

KUH-00209536 IP5-00174587
 Master BHANU PRAKASH YASHWIN
 06-06-2012 13 Y 11 M 26 D (M)
 Dr. VENKAT RAM THYALAPALLI

80439



[Handwritten signature]

SURGERY DETAILS

Date : 01/6/24

Patient Name: M-Bhanu Prakash Yashwin Date of Birth: Age: 13y

Gender: M Ward: P-OT UHID No.: 204536

Date of Surgery: 01/6/24 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Unblebbed baggers ms. *[Handwritten symbol]*

Time in : 9am Time Out : 2 PM

| | NAME | AMOUNT |
|----------------------|----------------|--------|
| 1. Surgeon | DR. Venkat Ram | |
| 2. Anaesthetist | Dr. Ayesha | |
| 3. Assistant Surgeon | | |
| 4. OT Technician | Sibisha | |
| 5. Circulating Nurse | Suman | |
| 6. Assistant Nurse | Alam, Akhil | |

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

[Handwritten signature]
 Signature of the Surgeon

[Handwritten signature]
 Signature of Circulating Nurse

Order No: 9638186

Order by: *[Handwritten signature]*



Bone grafting

CONSUMABLES OF OT

Circulating Staff: Technician: Date: Time:

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|------------------------------------|--------|------|-------------------------|--------|------|-------------------------|--------|-------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube 4.5, 5, 5.5, 6 | 11 | 11 | Major Pack Drape | 1 | 1 | Inj Vit.K 10 tube 10 | 2 | 2 |
| LMA 2, 2 1/2 (3) | 11 | 0 | Sutures | | | Cord Clamp | | |
| ECG leads : A (P) N | 05 | 05 | Monocryl 30, 4-0 | 2 | 2 | Suction Catheter | | |
| HME filter : A (P) N | 01 | 01 | | | | Feeding Tube | | |
| Syringes : 10 cc | 10 | 05 | | | | Vacuum Suction Set | | |
| 05 cc | 10 | 05 | Gloves 6-6 1/2 7-7 1/2 | 2+2 | 2 | Surgical Gloves | | |
| 02 cc | 10 | 05 | Pf - 6 6 1/2 7-7 1/2 | 2+2 | 2 | Gauze Pack | | |
| 01 cc | 05 | — | ediasen 10x10 | 1 | — | Syringe 1ml / 2ml | | |
| Cautery plate : A (P) N | 01 | 01 | Surgical blade 15+22 | 1+1 | — | Surgical Blade # 20 | | |
| IV set | 01 | 01 | NG tube Soframycin | 1 | 1 | Koochies (S) fotogown | 3 | 3 |
| RL | 01 | 02 | Cautery pencil | | | NS 500ml | 1 | 3 |
| NS : 10ml (100ml) / 500ml / 1000ml | 01 | 01 | Koochies Adult Median | 1 | 1 | transofix | 1 | — |
| Mini Spike | 01 | 01 | Ointments | | | 18 Niddle | 5 | — |
| O2 mask (p) | 01 | 1 | Suction Catheter | | | Soft roles sim | 3 | — |
| Fentanyl | 01 | 01 | Cap, Mask | 5 | 5/5 | Articast - 4inch | 3 | — |
| Morphine | | | Gauze Pack | 5/5 | 5/5 | Inj. of morphine | 1 | 1 |
| Ketamine | | | Mop Pack | 1 | 1 | Cute cord 30x30 | 2 | 1 |
| Propofol | 03 | 02 | Steristrip | | | Dressing pad | 2 | — |
| Rocuronium atfalwin | 01 | 00 | Underpad | 1 | 1 | Waste Bandage | 1 | 1 |
| Glycopyrolate | 01 | 00 | Draw sheet | 2 | 1 | Blood Set | 01 | 01 |
| Myopyrolate | 01 | — | Abgel | | | Vancomycin 500mg | 01 | 01 |
| Ondansetron | 01 | 01 | Foleys catheter | | | Gauze + Glac all | 4+4 | 3+1 |
| Pencan 25g / Spinal Needle 22 | 01 | 01 | Urobag | | | Dexa + Tranexa | 1+2 | 0+1 |
| Bupivacaine 0.25% | 04 | 5 | Chest Drainage Catheter | | | Dermed | 01 | 01 |
| Bupivacaine 0.25% (Heavy) | 01 | 01 | Romodrain bag | | | 50cc + pmo line | 1+1 | 1+0+1 |
| Antibiotics Iv pem | 01 | 01 | Bandage | | | Midazolam | 01 | 1+1 |
| 25g Quincke needle | 01 | 01 | Tegaderm | | | Nasal prnx eten (p) | 1+1 | 0+1 |
| Suppositories Lox 2x1 | 01 | 01 | Ioban | | | Adrenaline + Atropine | 1+1 | 1+1 |
| Anamol : 80mg / 250mg / 170 mg | | | Double J Stent | | | Ephedrine | 01 | 01 |
| Supridol : 100mg (100mg) Admin | 01 | 01 | Vacuum Suction set | 1 | 2 | NG tubes all | 6 | — |
| Justin : 12.5 mg / 25mg / 100mg | 1+2 | | Plastic Bed Sheet | 1 | 1 | Suction cathela all | 5 | — |
| Tab. Misoprost : 200mg | | | Betadine Solution | 1 | 0+1 | Lox 2x1 + Jelly | 1+1 | 1+1 |
| Vacuum Set | 01 | 01 | Microshield | 1 | 1 | Ortk + Splint 1, 3 | 1+1 | 1+1 |
| Oral airway 2, 3 | 1+1 | — | Cotton Balls | | | Gpudural kit (p) | 01 | 01 |
| Nasal airway 26, 28 | 1+1 | — | Latex Gloves | 10P | 10P | Tegaderm plain | 01 | 01 |
| Iv cannula 20+18 | 1+1 | 0+1 | Ramdione Scrub | 1 | 1 | Elas fenny | 01 | 0+1 |
| 3way 10cm + 100cm | 1+1 | 0+1 | Saral | | | | | |
| Etcor nasal prxy | 01 | 01 | | | | | | |

Surgeon: NOR-ADRENAN Anaesthesiologist: Nurse: OT Technician:
 Order No.: Ordered by:

ESTIMATION SLIP

Date: 25/May/26 UHID / IP No.: 6041-00209536 SI No. **80439**

Name of Patient: Mrs. Bhenu Babesh Yashwanth Age: 34 Gender: W

Father's / Husband's Name: Mr. Suresh Kumar Corporate / Occupation: Prof Lecturer

Address: Hyd Phone: 8985652304 Email: _____

Procedure / Plan: Intracranial surgery / Plastic + Dh (Bone grafting)

