

Patient

BAH-00638947 IP5-00174658
Master MANAN GUPTA
09-02-2020 6 Y 3 M 24 D (M)
Dr. VENKAT RAM THYALAPALLI



20565

RGERY DETAILS

Date : 02/6/26

Patient Name: M. Manan Gupta Date of Birth: Age: 67

Gender: Male Ward: P-OT UHID No.: 638047

Date of Surgery: 02/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Urea cath + kure jate + glale

Time in : 7:52 pm

Time Out : 8:35 pm

	NAME	AMOUNT
1. Surgeon	Dr. Venkat Ram Thyalapalli	
2. Anaesthetist	Dr. Ayswarya	
3. Assistant Surgeon		
4. OT Technician	Vijay	
5. Circulating Nurse	Bobi	
6. Assistant Nurse	Suman	

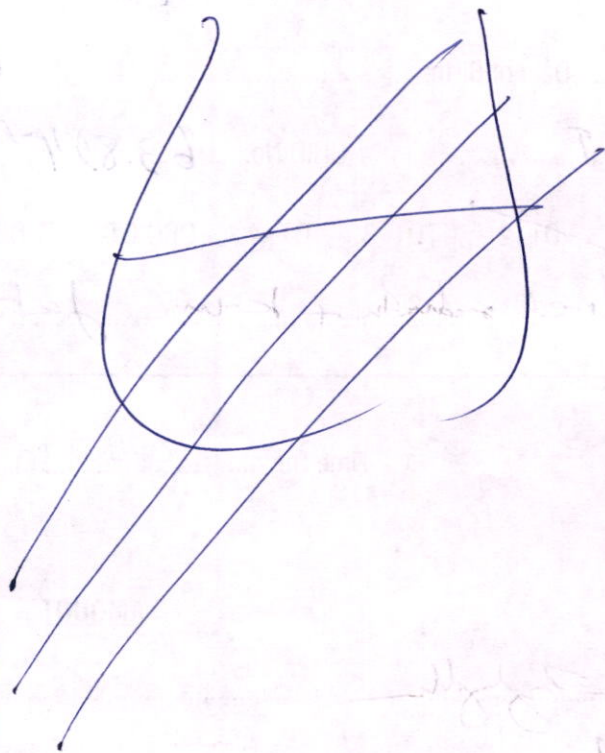
Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM (9639969) Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 009639968

Order by: Sravani-D



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Close Reduction

6492 Gylilley 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 4.0, 4.5, 5.0	14	1	Major Pack drpp	1	1	Inj Vit.K		
LMA 2	1	2	Sutures			Cord Clamp		
ECG leads : A/P/N	5	3				Suction Catheter		
HME filter : A/P/N	1	1	monocryne 3, 4	2	2	Feeding Tube		
Syringes : 10 cc	5	4				Vaccum Suction Set		
05 cc	5	4	Gloves 7	2	2	Surgical Gloves		
02 cc	5	0				Gauze Pack		
01 cc	2	1				Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	1	Surgical blade 11+15	1	1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	0	Cautery pencil			NO SCOP 7		
NS : 10ml / 100ml / 500ml / 1000ml	3	1	Koochies			loop see 2		
02 mask (A)	1	0	Ointments			soft roll 6		
florance 0.1	1	1	Suction Catheter			Artiersl Art 2		
Fentanyl	1	1	Cap, Mask					
Morphine			Gauze Pack	3	3	18 G emula 5		
Ketamine			Mop Pack	1	0	ARM 8118 small 1		
Propofol	2	2	Steristrip			K-wire 1.5mm 3		
Rocuronium	1	0	Underpad			2 v camla 22, 24 1		
Glycopyrolate	1	1	Draw sheet			Decc 1		
Myopyrolate + Ncostigmine	1	1	Abgel			tramexu 1		
Ondansetron	1	1	Foleys catheter			Nasal praxet 100 (p) 1		
Pencan 25g/ Spinal Needle 22	1	1	Urobag			Nasal spray 16, 18, 20		
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			Dextamidine 50 1		
Bupivacaine 0.25% (Heavy)			Romodrain bag			Clomidhe 1		
Antibiotics			Bandage '4'	2	1			
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg	1	1	Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justir : (2.5 mg / 25mg / 100mg)	1	1	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
vaccum set	1	4	Microshield	1	1			
Gauze	3	1	Cotton Balls					
Gloves and	4	1	Latex Gloves	sp	10p			
IV p-cm	1	1	Ramdone Scrub	1	1			
3-way 100 + 100cm	1	1	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 9639909 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ESTIMATION SLIP

