AH-00437093 IP5-00173882
laster DESHARAPU ADVAITH
5-04-2020 6 Y 1 M 0 D (M)
lr. P V L N MURTHY

Smith+Nephew
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2201074
2028-10-21

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SURGERY DETAILS

Date : 15/5/26

Patient Name: M. Desharapu Advaith Date of Birth: .... Age: 6Y

Gender: M Ward : P.OT UHID No.: 437093

Date of Surgery: 15/5/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Adenotonsillectomy c Coblation

Time in : 4:55PM Time Out : 5:55PM

	NAME	AMOUNT
1. Surgeon	: PVLN Murthy	
2. Anaesthetist	: Dr. Ravi	
3. Assistant Surgeon	: —	
4. OT Technician	: Aman	
5. Circulating Nurse	: Suman	
6. Assistant Nurse	: Alam	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others Coblator → 961084

Signature of the Surgeon Signature of Circulating Nurse

Order No: 961083 Order by: Y Ramesh Rao

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

AH-00437?93 IP5-00173882
Master DESHARAPU ADVAITH
5-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

Adeno

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CONSUMABLES OF OT

3278

Circulating staff : .... Technician : .... Date : .... Time : 5-30 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (oral) 5 / 5.5 / 6	1+1+1	01	Major Pack Drape	1	1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N	5	03				Suction Catheter		
HME filter : A / P / N	1	01				Feeding Tube		
Syringes : 10 cc	10	05				Vaccum Suction Set		
05 cc	10	05	Gloves			Surgical Gloves		
02 cc	10	03	6, 6½, 7, 7½	2+2	—	Gauze Pack		
01 cc	5	—	pf 6, 6½, 7, 7½	2+2	2	Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	01	NG tube 8	2	2	Koochies (S)		
RL	1	01	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1+1	1+1	Koochies			Bronchi c	1	1
minispike	1	01	Ointments			10cc, 5cc, 2cc	2+2	1
O2 mask (P)	1	01	Suction Catheter			Sucton	1	1
Fentanyl	1	01	Cap, Mask	5/5	3/3	Inj. Adrenalin	3	3
Morphine			Gauze Pack (N)	5+5	2			
Ketamine			Mop Pack	1	2(?)			
Propofol	3	02	Steristrip					
Rocuronium	1	01	Underpad	1	1			
Glycopyrolate	1	01	Draw sheet	1	1			
Myopyrolate (Neo)	1+2	02	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			Gauze	3	—
Bupivacaine 0.25%			Chest Drainage Catheter			Glovsall	4	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Depumed	1	—
Antibiotics Aug 1g + 600mg	1+1	01	Bandage			Disecut Transfer	1+1	1+1
Doupin	1	01	Tegaderm			50c + pmline	1+1	—
Suppositories			Ioban					
Tynamol : 80mg / 250mg / 170 mg			Double J Stent			O2 mask (M)	01	—
Emeriol : 100mg			Vaccum Suction set	1	1			
12.5 mg / 25mg / 100mg	1+1	01	Plastic Bed Sheet	1	—			
Misoprost : 200mg			Betadine Solution	1	—			
...m set	1	02	Microshield	1	1			
...r way 1/2	1+1	—	Cotton Balls	1	—			
...irway 1&2/0	1+1	—	Latex Gloves	1	—			
...m + 100cm	1+1	01	Ramdione Scrub					
...ler 22/24	1+1	—	Saral					

Anaesthesiologist Nurse OT Technician

Ordered by : ....

12:40 Pm

Pre-Approval

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ESTIMATION SLIP

Date : 12-May-26 UHID / IP No. : BAH-00437093 Sl No. 80207

Name of Patient : Mast. Desharapu Advaith Age: 6yrs Gender: Male

Father's / Husband's Name : Mr. Poornachander Corporate / Occupation : cholamandalam

Address : ________ Phone : 8686235253 Email: Investment & finance

Procedure / Plan : Adenotonsillectomy c coblation.

MODE OF PAYMENT : ☐ SELF ☑ TPA : MA chola MS ☐ GIPSA: ________ OTHERS

TARIFF INFORMATION : Dr. AVLN Murthy.