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

TARIFF INFORMATION: Dr Venkatesh Thyl / ULTT notes / DC / 10000

| ROOM CATEGORY | GW | SW | TSW | PR | DLX | SDLX | NICU | PICU | MIU | DAY CARE |
|-----------------------------|----|----|-----|----|-----|------|------|------|-----|----------|
| Room Rent & Nursing Charges | | | | | | | | | | |
| Doctor's Fee | | | | | | | | | | 5350 |
| L. Tax | | | | | | | | | | |

| PARTICULARS | AMOUNT (₹) |
|-----------------------------------------------------------------------------------|------------------------------------------------------------|
| Surgeon's / Anesthetists's Fee / O.T. Charges | <u>DC: 21350 + 6100 + 17080</u> |
| O.T. Consumables | <u>9500</u> Subject to approval by TPA / Insurance Company |
| Instrument Charges | Not Covered by TPA / Insurance company |
| Pharmacy, Consumables & Investigations | As per actual - Not Included in Estimation |
| Equipment Charges | |
| Monitor : | Oxygen : |
| Ventilator : | Conventional : |
| Phototherapy : | Single Surface : |
| | HFO-SLE 5000 : |
| | Double Surface : |
| | HFO Sensormedix : |
| | Triple Surface : |
| Blood/Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc. | <u>As per actual - Not Included in Estimation</u> |
| Package | |
| Others | <u>Implants : 14k / As per actual extra</u> |
| Initial Minimum Deposit | <u>DC: Rs. 100,000 / P found dms clearing.</u> |

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

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

Signature of the Client: _____
Signature of the Relationship: _____
Signature of the Financial Counselor: _____

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174587 Admit Date : 01-Jun-2026 Admit Time : 06:10 AM UHID : KUH-00209536

Patient Details :

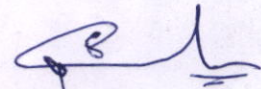
| | | | |
|--------------|-----------------------------------------------------------------------------------------------------|----------------|--------------------------|
| Patient Name | : Master BHANU PRAKASH YASHWIN SINGIREDDI | Age | : 13 Y 11 M 26 D |
| Guardian | : Mr SURESH KUMAR | DOB | : 06-06-2012 |
| Gender | : Male | Religion | : |
| Occupation | : | Martial Status | : Single |
| Address (H) | : S/O SURESH KUMAR D NO.302 BALAJI NIVAS ALLAPUR SOCITY Bachupally Hyderabad Telangana INDIA 500090 | Phone No | : 8985652304/ 8639650753 |
| | | E-mail | : nomailid@gmail.com |

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 401 Ward Name : 4F-OT COMPLEX
 Room No : PRE OP 401 Admission Type : First Visit

Contact Details :

Name : Mr SURESH KUMAR Relationship : Father
 Contact Address : S/O SURESH KUMAR D NO.302 BALAJI NIVAS ALLAPUR SOCITY Bachupally Hyderabad Telangana INDIA 500090 Phone No : 8985652304 / 8639650753



Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI Specialisation : ORTHOPEDICS
 Referral Doctor : SELF Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.08
 Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name: **KUH-00209536** IP5-00174587
Master BHANU PRAKASH YASHWIN
 06-06-2012 13 Y 11 M 26 D (M)
 UHID: **Dr. VENKAT RAM THYALAPALLI** _____ Consultant: _____ Dept: _____

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

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

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|--------|------|-----|--------------------|
| 11/6/26 | 7:00A | ER | OT | df |
| 11/6/26 | 5:15PM | OT | 139 | [Signature] |
| | | | | |
| | | | | |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|----|--------------|---------|-----------|-----------|
| 1 | Dr. Jeevitha | 21/6/26 | | |
| 2 | please | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

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 :

2/06/2020

Echo ,

- > slp aortic stenosis for aortic dissection
- > normal sized cardiac chambers
- > detect IAS / AS
- > normal coronaries
- > good biventricular function
- > pulsatile flow in descending aorta
- > no pleural / pericardial effusions
- > IVC @ 2 collapsible

Consultant :

Name : Signature : Charyaru Date & Time :



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

KUH-00209536 IP5-00174587
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 11 M 28 D (M)
Dr. VENKAT RAM THYALAPALLI

UHID ID: _____



Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : Bhanu Prakash Age/Sex 13y / m
Information given by: father Relationship

Chief Presenting Complaints & Duration (Chronologically)

Child polytrauma on 9/4/26
now for cone grafting i/v to femur
##

History of present illness :

Child polytrauma 1 month ago
↓
admitted on 9/4/26 - 13/5/26
i/v/o aortic dissection sp grafting.
AKI - AKD sp CRRT
CRAB - Sepsis
TBI (severe) DAI
Acute pancreatitis & persistent diabetes
now for cone grafting.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 35 (Centile _____)

On Examination :

Temperature : 98 F Pulse Rate : 106 B.P. 120/77 with 99 SPO2 99
Resp. rate and type of breathing : 24/min

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

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : B/L NIVBS
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, nontender
Auscultation : _____
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____

020536 IP5-00174587
Minister BHANU PRAKASH YASHWIN
06-06-2012 13 Y 11 M 26 D (M)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness: AVPU/GCS score : _____

Cranial Nerves : _____ (2)

Motor System:

Nutrition : _____ Power _____

Tone: OT _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

comorbidity ¹¹ + anemia (9/4/20) - multiple
non-healing ulcers



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

~~EBP~~

RP1

d. lipase
Blood c/s

Noted by
Kethu
1/6
@6:40 PM

Planned Mnt

VF DHC

view PDE

Signature of the Doctor: *[Signature]*

Name of the Doctor: Dr. Haule

Date & Time: 1/6/26 6am

Signature: *[Signature]*

Name: Dr. Venkat Ram

Date: 1/6/26, 6am

CHILD CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

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

1. percutaneous transluminal aortography / open aortography + bone graft

I acknowledge the following:

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

| Benefits of the Surgery(s) / Procedure(s) | Alternatives of the Surgery(s) / Procedure(s) |
|-------------------------------------------|-----------------------------------------------|
| <u>alignment of femoral head @ R side</u> | — |

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

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

- Infection
- Delayed fracture Heals / non-heals

I authorize Dr. Venkat Ram Thyalapalli and his / her team to perform the procedural sedation upon the patient / myself.

- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- 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: Satyavathi
 Name: Satyavathi
 Relationship with patient: Mother
 Date & Time: 1/6/26 @ 8:30 am

Witness:
 Signature: [Signature]
 Name: S. Suresh Kumar
 Date & Time: 1/6/26 @ 8:30 am

Doctor (who is taking consent):
 Signature: [Signature] Name: Dr. Venkat Ram Thyalapalli Date: 1/6/26 Time: 8:30 am

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో బిల్టైన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1
2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు సప్లెలు నాకు వివరించబడ్డాయి.

| శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు: | శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు |
|---------------------------------------|-------------------------------------------|
| | |

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ గాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మానరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

- -
4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
 - వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
 - పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భావన సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

KUH-00209536 IP5-00174587
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 11 M 26 D (M)
Dr. VENKAT RAM THYALAPALLI

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Sticker

OPERATION THEATER NOTES

Patient's Name : M. Bhanu Prakash Yashwin Age : 13.7 Gender : Male Female

UHID No. : 208536 Weight : Height :

Surgeon : Dr Venkat Ram Thyalapalli Asst. Surgeon :

Anesthetist : Dr. Ayesha OT Nurse : Alam, Akhil OT Technician : Sibisha

Pre-Operative Diagnosis : Humerus left - a hyperbolic fracture (Rhe)

Surgical Procedure : open reduction + plate fixation + bone graft

Indications for Surgery : fracture

Date : 01/06/26 Start Time : 09:21am End Time : 2:15pm

Pre Operative Preparations:

Post Operative Diagnosis : None

Per-Operative Complications:

Operation Notes:

- L ha & eg. dural block
- after trough sent to druggist
- tried to pass nail from proximal fragment into distal end, but old granulation & callus were blocking screw
- so, open reduction planned, lateral incision
- significant hyperbolic angulation noted
- ~~near total blocking screw~~
- near total blocking screw noted

- fracture ends debrided
- 4.5cm - (6) Lateral DCB placed
- (2) strae incision given, bone graft later.
- after wash, bone graft placed at fracture site. & closure in done in layers.
- Drain done.
- (3) previous Nails removed

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Dr. Ananya Singh

(1) T. Pleum - ma

(3) Hx

Car be debrided
to remove.

(2) T. Lincel / 100 / (1) Hx

(3) Sach D-360 weekly once
(2) packs

(4) Eye zincint 1ml/100 / (1)

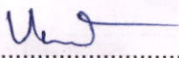
(5) Ren-gh 1 week in 100

Antibiotic for 1 week

as advised by

Dr. Ananya
mahan

Name of the Surgeon: Dr. Ananya Singh

Signature of the Surgeon: 

Date & Time: 1:40pm - 1/6/2024

KUM-00209536 IP5-00174587
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06-06-2012 13 Y 11 M 26 D (M)
Dr. VENKAT RAM THYALAPALLI

Patient Sticker



POST-SURGICAL CARE PLAN FORM

Procedure Done: *open reduction + plating + bone grafts*

Post-Surgical Diagnosis: *# femur fx - E hyperkalemia - (D)*

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

When to Start Mobilization:

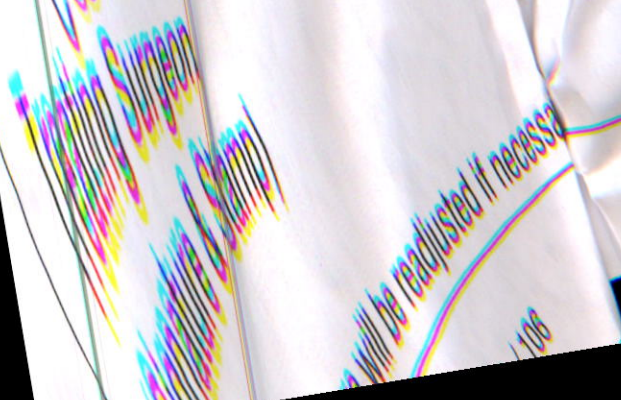
Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Date: *1/6/2016* Time: *1:20pm*



Rainbow
Children's
Hospital

POST-LUMBAR PUNCTURE FORM

Dr. [illegible]
at [illegible]

(1)



KUH-
Master
06-06-
Dr. VE

5-00174587
YASHWIN
M 27 D (M)
PALLI

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/6/26 2:50 pm | <p>ds/B Dr. Sandeep</p> <p>As:- polytrauma aortic dissection s/p stent-grafting / Rt. femur fracture / s/p open reduction + intramedullary nailing</p> <p>on room air hemodynamically stable</p> <p>No peri-operative issues</p> <p>systemic exam (N)</p> <p>pressure sores on Rt. heel, left leg</p> | <p>Plan</p> <ol style="list-style-type: none"> 1) Plastic surgeon consultation for pressure sores 2) Ziy. piptaz 3) Ziy. pcm 4) Ziy. Tramadol 5) Shift to ward <p>Gastro-review Cardiology review</p> <p>Dr. Pradyumn</p> |
| 1/6/26 8:30 pm | <p>ds/B PICU resident</p> <p>As:- polytrauma / Rt. femur fracture / s/p open reduction + intramedullary nailing</p> <p>on room air hemodynamically stable</p> <p>No issues</p> | <p>Plan</p> <ol style="list-style-type: none"> 1) T-bact ointment for local application on ulcers of Rt. foot 2) Gastro-review Cardiology review <p>Dr. Pradyumn</p> |

ERN / CLINICAL / OR

KUH-00209536 IP5-00174587
 Master BHANU PRAKASH YASHWIN
 06-06-2012 13 Y 11 M 27 D (M)
 Dr. VENKAT RAM THYALAPALLI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2/6/2012 8:30 AM | <p><u>C/S/B PICU Fever:</u></p> <p>APs:- polytrauma aortic dissection of grafting Rt femur fracture open reduction + intramedullary nailing</p> <p>on room APs hemodynamically stable no fever spikes. chest clear oral intake - better. sig ppta2 - D2</p> | <p>plan:</p> <ol style="list-style-type: none"> 1. w/t fever spikes. 2. monitor vitals. 3. Gastro Review Cardiology Review pediatric surgeon Review. 4. encourage oral intake <p>Dr. Madhu</p> |
| 02/06/2012 12pm | <p><u>C/S/B</u> vitals - stable Drains changed ✓ Epidural anesthesia ☺</p> | <p><u>C/S/B Mr. Sandeep</u></p> <p>Plan</p> <ol style="list-style-type: none"> 1) T Bac on wounds 2) Gastro & Cardio Review 3) Physio Exercises of all joints 4) >75% → give Amlo d ipine 50 5) Proximal openwound 6) cefexime X 5 Days (Need to see) 7) T6 pcm → ultrason |



CROSS CONSULTATION FORM

Doctor Name: Dr. Ponhya Date: Time:

Diagnosis:

Hospital:

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:

Followup consultation.

Signature: [Signature]

Findings and Recommendations :

Admitted - s/p. open reduction + plate fixation + Bone grafting.
 on 01/06/26, 9AM

last follow up on Monday -
 currently on ueon 20,000 IU / BD.

No fever/complain / No Abdominal pain
 Accepting orally - , Able to swallow $\left\{ \begin{array}{l} \text{solids} \\ \text{liquids} \end{array} \right.$

S-lipate - $\frac{425}{(01/06/26)}$ $\frac{10/5/26}{530}$ $\frac{18/5/26}{300}$ $\frac{01/06/26}{425}$

passed since yesterday morning.

