

Pat
 KUH-00154292 IP5-00173853
 Master VIHAAN KARTHIKEYA (M)
 10-08-2023 2 Y 9 M 5 D
 Dr. P V L N MURTHY

SmithNephew
 EVAC® 70 XTRA HP
 WITH INTEGRATED CABLE
 REF EIC5874-01
 LOT 2200917
 2028-10-13

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

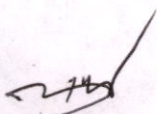
SURGERY DETAILS

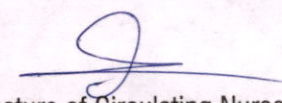
Date : 15/5/26
 Patient Name: MST. vihaan Date of Birth: 10/08/2023 Age: 2Y
 Gender: male Ward: P. UT UHID No.: KUH-00154292
 Date of Surgery: 15/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery: Adeno tonsillectomy & coblation

Time in : 9 AM Time Out : 09:45 AM

	NAME	AMOUNT
1. Surgeon	P V L N MURTHY	
2. Anaesthetist	DR. Subramanyam	
3. Assistant Surgeon		
4. OT Technician	neelka	
5. Circulating Nurse	Bobi	
6. Assistant Nurse	Sujata	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others COBIATOR used → 9609407


 Signature of the Surgeon


 Signature of Circulating Nurse

Order No: 9609406 Order by: Jyothe



Adm

CONSUMABLES OF OT

Circulating staff : Technician : Date : **3.2.23** Time : **8:00 AM**

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 40005 15	144	01	Major Pack Drape	1	1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A, P, N	5	02				Suction Catheter		
HME filter : A, P, N	1	01				Feeding Tube		
Syringes : 10 cc	20	5				Vaccum Suction Set		
05 cc	20	5	Gloves			Surgical Gloves		
02 cc	20	5	10/12, 2, 2 1/2	24	1	Gauze Pack		
01 cc			10/6, 6 1/2, 7 1/2	42	1	Syringe 1ml / 2ml		
Cautery plate (P, N)	5		Surgical blade			Surgical Blade # 20		
IV set	1	01	NG tube 6	2	2	Koochies (S)		
RL	1	01	Cautery pencil			N> 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	14	14	Koochies			Fraxipin	1	0
minis pice	1	01	Ointments			10cc, 5cc, 2cc	24	0
02 melle (P)	1	01	Suction Catheter			salon	1	0
Fentanyl	1	01	Cap, Mask	5/5	55	Prj. Analin	03	3
Morphine			Gauze Pack (N)	5/5	2	Delonid		
Ketamine			Mop Pack	1	1	Betacoclot drop	1	1
Propofol	8	01	Steristrip					
Rocuronium	1	01	Underpad	1	1			
Glycopyrolate	1	01	Draw sheet	1	1			
Myopyrolate (M)	142	02	Abgel					
Ondansetron	1		Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			Gauze	3	01
Bupivacaine 0.25%			Chest Drainage Catheter			Glaucall	4	
Bupivacaine 0.25%(Heavy)			Romodrain bag			Armed	1	
Antibiotics Aug 600ms	1	01	Bandage			Dereaf Fraxera	14	24
Dooper	1	01	Tegaderm			50ct pm line	14	
Suppositories			loban			Don cannula 22/24	4	
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Sony 10cm + 10cm	14	01
Supridol : 100mg			Vaccum Suction set	1	1	Atropine + Adrenaline	14	14
Justin : 12.5 mg / 25mg / 100mg	14	01	Plastic Bed Sheet	1		midgut Ephedrine	14	01
Tab. Misoprost : 200mg			Betadine Solution	1		loxword freey 2%	14	14
vaccum set	1	01	Microshield	1	1	08/12 + splin 13	14	
10g teby ay	6		Cotton Balls					
Suction catheter	5		Latex Gloves	10	10			
Oral airway OIL	14	01	Ramdione Scrub					
Oral airway 16/18	14		Saral					

Surgeon Anaesthesiologist Nurse OT Technician **18**

Order No. : **2609464** Ordered by : **[Signature]**

ESTIMATION SLIP

FC pending for insurance details

Pre-approved

Date: 09/May/2016 UHID / IP No.: KUH-00152292 SI No. 80175
 Name of Patient: Mrs. Vireen Kachhikera Age: 2y8m Gender: M
 Father's / Husband's Name: Mr. Ramakrishna Corporate / Occupation: Infosys
 Address: Phone: 7013693507 Email:
 Procedure / Plan: Adenotonsillectomy + Coblation

MODE OF PAYMENT: SELF TPA: MA / Co Drgit GIPSA: OTHERS

TARIFF INFORMATION: Dr. PVL Murthy

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges				2 day						
Doctor's Fee				in play	NA					
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	→ in play
O.T. Consumables	→ 8500 Subject to approval by TPA / Insurance Company
Instrument Charges Coblation	→ 7500 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 PPOV E 02	Rs. 57680
Others (MA/PA)	Rs. 15,000/- (band dress change)
Initial Minimum Deposit	→ Evac Wand: 27k/ETC.

