

BAH-00657246 IP5-00174383
Baby SHAIK AAMAN SIDDIQA
16-02-2019 7 Y 3 M 11 D (F)
Dr. MANCHUKONDA SANTHOSH



ETO Used.
E-vac.

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

NO FC

Date : 27/05/20

Patient Name: Shaik Aaman Siddiqua Date of Birth: 16-02-2019 Age: 7Y

Gender: Female Ward: P.OT UHID No.: 657246

Date of Surgery: 27/05/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : robotic Adenotonsillectomy
B/L Myringotomy & Grommet insertion

Time in : 2:50pm

Time Out : 4:10pm

	NAME	AMOUNT
1. Surgeon	Dr. M Santhosh	
2. Anaesthetist	Dr. Mohan	
3. Assistant Surgeon		
4. OT Technician	Bapu	
5. Circulating Nurse	Rishi	
6. Assistant Nurse	Amos	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Coblator: - 9629740

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9629739

Order by:



[74 1kg] ADENO + MYRINGOTOMY
CONSUMABLES OF OT



Circulating staff : Technician : Date : Dr. Santosh Time : 1:15 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>u, 4.5, 5 (505) 1+1</u>	1	1	Major Pack <u>Drage</u>	1	1	Inj Vit.K		
LMA <u>2</u>	1	1	Sutures			Cord Clamp		
ECG leads : A (P) N	5	3				Suction Catheter		
HME filter : A (P) N	1	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves			Surgical Gloves		
02 cc	10	0	<u>6 1/2, 7 1/2</u>	2+3	—	Gauze Pack		
01 cc	3	—	<u>6 1/2, 7 1/2</u>	2+2	1+1	Syringe 1ml / 2ml		
Cautery plate : A (P) N	1	—	Surgical Blade <u>11, 15</u>	1+1	—	Surgical Blade # 20		
IV set	1	1	NG tube <u>5</u>	2	2	Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	1	1
NS : (10ml / 100ml / 500ml / 1000ml)	1+1	0+1	Koochies			<u>1000ml</u>	1	0
<u>minispike</u>	1	0	Ointments			<u>1000ml</u>	2+2	2+2
<u>O2 MASK (P)</u>	1	1	Suction Catheter			<u>1000ml</u>	1	1
Fentanyl	1	1	Cap, Mask	5/5	0/0	Inj Ashelan	3	3
Morphine			Gauze Pack	5/5	0/0	Gammomut	2	2
Ketamine			Mop Pack	1	1	<u>0.25X Anawise</u>	1	1
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	0			
Myopyrolate + <u>NEO</u>	1+2	2	Abgel			<u>100 Aug 600 mg</u>	1	1
Ondansetron	1	1	Foleys catheter			<u>50cc + pm line</u>	1+1	—
Pencan 25g/ Spinal Needle 22			Urobag			<u>DEXTOMID 50</u>	1	—
Bupivacaine 0.25%			Chest Drainage Catheter			<u>Nasal Air way</u>		
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>20, 22</u>	1+1	—
Antibiotics			Bandage			<u>oral Air way</u>		
<u>iv. pcm</u>	1	1	Tegaderm			<u>132</u>	1+1	—
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin (2.5 mg / 25mg / 100mg)	1+1	1	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	0			
<u>glorie all gauze</u>	4+3	—	Microshield	1	0			
<u>3 way 10 + 100ccm</u>	1+1	1	Cotton Balls	1	1			
<u>iv cannula 22, 24</u>	1+1	—	Latex Gloves	1	10+			
<u>Dera + Tranexa</u>	1+1	1+1	Ramdione Scrub					
<u>vaccum set</u>	1	1	Saral					

Surgeon Anaesthesiologist Nurse ay OT Technician

Order No. : 9629814 Ordered by :

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

BAH-00657246 IP5-00174383
 Baby SHAIK AIMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ 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
27/05	10:10pm	CR	OT	[Signature]
27/05	5:15pm	OT	121-A	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR - Ujjala Desai	28/5/26	363096	[Signature]
2				
3				
4				
5				
6				
7				
8		DIC		
9				
10				

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174383 Admit Date : 27-May-2026 Admit Time : 11:56 AM UHID : BAH-00657246

Patient Details :

Patient Name : Baby SHAIK AIMAN SIDDIQA Age : 7 Y 3 M 11 D
Guardian : Mr DARIYASABGARI IMRANSHA DOB : 16-02-2019
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO 9-4-62/138, ANEES SULTANA, NIZAM COLONY, Tolichowki Hyderabad Telangana INDIA 500008
Phone No : 8884363137/ 6300002424
E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 413 Ward Name : 4F-OT COMPLEX
Room No : POST OP 413 Admission Type : First Visit

Contact Details :

Name : Mr DARIYASABGARI IMRANSHA Relationship : Father
Contact Address : H NO 9-4-62/138, ANEES SULTANA, NIZAM COLONY, Tolichowki Hyderabad Telangana INDIA 500008
Phone No : 8884363137 / 6300002424

Signature

Doctor Details :

Doctor Name : Dr. MANCHUKONDA SANTHOSH KUMAR Specialisation : EAR NOSE AND THROAT
Referral Doctor : Self Phone No :
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