Plan

- 1x To continue fat predict & ueon.
- 2x R/v. Dulcoflex. long rectal suppositories

[Signature]
 Dr. Kumar

Signature : Date & Time :

KUH-00209536 IP5-00174587
 Master BHANU PRAKASH YASHWIN
 06-06-2012 13 Y 11 M 26 D (M)
 Dr. VENKAT RAM THYALAPALLI



RESULT SHEET

| | | | | | |
|---------------------|--|--|--|--|--|
| Date | | | | | |
| Time | | | | | |
| Hb | | | | | |
| PCV | | | | | |
| RBC | | | | | |
| WBC | | | | | |
| N/L | | | | | |
| Platelets | | | | | |
| CRP | | | | | |
| ESR | | | | | |
| PCT | | | | | |
| RBS | | | | | |
| Na | | | | | |
| K | | | | | |
| Cl | | | | | |
| Ca/Mg | | | | | |
| Phosphate | | | | | |
| Urea | | | | | |
| Creatinine | | | | | |
| ALP | | | | | |
| SGPT | | | | | |
| SGOT | | | | | |
| T.Bill/Conj | | | | | |
| T.Protein | | | | | |
| S.Albumin | | | | | |
| S.Globulin | | | | | |
| A/G Ratio | | | | | |
| Uric Acid | | | | | |
| S.Amylase | | | | | |
| Sr.Lipase | | | | | |
| Blood Lactate | | | | | |
| S.Cholesterol | | | | | |
| PT/INR | | | | | |
| APTT | | | | | |
| CSF Protein / Sugar | | | | | |
| Cells | | | | | |
| N/L | | | | | |



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: 2i. TRAMADOL
 Date/Time: 1/6/26
 Dose: 35mg, Route: IV, Frequency: TID, Start Dt.: 1/6/26
 Name & Signature of the Doctor Starting the Drugs: Dr. Pratyusha
 Additional Instructions: *APM 10/1/26*
 Daily Doctor's Endorsement by a Sign

DRUG: TAB. LIMCEE-500
 Date/Time: 1/6/26
 Dose: 1 tab, Route: PO, Frequency: BD, Start Dt.: 01/06
 Name & Signature of the Doctor Starting the Drugs: Dr. Nandan
 Additional Instructions: *APM 10/1/26*
 Daily Doctor's Endorsement by a Sign

DRUG: SyP. ZINCOVIT
 Date/Time: 1/6/26
 Dose: 5ml, Route: PO, Frequency: BD, Start Dt.: 01/06
 Name & Signature of the Doctor Starting the Drugs: Dr. Nandan
 Additional Instructions: *APM 10/1/26*
 Daily Doctor's Endorsement by a Sign

DRUG: D-360 SACHET
 Date/Time: 1/6/26
 Dose: 1 Sachet, Route: PO, Frequency: Weekly, Start Dt.: 01/06
 Name & Signature of the Doctor Starting the Drugs: Dr. Nandan
 Additional Instructions:
 Daily Doctor's Endorsement by a Sign

VERIFIED BY: Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight 3.5kg Ward

| | | | | | | | | | |
|----------------------------------------------------|-------|-----------|-----------|-----------|--------|--|--|--|--|
| DRUG : T. NODOSIL | | | | Date/Time | | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | |
| 1700 | PO | BD | 1/6/26 | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | | | | | |
| <i>Deek</i> | | | | | | | | | |
| Additional Instructions: | | | | | | | | | |
| | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | |
| DRUG : T. AMLODIPINE | | | | Date/Time | 1/6/26 | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | |
| 1700 | PO | BD | 1/6/26 | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | | | | | |
| <i>Deek</i> | | | | | | | | | |
| Additional Instructions: | | | | | | | | | |
| If BP > 126/81 mm Hg | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | |
| DRUG : 2% PIPERACILLIN-TAZOBACTAM | | | | Date/Time | 1/6/26 | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | |
| 3.5gm | IV | TID | 1/6/26 | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | | | | | |
| <i>Dr. Pratyusha</i> | | | | | | | | | |
| Additional Instructions: | | | | | | | | | |
| | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | |
| DRUG : 2% PARACETAMOL | | | | Date/Time | 1/6/26 | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | |
| 500mg | IV | TID | 1/6/26 | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | | | | | |
| <i>Dr. Pratyusha</i> | | | | | | | | | |
| Additional Instructions: | | | | | | | | | |
| | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | |

Signature
Name

KUH-00209536 IP5-00174587
 Master BHANU PRAKASH YASHWIN
 06-06-2012 13 Y 11 M 26 D (M)
 Dr. VENKAT RAM THYALAPALLI



DRUG CHART

Date of Admission: 1/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signal



iker

REGULAR PRESCRIPTIONS

Weight. 85kg Ward.

| | | | | | |
|-------------------------------------------------------|-----------|-----------|---------------|------------------------------------------------------|----------------|
| DRUG : <u>amp. LEVIPIL</u> | | | | Date Time | <u>11/6/26</u> |
| Dose | Route | Frequency | Start Date | | |
| <u>800mg IV</u> | | <u>BD</u> | <u>1/6/26</u> | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| <u>Chelu</u> | | | | | |
| Additional Instructions: | | | | | |
| | | | | <u>6PM</u> <u>amp. Levipil</u> <u>Chelu</u> | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>amp. EMOPRAZOLE</u> | | | | Date Time | <u>11/6/26</u> |
| Dose | Route | Frequency | Start Date | | |
| <u>35mg</u> | <u>IV</u> | <u>OD</u> | <u>1/6/26</u> | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| <u>Chelu</u> | | | | | |
| Additional Instructions: | | | | | |
| | | | | <u>5PM</u> <u>amp. Emoprazole</u> <u>Chelu</u> | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>T. SIZODON</u> | | | | Date Time | <u>11/6</u> |
| Dose | Route | Frequency | Start Date | | |
| <u>1mg</u> | <u>PO</u> | <u>OD</u> | <u>1/6/26</u> | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| <u>Chelu</u> | | | | | |
| Additional Instructions: | | | | | |
| <u>1mg = 0.5ug</u> | | | | | |
| | | | | <u>1PM</u> <u>amp. Sizodon</u> <u>Chelu</u> | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>cap. CREON</u> | | | | Date Time | <u>11/6</u> |
| Dose | Route | Frequency | Start Date | | |
| <u>2 capsule</u> | <u>PO</u> | <u>BD</u> | <u>1/6/26</u> | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| <u>Chelu</u> | | | | | |
| Additional Instructions: | | | | | |
| <u>10,000U</u> | | | | | |
| | | | | <u>10PM</u> <u>amp. Creon</u> <u>Chelu</u> | |
| Daily Doctor's Endorsement by a Sign | | | | | |



| 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 |
|--------|------------|----------------------------------|-----------------------------|-------|-------------|---------------|
| 1/8/26 | 45 8 AM | Inj CEFTRIAXONE | 1g | IV | [Signature] | Teeva Agni |
| 1/6/26 | 10:00AM | Inj PIPERACILLIN & TAZOBACTAM | 1.1 gm | IV | [Signature] | Agni Agni |
| 1/6/26 | 11:00AM | Inj. TRANYLAMIC ACID | 500mg | IV | [Signature] | Agni Agni |
| 1/6/26 | 11:00AM | Inj. PARACETAMOL | 1gm | IV | [Signature] | Agni |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature
VERIFIED BY: Name