- REMARKS:**
- 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-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 - During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
 - Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 - Two attendants are permitted with patient 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, Ramakrishna, 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: Ramakrishna
 Signatory Relationship: Father
 Signature of the Financial Counselor: (D. Basu)

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173853 Admit Date : 15-May-2026 Admit Time : 06:58 AM UHID : KUH-00154292

Patient Details :

Patient Name : Master VIHAAN KARTHIKEYA Age : 2 Y 9 M 5 D
Guardian : Mr RAMA KRISHNA DOB : 10-08-2023
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : F-872 VASANTH NAGAR Nizampet Road Phone No : 7013693507/ 9515845848
Hyderabad Telangana INDIA 500072 E-mail : nomailid@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 402 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 402 Admission Type : First Visit

Contact Details :

Name : Mr RAMA KRISHNA Relationship : Father
Contact Address : F-872 VASANTH NAGAR Nizampet Road Phone No : 7013693507 / 9515845848
Hyderabad Telangana INDIA 500072


Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____

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

KUH-00154292 IP5-00173853
Master VIHAAN KARTHIKEYA
10-08-2023 2 Y 9 M 5 D (M)

Date of Admission: _____ Time : _____ Time: _____

Dr. P V L N MURTHY



Room / Bed No : _____ Ward : _____ ple bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/5/26	7:47 AM	ER	OT	B
15/5/26	9:45 A	OP	postop	Suzi
15/5/26	12:40 PM	postop	320	Keyri

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Paisal	16/5/26	9610998	Kalyani
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/05	IV Placement	⑥	9152	Sarmah
	Doe	①	9153	

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Rainbow[®] Children's Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00154292 IP5-00173853
Master VIHAAN KARTHIKEYA
10-08-2023 2 Y 9 M 5 D (M)
Dr. P V L N MURTHY



Patient Name: Master Vihaan Karthikeya

UHID ID: KUH-00154292

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Vihaan Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o recurrent episodes of
cold, cough, tonsillitis }
Open mouth Breathing } :- 3 months
Snoring Issues.

History of present illness :

As per informant, child apparently well then
had - recurrent episodes of cold, cough,
tonsillitis
Open mouth Breathing
Snoring Issues ⊕
O/E: Had Adenoid Hypertrophy

RSV Illness 1 year ago
(2025 July)

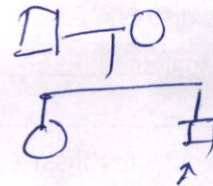


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / LSCS / No NICU stay
Ⓢ perinatal transition



Birth & Socio Economic History:

About Father : _____
About Mother : _____ middle
Any additional Information : _____

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12.4 kgs (Centile _____)

On Examination :

Temperature : 97.4°f Pulse Rate : 108/min B.P. 95/21 SPO2 100%

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

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

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

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S₁, S₂ heard

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : soft, non tender

Auscultation : BS (+)

Spine : (N) External Genitalia : (N)

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alex / Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (R) Power 4/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : Nil

Reflexes :

DTR

(R)

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Coblation Adenotonsillectomy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic Stability

Planned Labs:

IV cannula - CBP

Planned Management

- 1) Continue NPO
- 2) IV fluids
- 3) Shift to OT on call

Signature of the Doctor: JV
Name of the Doctor: Jayahi
Date & Time: 15/5/26 @ 7AM

Signature of the Consultant: [Signature]
Name of the Consultant: PVLN MURTHY
Date & Time: 15/5/26

PVLN MURTHY
Reg No. 47267

KUH-00154292 IP5-00173853
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10-08-2023 2 Y 9 M 5 D (M)
Dr. P V L N MURTHY



OPERATION THEATER NOTES

Patient's Name : Mash. VIHAAN Age : 2 Y Gender : Male Female

LHID No. : Weight : 12.4 kg Height :

Surgeon : PVLN MURTHY Asst. Surgeon :

Anesthetist : DR DWAN OT Nurse : Bethi OT Technician : Bayo

Pre-Operative Diagnosis: chr. Adenotomillity

Surgical Procedure : Adenotomillotomy & Coblation

Indications for Surgery :