BAH-00657246 IP5-00174383
Baby SHAIK AJMAN SIDDIQA
16-02-2019 7 Y 3 M 11 D (F)
Dr. MANCHUKONDA SANTHOSH



UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

do Recurrent cough, cold since 1 year
Snoring since 1 year
Sleeping with extended neck since 9 months

History of present illness :

child apparently asymptomatic 1 year ago,
later child developed
• Recurrent cough, cold since 1 year
More aggravated with cold item intake
Relieved on medication
nose block ⊕

snoring since 1 year
aggravated with cough, cold
more in night time

Sleeping with extended neck since 9 months

Poor hearing since 9 months



Pediatric Multiorgan History & Physical Examination

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

- Similar episodes of illness since 1 year

Birth & Neonatal History:

Term / CIAB / NO NICU

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 19.6 kg (Centile _____)

On Examination :

Temperature : 98°f Pulse Rate : 94/min B.P. 98/71 (78/47) SPO2 100% @ RA

Resp. rate and type of breathing : 22/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : BAE ⊕

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S₁, S₂ ⊕

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : BS ⊕

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ (2)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (2)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR _____

Superficials:

Plantars _____ flexor

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

chronic Adenotonsillitis
+ CBLL-OME



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____
Hemodynamic

Desired goals of the treatment: _____
Hemodynamic stability

Planned Labs:

~~ICBP~~
~~M/S~~
~~Temp~~

Planned Management

- 1) NPO Since 7:30 AM
- 2) Evf-DNS @ 60ml/hr
- 3) Shift to OT
- 4) Coblation Assisted Adenotonsillectomy with BL myringotomy with Gromet insertion

DR. UJJWALA DESAI
Registration No: 90550

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: Sai

Name of the Consultant: Dr. Ujjwala

Date & Time: 27/5/26 @ 12:00

Date & Time: 27/5/26 @ 9:10am

[Handwritten notes]

BAH-00657246 IP5-00174383
 Baby SHAIK AAMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1-1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1-1			
26	Surgical safety checklist	1-1			
27	Operation Theatre notes	1-1			
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1-1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	<i>Subtotal</i>	8			
		39			
	Total No. of Pages				

Mrs. Sathya
 Signature and Date :

28 / 5 / 26

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



INFORMED 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. co-rotation Adeno tonsillectomy
 2. SL-myringotomy & ossiculotomy

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)
<p><u>Noise block</u> <u>swallowing</u> <u>hearing improvement</u></p>	<p>←</p>

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:

- bleeding
-

I authorize Dr. M. Santhosh Kumar 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: D. Dhanisha
 Name: D. Dhanisha
 Relationship with patient: Father
 Date & Time: 27/5/26 @ 2:40 pm

Witness:

Signature: [Signature]
 Name: D. Jeelani Basha
 Date & Time: 27/5/26 @ 2:40 pm

Physician taking consent:

Name: Dr. M. Santhosh Date: 27/5 Time: 2:40 pm

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరిక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

- a.
- b.

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Santosh
 Asst. Surgeon : _____
 Anaesthetist : Dr. Mohan
 Scrub Nurse : Amos

Patient Name : Shaik nan Age : 7Y Gender : M
 UHID No. : 657246 Surgery Name : Adenotomyle
 Date : 27/5/26 In-time : 2:30pm Out-time : 04:10pm

BAH-00657246 IP5-00174383
 Baby SHAIK AJMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 DR. MANCHUKONDA SANTHOSH



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>2:25pm</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>Dr. S. Mohan</u>	

TIME OUT	Time: <u>3pm</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Adenotomyle</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>1hr Nil</u>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Hikela</u>	

SIGN OUT	Time: <u>4:10PM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : _____	

BAH-00857246 IP5-00174383
 Baby SHAIK AJMAN SIDDIQA (F)
 16-02-2019 7 Y 3 M 11 D
 Dr. MANCHUKONDA SANTHOSH



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 27/05/26

Department : P.O Duration of Procedure : 1hr

Name of Surgeon : Dr. M. Santosh Date of Admission : 27/05/26

Bundle Care Criteria : (Tick (✓) if done)

	Staff Signature
Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of the Antibiotic : <u>1gm - Augmentin</u>	<u>Bibhu</u>
2. Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : <input type="checkbox"/> Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input checked="" type="checkbox"/> Other : _____ Skin preparation done (cleansing surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Bibhu</u>
3. Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>Bibhu</u>
4. Name of doctor or staff administering the antibiotic : <u>Dr. M. Santosh</u> Date & Time of antibiotic administration : <u>27/05/26 at 2:55 PM</u> Date & Time procedure started : <u>27/05/26 at 3:20 PM</u>	<u>Bibhu</u>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department



OPERATION THEATER NOTES

Patient's Name : B. Shaik Aiman Siddiq Age : 7 Gender : Male Female

UHID No. : 657246 Weight : _____ Height : _____

Surgeon : Dr. M Santhosh Asst. Surgeon : _____

Anesthetist : Dr. Mohan OT Nurse : Amos OT Technician : Prashanth

Pre-Operative Diagnosis:

Surgical Procedure : Coblation Adenoidectomy
& Tonsillectomy
B/L Myringotomy & Grommet Insertion

Indications for Surgery : Nose block, Decreased hearing

Date : 27/05/26 Start Time : 3pm End Time : 04:05pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

- Grade 4 adenoid & tonsillar hypertrophy
- Coblation Adenotonsillectomy
- B/L Myringotomy, Grommet inserted
- Grommet Insertion done

BAH-00657246 IP5-00174383
Baby SHAIK AIMAN SIDDIQA
16-02-2019 7 Y 3 M 11 D (F)
Dr. MANCHUKONDA SANTHOSH



POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Monitor vitals, oral or nasal bleeds

Wound Care:

—

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

NPO for 2hr - soft diet

When to Start Mobilization:

After 4hr

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

Treating Surgeon
(Signature & Stamp)

Date: 27/5/21 Time: 4:20pm

Note: Plan of care will be readjusted if necessary.

Shauk Aiman Siddiqua

Patient Sticker

BAH-00657246 IPS-00174383
Baby SHAIK AIMAN SIDDIQA
16-02-2019 7 Y 3 M 11 D (F)
Dr. MANCHUKONDA SANTHOSH

CR



ON FORM



Doctor Name : Dr. Ujjwala Dexas Date : 28/1/20 Date : 28/1/20 Time : 9.9

Diagnosis : Chronic Adenotoneillitis & BIL-Otitis media

Hospital : RCH, BH

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:

general opinion

Parent
Signature:

Findings and Recommendations :

Adeno. Chronic Adenotoneillitis & BIL OME
SIP - Adenotoneillectomy & Coblation
BIL - myringotomy & Grommet insertion

- No fresh bleedings/vomitings
- hemodynamically stable

Plan
- can be discharged
- encourage orally
- avoid spicy food

Consultant :

Name : Dr. Ujjwala Signature : [Signature] Date & Time : 28/1/20

Shr

BAH-00657246 IP5-00174383
Baby SHAIK ALMAN SIDDIQA
16-02-2019 7 Y 3 M 11 D (F)

Dr. MANCHUKONDA SANTHOSH



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					

sh

Pat

BAH-00657246 IPS-00174383

Baby SHAIK AIMAN SIDDIQA

16-02-2019 7 Y 3 M 11 D (F)

Dr. MANCHUKONDA SANTHOSH



ejk



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
						<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
						<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 : Pavan V

Date & Time : 27/5/20 @ 12:15 pm

Nurse Name & Signature: Tenasa - shub

Date & Time : 27/05/20 @ 12:15 PM



Siddiq

DRUG CHART

Date of Admission: 27/5 Drug Allergies: _____ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY: Name: _____ Signature: _____



VERIFIED

Date/Time: <u>21/5/2015</u>			
Dose	Route	Frequency	Start Date
<u>570mg</u>	<u>IV</u>	<u>TID</u>	<u>21/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>6AM X Swarna Divya</u>			
Additional Instructions: <u>2PM OT</u> <u>10PM Swarna Divya</u>			
Daily Doctor's Endorsement by a Sign			

VERIFIED

Date/Time: <u>21/5/2015</u>			
DRUG: <u>INJ PARACETAMOL</u>			
Dose	Route	Frequency	Start Date
<u>300mg</u>	<u>IV</u>	<u>TID</u>	<u>21/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>6AM X Swarna Divya</u> <u>Pawan</u>			
Additional Instructions: <u>2PM OT</u> <u>10PM Swarna Divya</u>			
Daily Doctor's Endorsement by a Sign			

VERIFIED

Date/Time: <u>21/5</u>			
DRUG: <u>INJ TRANEXA</u>			
Dose	Route	Frequency	Start Date
<u>250mg</u>	<u>IV</u>	<u>BD</u>	<u>21/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>10AM 3/10PM OT</u> <u>Pawan</u>			
Additional Instructions: <u>10PM Swarna Divya</u>			
Daily Doctor's Endorsement by a Sign			

VERIFIED

Date/Time: <u>21/5/2015</u>			
DRUG: <u>NASOCLEAR Nasal drops</u>			
Dose	Route	Frequency	Start Date
<u>3</u>	<u>each nostril</u>	<u>TID</u>	<u>21/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>6am X Swarna Divya</u> <u>Pawan</u>			
Additional Instructions: <u>2PM X Swarna Divya</u> <u>10PM Swarna Divya</u>			
Daily Doctor's Endorsement by a Sign			

Shahk Aiman Siddiq

BAH-00657246 IP5-00174383
Baby SHAJK AJMAN SIDDIQA
16-02-2019 7 Y 3 M 11 D (F)
Dr. MANCHUKONDA SANTHOSH



Shee.

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : CIPROX-D ^{drug} _{ear}				Date Time	21/1															
Dose	Route	Frequency	Start Dt.																	
2°	each ear	BD	22/5																	
Name & Signature of the Doctor Starting the Drugs:				10am X Pauons																
Additional Instructions:				cop Sporell 5/7/21																
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

VERIFIED

BAH-00657246 IP5-00174383
 Baby SHAIK AIMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

VERIFIED BY : Name Signature



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :				
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.