(Per Day) ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			15400/ perday	NA						
Doctor's Fee										
L. Tax			In pkg							

PARTICULARS	AMOUNT (₹)		
Surgeon's / Anesthetists's Fee / O.T. Charges	TSW → In Pkg		
O.T. Consumables	7500/-	Subject to approval by TPA / Insurance Company	
Instrument Charges		Not Covered by TPA / Insurance company	
Pharmacy, Consumables & Investigations (Coblator)	7500/- Extra	As per actual - Not Included in Estimation	
Equipment Charges — Monitor :	Oxygen :	Infusion pump / Syringe pump :	
Ventilator : Conventional :		HFO-SLE 5000 :	HFO Sensormedix :
Phototherapy : Single Surface :		Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra/-	As per actual - Not Included in Estimation	
Package	PAI-COR → 51968/-		
Others	Evac WAND → 27,000/- subject to coverage		
Initial Minimum Deposit	→ 15000/- final bill clearance.		

01 Deposit → 5,000/-

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. Room after ex STA @ 12 noon cycle
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.** IEF/Diet/DAC/HDC/RRC.
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

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

D. Poornachander — Signature of the Client | Father — Signatory Relationship | Deepa — Signature of the Financial Counselor

Rainbow Children's Hospital - Banjara Hills

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 : IP5-00173882 **Admit Date** : 15-May-2026 **Admit Time** : 03:24 PM **UHID** : BAH-00437093

Patient Details :

Patient Name	: Master DESHARAPU ADVAITH	**Age**	: 6 Y 1 M 0 D
Guardian	: Mr D POORNA CHANDER	**DOB**	: 15-04-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: HNO. 7-1-557 ,NEAR HANUMAN TEMPLE, Ameerpet X Road Hyderabad Telangana INDIA 500016	**Phone No**	: 8686235253/ 9866667500
		E-mail	: CHANDU.GOUD26@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name	: Mr D POORNA CHANDER	**Relationship**	: Father
Contact Address	: HNO. 7-1-557 ,NEAR HANUMAN TEMPLE, Ameerpet X Road Hyderabad Telangana INDIA 500016	**Phone No**	: 8686235253 / 9866667500

D. Poorna Chander
Signature

Doctor Details :

Doctor Name	: Dr. P V L N MURTHY	**Specialisation**	: EAR NOSE AND THROAT
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	: Dr. FAISAL B NAHDI		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

BAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH
15-04-2020 6 Y 1 M 0 D
Dr. P V L N MURTHY (M)

Name : ____________________

UHID No. : __________ IP No : ______ Dept : __________

Date of Admission: ________ Time : ______ Time: ________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/5/20	4:30 pm	ER	07	Asna [signature]
15/5/20	8 pm	07	336	[signature]

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/5/26	IV placement PAC OP	(1)	10037	[signature]

ANY OTHER INFORMATION

....

....

....

....

....

....

Date :   Time :   Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-[illegible]0437093 IP5-00173882
Master DESHARAPU ADVAITH
15-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr PVLN Murthy Date : 15/5/26

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

Start Time of Assessment: .... Weight: ....

Allergic History: Ø

Chief Complaints: recurrent URTI, c/o chronic adenotonsillitis posted for coblation adenotonsillectomy

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: Ø

Medication History: Ø

Relevant Investigations: Ø

Primary Assessment

(A, B, C, D, E)

Airway
☑ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Breathing

Rate: 22/min SpO$_2$ on FiO$_2$ ....

Rhythm: ....

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE[illegible]

Palpation Findings (If necessary) ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Circulation

HR: 22/min CFT [Central / Peripheral] < 2 sec

BP: 100/52 (61) mmHg

Pulse Volume: [Central .... / 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

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Disability

GCS: 15/15 AVPU: ....

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

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 98°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

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: (N)

Labs Planned: ⊖

Treatment Planned:
continue NPO
shift to OT on call.

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: Sahithi
Signature: [signature]
Date & Time: 15/5/26.