80565

Date: 02/Jan/20 UHID / IP No.: BAH-00638947 SI No. 80565
 Name of Patient: Ms Manish Gupta Age: 6y Gender: M
 Father's / Husband's Name: Mr Manish Gupta Corporate / Occupation: Unm
 Address: 9460095339 Email: Bank of India (Mother)
 Procedure / Plan: closed reduction + K wire fixation

MODE OF PAYMENT: SELF TPA: Heritage/Optional GIPSA: OTHERS

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										
PARTICULARS							AMOUNT (₹)			
Surgeon's / Anesthetists's Fee / O.T. Charges							53,669 + 19099 = 72,768			
O.T. Consumables							66,845 + 26,225 = 93,070			
Instrument Charges							Not Covered by TPA / Insurance company			
Pharmacy, Consumables & Investigations							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.							As per actual - Not Included in Estimation			
Package										
Others										
Initial Minimum Deposit							As. 25,000/- for all dms chng			

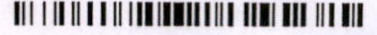
- MARKS:**
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, 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 time of admission.
 - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
 - For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, IV/AbxAg, 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 Manish Gupta 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: Manish Gupta
 Signatory Relationship: Father
 Signature of the Financial Counselor: [Signature]

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174658 Admit Date : 02-Jun-2026 Admit Time : 04:32 PM UHID : BAH-00638947

Patient Details :

Patient Name : Master MANAN GUPTA Age : 6 Y 3 M 24 D
Guardian : Mr MANISH GUPTA DOB : 09-02-2020
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO-108 PRABHAVA APARTMENTS,
JAYAPRAKASH NAGAR Srinagar Colony Phone No : 9460095759/ 7568855844
Hyderabad Telangana INDIA 500073 E-mail : ARTIGUPTA.2007@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 MANISH GUPTA Relationship : Father
Contact Address : FLAT NO-108 PRABHAVA APARTMENTS,
JAYAPRAKASH NAGAR Srinagar Colony Phone No : 9460095759 / 7568855844
Hyderabad Telangana INDIA 500073

Manish
Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI Specialisation : ORTHOPEDICS
Referral Doctor : Self Phone No :
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : HERITAGE HEALTH INSURANCE TPA
PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP _____ ant: _____ Dept : _____

Date of Admission: _____ Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	5:00 AM	ER	OT	<i>[Signature]</i>
2/6/26	9:30 PM	OT	301	<i>Sravani</i>

Cross Consultation Visit

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00638947 IP5-00174658
Master MANAN GUPTA
09-02-2020 8 Y 3 M 24 D (M)
Dr. VENKAT RAM THYALAPALLI


Patient Name:

manan gupta

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Case of Supracondylar humerus fracture of
left elbow.

Admitted for closed reduction +

R wire fixation today

History of present illness :

No H/o fever

No H/o cough

No H/o W/O.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 18.17 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 106/min B.P. 97/51 (66) SPO2 98.1% R/A

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) B/L AFE ⊕

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : S1 S2 ⊕

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : _____

Spine : _____ External Genitelia : Normal

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

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Pediatric

& Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ *to test*

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Supracondylar humerus fracture

Placed closed reduction + K wire fixation



Pediatric Multisystem History & Physical Examination

Preventive aspects of the treatment: Resolution of symptoms

Desired goals of the treatment: Hemodynamic stability

Planned Labs:

CBP.
M/B
Annel
2/6/26

Planned Management

- 1. NPO ^{1pm solids & liquids} Continue
 - 2. - PAC
 - 3. - Closed reduction +
K wire fixation today 6:30 pm
 - 4. IVF DUS.
- M/B
penk
2/6/26

Signature of the Doctor: N. P. S.
Name of the Doctor: N. Desai
Date & Time: 02/6/26