Date : 15/5/20 Start Time : 9:17 AM End Time : 9:40 AM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenotomillotomy & Coblation

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/23 5:45 PM	Seen by Resident	
	Chronic adenotonsillitis S/p adenotonsillectomy = Coblation	Plan
	Child alert, afebrile pain under control do not passed urine in 10hrs O/E	1. Continue medications 2. IV fluids 100% maint. 3. Inform if urine not passed in 2 hrs.
	child hemodynamically chest clear stable	§ Murthy
		Noted by Sis-kalyani 06/5/23 at 6pm
16/5 8am	C/S/B Resident	
	POD-1 adenotonsillectomy	
	no fever/vomiting/ bleeding	Adv: (B) today
	O/E alert vitals stable chest clear throat healthy	White

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Master VIHAAN KARTHIKEYA
10-08-2023 2 Y 9 M 5 D (M)
Dr. P V L N MURTHY

CONSULTATION FORM

Doctor Name : Dr. Faisal Date : 18/5/26 Time : 9:30 am

Diagnosis :

Hospital :

Type of Referral :

Emergency

Urgent

Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

Chronic adenotonsillitis
S/P adenotonsillectomy = Coblation
no fever/vomiting/bleeding
accepting orally

O/E
Child alert, active, afebrile
hemodynamically stable.
cvt clear
abd soft

Plan
1. Continue medication
as charted
2. Discharge today
3. Flw ENT surgeon

Consultant :

Name : Dr. Faisal Signature : [Signature] Date & Time : 18/5/26

Patient Stick

KUH-00154292 IP5-00173853
Master VIHAAN KARTHIKEYA (M)
10-08-2023 2 Y 9 M 5 D
Dr. P V L N MURTHY



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					

Pat
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 Dr. P V L N MURTHY




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: Jayashri

Date & Time: 15/5/26 at 7.30 AM

Nurse Name & Signature: Abhishek

Date & Time: 15/5/26 at 7.30 A

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 Dr. P V L N MURTHY



DRUG CHART

Date of Admission: 15/9/20 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 Signature

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Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. LANZOL DT				Date Time	15/5																
Dose	Route	Frequency	Start Dt.																		
1 tab	PO	OD	15/5																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				1 tab = 15mg																	
Daily Doctor's Endorsement by a Sign																					
DRUG : T. TRAVERA				Date Time	15/5																
Dose	Route	Frequency	Start Dt.																		
1/4 tab	PO	BD	15/5	10 AM																	
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				10 pm per day																	
Daily Doctor's Endorsement by a Sign																					
DRUG : Salt water gargle				Date Time	15/5																
Dose	Route	Frequency	Start Dt.																		
		TID	15/5	6 AM																	
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				gargle																	
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.	
		Dose		Dose		Dose		Dose
DRUG :	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/5	9:10AM	INT. PARACETAMOL	180MG	IV	<i>[Signature]</i>	Smytha 9:10 am Babi
15/5	9:04AM	INT. TRANEXAMIC ACID	180MG	IV	<i>[Signature]</i>	Smytha 9:04 am Babi
15/5	9:05AM	INT. DEXAMETHASONE	1MG	IV	<i>[Signature]</i>	Smytha 9:05 am Babi
15/5	9:12AM	INT. AMOXICILLIN / POTASSIUM CLAVULANATE	360MG	IV	<i>[Signature]</i>	Smytha 9:12 am Babi
15/5	9:08AM	DICLOFENAC suppository	12.5MG	PR	<i>[Signature]</i>	Smytha 9:08 am Babi
16/5		Subj PARACETAMOL	150 mg	IV	<i>[Signature]</i>	

Signature

VERIFIED BY: Name

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/08/2023 Time: 2pm 6pm 10:30pm 2:30am

Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99	97.8	97.8	97.8	97.0
	98				
	97				
	96				
	94				

Heart Rate (bpm) and Blood Pressure (mmHg)	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				

Note:
 BP does not score in early warning scoring

Heart Rate (Number) 124bpm 116bpm 112bpm 82bpm

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

Resp Rate (Number) 27bpm 27bpm 27bpm 20bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99% 99% 98% 100%

Conscious Level Normal / Altered

GCS * 15/16 15/16 14 14

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

- 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: Scores 3 should be recorded overleaf

* 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)

