mm Hg) * **Note:** BP does not score in early warning scoring	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	115 (81) 70	103 61 70	98 69 59 / 98 67 57
Heart Rate (Number)		121 b/m	101 b/m	100 b/m / 107 b/m
Resp. Rate (bpm) (Over 1 Minute) *	70 / 60 / 50 / 40 / 30 / 20 / 10			
Resp Rate (Number)		31 b/m	28 b/m	28 b/m / 28 b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)		100 %	98 %	99 % / 98 %
Consciousness Level: Normal / Altered				
GCS *		15/15	15/15	15/15 / 15/15
TOTAL SCORE Number of shaded boxes		1	1	1
Pain Score		0	0	0
Observer's Initials				

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
Dr. PRASANTHI ARIPIRALA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10 pm	2 am	6 am
Doctor / Nurse Family Concern?			

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.4 F | 98 F | 98.1 F

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

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

BP	102 / 68 / 75	100 / 69 / 70
Heart Rate (Number)	110 bpm	108 bpm

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number)	22 bpm	22 bpm	26 bpm
Resp Distress	Mod/ Severe / None / Mild		
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%	99%	97%
Conscious Level	Normal / Altered		
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials	U	U	U

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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Pati

HCV-00007945 IP5-00173737
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23-08-2021 4 Y 8 M 19 D (F)
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Your Right to a Safe Delivery

LUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		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											Nikitha
	10:00 pm						NP			—		
12/5	11:00 pm	NO IVF										
	12:00 am											Niki
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am			3ml								
	03:00 am			3ml								Nikitha
	04:00 am	DNS	NPO	3ml			NP			—		
13/5	05:00 am			3ml								
	06:00 am			3ml								Niki
	07:00 am			3ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
Dr. PRASANTHI ARIPIRALA

FLUID CHART

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			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										0	Soms
	07:00 pm	DNS	35ml	40ml			NA			120ml	0	Soms
Total Intake :						**Total Output :**						
	08:00 pm			40ml							0	
	09:00 pm			40ml							0	Meeru
	10:00 pm		35ml	40ml							0	
	11:00 pm	DNS		40ml			NB			160ml	0	
	12:00 am			40ml							0	Meeru
	01:00 am			40ml							0	
Total Intake :						**Total Output :**						
	02:00 am			40ml							0	
	03:00 am			40ml						100ml	0	Meeru
	04:00 am	DNS		40ml			NB				0	
	05:00 am		60ml	40ml							0	
	06:00 am										0	Meeru
	07:00 am									55ml	0	
Total Intake :						**Total Output :** 935ml						

Total 24 hrs. Intake		Total 24 hrs. Output	

-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 21 D
Dr. PRASANTHI ARIPIRALA (F)

T:- 50
1:35 ml
DJ:- 3rd hourly
last 6 Am

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FLUID CHART

Sheet No. : ....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
15/5	08:00 am	DNS		10ml			NP				0	Sai
	09:00 am		milk	10ml						✓	0	
	10:00 am			10ml							0	
	11:00 am		milk	10ml							0	
	12:00 pm			10ml						✓	0	Sai
	01:00 pm			–							0	
Total Intake :						**Total Output :**						
15/5	02:00 pm	DNS		–	NA		NP		NA		0	Appu
	03:00 pm			10ml						✓	0	
	04:00 pm			4ml							0	
	05:00 pm			4ml							① cannula removed	
	06:00 pm			4ml						✓	0	Appu
	07:00 pm			4ml							0	
Total Intake :						**Total Output :**						
15/5	08:00 pm	DNS		4ml			NP				0	Nikita
	09:00 pm			4ml							0	
	10:00 pm			4ml						✓	0	
	11:00 pm			4ml							0	
	12:00 am			4ml						✓	0	Nikita
	01:00 am			4ml							0	
Total Intake :						**Total Output :**						
16/5	02:00 am			4ml			NP				0	
	03:00 am			4ml						✓	0	Nikita
	04:00 am			4ml							0	
	05:00 am			4ml							0	
	06:00 am			4ml						✓	0	Nikita
	07:00 am			4ml							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 22 D (F)
Dr. PRASANTHI ARIPIRALA

FLUID CHART

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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**	

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Sohitha Age : 4.y Gender : Male ☐ Female ☐

UHID NO: HCV-00000740 Surgeon Name: Dr. Prasanthi

Anaesthesiologist : Dr. Subramanyam

Operative procedure planned : CT Brain.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : laryngospasm, bronchospasm, Seizures.