I.V. FLUIDS CHART

Weight. 35 kg Ward.

| Date | Time | Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc) | Route | Flow Rate ml/hr | Doctor Sign | Nurse Sign | Date of Stopping | Doctor Sign | Nurse Sign |
|--------|--------------------|-----------------------------------------------------------------------------|---------------|---------------------|-------------------|--------------------------|---------------------|----------------|--------------------------|
| 1/6/26 | 6 am | DNS | IV | 65 | y | | Not | | Commented |
| 1/6/26 | 9:00 am | RINGER LACTATE | IV | 350 ml/hr | <u>Gyeshu</u> | <u>key</u> <u>Alu</u> | 1/6 | <u>Gyeshu</u> | <u>key</u> <u>Alu</u> |
| 1/6/26 | 10:30 am | RINGER LACTATE | IV | 150 ml/hr | <u>Gyeshu</u> | <u>key</u> <u>Alu</u> | 1/6 | <u>Gyeshu</u> | <u>key</u> <u>Alu</u> |
| 1/6/26 | 12:00 pm | PACKED RED BLOOD CELLS | IV | 250 ml/hr | <u>Gyeshu</u> | <u>key</u> <u>Alu</u> | 1/6 | <u>Gyeshu</u> | <u>key</u> <u>Alu</u> |
| 1/6/26 | 9:30 am | IV DNS | IV | 65 ml/hr | Solali | | | | |
| 1/6/26 | 9:30 pm | IV DNS | IV | 50 ml | <u>Solali</u> | <u>Alu</u> | | <u>Alu</u> | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Signature

VERIFIED BY: Name



TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6 Time: 2/6

Doctor / Nurse / Family Concern? 6pm 8pm 2am 6am

| | | | | | |
|------------------|-----|-------------|-------------|-------------|-------------|
| Temperature (°F) | 104 | | | | |
| | 103 | | | | |
| | 102 | | | | |
| | 101 | | | | |
| | 100 | | | | |
| | 99 | <u>98.5</u> | | | |
| | 98 | <u>98.1</u> | <u>97.8</u> | <u>98.1</u> | <u>98.3</u> |
| | 97 | | | | |
| | 96 | | | | |
| | 95 | | | | |
| | 94 | | | | |

| | | | | | |
|----------------------------------------------|-----|-----------|------------|------------|------------|
| Heart Rate (bpm) and Blood Pressure (mmHg) * | 190 | | | | |
| | 180 | | | | |
| | 170 | | | | |
| | 160 | | | | |
| | 150 | | | | |
| | 140 | | | | |
| | 130 | | | | |
| | 120 | | | | |
| | 110 | | | | |
| | 100 | <u>96</u> | <u>100</u> | <u>96</u> | <u>111</u> |
| | 90 | <u>82</u> | <u>102</u> | <u>101</u> | <u>107</u> |
| | 80 | <u>81</u> | <u>80</u> | <u>80</u> | <u>82</u> |
| | 70 | | | | |
| | 60 | | | | |
| | 50 | | | | |

Heart Rate (Number) 113bpm

| | | | | | |
|----------------------------------|----|--|--|--|--|
| Resp. Rate (bpm) (Over 1 Minute) | 70 | | | | |
| | 60 | | | | |
| | 50 | | | | |
| | 40 | | | | |
| | 30 | | | | |
| | 20 | | | | |
| | 10 | | | | |

Resp Rate (Number) 28bpm 28bpm 26bpm 28bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 97% 100% 97%

Conscious Level Normal / Altered

GCS * 15/15 13/15 13/15 13/15

TOTAL SCORE Number of shaded boxes 1 0 0 0

Pain Score 0 0 0 0

Observer's Initials J e O e

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



FLUID CHART

Sheet No. :

- All measurements in ml.
- 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 | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------------|----------|-----------------|--------|-------|-----|-----------------------------|-----------|-------|----------|-------|--------------------------------|-------------|-------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | N | | | | | | | | 0 | } 14 | |
| | 09:00 am | RL | p | 350ml | | | | | | | 0 | | |
| | 10:00 am | | | 350ml | | | | | | | 0 | | |
| | 11:00 am | | o | 150ml | | | | | | | 0 | | |
| | 12:00 pm | PRC | | 150ml | | | | | | | 0 | | |
| | 01:00 pm | | | 150ml | | | | | | | 0 | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | 0 | } 14 | |
| | 03:00 pm | | the | — | | | | | | | 0 | | |
| | 04:00 pm | | fresh | — | | | | | | | 0 | | |
| | 05:00 pm | | water | — | | | | | | | 0 | | |
| | 06:00 pm | | | | | | | | | | 0 | | |
| | 07:00 pm | | | | | | | | | | 0 | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | 0 | } 14 | |
| | 09:00 pm | | | | | | | | | | 0 | | Chend |
| | 10:00 pm | | | | | | | | | | 0 | | Chend |
| | 11:00 pm | | | | | | | | | | 0 | | Chend |
| | 12:00 am | | | 50ml | | | | | | | 0 | | Chend |
| | 01:00 am | | | 50ml | | | | | | | 0 | | Chend |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | 50ml | | | | | | | 0 | } 14 | |
| | 03:00 am | | | 50ml | | | | | | | 0 | | Chend |
| | 04:00 am | | | 50ml | | | | | | | 0 | | Chend |
| | 05:00 am | | | 50ml | | | | | | | 0 | | Chend |
| | 06:00 am | | | 50ml | | | | | | | 0 | | Chend |
| | 07:00 am | | | 50ml | | | | | | | 0 | | Chend |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| Total 24 hrs. Intake | | | | | | Total 24 hrs. Output | | | | | | | |

KUH-00209536 IP5-00174587
 Master BHANU PRAKASH YASHWIN
 06-06-2012 13 Y 11 M 27 D (M)
 Dr. VENKAT RAM THYALAPALLI



FLUID CHART



Sheet No. :

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

| | | Intake | | | | Output | | | | | IV Site 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 | | | | | | | | | | | | |
| | 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