Patient

KUH-00154292 IP5-00173853
Master VIHAAN KARTHIKEYA
 10-08-2023 2 Y 9 M 5 D (M)
Dr. P V L N MURTHY



UID CHART

Sheet No. : ①

- 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			
15/5	08:00 am		M							✓	0	M	
	09:00 am	RL	f	120ml							0		
	10:00 am		water	120ml							0		
	11:00 am		Juice	200ml							0		
	12:00 pm			100ml							0		
	01:00 pm										0		
Total Intake :						Total Output :							
15/5	02:00 pm		Keem								0	Kalyani	
	03:00 pm		Jelly								0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm		H ₂ O							✓	0		
	07:00 pm										0		
Total Intake :						Total Output : M=0 U=1							
	08:00 pm										0	Seema	
	09:00 pm		H ₂ O							✓	0		
	10:00 pm										0		
	11:00 pm		H ₂ O								0		
	12:00 am										0		
	01:00 am		H ₂ O							✓	0		
Total Intake :						Total Output : M=0 U=2							
	02:00 am										0	Seema	
	03:00 am		H ₂ O							✓	0		
	04:00 am										0		
	05:00 am										0		
	06:00 am		H ₂ O							✓	0		
	07:00 am										0		
Total Intake :						Total Output : M=0 U=2							
Total 24 hrs. Intake													
Total 24 hrs. Output		M=0 U=6											

KUH-00154292 IP5-00173853
 Master VIHAAN KARTHIKEYA
 10-08-2023 2 Y 9 M 5 D (M)
 Dr. P V L N MURTHY



FLUID CHART



Sheet No. :

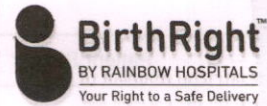
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
18/5/24	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mr. Vihaan Karthikeya Age: 2y 8m Sex: Male UHID.No:

Date: 13/5/2026 Time: 11:28 Am Proposed Operation: Abdominal Hernia Repair & Colostomy

Diagnosis: CHRONIC ADENOTONSILLITIS

B.P / CRT: 95/70 H.R: 105/min Weight: 12.76 ASA Physical Status: 1 2 3 4 5

Laboratory Data:				
Hgb: <u>9.6</u>	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/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NKA - ? Spinal

Medical History: CVS: no Hb fever, cough, cold

RESP: - Diabetes:

CNS: - Hb febrile seizure @ 13th & 18th month of age. no further episodes.

Hepatic / GE: - Physical Activity: REV wire after 2 times. Admission

Others: SH: Uses stool form 13. wt: 3.6kg PT fever Normal Jaundice +

Past Anaesthetic History:

Physical Exam: well built

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

Lungs: RLE ⊕

Heart: S1S2 ⊕

CNS:

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Pari-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL: Water / ORS 2 Hours Others 8 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: cep dressing, cannula, consent spending

Signature: [Signature] Name: Dr. SHIVA

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

KUH-00154292 IP5-00173853
 Master VIHAAN KARTHIKEYA
 10-08-2023 2 Y 9 M 5 D (M)
 Dr. P V L N MURTHY



Patient Name : Master Vihaan Karthikeya Age : 2 yrs Gender : Male Female

UHID NO: KUH 00154292 Surgeon Name: Dr. P V L N Murthy

Anaesthesiologist : Dr. Divya Khemni

Operative procedure planned : Adenotomillectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Hepatic disorders | <input type="checkbox"/> Shock | <input type="checkbox"/> Multiple organ failure | <input type="checkbox"/> Polytrauma/ Renal Tubular Acidosis |
| <input type="checkbox"/> Incapacitating Chronic Obstructive Pulmonary Disease | | | |

Others : Hemodynamic changes, Bleeding, Laryngospasm, Bronchospasm

Comments :

• Doctor to document in medical record also if necessary (Cross-out if not applicable).

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Master Vihaan Karthikeya the above mentioned operation / Diagnostic / Therapeutic procedures Adenotomillectomy.

I authorize and give consent for anaesthesia (Regional General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant: Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : PK

Name : Rama Krishna V

Relationship with Patient : Father

Date & Time : 15/5/20 8:20AM

Witness :

Signature : K. N. Lakshmi

Name : K. Nijaya Lakshmi

Date & Time : 15/5/20 8:20AM

Doctor (who is taking the consent) :