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor: ....
Signature: ....
Date & Time: ....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH
15-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

BAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH
15-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan... & Physical Examination

Name : Desharapu Advaith Age/Sex 6y/M

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

C/o recurrent URTI

History of present illness :

c/o recurrent URTI ÷ 7m.
c/o mouth breathing & snoring.
Planned for coblation adenotonsillectomy
No c/o fever, cough, cold, loose stools, vomitings.

Patient Sticker

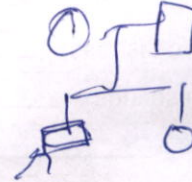
...ory & Physical Examination

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

⊖

Birth & Neonatal History:

FT Ⓝ perinatal transition



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developed as per age.

Immunization History :

Immunised as per age.

(P.T.O.)

BAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH (M)
15-04-2020 6 Y 1 M 0 D
Dr. P V L N MURTHY

...iatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 18 kg (Centile ________)

On Examination :

Temperature : 98 °F Pulse Rate : 92/min B.P. 100/52 (60 mmHg) SPO2 100% RA

Resp.rate and type of breathing : 22/min

Rash ⊖
Lymphadenopathy ⊖
Oedema : ⊖
Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : ________

Air entry & breath sounds : BAE ⊕

Any addes sounds : ⊖

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

Cardiovascular System :

Inspection of procordium : ________

Heart Sounds : S1S2 ⊕

Any murmur : ⊖

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

Per Abdomen :

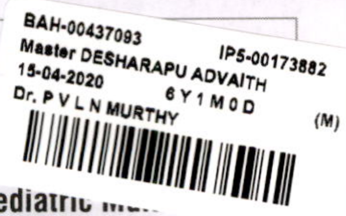
Inspection ________

Palpation : Soft, NT

Ausculation : ⊖

Spine : ________ External Genitelia : /

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


BAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH
15-04-2020 6 Y 1 M 0 D
Dr. P V L N MURTHY (M)

Pediatric ... & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : NAD

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : Regular.

Clinical Summary & Diagnostic:

Chronic adenotonsillitis

(P.T.O.)

BAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH (M)
15-04-2020 6 Y 1 M 0 D
Dr. P V L N MURTHY

...atric Multiorgan History & Physical Examination

Preventive aspects of the treatment: prevent complications

Desired goals of the treatment : hemodynamic stability.

Planned Labs:

Θ

Planned Management

Continue NPO
Shift to OT oncall.

Signature of the Doctor: [signature]

Name of the Doctor: Sahithi

Date & Time: 15/5/26 3:30PM

Signature of the Consultant:

Name of the Consultant: DR. P V L N MURTHY Registration No: 47267

Date & Time:

IAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH
5-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5 8:30pm	C/S/B Resident	
	S/p adenotonsillectomy POD-0	Adv.
	no fever/vomiting	1.) Cont medications as charted
	O/E : alert	2.) Monitor vitals
	vitals stable	3.) D/c H/m
	chest clear	Noted by Akhila @ 8:40pm
	throat healthy	Akhila
16/5 8am	C/S/B Resident	
	Δ: POD-1 adenotonsillectomy	Adv.
	no fever/vomiting/bleeds.	1.) (D) today
	O/E : alert	Akhila
	vitals stable	
	throat healthy	
	S/E NAD.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 8am	C/S/B Resident	
	S/P adenotonsillectomy POD-1	
	orally accepting	Adv:
	no fever / vomiting	D today
	O/E : alert	
	stable vitals	Akhila
	chest clear	
	throat healthy	
		N/B [illegible]

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OPERATION THEATER NOTES

Patient's Name : M. D Advaith Age : 6Y Gender : ☑ Male ☐ Female

UHID No.: 437093 Weight : 18.4 Height : —

Surgeon : PVLN Murthy		Asst. Surgeon : —
Anesthetist : Dr. Ravi	OT Nurse: Alam	OT Technician: Aman

Pre-Operative Diagnosis: Chr. Adenotonsillitis

Surgical Procedure : Adenotonsillectomy c̄ coblation

Indications for Surgery :