Signature of the Consultant: W
Name of the Consultant: _____
Date & Time: _____

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

Name and Number of Surgical Specimen sent for examination: _____

Peri-Operative Complications: _____

Discharge

Car be dischd
nee maei
w/ consent

① T. chondylo
1/2 tab / 30 / 1/2 hr

② 5. homecc / 30 / ① hr

③ hyp thyrinid
1ml / 30 / ② hr

④ left 0.360 w/ 1/2 hr
⑥ pack

⑤ 5. calcium plus
1ml / 30 / ① hr

⑥ plaster core & dentis

Name of the Surgeon: D. N. M. S. An. S. J. S.

Signature of the Surgeon: [Signature]

Date & Time: 8:30 am 2/1/2022

⑦ 1.0 am in 0.50 after ① unit
expant

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6	cl/b (R)	
	Dx: Supracondylar # humerus (L)	
	No fresh complaints	
	<u>OH</u>	- ct same medication
	Vitals - stable	
	Hemodynamically stable	- monitor vitals
		<div style="text-align: right;">(R)</div>

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RESULT SHEET

Date	6/2/26				
Time					
Hb	12.6				
PCV	37.6				
RBC	5.28				
WBC					
N/L					
Platelets	2.92				
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					

Patient

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MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: *ER* Shifted to: *OT*

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *N. Pruthi*

Date & Time : *2/6/26, 3PM*

Nurse Name & Signature: *Penuba*

Date & Time : *2/6/26 & 3:10pm*



DRUG CHART

Date of Admission: 02/06/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

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Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : D360 Sachet				Date Time																
Dose	Route	Frequency	Start Dt.																	
1 Sachet PO		OP	2/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
→ once a week																				
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																				
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																				

Signature
VERIFIED BY : Name

Patient Sticker

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																			
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																			

Signature
Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	7:40 pm	^{Ij} PARACETAMOL	270mg	IV	Asky	Sraiv Babu
2/6/26	8 pm	^{sup} DICOFENAC	12.5mg	PR	Asky	Sraiv Babu

VERIFIED BY : Nurse Signature

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 09-02-2020 6 Y 3 M 25 D (M)
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2/6/26