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
VARIABLE DOSE				
DRUG :				
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
27/1/26	2:55pm	2y AUGMENTIN	570mg	iv		Suman Amos
27/1/26	3:15pm	2y PARACETAMOL	300mg	iv		Suman Amos
27/1/26	2:58pm	DILORFENAC Suppository	12.5mg	PER RECTAL		Suman Amos
27/1/26	3:10pm	INJ. TRANEXA	300mg	IV		Suman Amos
27/1/26	3:20pm	INJ. DEXA	2mg	IV		Suman Amos

Signature
VERIFIED BY Name

BAH-00657246 IP5-00174383
 Baby SHAIK AAMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH

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

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

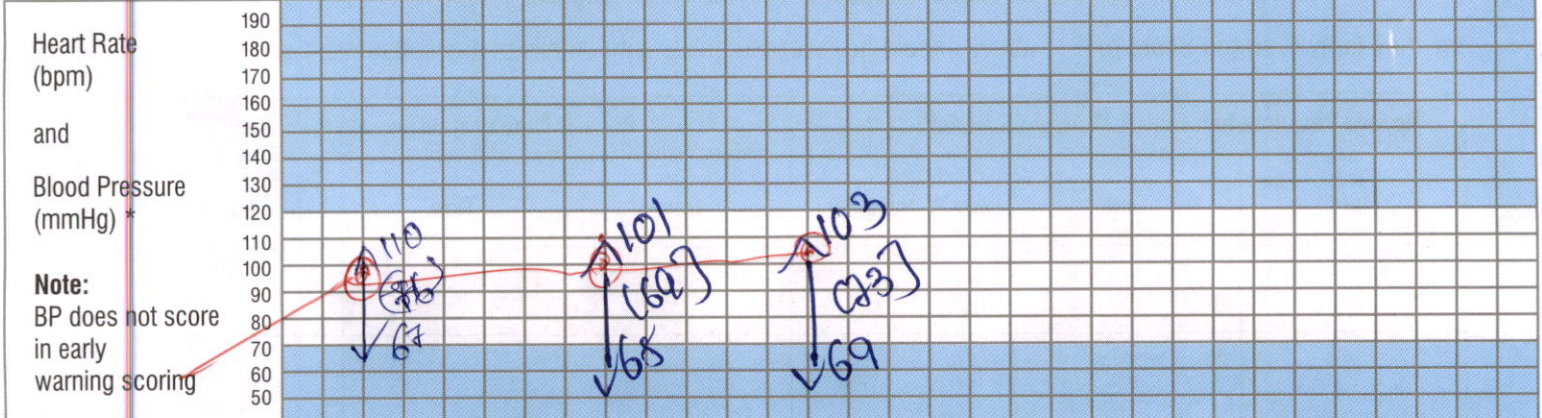
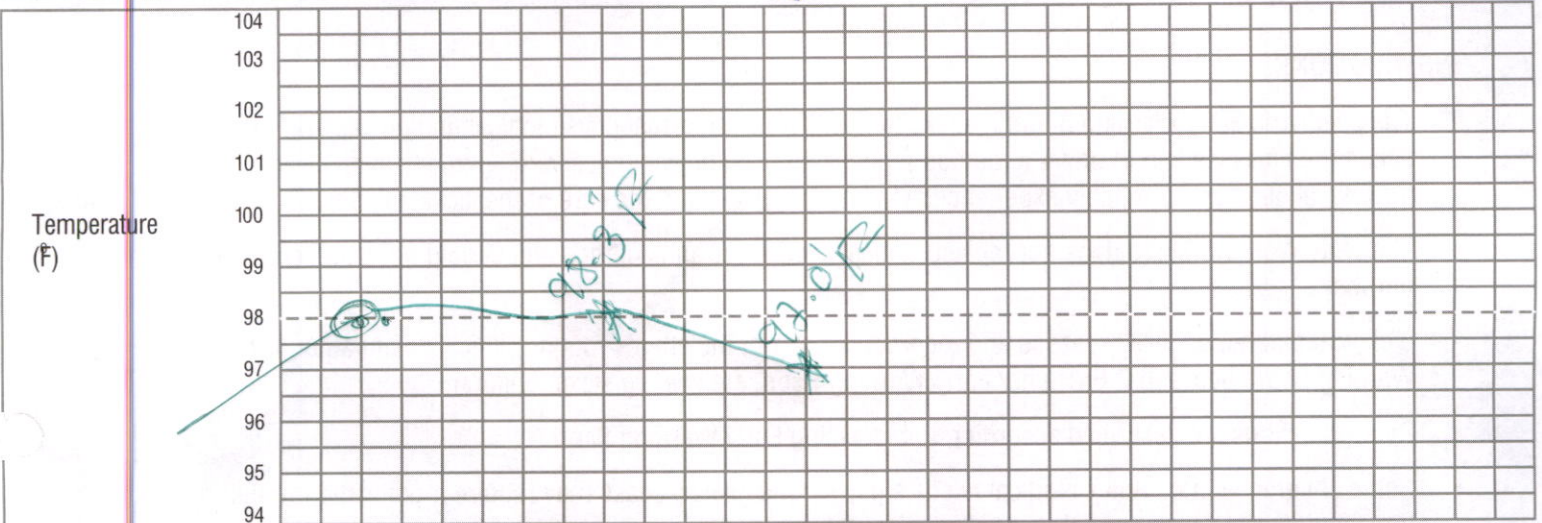
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