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 Sohitha the above mentioned operation / Diagnostic / Therapeutic procedures CT Brain

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 : M. Beera Reddy

Relationship with Patient: Father

Date & Time : 15/5/2026 1:15pm.

Witness :

Signature : .....

Name : .....

Date & Time : 15/5/26 1:15pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Akhil. K.

Date & Time : 15/5/26 1:15pm.

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 22 D (F)
Dr. PRASANTHI ARIPIRALA

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUAT

Name: Sohitha Age: 4y 8m Sex: F UHID.No : HCV-00007945

Date: 10/8/26 Time: 1:00pm Proposed Operation: 3D CT Brain.

Diagnosis: refractory Epilepsy - s/p corpus Callosotomy.

B.P / CRT: 93/56 H.R: 98 Weight: 15kgs ASA Physical Status: ☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.8	Glucose:	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag:	ECG:	
WBC: 7450	Creat: 0.4	Total Bill:	HCV:	2D Echo:	
Plate: 450.	Na:	Dir. Bill:	Blood group: O+ve	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT:			

Allergies: Nil.

Medical History: CVS : T/NVD/2.5kgs/CIAB/

RESP :

CNS : myoclonus/. Diabetes : NO NICU stay

Developmental delay (+)

Renal :

Hepatic / GE : Nil. Physical Activity:

Others :

Past Anaesthetic History: s/p corpus callosotomy. 3days back.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : BAE (+) Clr.

Heart: S1S2 (+)

CNS: drowsy.

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 ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: Dr. Akhila. K

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No			Fasting Status:
Physical Status:	☐ Patient Identified	☐ Consent Present	☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
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 :.....

Patient Sticker

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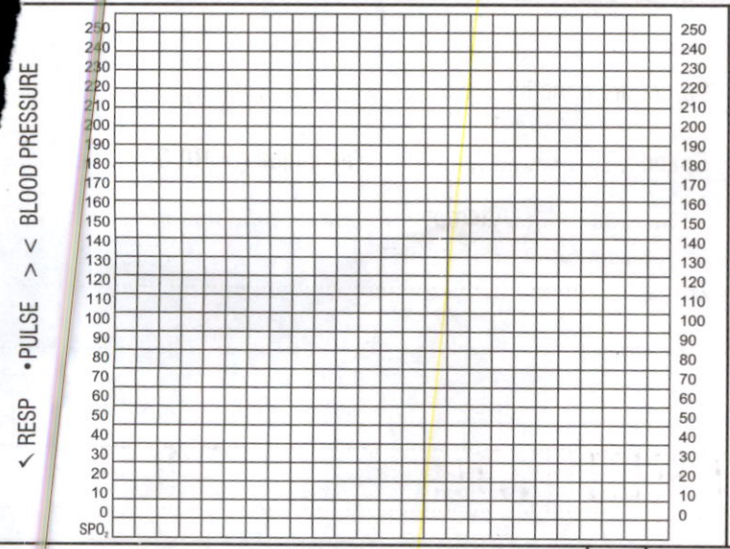
POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : .....

- ☐ O_2Mask
- ☐ 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 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						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						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

Patient Sticker

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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 : .....

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
21-08-2021 4 Y 8 M 20 D (F)
Dr. PRASANTHI ARIPIRALA

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 13/5/26 Time: 9:15 AM

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAH.26-00956 Date of Collection: 19/Apr/2026 Date of Expiry: 31/May/2026

Date & Time of Starting Transfusion: 13/5/26 Planned duration of Transfusion: 70ml/hr

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Hamsini Nurse 2: Bapu

Before starting transfusion vitals: Temp: 35.3 HR 98 RR: 20 BP: 69/45 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
13/5/26	15 Min 9:20AM	98b/M	35.7	81/42	100%	-	-	-	-
13/5/26	15 Min 9:35AM	98b/M	35.7	81/40	100%	-	-	-	-
13/5/26	30 Min 10:20 AM	111b/M	36.4	95/44	100%	-	-	-	-
13/5/26	30 Min 10:50AM	109b/M	36.5	88/48	100%	-	-	-	-
13/5/26	30 Min 11:20AM	117b/M	36.8	88/52	100%	-	-	-	-
	1 Hr 12:20pm								
	1 Hr								

Comments: O/N transfusion completed NO reactions

Name of the Incharge-Nurse: Hamsini

Signature of the Incharge-Nurse:

Date & Time: 13/5/26 12:20 pm

Name of the Nurse: Anusri

Signature of the Nurse: Anusri

Date & Time: 13/5/26 12:30 pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 260 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

O

Rh Positive

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-00956
Blood Group: O Rh Positive
Collection Date: 19/Apr/2026
Expiry Date: 31/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With I
There
Appr
Antib
Without Prescription. 7) Do Not Use if

Issue Label / CrossMatching Report

Patient : **Baby.Modalavalasa Sohitha -**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,prashanthbachina
UHID No.: HCV-00007945 Wd-Bed No.:

Product : LR-PRBC
Blood Group : O Rh Positive
Unit No.: **BAH26-00956**
XMatching Report:Compatible
X-matched by: Nachiket

Issue Dt : 13/May/2026
Colln. Dt :19/Apr/2026
Exp. Dt :31/May/2026
Issued By :

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
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HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
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CONSENT FOR BLOOD TRANSFUSION

Name: M. SOHITHA Age: 4y 8m Gender: Male ☐ Female ☑

UHID.No : HCV-00007945 Date: 13/5/2026

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Cryoprecipitate
- ☐ Albumin
- ☑ Packed Red Blood Cells
- ☐ Single Donor Platelet
- ☐ Red Blood Cell
- ☐ Random Donor Platelets
- ☐ Whole Blood
- ☐ Others .....

I ... B ala Krishna ... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that ...colloids, whole blood,

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: M. Bala Krishna

Date & Time 13.5.2026 8:55 AM

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. AKHILA. K.

Date & Time 13/5/2026 8:50 AM

Witness

Signature: .....

Name: M. HARI KRISHNA

Date & Time 13.5.2026 8:55 AM

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
Dr. PRASANTHI ARIPIRALA

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OPERATION THEATER NOTES

Patient's Name : Baby Modalavalasa Sohitha Age : 4Y Gender : ☐ Male ☑ Female

UHID No.: HCV-00007945 Weight : 15kg Height : ....

Surgeon : Dr K. Premnath		Asst. Surgeon :
Anesthetist : Dr Akhila	OT Nurse: Jyothi, Sujatha, Amosh	OT Technician: Bapu
Pre-Operative Diagnosis: DRUG REFRACTORY EPILEPSY		
Surgical Procedure : CORPUS CALLOSTOMY		
Indications for Surgery : EPILEPSY		
Date : 13/5/26	Start Time : 9:03 AM	End Time : 12:10 PM

Pre Operative Preparations:

Betadine, Chlorhexidine

Post Operative Diagnosis: Same

Peri-Operative Complications: Nil

Operation Notes:
1. Patient head fixed on mayfield head holder
2. Coronal skin incision given
3. Right parasagittal craniotomy done
4. Dura opened based on sinus
5. Interhemispheric approach taken
6. Complete Corpus callostomy done
7. Hemostasis secured
8. Dura closed. Boneflap replaced
9. wound closed in layers.

Amount of Blood Loss: ~50-60 ml	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination: –

Peri-Operative Complications: Nil

Name of the Surgeon: Dr. Pramodh

Signature of the Surgeon:

Date & Time: 13/8/2026 4pm

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 20 D (F)
Dr. PRASANTHI ARIPIRALA

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Modalavalasa Sohitha Krishna Sree Age: 4Y 7m Sex: Female. UHID.No: HCV-00007945.

Date: 12/05/2026. Time: 4:35pm. Proposed Operation: Corpus callosotomy

Diagnosis: Drug refractory Epilepsy Global developmental delay.

B.P / CRT: .... H.R: .... Weight: 15.5kgs ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

Hgb: 7.8	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: ~~4500~~ 7480.	Creat: 0.4.	Total Bill:	HCV:	2D Echo:
Plate: 4.5	Na: (N)	Dir. Bill:	Blood group: O +ve.	Stress/Anglo:
PT: (N)	K: (N)	LDH:	T3	Other:
PTT: 31/c.	Ca++:	Alk phos:	T4	
INR: 1.2.	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:	**Allergies:** NKDA.	

Medical History: CVS: -

Term, NVD, CIAB.
B.Wt: 2.5kg.
No NICU stay.
developmental delay (+).

RESP: URTI (-) Diabetes (-)

CNS: H/O Febrile seizures, myoclonic head drop (+) ~ 50 times/day.

Renal: -

Hepatic / GE: -

Physical Activity:

Others: -

Past Anaesthetic History: -

MRI Brain: Bilateral Cento-parietal gliosis with some water shed injury

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: 2FB. Neck: Teeth: intact

Lungs: BAE (+) Mild Basal crepts (+)

Heart: S1S2 (+).