Date : 15/5/26	Start Time : 5.00 pm	End Time : 5.45 pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenotonsillectomy c̄ coblation

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 SYP. AUGMENTIN DDS 5ml BID-2WK

2 SYP. OXYZAL-M 5ml BID-2WK

3 SYP. CROLIN-DS 5ml TID-2WK

4 T-TRANEXA 500mg ½ tab BID-2WK

5 Salt water gargle TID-2WK

Name of the Surgeon: Dr. V. L. N. Murthy

Signature of the Surgeon: [signature] DR. P.V.L.N.MURTHY Registration No. 47267

Date & Time: 15/5/26

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Master DE?HARAPU ADVAITH
?5-04-2020 6 Y 1 M 0 D (M)
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CROSS CONSULTATION FORM

Doctor Name : Dr. Faisal Nahdi Date : 16/5/26 Time : 9am.

Diagnosis : s/p adenotonsillectomy POD-1

Hospital : RCH-B

Type of Referral :
- ☐ Emergency
- ☐ Urgent
- ☑ Non Urgent

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature:

Findings and Recommendations :

no fever
no vomiting
no bleeds.

O/E : alert
vitals stable
Chest clear.
throat healthy

Adv
Ⓓ today.
F/up - ENT.

DR. FAISAL B NAHDI
Registration No: 66228

Consultant :

Name : Dr. Faisal Nahdi Signature : [signature] Date & Time : 16/5/26

Doc. No. : RCH / FRM / CLINICAL / 049

AH-00437093 IP5-00173882
Master DESHARAPU ADVAITH
5-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

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DRUG CHART

Date of Admission: 18/5/26. Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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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Master DESHARAPU ADVAITH
15-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS

Weight. 18.2 kg Ward. ....

			Start Date	Date / Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Syp AUGMENTIN DDS

Dose	Route	Frequency	Start Date	Date / Time: 16/5
5ml	PO	BD	15/5	10AM

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

Additional Instructions: (400/5)

10PM

Daily Doctor's Endorsement by a Sign

DRUG : Syp XY2AL-M

Dose	Route	Frequency	Start Date	Date / Time: 15/5
5ml	PO	BD	15/5	10AM X

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

Additional Instructions:

10PM [signature]

Daily Doctor's Endorsement by a Sign

DRUG : Tab TRANEXA

Dose	Route	Frequency	Start Date	Date / Time: 16/5
1/4 tab	PO	BD	15/5	10AM

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

Additional Instructions: 1tab = 500mg

10PM

Daily Doctor's Endorsement by a Sign

Patient Sticker

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Dr. P V L N MURTHY

Weight. 18 kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/5/26	5.12	INJ AMOXICLAV	540 mg	IV	Adil.	Bayam / Suman
15/5/26	5.00	INJ DEXA	2 mg	IV	Adil.	Bayam / Suman
15/5/2[illegible]	5.05	INJ TRANEXA	250 mg	IV	Adil.	Bayam / Suman
15/5/2[illegible]	5.07	DICLOFENAC	12.5 mg	PR	Adil	Bayam / Suman
15/5/2[illegible]	5.45 pm	Inj PARACETAMOL	270 mg	IV	Adil	Bayam / Suman

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

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Master DESHARAPU ADVAITH (M)
15-04-2020 6 Y 1 M 0 D
Dr. P V L N MURTHY

I.V. FLUIDS CHART

Weight. 18.2 kg Ward. ....

		Composition of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/5/20.		DNS 100% main	IV	56 ml/hr	[signature]				
15/5/20	5.11	RINGER LACTATE	IV	185ml/hr	[signature]	[signature] [signature]		[signature]	[signature] [signature]

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

IAH-00437093 IP5-00173882
Master DESHARAPU ADVAITH
5-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

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

DRUG : Syp IBUGESIC				Date ▸ Time ▾	16/5
Dose	Route	Frequency	Start Dt.		
7.5ml	PO	TID	15/5	6AM	[signature]
Name & Signature of the Doctor Starting the Drugs: Akhila				2pm	
Additional Instructions:				10pm	
Daily Doctor's Endorsement by a Sign					

DRUG : Tab PANTOP				Date ▸ Time ▾	16/5
Dose	Route	Frequency	Start Dt.		
20mg	PO	OD	15/5		
Name & Signature of the Doctor Starting the Drugs: Akhila				8Am	[signature]
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 ....