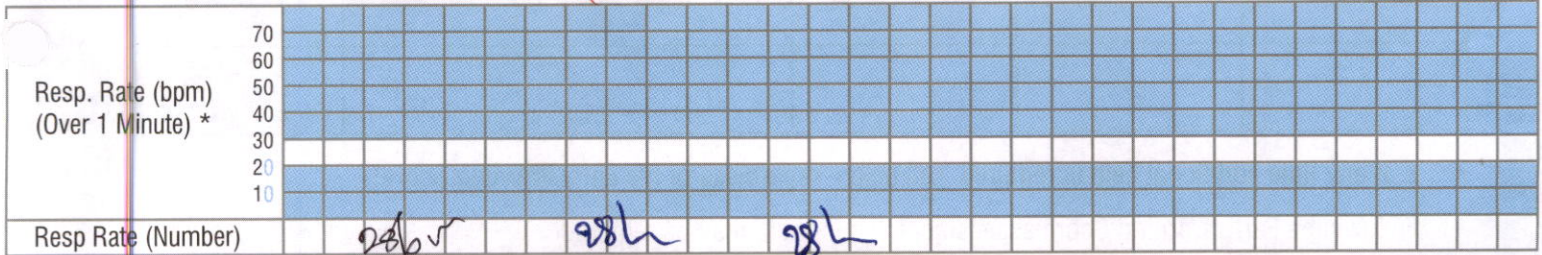
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/02/2019 Time: 4 PM

Doctor / Nurse / Family Concern? 10/5 20/5



Heart Rate (Number) 110 bpm 110 bpm 104 bpm



Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 99% 99%

Conscious Level Normal / Altered

GCS * 14/15 15/15 15/15

TOTAL SCORE
 Number of shaded boxes 0 1 1
 Pain Score 0 0 0
 Observer's Initials 10 10 10

ACTIONS
 NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- 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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

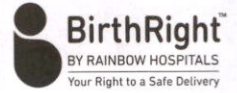
BAH-00657246 IP5-00174383
 Baby SHAIK AJMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH



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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart



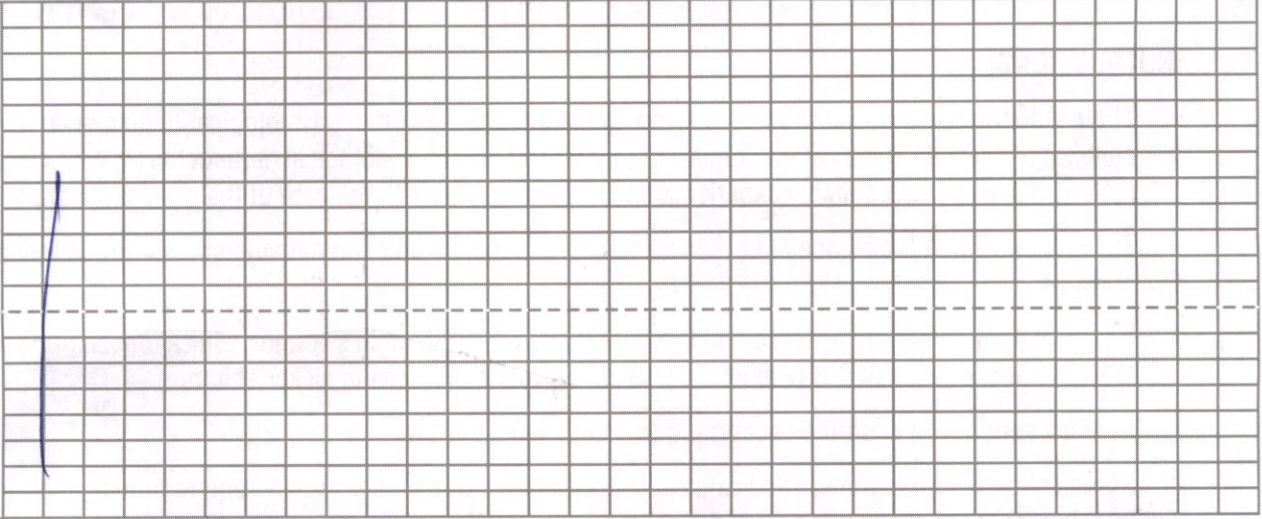
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ... 28/2 ... Time:

Doctor / Nurse / Family Concern? *Dr*

Temperature (F)