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

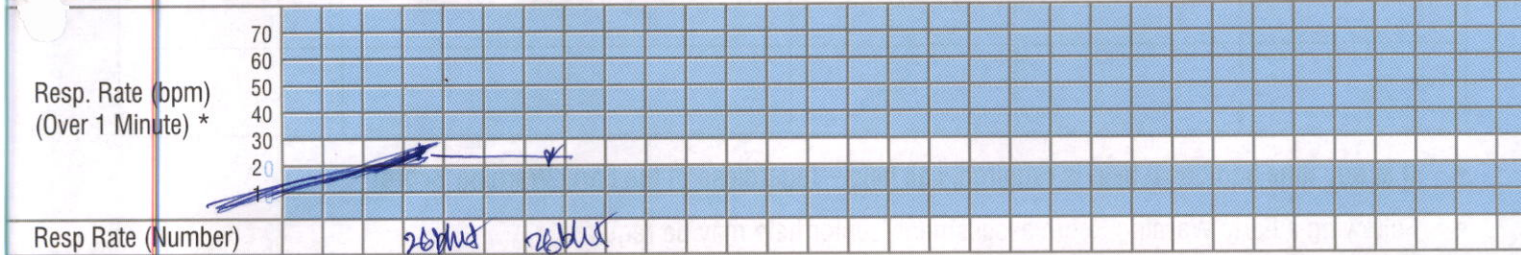
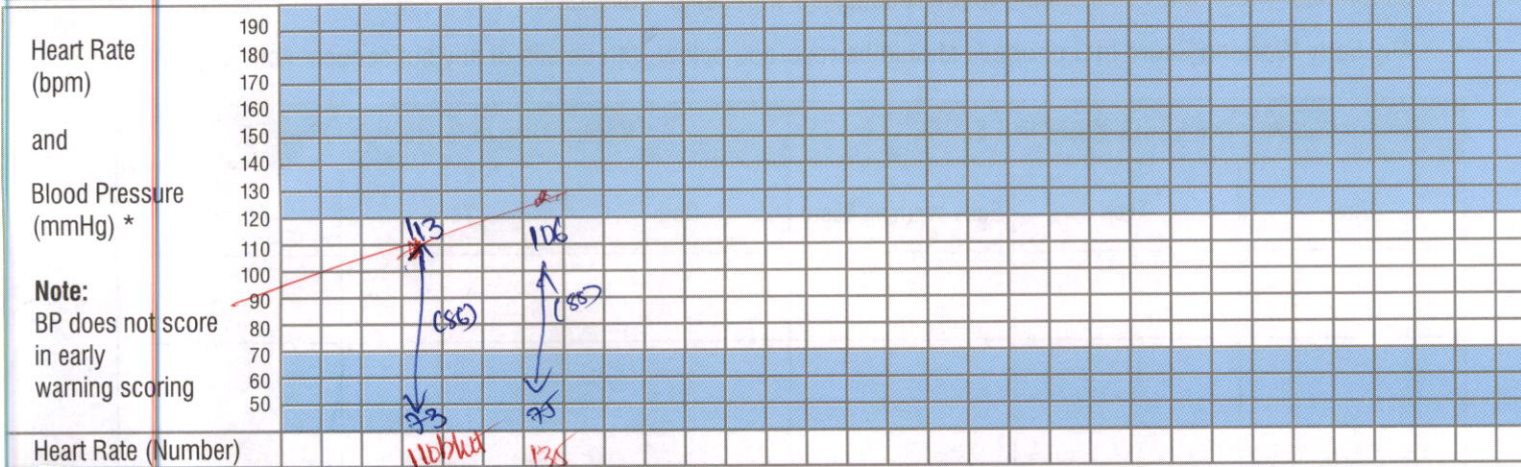
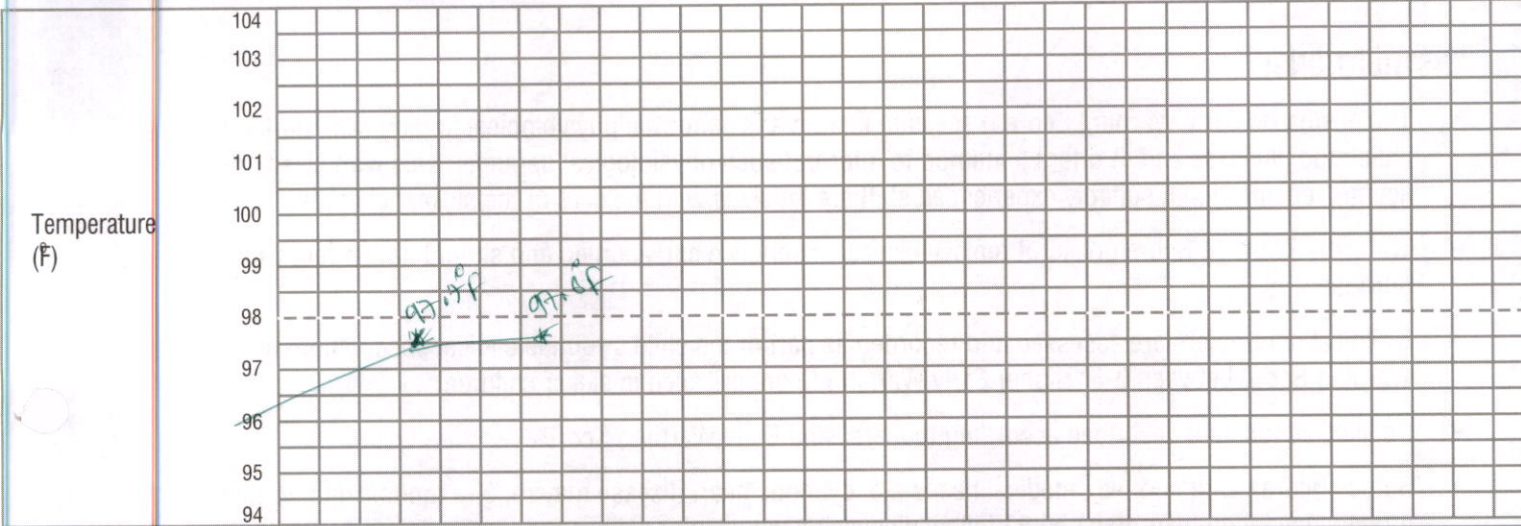
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 12 AM

Doctor / Nurse / Family Concern? AM



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		98% 98%
Conscious Level	Normal	
	Altered	
GCS *		

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

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. : (1).....