CNS: Global developmental Delay.

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 ☐ No

CURRENT MEDICATIONS	DOSAGE
Tab. LAMITOR (25mg)	1/2 - 1/2.
Syp. Cloba m/2.5mg	2ml
Syp BREVIPIL 1ml/100mg	1.5ml - 1.5ml

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
CBP, Coagulation profile,
blood grouping
Reserve blood 20ml/kg.
- Continue Tab. LAMITOR, syrup CLOBA, syrup BREVIPIL.
- Nebulisation ē Duolin before shifting to

Signature: [signature] Name: Dr. Tejaswini

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

NO MARL (BA?) Hb 11.8 / 7.9 69. Hb (7.9)

Fluids: D-300 — 150 + 50 + → 200; M-50 — 75 + 50 + → 200; 75 + 50 + → 180; R- — 50 + →

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

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

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

H.R.: 94 | B.P / CRT: 86/52 | SpO_2: 100 | R.R.: 18 | Last Feed: >6 hrs

Pre-OP Diagnosis: Refractory Epilepsy + Global developmental delay — Operation: Corpus Callosotomy — Date: 13/5/26

Surgeon: Dr. Praneeth — Anaesthesiologist: Dr Sunidhara / Dr. AK — Technician: Bapu

TIME: 8:00, 8:30, 9:00, 9:30, 10:00, 10:30, 11:00, 11:30, 12:00, 12:30, 1:00

N_2O / (AIR) / O_2 LPM: 0.6 →

HALO / SO / (SEVO): MAC 1 →

Drugs:

- Inj. MIDAZOLAM 2mg
- Inj. FENTANYL 30mcg
- Inj. PROPOFOL 30mg + 20mg; 20 (at 9:00)
- Inj. ROCURONIUM 6mg; 2mg (at 9:00); 1mg (at 10:30); 1mg (at 11:00)
- Inj. DEXAMETASONE 1.5mg
- Inj. TRANEXAMIC ACID 250mg
- Inj. PARACETAMOL 250mg
- Inj. LEVIPIL 150mg

Antibiotic: Inj. CEFOTAXIME 750mg.

Suppository

Blood Loss: ~40ml

FiO_2 / (SaO_2)	100	100	100	100	100	100	100	100	100 (200)	100	100	100 (150)	100	100	100	100 (250)
$ETCO_2$	36	36	37	36	35	37	34	35	36	36	36	36	36	36	37	35
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	35	36	36	36	36	35	36	36	36	36	36	36	37	36	37	36
Urine Output																

Fluids: RL @ 150ml/hr →; 100/hr →

Blood: LDPRBC →; 70/hr →

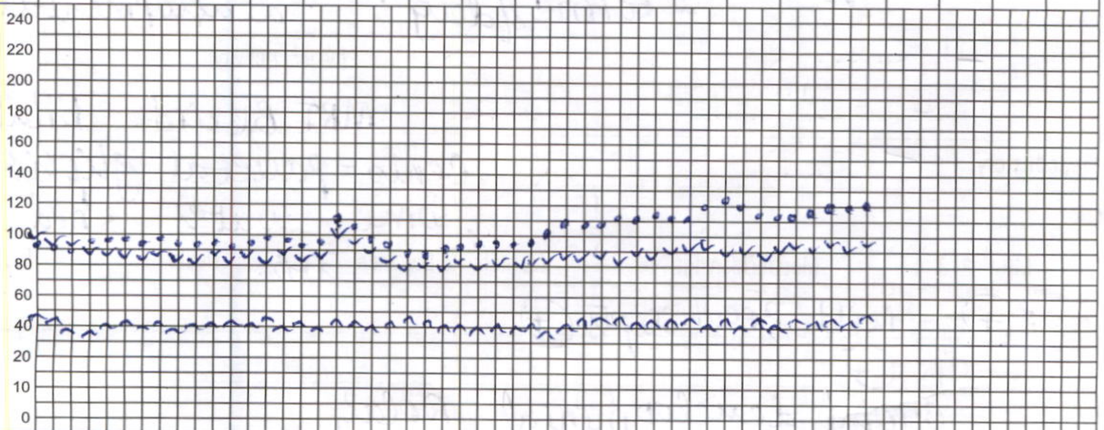
NOTES

Bolus.

Time	Volume
9.26 AM	PRBC (40), RL (60).