Signature : Dr. Durg Khanna

Name : Dr. Durg Khanna

Date & Time : 15/5/20 8:20AM



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 15/5/26 Time: 2:40pm

Weight: 12.4kg's Centile: 50

Height: 90cm Centile: 50

Inference: Underweight child

RDA: - Calories: 1250 kcal/d Protein: 21gm/d

Diet Recommendations: soft diet

Re-Assesment: avoid spicy and outside foods

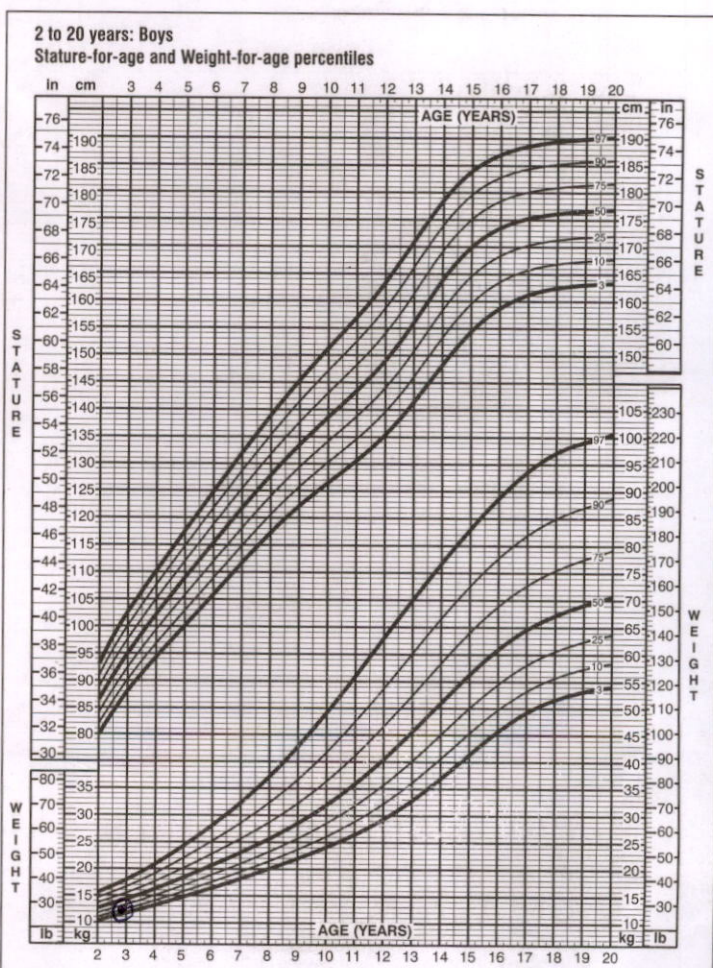
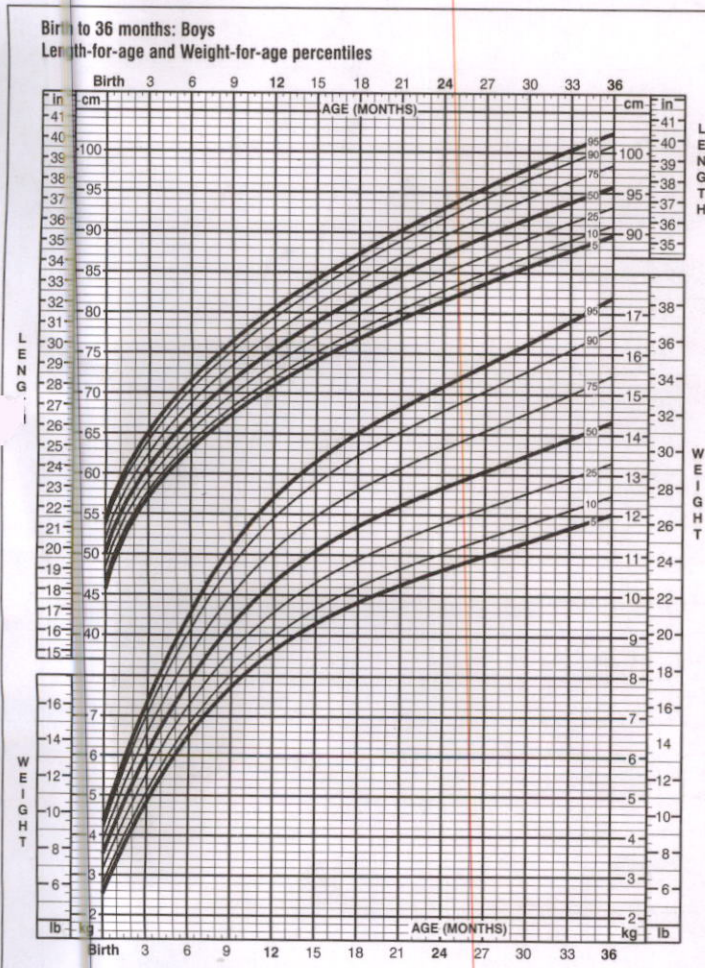
Food Allergies: cauliflower, spinach, flax seeds Veg/Non-veg Non-veg

Diagnosis: Adenofoursillectomy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: K. Raneela

GROWTH CHART (BOYS)



Dietician's Name: Saima

Dietician's Signature: Saima