2/6/26

- 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														
	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										1				
	09:00 pm	↓	H2O	-	-	-	-	-	-	-	0	+			
	10:00 pm	↓									0	Full?			
	11:00 pm	↓	H2O								0	Full?			
	12:00 am	↓	Fluid				NA		NA		0	Full?			
	01:00 am	↑									0	Full?			
Total Intake :						Total Output :						0	m-		
	02:00 am	↓									0	Full?			
	03:00 am	↓	H2O								0	Full?			
	04:00 am	↓									0	Full?			
	05:00 am	↓	Fluid				NA				0	Full?			
	06:00 am	↓	H2O							✓	0	Full?			
	07:00 am	↓									0	Full?			
Total Intake :						Total Output :						0	m-0		
Total 24 hrs. Intake												Total 24 hrs. Output		0	m-0

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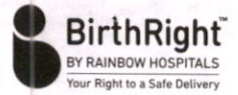
Master MANAN GUPTA

09-02-2020 6 Y 3 M 25 D (M)

Dr. VENKAT RAM THYALAPALLI



FLUID CHART



Sheet No. : (2)

3/6/26.

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

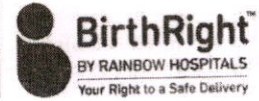
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
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Total Intake :						Total Output :								
	02:00 pm													
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Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00638947
 Master MANAN GUPTA
 09-02-2020 6 Y 3 M 24 D (M)
 Dr. VENKAT RAM THYALAPALLI



Name: M. Manan Gupta Age: 6 Y Sex: M UHID.No: 638947

Date: 2/6/26 Time: 6:40 pm Proposed Operation: CLOSED REDUCTION +

Diagnosis: supracondylar humerus # ① K-wire fixation

B.P./CRT: H.R: Weight: 18kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.6</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>2,98,200</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies:

Medical History: CVS: ISCs / NO NICU admissions

RESP: No h/o cough, cold, fever Diabetes:

CNS:

Renal: Physical Activity: Milestones @ 18 mo to 24 mo
vaccination up to 18 mo

Hepatic / GE:

Others:

Past Anaesthetic History: nil

Physical Exam: Active could not assess

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

Lungs:

Heart: WNL

CNS:

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional: (K)

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
Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: 1pm - Cucumber
1:30pm - Water

Signature: Ashy Name: Dr. ASHWARYA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No **Fasting Status:** Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: _____ B.P./CRT: _____ SpO₂: 100-f R.R.: _____ Last Feed: 2 hrs