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

yashwin

Name: Master Bhanu Prakash Age: 13 Sex: M UHID.No: KUH-00209536

Date: 25/5/26 Time: 9 PM Proposed Operation: IM NAILING + PLATING

Diagnosis: # femur s/p → Open reduction + nailing + External fixator

B.P / CRT: 115/80 H.R: mmHg Weight: 23kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 8.8 / 10.5 Glucose: 98 Protein: 0.3 HIV: 1 X-Ray: 1
 PCV: 33.5 Urea: 38 Alb: 3.8 HBS Ag: 1 ECG: 1
 WBC: 19,300 / 12,500 Creat: 0.4 Total Bill: 0.3 HCV: 1 2D Echo: 1
 Plate: 716 x 10⁹ / 450 Na: 135 / 138 Dir. Bill: 0.3 Blood group: A+ve Stress/Angio: 1
 PT: 14 seconds K: 4.9 / 4.7 LDH: 110 T3: 1 Other: 1
 PTT: 32 Ca++: 9.7 (0.06) Alk phos: 110 T4: 1
 INR: 1.0 Mg++: 1.09 / 1.02 Amylase: 89 / 119 TSH: 1
 Cl-: 109 / 102 SGOT/SGPT: 89 / 119

Allergies: N/A

Medical History: CVS: J B/H/O → Nil Symptomatic

RESP: + H/o polyuria 1 month back Diabetes: /TBI → SAH → Diffuse Axonal

CNS: + H/o Aortic dissection → s/p grafting stenting, Bi-hemothorax - ICD placed

Renal: - H/o AKI s/p - CRRT, secondary to myoglobinuria.

Hepatic / GE: - H/o sepsis/shock. was on Mechanical ventilation. and Jonothopic support

Others: - H/o PICU admission for 20 days, recovered

Past Anaesthetic History: H/o surgery for fra # femur → Right femoral shaft #

Physical Exam: afebrile. Open reduction + Titanium elastic nailing + fixation on 13/4/2026

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

Lungs: BAEC, no VRI, No added sounds.

Heart: S/S @

CNS: no motor all 4 limbs, Power - (L) LL → 4/5, (R) leg → # femur @

Pregnant: Yes No N/A Venous Access Site: (F) Spine Exam for regional: palpable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|--------|
| | |
| | |
| | |
| | |

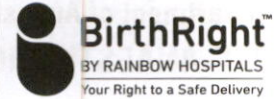
- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL Water / ORS 2 Hours / Explained.
Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:
- To do CBP,
- To do CBP on the day of sur
- To resume unit PRBE.
- To continue other medication.
- To do review PAE on the day of proc on 1 day before due

Signature: [Signature] Name: Dr. Ameen.

+ CONSENT PENDING



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

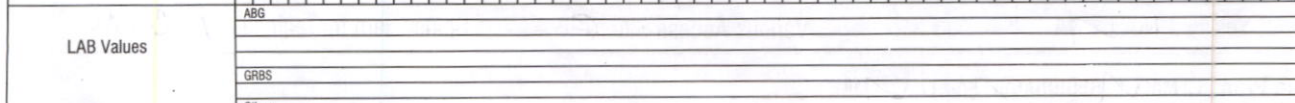
H.R: 108/min B.P/CRT: 122/89 SpO₂: 98% on RA R.R: 14/min Last Feed: 1:30pm
 Pre-OP Diagnosis: S/p Open Reduction Operation: Intramedullary nailing Date: 01/06/2012
 Surgeon: Dr. Venkat Ram Anaesthesiologist: Dr. Ayesha Technician: Sireesha

| TIME | 9:00 | 9:10 | 9:20 | 9:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 1:00 | 2:00 |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|-------|-------|-------|-------|-------|------|------|
| N ₂ O / AIR O ₂ LPM | 20/1/min | | | | | | | | | | |
| HALO / SO ₂ SEVO | | | | | | | | | | | |
| Drugs: | <u>3mg MIDAZOLAM 1mg</u> <u>3mg FENTANYL 70mcg IV</u> <u>3mg PROPOFOL 150+50+100mg IV</u> <u>50mg TRANEXAMIC ACID 500mg IV</u> <u>50mg PARACETAMOL 1gm IV</u> | | | | | | | | | | |
| SpO ₂ / SaO ₂ | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ETCO ₂ | 40 | 39 | 39 | 38 | 37 | 38 | 38 | 39 | 38 | 35 | 37 |
| ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR |
| Temperature | | | | | | | | | | | |
| Urine Output | <u>140ml</u> | | | | | | | | | | |

Antibiotic
3gm MEROPENEM
1gm AZOBACTAM
 Suppository 1gm

Blood Loss
800ml

NOTES



LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: RT ul

Art Site: RT ul

EKG Lead 3 lead

Temp Site: RT Axilla

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME

Cling Film

Hugger's

Other

Fluid Warmer

OH Warmer

Cotton Wool

Times:

Anaes Start: 9:05 AM

OP Start: 9:35 AM

OP End:

Leave OR: 2:15 PM

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP

ART

IV: 22G IV line on RT ul

IV:

IV:

Induction

IV

Inhal

Pre O₂

RSI

Others

Mask

Airway

ETT#

Tracheostomy

Drug:

Awake

Video Laryngoscopy

Fiberoptic

Blade#

Attempts:

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity

Specify: SAB

Spinal

Epidural

Caudal

Others:

Position: Left lateral

Site:

Needle Size: 25G Depth:

Parasthesia Yes No

Catheter at skin: 0.5 cm

Drug Name & Conc: 0.5 Heavy Bupivacaine 7.5mg/100mg

Bolus: 100mg Fentanyl

Infusion:

Block Level: T6-T8

Comments:

Transportation to

PACU

ICU

Other

Relaxant Reversed Yes No NA

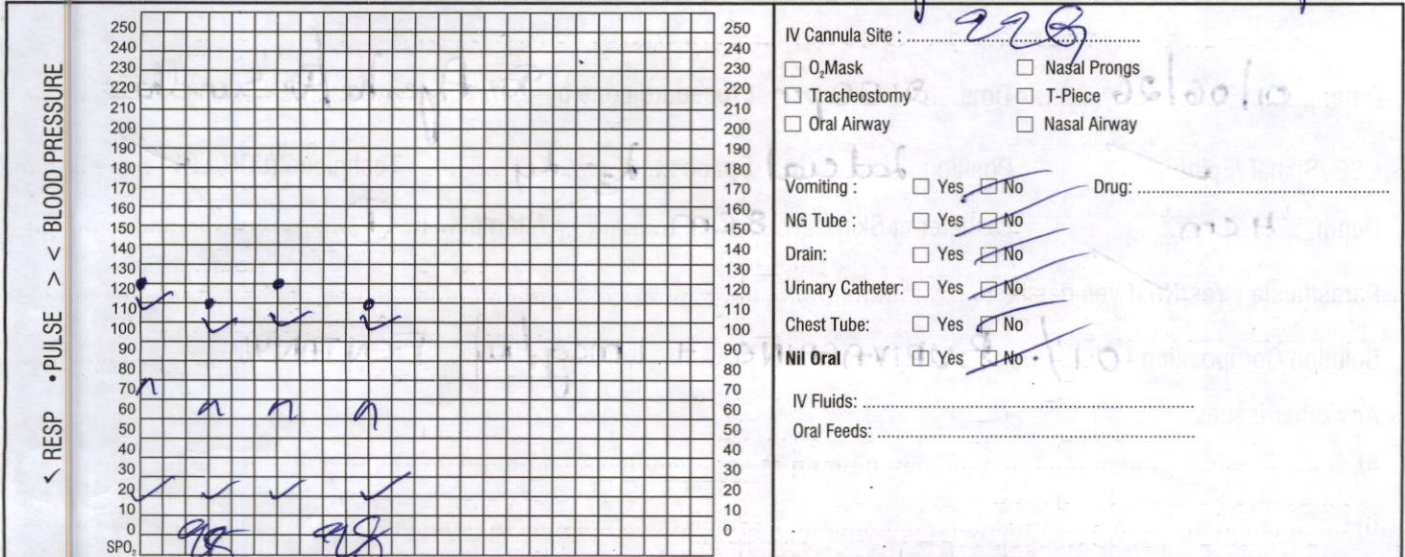
Name of the Doctor: Ayesha

Signature of the Doctor: Ayesha



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Deeg Time Received : 2:20pm Time Discharged : 6pm



IV Cannula Site : 278

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

Vomiting : Yes No Drug: _____
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: _____
 Oral Feeds: _____

| POST ANAESTHESIA SCORE (Modified Aldrete Score) | IN | MINUTES | | | OUT | SCORING INTERPRETATION |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|----|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 30 | 60 | 90 | | |
| Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 | ACTIVITY | 1 | 1 | 2 | | A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician: |
| Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0 | RESPIRATION | 2 | 2 | 2 | | |
| BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 | CIRCULATION | 2 | 2 | 2 | | |
| Fully awake = 2 Arousable on calling = 1 Not responding = 0 | CONSCIOUSNESS | 1 | 2 | 2 | | |
| Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 | COLOR | 2 | 2 | 2 | | |
| TOTAL | | 8 | 8 | 9 | 10 | |

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|-------|---------|------------|--------------|-----------|
| 16/26 | 2:20pm | 1/10 | — | Deeg |
| 16 | 11:20pm | 1/10 | — | Deeg |

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 relieving intervention
 d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Gejagani
 Anaesthesiologist Signature: _____
 Date & Time: _____
 PACU Nurse Name : _____
 PACU Nurse Signature: _____
 Date & Time: _____

Transferred to Unit by (PACU): 139
 Date & Time: 16/26 @ 6pm



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 01/06/26 Time: 8:00pm Procedure done by Dr. Ayesha / Dr. Sunidha

CSE / Spinal / Epidural Position: Latca Space: L3-L4 Technique (LOR/LOS)

Depth: 4 cm Catheter at Skin: 8 cm Attempts: (1)

Parasthesia: Yes/No if yes details:

Solution Composition: 0.1% BUPIVACAINE + 1mcg/ml FENTANYL

Any other issues:
 a)
 b)

| Time | Infusion Rate (ml/hr) | Bolus (ml) | Level | | Maternal | | FHR | Comments |
|---------------|-----------------------|-------------|-------|-------|---------------|----------------|-----|--------------------------------------------|
| | | | Left | Right | BP | Pulse | | |
| <u>1:50pm</u> | | <u>8 ml</u> | | | <u>86/54</u> | <u>128/min</u> | | <u>0.8% LIGNOCAINE + ADRENALINE</u> |
| <u>2:20pm</u> | <u>7ml/hr</u> | | | | <u>84/52</u> | <u>130/min</u> | | <u>0.1% BUPIVACAINE + 1mcg/ml FENTANYL</u> |
| <u>2:00AM</u> | <u>7ml/hr</u> | | | | <u>100/67</u> | <u>115/min</u> | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Delivery Details: Time: APGAR: SVD / Instrumental / LSCS (if LSCS Details)
 Catheter Removed by and Tip Inspected: Dr. ASHWARYA; Catheter tip noted
 Patient Satisfaction: 2/6/26; 11:25 AM

Discharge / Shifting ordered by
 Doctor Signature: [Signature]
 Doctor Name: Dr. ASHWARYA
 Date and Time: 2/6/26

KUH-00209536 IP5-00174587
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 11 M 26 D (M)
Dr. VENKAT RAM THYALAPALLI



CONSENT FORM FOR GENERAL ANAESTHESIA / MONITORED ANAESTHESIA CARE



Patient Name : Bhanu Prakash Yashwin Age : 13y Gender : Male Female

UHID NO: KUH-00209536 Surgeon Name: Dr. Venkat Ram

Anaesthesiologist : Dr. Subramanyam

Operative procedure planned : Intramedullary nailing / plating @ Femur

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 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 mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease

Others : Laryngospasm Bronchospasm; hypotension

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 Bhanu Prakash Yashwin the above mentioned operation / Diagnostic / Therapeutic procedures Intramedullary nailing / plating

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.

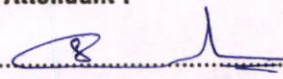
- Pregnant: Yes No

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 :

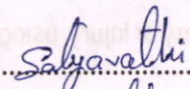
Signature : 

Name : S. Suresh Kumar

Relationship with Patient: father

Date & Time : 1/6/2026 7:00 AM

Witness :

Signature : 

Name : Satyavathi

Date & Time : 1/6/2026 7:00 AM

Doctor (who is taking the consent) :

Signature : 

Name : Dr. Achils K.

Date & Time : 1/6/2026 7:00 AM

KUH-00209536 IP5-00174587
 Master BHANU PRAKASH YASHWIN
 06-06-2012 13 Y 11 M 26 D (M)
 Dr. VENKAT RAM THYALAPALLI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 01/6/26 Time: 12 PM

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

Blood Bank Issue No: BAH26-01073 Date of Collection: 05/5/26 Date of Expiry: 16/6/26

Date & Time of Starting Transfusion: 01/6/26 @ 12 PM Planned duration of Transfusion:

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Suman Nurse 2: Sothi

Before starting transfusion vitals: Temp: 37.2°C HR 135 RR: 28 BP: 69/57 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

| Date | Time | HR | Temperature | Blood Pressure | SpO ₂ | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|-------------|---------------|------------|---------------|----------------|------------------|----------|------------|--------------------|-------------------|
| <u>01/6</u> | <u>15 Min</u> | <u>130</u> | <u>37°C</u> | <u>70/57</u> | <u>100%</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| <u>01/6</u> | <u>15 Min</u> | <u>132</u> | <u>37.1°C</u> | <u>70/57</u> | <u>100%</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| <u>01/6</u> | <u>30 Min</u> | <u>135</u> | <u>37.3°C</u> | <u>76/56</u> | <u>100%</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| <u>1/6</u> | <u>30 Min</u> | <u>116</u> | <u>37.6°F</u> | <u>84/62</u> | <u>100</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| <u>1/6</u> | <u>30 Min</u> | <u>121</u> | <u>38.6°F</u> | <u>81/51</u> | <u>100</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| | <u>1 Hr</u> | | | | | | | | |
| | <u>1 Hr</u> | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Comments: no count

Name of the Incharge-Nurse: Kumari

Name of the Nurse: Suman

Signature of the Incharge-Nurse: Kumari

Signature of the Nurse: S

Date & Time: 1/6/26 @ 1 pm

Date & Time: 01/6/26 at 1 pm



CONSENT FOR BLOOD TRANSFUSION

Name: M. BHANU PRAKASH YASHWIN Age: 137 Gender: Male Female
UHID.No: UVH-00208536 Date: 01/06/2026

- Type of Blood Product:**
- | | | |
|----------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

..... 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

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: [Signature]
Name: S. Suresh Kumar
Date & Time: 01/06/2026

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. SK. Ayesha
Date & Time: 01/06/26

Witness

Signature: [Signature]
Name: Satyavathi
Date & Time: 01/06/2026



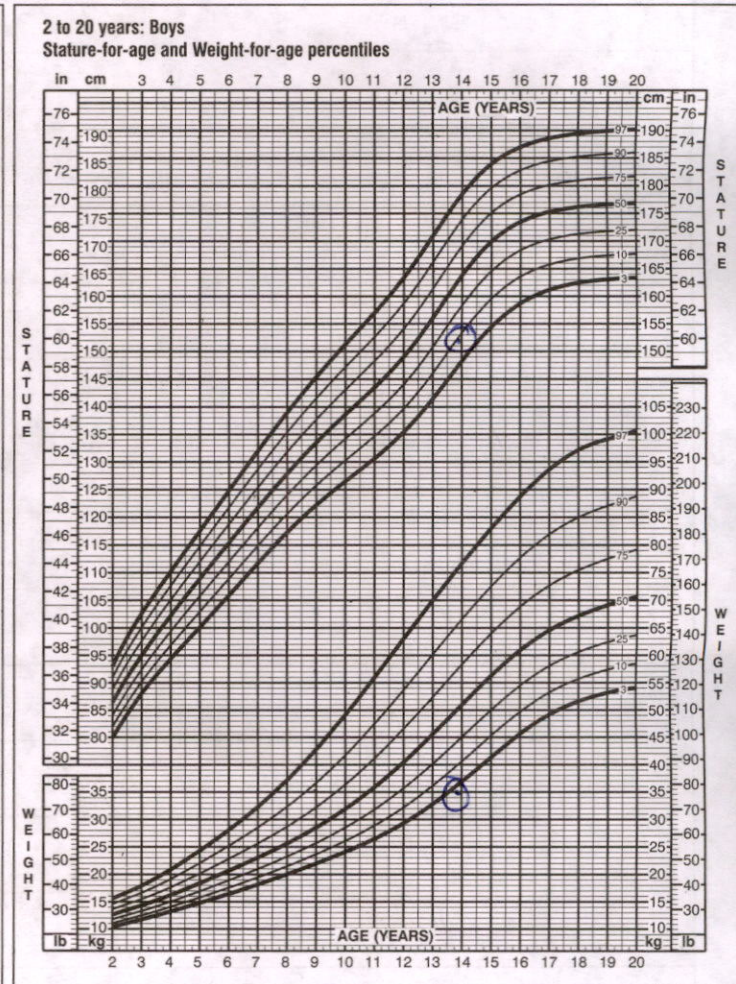
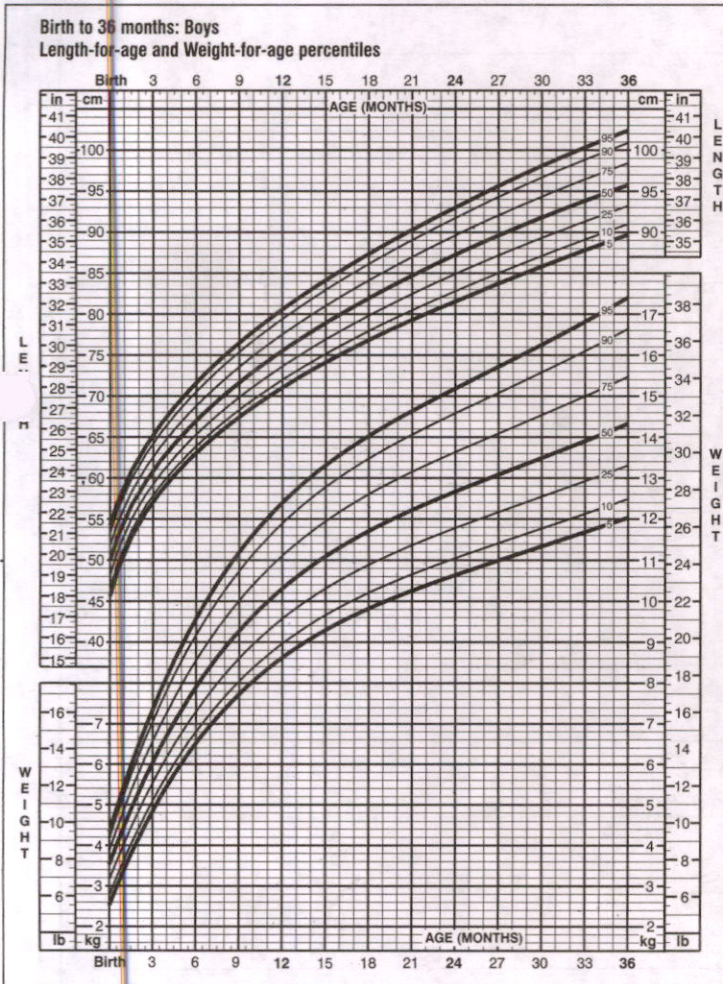
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/20 Time: 9 AM

Weight: 35 kgs Centile: < 5th
 Height: 152 cm Centile: > 5th
 Inference: underweight child
 RDA: - Calories: 1800 kca/d Protein: 32g/d
 Diet Recommendations: Normal diet
 Re-Assessment: Avoid spicy, chilled and outside foods
 Food Allergies: NO Veg/Non-veg: non-veg
 Diagnosis: H/O polytrauma C multiple comorbidities C femur # Now for Bone grafting.
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: Satyavathi

GROWTH CHART (BOYS)



Dietician's Name Mounica

Dietician's Signature Mounica