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 ....

Patient Sticker

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MULTI-DISCIPLINARY PLAN OF CARE FORM

Diag

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
15/5/26	☑ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Adenotonsillectomy	Anaesthesia / Surgery	NPO	[signature]	☐ Nursing ☑ Others:
15/5/26	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Adenotonsillectomy	A. Stella	NPO IVF	Anusha	☐ Medical ☑ Others:
16/5/26 6am	☐ Medical ☐ Nursing ☑ Others: Dietitian	☐ Initial ☐ Modified ☐ Per-Op ☑ Post Op	Adenotonsillectomy	Soft diet	RDA E – 1450kcal/d P – 25gm/d	Raina	☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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ARY PATIENT / FAMILY EDUCATION RECORD

Part - I,

Patient's / Learner Language : Telugu Patient / Learner Literacy : ☐ Read ☐ Write ☑ Speak Willingness to Learn : ☑ Yes ☐ No Healthcare Literacy : ☑ Yes ☐ No

Identified Education Needs :

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Trerapy (safety, effects/side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others...

Part - II

Date	Time	Need Indentified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
15/5/26	4:20 pm	10	Fall Risk Education	mother	1	Oral	1	2	no	Archana
16/5/26	8am	9	soft diet	m/f	1	O	1	2	–	[illegible]

Part - III : CODES

Who was taught : PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify)...............

Learning Barriers :
1. No Learning Barries
2. Physical Impairment
3. Emotional Barries
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process / Cognitive limitations
8. Responsibilities at Home
9. Cultural Difference
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision / or Hearing
13. Cultural / Religion Practice
14. Others (Specify) ....

Teaching Tools Used : A : Audio D : Demonstration V : Video O : Oral P : Printed

Mechanism/s to overcome barrier/s :
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify.....................

Understanding : 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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. P V L N MURTHY

NPO:- 10:00Am (Solid)
1:00pm (Liquid)

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Desharapu Advaith Age : 6yrs Gender: ☑ Male ☐ Female

Date : 15/05/26 Time of Arrival : 2:20pm Triage Completion Time : 2:22pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify): .... ☐ Not known any drug Allergies

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

Initial Vital Signs: Temp: 98.0F PR: 92bpm BP: 100/52 (61) RR: 22bpm SpO₂: 100% RA

Chief Complaints: came for adenotonsillectomy c Coblation

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

Gani
Signature of Parent / Guardian

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 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 : Keerthana Signature of Triage Nurse : [signature]

Date & Time : 15/05/26 @2:22pm

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/5/26 Time of arrival : 3:16 p.m

Chief Complaints: Com for Adenotonsillectomy c Coblation RBS: nil

Height 117.5cms Weight : 18.20kg BMI : nil Head Circumference (<2 years) nil

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

If yes , identify NO

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

☐ Character NO ☐ Location NO ☐ Frequency NO ☐ Duration NO

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

1 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: nil (Date/Time): Nil

Social History: Lives With family

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

Cultural & Spiritual Needs: ☐ Yes ☑ No if Yes specify NO Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse : 3:28pm

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

Time	Nursing Notes
3:30 pm	→ Dr seen the pt and asit the pt
	→ vitals are Recorded.
	→ iv placement done.
	→ Sample collected and send to lab
	→ Shifted to OT

Samples collected by: / NR John   Time: / 3:30pm

Samples sent by :   Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		NO			

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 92bpm BP: 100/52 CFT: <2s	Shift - out from ER to: OT
RR: 22bpm SPO_2 : 100%.	Time of Shift - out: 4:30pm
GCS: 15/15 Temperature : 98.0°F	Handover given to: (Nurse's Name) Teena
Pain Score: 0/0	
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): iv placement

Name of the Nurse : Annub   Signature of the Nurse : [signature]