Pre-OP Diagnosis: _____ Operation: _____ Date: 2/6/26

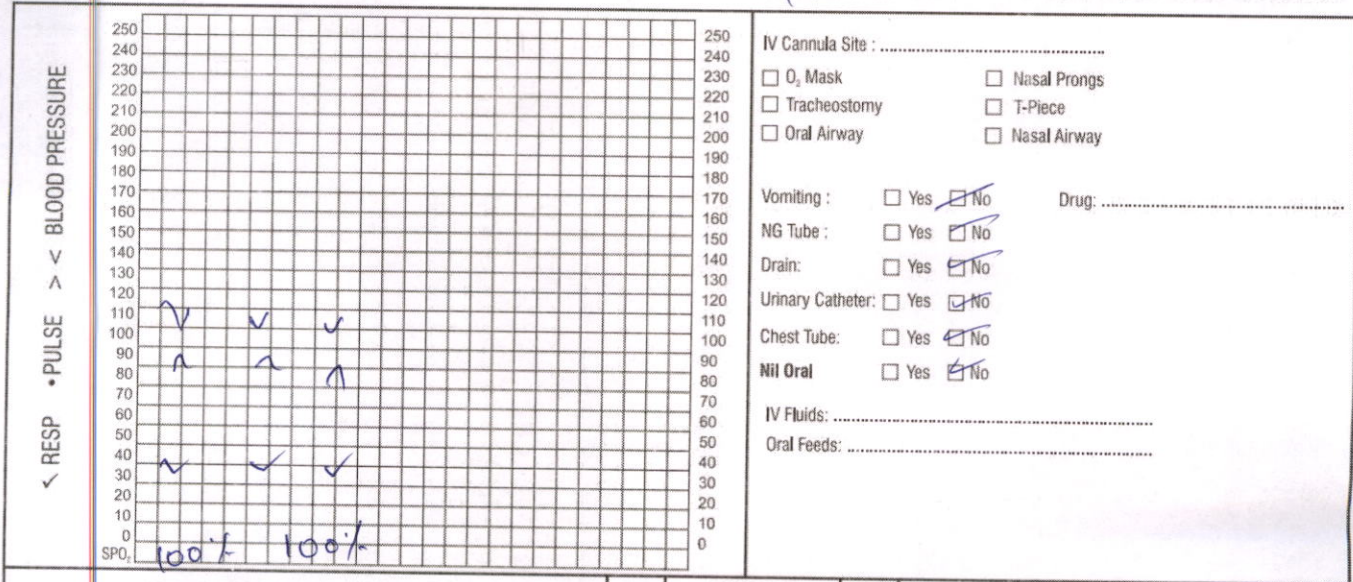
Surgeon: Dr. VENKAT RAM Anaesthesiologist: Dr. ANSHWARAYA Technician: V. JAY

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POST-ANALGESIA RECORD

Received in PACU by : Sravan Time Received : 4pm Time Discharged : 9pm



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	1	1	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	1	1	2		
TOTAL		8	8	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6	@9Am	2/10	After surgery So give fentanyl baby having mild pain	Sravan

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Tejaswini
 Anaesthesiologist Signature: Dr. Tejaswini
 Date & Time: 2/6/20 @ 9pm
 PACU Nurse Name : Sravan
 PACU Nurse Signature: [Signature]
 Date & Time: 2/6/20 @ 9Am

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

Transferred to Unit by (PACU): 301
 Date & Time: 2/6/20 @ 9Am

BAH-00638947 IP5-00174658
 Master MANAN GUPTA
 09-02-2020 6 Y 3 M 24 D (M)
 Dr. VENKAT RAM THYALAPALLI



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: CLOSED REDUCTION + K-wire fixation

Anaesthesiologist: Dr. ASHWARYA Surgeon: Dr. VENKAT

Please read this before you consent for Anaesthesia

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

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
- Shock Obesity Chronic Obstructive Pulmonary Disease
- Others desaturation, laryngospasm

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: Manish
 Name: MANISH GUPTA
 Relationship with patient: Father
 Date & Time: 2/6/20

Witness:

Signature: [Signature]
 Name: Lovely Agrawal
 Date & Time: 2/6/20

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. ASHWARYA Date: 2/6/20 Time: 6:20 AM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాఫెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అనహానం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాక్కులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