104
103
102
101
100
99
98
97
96
95
94



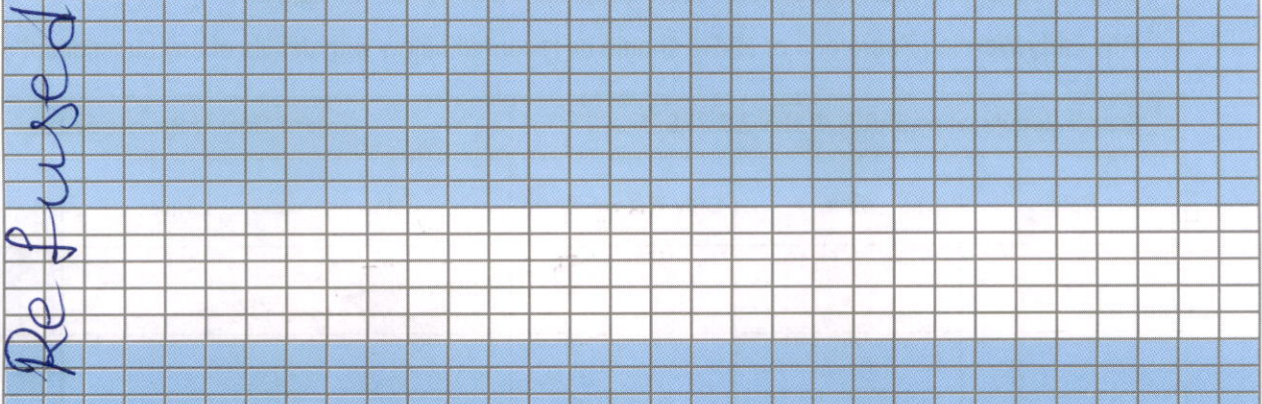
Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

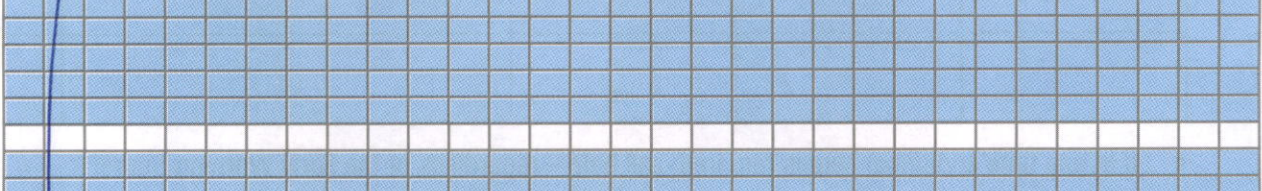
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50



Heart Rate (Number)

Resp Rate (bpm) (Over 1 Minute) *

70
60
50
40
30
20
10



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

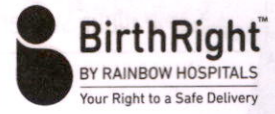
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

BAH-00657246 IP5-00174383
 Baby SHAJK AJMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH

Patient



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 Thrombo-phlebitis 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	H ₂ O											
	05:00 pm	ice cream											
	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							

Patient ID: IP5-00174383
 BAH-00657246
 Baby SHAIK AJMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH


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 Thrombophlebitis 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	
-----------------------------	--

Loose Tooth

BAH-00657246 IP5-00174383
Baby SHAIK AJMAN SIDDIQA
16-02-2019 7 Y 3 M 11 D (F)
Dr. MANCHUKONDA SANTHOSH



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Aiman Siddique Age: 7 Sex: Female UHID.No :
Date: 25/5/26 Time: 1:59 PM Proposed Operation: Adenotonsillectomy
Diagnosis: Snoring + Mouth Breathing
P7 CRT: 2 Secs H.R: 94 Weight: 19 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: NIL

Medical History: CVS: NO cardiac issues
RESP: NO Asthma Diabetes: NO
CNS:
Renal: WNL
Hepatic / GE: Physical Activity: Good
Others: All Milestones Normal

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: > 3cm Mentohyoid Distance: 2 Neck: 2 Teeth: Upper incisor loose

Lungs: WNL
Heart: WNL
CNS:

Pregnant: Yes No NA Venous Access Site: Hand Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No Father CRP on Admission

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions: NBn : 2:30AM
- DVT Prophylaxis :
 - NIL ORAL Water / ORS 2 Hours Others 6 Hours Breakfast before 7 AM
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. H. Subrahmanyam



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: CONFIRMED

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 109 bpm B.P/CRT: 101/60mmHg SpO₂: 97/room air R.R: Last Feed: 7:30 AM

Pre-OP Diagnosis: Adenotonsillar hypertrophy Operation: Coblation - Adenotonsillectomy Date: 27/5/2026

Surgeon: Dr. H. Santhosh Anaesthesiologist: Dr. S. Mohan, Dr. Anish Kumar Technician: Prasanna