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) LL
☐ Art Site:
☑ EKG Lead
☑ Temp Site: Skin
☑ 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: 8:00 AM
OP Start: 9:00 AM
OP End: 11:50 AM
Leave OR: 12:15 p.m

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (R) VL 22G
☑ IV: (L) VL 22G.
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 4.5 at 13 cm
☑ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM
☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# Mac 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: Dr. Akhila K
Signature of the Doctor: [signature]

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Baby MODALAVALASA SOHITHA (F)
23-08-2021 4 Y 8 M 20 D
Dr. PRASANTHI ARIPIRALA

POS ...RE UNIT RECORD

Received ...ACU by : ..... Time Received : ..... Time Discharged : .....

IV Cannula Site : Rt hand

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

Drug: PCM, Tramadol

Vomiting : ☐ Yes ☑ No
NG Tube : ☑ Yes ☐ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☑ Yes ☐ No

IV Fluids: RNS
Oral Feeds: NPO

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

			IN	MINUTES 30	60	90	OUT
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	2	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		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	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		1	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2	
		TOTAL		8	10	10	

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
13-5-2026	0710	0/10	NO	

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

Reassessment Frequency:
1. Every eight hours for all hospitalized patients
2. For ... 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. ... pain relieving intervention
   d. ... in 30-60 minutes after pain relief ...

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

...nsferred to ... by (PACU):
...e & Time: .....

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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Date: .... Time: .... Procedure done by ....

CSE /Spinal /Epidural

Depth: .... Position : .... Space : .... Technique (LOR/LOS) ....

Parasthesia : Yes/No if yes details : .... Attempts : ....

Solution Composition : ....

Any other issues :

a) ....

b) ....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : .... APGAR: .... SVD / Instrumental / LSCS (if LSCS Details) ....

Catheter Removed by and Tip Inspected : ....

...tion : ....

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 19 D (F)
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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Corpus Callosotomy

Anaesthesiologist: Dr. Tejasvini Surgeon: Dr. Prashanthi / Dr. Raghu.

Please read this before you consent for Anaesthesia

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

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others Desaturation, Post-op mechanical ventilation, Icu stay, Bleeding, Blood transfusion.

Declaration by Patient Attendant

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

Patient / Patient Attendant:
Signature: [signature]
Name: M. Bala Krishna
Relationship with patient: Father
Date & Time: 12/5/2026 4:50pm.

Witness:
Signature: M. Swathi
Name: M. Swathi
Date & Time: mother 12/5/26 4:50pm

Doctor (who is taking consent):
Signature: [signature] Name: Dr. Tejasvini Date 12/5/2026 Time: 4:50pm.

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అనస్థీషియా కోసం అనుమతి పత్రం

రోగి ☐ రోగి అటెండెంట్

.....

..... శస్త్రచికిత్స నిపుణుడు: .....

ుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

ది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ ించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత ం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి

్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను ృత్తి చేయబడ్డాయి.

రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

.....

ావసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.

ియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్

ంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు ంటి సమస్యలు ఉండవచ్చు.

ో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి ్నాను.

ో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న ాడా నేను అనుమతి ఇస్తున్నాను.

ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను

నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

సాక్షి:

..... సంతకం: .....

..... పేరు: .....

..... తేదీ & సమయం: .....

.....

..... పేరు: ..... తేదీ & సమయం: .....

HCV-00007945 IP5-00173737
Baby MODALAVALASA SOHITHA
23-08-2021 4 Y 8 M 22 D (F)
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 15/5/26 Time: 9am

Weight: 15-5kgs Centile: 25th

Height: 103cms Centile: 25th

Inference: well Child

RDA: - Calories: 1350 kcal/d Protein: 23g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid Spicy, Chilled, outside foods