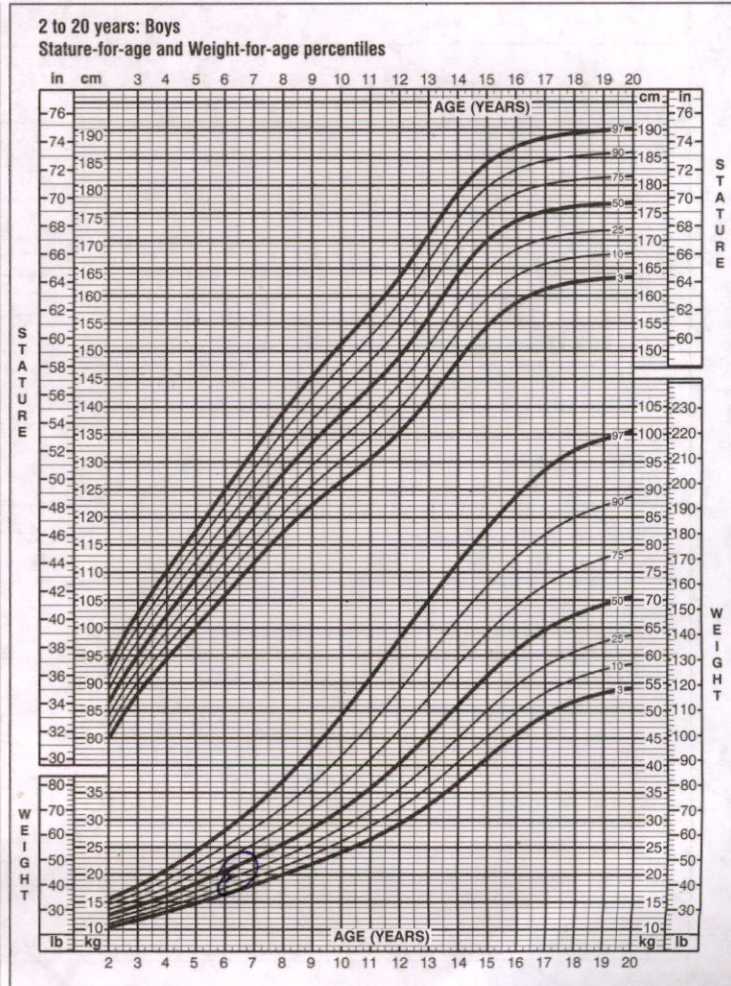
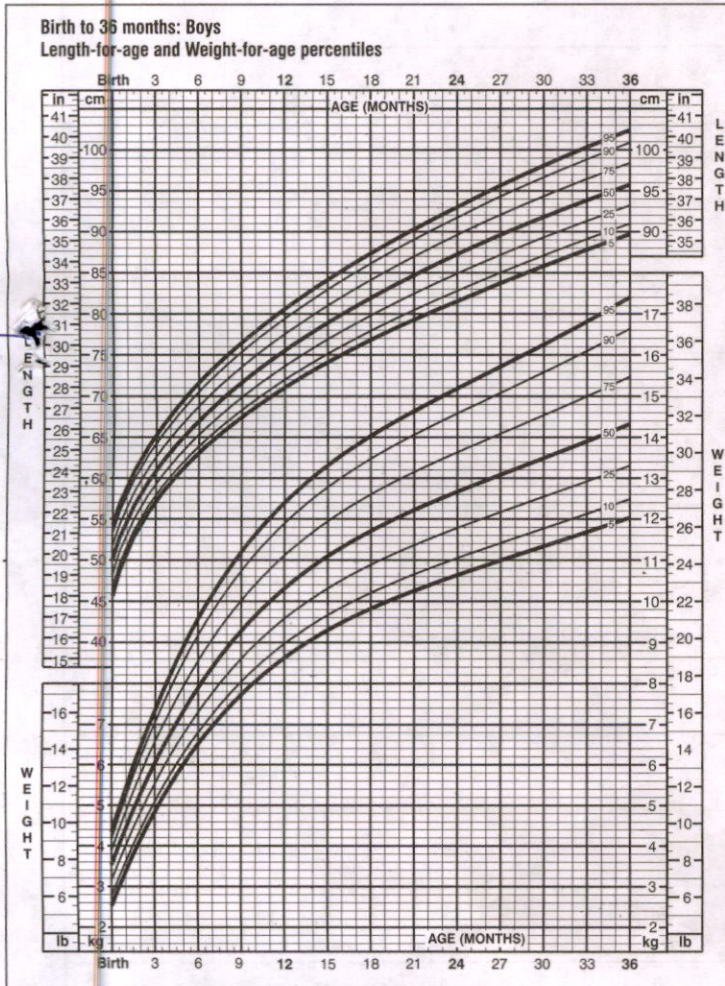
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/6/26 Time: 9am

Weight: 18 kgs Centile: 25th
 Height: 95cm Centile: 25th
 Inference: low child
 RDA: — Calories: 1450 kcal/d Protein: 28g/d
 Diet Recommendations: normal diet
 Re-Assesment: avoid spig, chilled & outside foods
 Food Allergies: No Veg/Non-veg: veg
 Diagnosis: Supranondylar humerus
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: *Manan Gupta*

GROWTH CHART (BOYS)



Dietician's Name: *Raina*

Dietician's Signature: *Raina*