TIME	2:50 PM	3 PM	3:30 PM	4:00 PM	4:30 PM	5:00 PM
N ₂ O (AIR/O ₂) LPM	0.5/10	0.5/10	0.5/10	0.5/10	0.5/10	0.5/10
HALO/ISO/SEVO	0.9/0.4/0.2	0.9/0.4/0.2	0.9/0.4/0.2	0.9/0.4/0.2	0.9/0.4/0.2	0.9/0.4/0.2
Drugs:	Inj. HYDROZOLAM 0.6mg IV Inj. FENTANYL 40mcg IV Inj. PROPOFOL 50mg + 20mg Inj. Rocuronium 10mg IV Inj. TRANEXAMIC ACID 300mg IV Inj. DEXAMETHASONE 2mg IV Inj. PARACETAMOL 300mg IV					
FiO ₂ / SaO ₂	100	100	100	100	100	100
ETCO ₂	38	37	35	36	37	36
ECG	SR	SR	SR	SR	SR	SR
Temperature	34.1	34.2	34.3	35.1	36.2	37.1
Urine Output						
Fluids Blood	Ringer LACTATE @ 100ml/h					
B.P						
Antibiotic	Inj AUGMENTIN 750mg IV Suppository Diclofenac 12.5mg					
Blood Loss						
NOTES						

LAB Values

ABG

GRBS

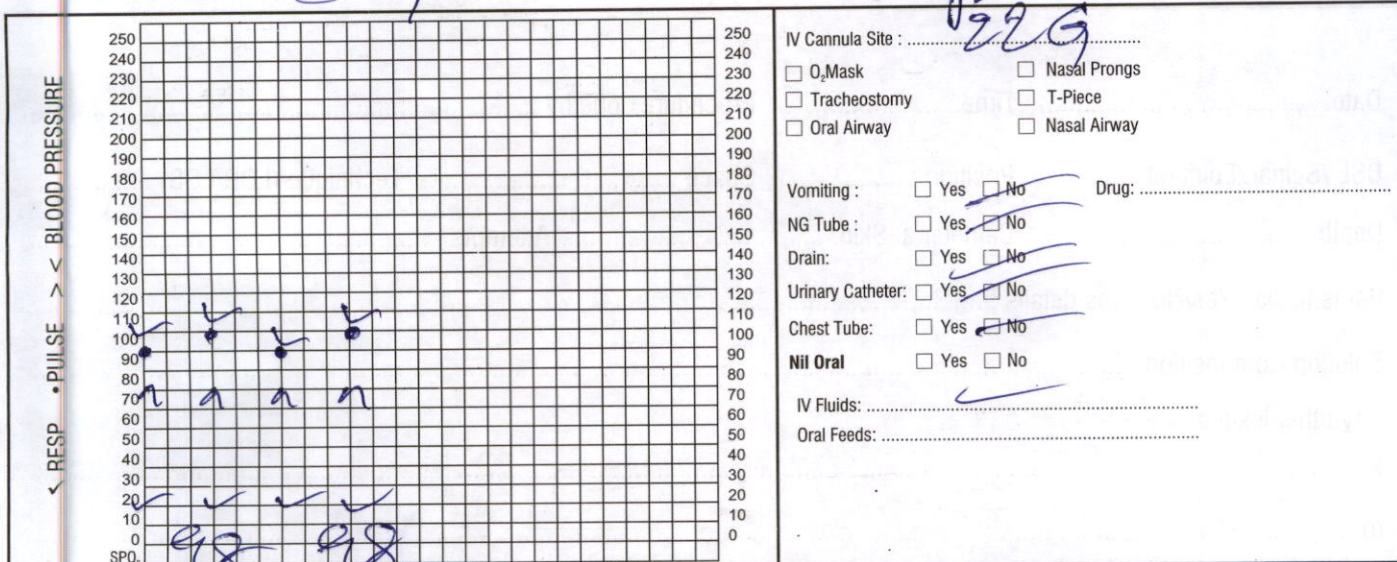
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>Right leg</u> <input checked="" type="checkbox"/> Art Site: <input type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>2:50 pm</u> OP Start: <u>3:00 pm</u> OP End: <u>4:05 pm</u> Leave OR: <u>4:10 pm</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>RT hand (22G)</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>5.5</u> at <u>17</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>ROXORONUM</u> <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>3</u> Attempts: <u>1</u> Difficulty Why?	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. S. Mohan</u> Signature of the Doctor:
---	--	---	--



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dilys Time Received : 11:15 Time Discharged :



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	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	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	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/5	11:15	2/10	—	<u>Dilys</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

- 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

Anaesthesiologist Name : Dr. SHILPA

Anaesthesiologist Signature: [Signature]

Date & Time:

PACU Nurse Name : Dilys

PACU Nurse Signature: [Signature]

Date & Time: 27/5 12:00 @ 5:40

Transferred to Unit by (PACU): 121-A

Date & Time: 27/5/20 @ 5:40

BAH-00657246 IP5-00174383
 Baby SHAIK AIMAN SIDDIQA
 16-02-2019 7 Y 3 M 11 D (F)
 Dr. MANCHUKONDA SANTHOSH



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Adenotonsillectomy

Anaesthesiologist: Dr. M. Subrahmanyam Surgeon: Dr. Santosh

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 Nil

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: D. Imran sha
Name: D. Imran sha
Relationship with patient: Father
Date & Time: 26/05/26 - 2:00 pm

Witness:

Signature: S. Meharajunnisa
Name: S. Meharajunnisa
Date & Time: 26/5/26 @ 2pm

Doctor (who is taking consent):

Signature: Dr. M. Subrahmanyam Name: Dr. M. Subrahmanyam Date: 26/5/26 Time: 2:02 PM