Date & Time : 15/5/24 3:30

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15-04-2020 6Y1M0D (M)
Dr. P V L N MURTHY

15/9/26

RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Obs 1	Obs 2	Obs 3
Date : .... Time:	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?			
Temperature (°F) (scale 94–104)	96.8F	97.4F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring	102/55 (67)	103/64 (74)	108/80 (86)
Heart Rate (Number)	107b/m	110b/m	130bpm
Resp. Rate (bpm) per 1 Minute) * (scale 10–70)			
Resp Rate (Number)	24b/m	24b/m	24b/m
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild	N	N	N
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%.	99%.	100b/m
Conscious Level — Normal	N	N	N
Conscious Level — Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	1	1	1
Observer's Initials	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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)

Patien[illegible]

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FLUID CHART

Sheet No. : .... ⓪ 15/5/26.

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.

Date	Time	Nature of Fluid	Intake: Route – Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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		Water								0	e
Total Intake :						**Total Output :**						
	08:00 pm		10 cm ✓								0	e
	09:00 pm							✓			0	
	10:00 pm		Water								0	
	11:00 pm		ORS				NP			NP	0	Sh
	12:00 am		ORS								0	
	01:00 am										0	
Total Intake : Taken						**Total Output :** M – 0 U – 1 V-1						
	02:00 am										0	
	03:00 am		Water								0	Sh
	04:00 am						NP				0	
	05:00 am										0	Sh
	06:00 am		Water							✓	0	
	07:00 am	Syp	7.5ml								0	Sh
Total Intake : Taken						**Total Output :** M – 0 U – 1						

Total 24 hrs. Intake	Taken

Total 24 hrs. Output	M – 0 U – 1 V-1

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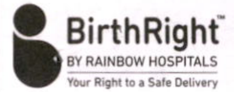
15-04-2020 6 Y 1 M 0 D
Dr. P V L N MURTHY

FLUID CHART



Sheet No. : ....

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

		Intake				Output						
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	

Docu. No. : RCHBH/FRM/CLINICAL/092

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Master DESHARAPU ADVAITH
15-04-2020 6 Y 1 M 0 D (M)
Dr. P V L N MURTHY

Dep[...]
PR[...]TION

Name: DESHARAPU ADVAITH Age: 6y Sex: Male UHID.No : BAH-00437093

Date: 14/5/26 Time: 3:20pm Proposed Operation: ADENOTONSILLECTOMY c̄ COBLATION

Diagnosis: ADENOID HYPERTROPHY

B.P / CRT: <3sec H.R: .... Weight: 18.09kg ASA Physical Status: ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 13.3	Glucose:	Protein:	HIV:	X-Ray:
PCV: 41.5	Urea:	Alb:	HBS Ag:	ECG:
WBC: 7790	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 4.21 lakh	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Vit-D - 10ng/ml

Allergies: NIL

Medical History: CVS :
RESP :
Diabetes :
CNS : NIL Significant
Renal :
FT/NVD/MCh/3.25kg/CIAB
Hepatic / GE :
Physical Activity: Immunisation ⊕
Others : Mouth breathing ⊕

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 ⓶ 3 4 Mouth Opening: Adequate Mentohyoid Distance: Ⓝ Neck: Ⓝ Teeth: Ⓝ Alignment, 2|2, 2| Missing

Lungs : BAE ⊕ clear

Heart: $S_1 S_2$ ⊕

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site : Peripheral | Spine Exam for regional : Midline

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

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

CURRENT MEDICATIONS	DOSAGE
Syp. UPRISE D3	60K / Weekly x 6wks

Pre-Operative Instructions:

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

Signature: [signature] Name: Dr. Ayesha

BAH-00437093 IP5-00173882
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ANAESTHESIA CHART

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Pre Ind

Change in Patient Condition: ☐ Yes ☐ No ✓	Fasting Status: 7.6hr	
Physical Status: ☑ Patient Identified	☑ Consent Present	☐ Chart Reviewed

H.R.: 94	B.P / CRT: 116/74	SpO₂: 100%	R.R.: 16/m	Last Feed:

Pre-OP Diagnosis: Adenoid hypertrophy
Operation: Adeno tonsillectomy
Date: 15/5/24
Surgeon: Dr. PVLN Murthy
Anaesthesiologist: Dr. Ravi / Dr. Aditi
Technician: Aman

TIME: 4.45 ... 5.45
N_2O / AIR / O_2 LPM
HALO / ISO / SEVO — MAC 1.0
Drugs:
- INJ PROPOFOL 50+20 I
- INJ FENTANYL 20 MCG
- INJ MIDAZOLAM 1MG
- INJ ROCURONIUM 7.5
- INJ TRANEXA 27 MG
- INJ DEXAMETHASONE 2 MG

Antibiotic
Suppository ✓ — DICLOFENAC 12.5
Blood Loss
NOTES

FIO_2 / SaO_2: 100 100 100 100
$ETCO_2$: 33 32 35 38
ECG
Temperature: SKIN 33.4
Urine Output

Fluids / Blood: IVF RL 180ml/hr

B.P — V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out
Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0

LAB Values: ABG / GRBS / Others

Equipment:
- ☑ Equipment Checked and Functional
- ☑ BP
- ☑ Cuff Site: LUL
- ☐ Art Site:
- ☑ EKG Lead: 3 lead
- ☐ Temp Site
- ☐ FIO₂ 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: 4.55
- OP Start: 5.05
- OP End:
- Leave OR: 5.45pm

Anaesthesia:
- ☑ GA
- ☐ Monitored Anaesthesia Care
- ☐ Regional

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☑ IV: LUL
- ☐ IV:
- ☐ IV:

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

- ☐ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
- ETT# 5 at 16 cm
- ☑ Oral ☐ Nasal ☑ Cuff
- ☐ Tracheostomy ☐ Topical
- ☐ Drug: ROCURONIUM
- ☐ 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: RAVI
Signature of the Doctor: [signature]

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POST[illegible] IT RECORD

Received in PACU by : Bhyam Time Received : 2pm Time Discharged :

BLOW PRESSURE / PULSE / RESP chart (0–250); SPO_2: 99, 98, 99, ves

IV Cannula Site :

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

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

IV Fluids:
Oral Feeds: Orally Allow

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

Criteria	Score		IN	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	1	1	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	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	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	
		TOTAL	8	8	9	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
15/5	7.30pm	2/10	Lt Cream

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

Anaesthesiologist Name : Dr. Vyasha
Anaesthesiologist Signature: [signature]
Date & Time: 15.5.26 @ 8PM

PACU Nurse Name : Bhyam
PACU Nurse Signature: Bhyam
Date & Time: 15/5/26

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pa[in]
   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): 33B - Bhyam
Date & Time: 15/5/26

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	Level Right	Maternal BP	Maternal Pulse	FHR	Comments

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

...ved by and Tip Inspected : ....

...action : ....

... /Shifting ordered by

...Signature: ....

...octor Name: ....

Date and Time : ....