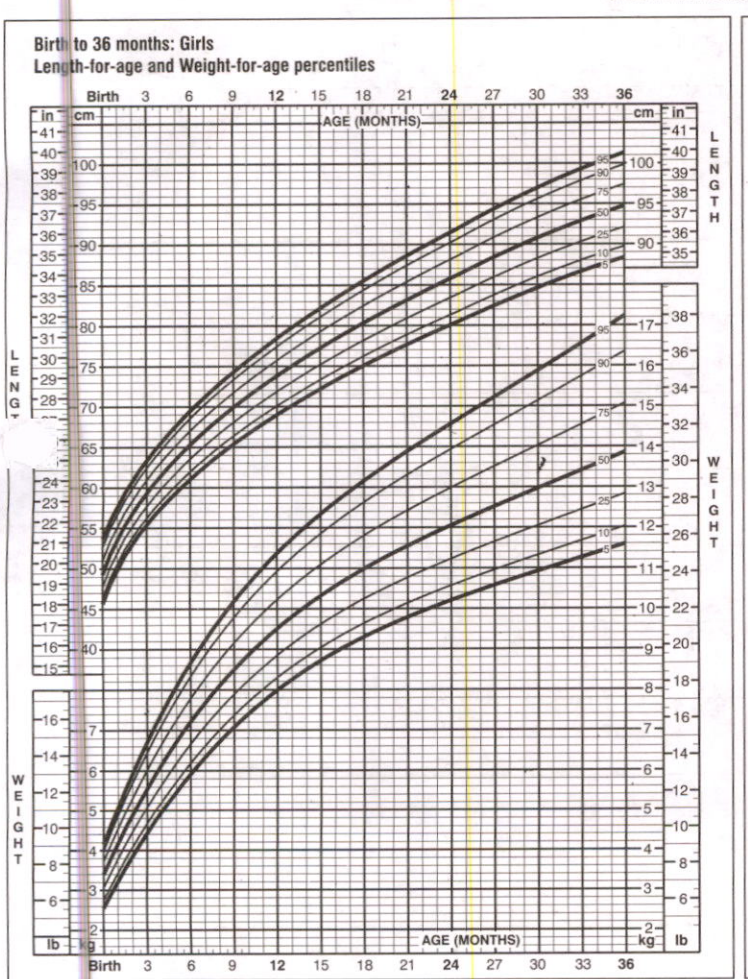
Food Allergies: No Veg/Non-veg Non-veg

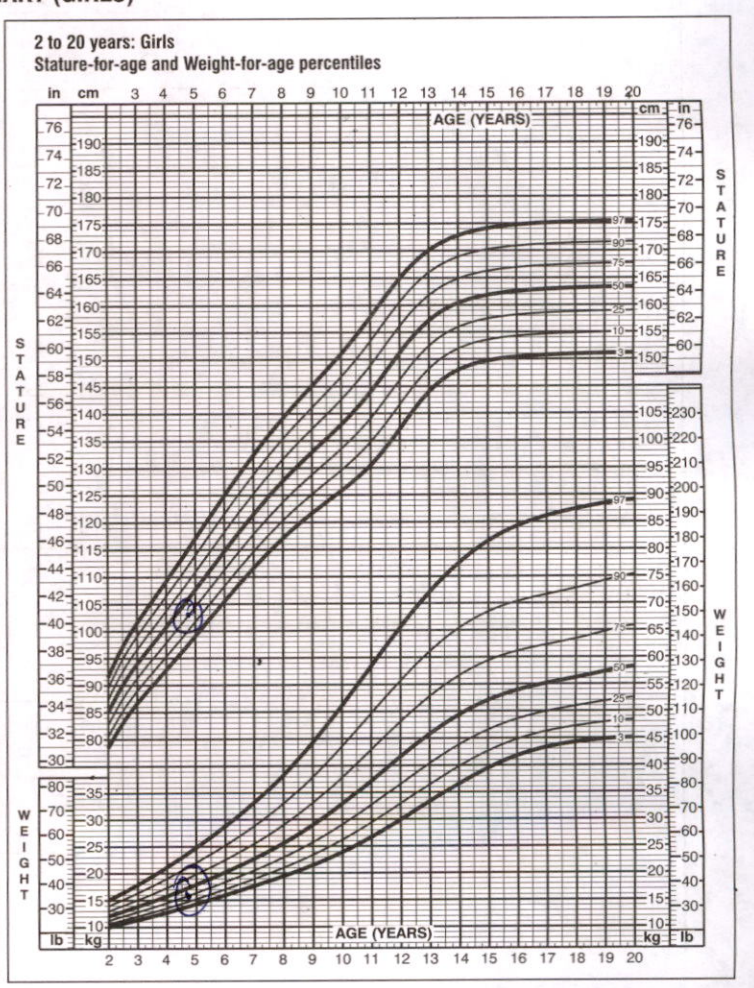
Diagnosis: 2° LGS & GDD (m>c) spastic quadriparesis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: M Swathi

GROWTH CHART (GIRLS)





Dietician's Name Niketha Dietician's Signature Niketha

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

15/5/26 10:15AM	Child is stable Oral Intake is better
	Continue c̄ Soft diet. - Nekitha