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 అపస్వారక 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, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

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 బహుశ 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 అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, 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:



121A

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 8:30am

Weight: 19.16kgs Centile: > 75th

Height: 118cms Centile: > 10th

Inference: underweight child

RDA: - Calories: 1500kcal/d Protein: 26g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, and outside foods

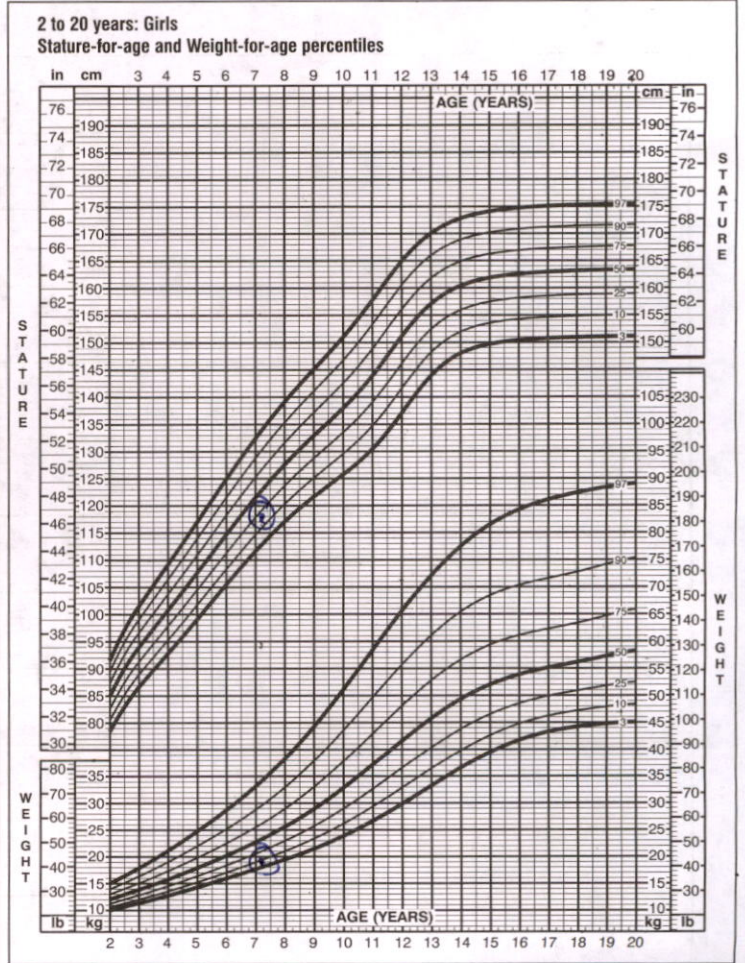
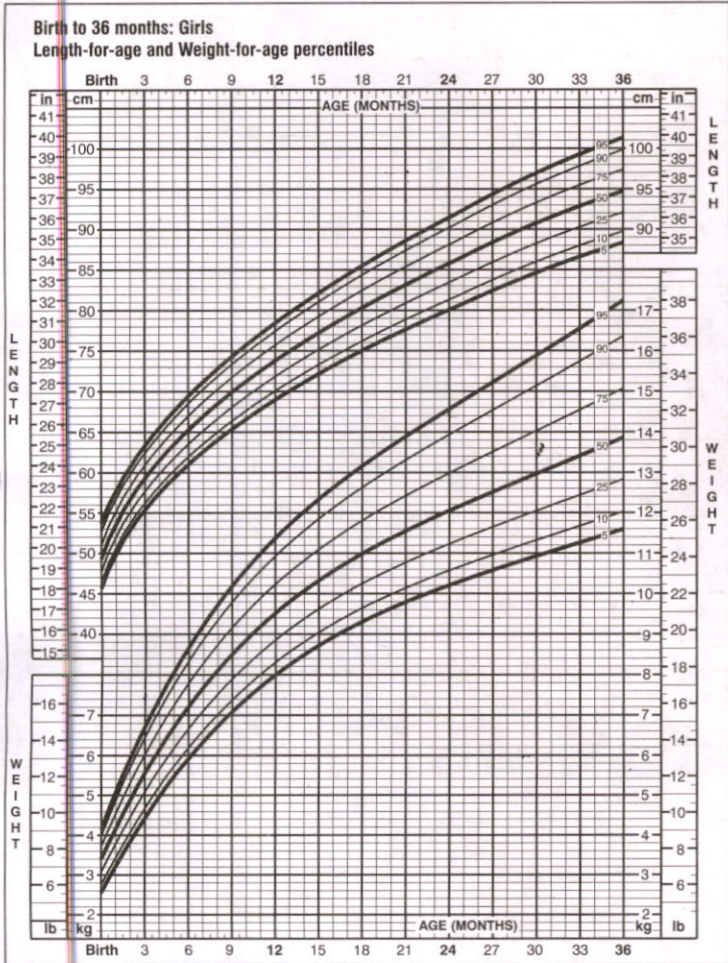
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Chronic Adenotonsillitis & B12 - OME

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: S. Meher

GROWTH CHART (GIRLS)



Dietician's Name: Mounika

Dietician's Signature: Mounika