Patient Sticker

Advaith Gylm

336

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/5/26 Time: 8 am

Weight: 18.2 kg Centile: 25th

Height: 95cm Centile: 25th

Inference: well child

RDA: — Calories: 1450 kcal/d Protein: 25 gm/d

Diet Recommendations: Soft Diet

Re-Assesment: Avoid Spicy & outside foods

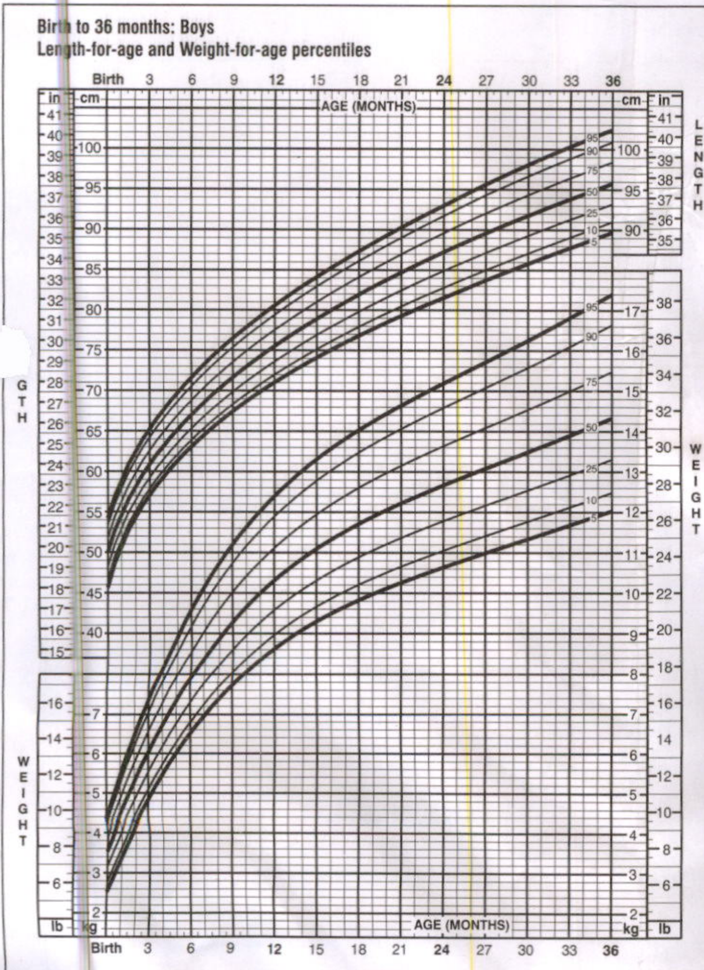
Food Allergies: NO Veg/Non-veg NON-veg

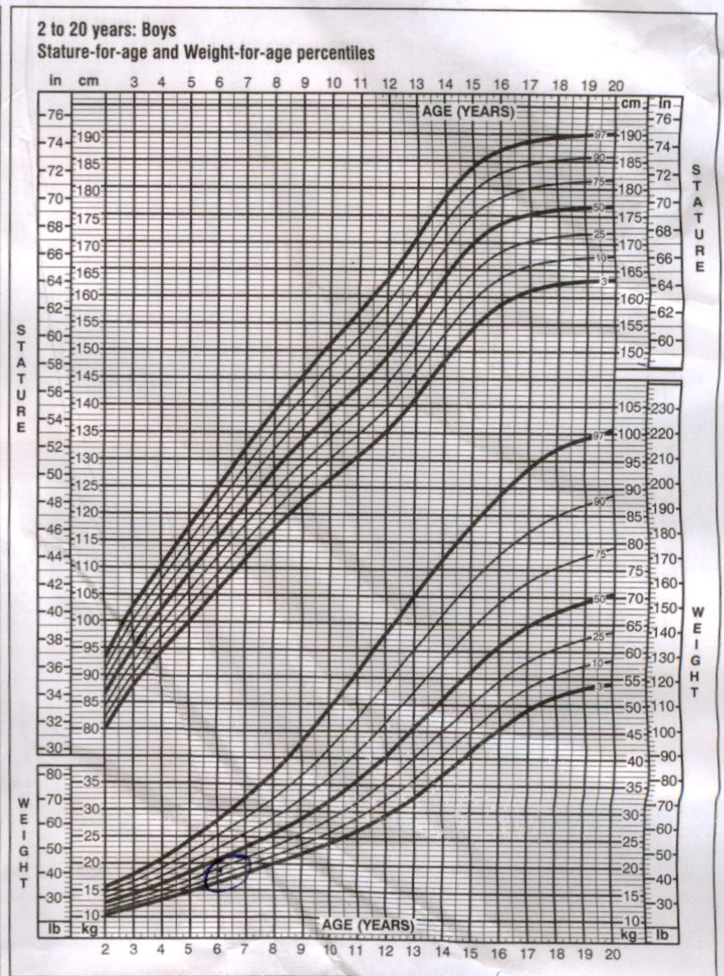
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Gowthami

GROWTH CHART (BOYS)





Dietician's Name Raima Dietician's Signature Raima

Docu. No. : RCHBH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes: