Patient Sti

AH-00630589 IP5-00174728
laby GARNEPELLI THANAYA
8-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI

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SURGERY DETAILS

Date : 04/06/26

Patient Name: GARNEPELLI THANAYA Date of Birth: 08-06-2010 Age: 15Y

Gender: Female Ward : P.OT UHID No.: 630589

Date of Surgery: 04/06/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : B/Lateral Inguinal Hernia Mesh - D

Time in : 11:45 AM Time Out : 1:45 pm

		NAME	AMOUNT
1.	Surgeon	Dr Venkat Ram Thyalapalli	
2.	Anaesthetist	Dr. Amrine	
3.	Assistant Surgeon		
4.	OT Technician	Prashanth	
5.	Circulating Nurse	Bikram	
6.	Assistant Nurse	Akash	

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

Signature of the Surgeon

Bikram
Signature of ~~Circulating~~ Nurse

Order No: 9642780 Order by: J. Ramadevi

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

Diphosphonate inj into neck femur

CONSUMABLES OF OT

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Circulating staff: ..... Technician : ..... Date : 7/6/25 Time : 11 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6.5, 7, 7.5	1+1+1	—	Major Pack Drape	01	1	Inj Vit.K		
LMA 1½, 2, 2½, 3, 4	1+1	1	Sutures			Cord Clamp		
ECG leads (A) / P / N	05	3	Monosyn 4.0, 3.0	2+2	—	Suction Catheter		
HME filter (A) / P / N	1+1	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves			Surgical Gloves		
02 cc	10	5	A) 7 1/2	3+3	2	Gauze Pack		
01 cc	05	—	PF - A) 7 1/2	4+4	2	Syringe 1ml / 2ml		
Cautery plate : A (P) / N	01	—	Surgical blade 15, 11	02	—	Surgical Blade # 20		
IV set	01	1	NG tube			Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	02	—
NS : 10ml / 100ml / 500ml / 1000ml	01	1	Koochies			10cc + 5cc	2+2	2
Mini Spike	01	1	Ointments			INS. Wo graphine	1	1
O2 mask (P)	01	—	Suction Catheter			INS. Foldonet	2	2
Fentanyl	01	1	Cap, Mask		5/5			
Morphine	1	1	Gauze Pack N+R	5+2	2			
Ketamine			Mop Pack	01	1			
Propofol	03	2	Steristrip					
Rocuronium	01	1	Underpad	1	1	Elco2 Nasalprong	01	—
Glycopyrolate	01	0	Draw sheet	1	1	Gauze + Gloves all	4+4	—
Myopyrolate	01	—	Abgel			Dexa + Tranexa	1+2	—
Ondansetron	01	—	Foleys catheter			Dexmed	01	—
Pencan 25g/ Spinal Needle 22	01	—	Urobag			50cc + pmo line	1+1	—
Bupivacaine 0.25%	01	—	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Iv pcm	01	—	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	01	—			
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	01	1			
Vacuum Set	01	1	Microshield	01	—			
Oral airway 1, 2	1+1	—	Cotton Balls	—				
Nasal airway 22, 24	1+1	—	Latex Gloves	10p	10p			
3way 10cm + 100cm	1+1	1	Ramdione Scrub	01	1			
IV cannula 22, 24	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9642848 Ordered by : .....

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04:50pm

ESTIMATION SLIP

Date : 03-June-26 UHID / IP No. : BAH-00630589 Sl No. 80572

Name of Patient : Baby G. Tharaya Age: 15y Gender: female

Father's / Husband's Name : Mr. Vinay Kumar Corporate / Occupation : Business

Address : Phone : 9393943678 Email:

Procedure / Plan : Bisphonate Injection into femoral leads.

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

TARIFF INFORMATION : D/N Dr. BLTT Dr. Venkat Ram Thyagarajapalli (G-42) (DAY CARE)

	ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day)	Room Rent & Nursing Charges										
	Doctor's Fee										5500/-
	L. Tax										

PARTICULARS			AMOUNT (₹)			
Surgeon's / Anesthetists's Fee / O.T. Charges			(SF)+ 30490	Subject to approval by TPA / Insurance Company	(AF) + (OT) 9150	94592
O.T. Consumables			DG->			
Instrument Charges			1500	Not Covered by TPA / Insurance company		
Pharmacy, Consumables & Investigations				As per actual - Not Included in Estimation		
Equipment Charges	Monitor :		Extra	Infusion pump / Syringe pump :		
	Ventilator :	Conventional :		HFO-SLE 5000 :		HFO Sensormedix :
	Phototherapy :	Single Surface :		Double Surface :		Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.			Extra	As per actual - Not Included in Estimation		
Package						
Others						
Initial Minimum Deposit			Approx-> 1,00,000			

REMARKS:

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

DECLARATION

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

Signature of the Client | Signatory Relationship: Father | Signature of the Financial Counselor

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174728 **Admit Date** : 04-Jun-2026 **Admit Time** : 10:39 AM **UHID** : BAH-00630589

Patient Details :

Patient Name	: Baby GARNEPELLI THANAYA	**Age**	: 15 Y 11 M 17 D
Guardian	: Mr GARNEPELLI VINAY KUMAR	**DOB**	: 18-06-2010
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 16-4-889/A, SHIVA NAGAR, NEAR SATYANARAYANA TEMPLE Warangal Warangal Telangana INDIA 506002	**Phone No**	: 9393943678/ 7097952191
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 404 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 404 **Admission Type** : First Visit

Contact Details :

Name	: Mr GARNEPELLI VINAY KUMAR	**Relationship**	: Father
Contact Address	: H NO 16-4-889/A, SHIVA NAGAR, NEAR SATYANARAYANA TEMPLE Warangal Warangal Telangana INDIA 506002	**Phone No**	: 9393943678

Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : BAH-00630589 IPS-00174728
Baby GARNEPELLI THANAYA
18-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI
_____ Dept : _____

Date of Admission: _____ T harge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/26	11:00 am	ER	OT	Sagar
4/6/26	3pm	OT	Bi Ward	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/6.	IV placement	(1)	2353	To Cuf
4/6	PAC	(1)	642697	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00630589 IP5-00174728
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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Venkat Ram Date : 04/6/26

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

Start Time of Assessment: — Weight: 40 kg

Allergic History: -

Chief Complaints:
B/L Hips pain.
↓
Case for Biphosphate injection

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☐ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

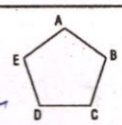
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: Case of CNS TB on ATT. + B/L Renal calculus (took 11 months of ATT treatment)

Medication History: .....

Relevant Investigations: 31/5/26 – CBP – Hb – 8.9, WBC – 10,300, PC – 4 Lakhs, N/L 86/9
CRP – 9, S.E – 136/4/96, Creat – 0.6.

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 20/min SpO_2 on FiO_2 99.1. CR/A
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B/L AE ⊕
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 114/min CFT [Central ..... / Peripheral < 2 sec]

Any urgent interventions needed: ☐ Yes ☐ ~~No~~

If Yes .....

BP: 109/66 (76) mmHg

Pulse Volume: [Central ..... / Peripheral good.]

If in Shock: [Compensated ..... / Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

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

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

Signs of Neurological compromise .....

Exposure

Temp.: 98.4°F

Any urgent interventions needed: ☐ Yes ☐ No

Any Rash: ☐ Yes ☐ ~~No~~,

If yes describe the rash .....

If Yes .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☑ ~~Hemodynamically Stable~~

Secondary Assessment: Head to toe examination with positive findings: .....

Labs Planned:

Blood tests - CBP, D.F. Count done on 30/5/26, CRP, NB Sugar

Treatment Planned:

- NPO continue.
- PAC to be done
- Biphonate injection to B/L Hips.
- Inf NVI full maintenance

Need for Oxygen: ☐ Yes ☐ ~~No~~ if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): B/L Hips AVN → Biphonate injection in B/L Hips

Assessment done by

Name of the Doctor: N. Prathusha

Signature: N. P.

Date & Time: 04/6/26, 10:30 am

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

BAH-00630589 IP5-00174728
Baby GARNEPELLI THANAYA
18-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- Pantoprazole	40mg	PO	OD.		☐C ☐DC
2	Tab. AKTY		PO			☐C ☐DC
3	Tab.					☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : M. Pavithra. N.P

Date & Time : 04/06/26 10:30 am.

Nurse Name & Signature: Keerthi KJ

Date & Time : 04/06/26 10:33 Am

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DRUG CHART

Date of Admission: 04/06/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

Baby GARNEPELLI THANAYA
18-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI

REGULAR PRESCRIPTIONS Weight. 40 kg Ward. ....

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

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

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

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

BAH-00630589 IP5-00174728
Baby GARNEPELLI THANAYA
18-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI

Weight. 40 kg ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6/26	12:30 pm	Inj. PARACETAMOL	600 mg	IV	Nurse	Prashanth Kumar
4/6/26	2:10 pm	Inj. MORPHINE	4.5 mg	IV	Admi	Durga Prasad

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I.V. FLUIDS CHART

Weight. 40kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/6/26.		DNS	N	75	N.P2		Not	cond.	
4/6/26	12pm	RINGER LACTATE	IV	200M	[illegible]	[illegible] Divya	4/6	[illegible]	[illegible]

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

AH-00630589 IP5-00174728
aby GARNEPELLI THANAYA
3-06-2010 15 Y 11 M 17 D (F)
r. VENKAT RAM THYALAPALLI

Pa

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OPERATION THEATER NOTES

Patient's Name : Baby Garnepelli Thanaya Age : 15 Y Gender : ☐ Male ☒ Female

UHID No.: 630589 Weight : .... Height : ——

Surgeon : Dr. Venkat Ram Thyalapalli.	Asst. Surgeon : ——	
Anesthetist : Dr. Anveen	OT Nurse: Birhlai, Akhil	OT Technician: Prashanth

Pre-Operative Diagnosis: B/L AVN of femoral head.

Surgical Procedure :
→ intraosseous Bisphosphonate injection.

Indications for Surgery :
hip pain ↑.

Date : 04/06/26	Start Time : 12:11 pm	End Time : 1:40 pm

Pre Operative Preparations:

Post Operative Diagnosis: Same.

Peri-Operative Complications:

Operation Notes:
- 1 GA.
- guide wire passed into femoral head –
- drilling done
- Bisphosphate injection given into femoral head over (10) mins of dose (slow inject
- Dressing done
- shifted to PACU in stable condition
-

Doc. No. : RCHBH/ FRM / CLINICAL / 099 (P.T.O.)

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Name of the Surgeon: ...

Signature of the Surgeon: .....

Date & Time: ..... - 1:47 PM

AH-00630589 IP5-00174728
by GARNEPELLI THANAYA
-06-2010 15 Y 11 M 17 D (F)
. VENKAT RAM THYALAPALLI

Patient

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Intraosseous [illegible] injection

Post-Surgical Diagnosis: B/L [illegible] femoral Lead

Post-Operative Monitoring Parameters /Frequency: —

Wound Care: —

Drain /Special Lines/Catheters: —

Special Patient Positioning and Requirements: —

Nutritional Instructions: —

When to Start Mobilization: —

Special Referrals:

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

☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: 9/6/2016 Time: 12:40 PM

Note: Plan of care will be readjusted if necessary.

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18-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI

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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						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Patient

BAH-00630589 IP5-00174728
Baby GARNEPELLI THANAYA
18-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI

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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.

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

BAH-00630589 IP5-00174728
Baby GARNEPELLI THANAYA
18-06-2010 15 Y 11 M 17 D (F)
Dr. VENKAT RAM THYALAPALLI

FLUID CHART

Rainbow® Children's Hospital
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Birth
BY RAINBOW HOSPITALS
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Sheet No. : .....

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

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

00630589 IP5-00174728
GARNEPELLI THANAYA
-2010 15 Y 11 M 17 D (F)
ENKAT RAM THYALAPALLI

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: B/L Biphonati Tyectomy B/L Lip.

Anaesthesiologist: Dr. Subramanyeam. Surgeon: Dr. Venkatram

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 Laryngospasm, Hemodynamic Instability.

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: G. Swapna

Name: G. Swapna

Relationship with patient: Mother

Date & Time: 4/6/26 @ 11:20 Am.

Witness:

Signature:

Name: Teena

Date & Time: 4/6/26 @ 11:30 Am.

Doctor (who is taking consent):

Signature: Name: Dr. Ameen. Date 4/6/26 Time: 12pm.

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

రీజనల్ 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 రిస్క్స్:

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

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ 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, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ 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 స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

Baby GARRE... (F)
18-06-2010 15 Y 11 M 17 D
Dr. VENKAT RAM THYALAPALLI

Name: Baby. Gaanapelli Thanaya. Age: 15yr Sex: F UHID.No: BAH-0063058 9.

Date: 4.6.26 Time: 12 P.m Proposed Operation: Biphasonate Injection into Neck & Neck & Head of B/L Femur.

Diagnosis: B/L Hip - AVN

B.P / CRT: ..... H.R: ..... Weight: 40 kgs. ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 8.9	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 10,300	Creat: 0.6	Total Bill:	HCV:	2D Echo:
Plate: 4 lakhs.	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	MRI → B/L Hip AVN changes.
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

3/15

Allergies: Not known.

Medical History: CVS: on ATT x 10 months.

RESP: → K/C/O CNS-TB on Medications Diabetes:

CNS: since 10 months → Old prescription → not available.

Renal: → No H/o fever / URI.

Hepatic / GE: → ⊖ Physical Activity: Active.

Others: ⊖

Past Anaesthetic History:

Physical Exam: afebrile.

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

Lungs: BAE (+)

Heart: S_1S_2 (+)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE
ATT	

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — Solids → @ 12 AM. Water @ 7 AM
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Dr Name: Dr. Aneela

Docu. No.: RCH /FRM / CLINICAL / 044

-00630589 IP5-00174728
/ GARNEPELLI THANAYA
3-2010 15 Y 11 M 17 D (F)
ENKAT RAM THYALAPALLI

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: explained

Physical Status: ☑ Patient Identified ☑ Consent Present ☐ Chart Reviewed

H.R: 88/mt | B.P / CRT: 97/56 | SpO_2: 100% | R.R: 28/mt | Last Feed: 3 6 hr

Pre-OP Diagnosis: B/L HIP AVN | Operation: Bisphosphonate Injection | Date: 04/06/26

Surgeon: Dr. Venkat Ram | Anaesthesiologist: Dr. AC, Dr. Anuja | Technician: Smitha

TIME	11:45	12:30	1:15pm
N_2O/AIR /O_2 LPM	0·3	0·3 →	→ →
HALO /SO /SEVO	MAC-1	→	→ →

Drugs:

MIDAZOLAM	1 mg.
FENTANYL	80 mg
PROPOFOL	100 mg + 20 mg.
PARACETAMOL	600 mg

FIO_2 / SaO_2	100	100	100	100	100
$ETCO_2$	36	36	36	38	38
ECG	SR	SR	SR	SR	SR
Temperature	33·7	33·7	33·7	34·0	34·3
Urine Output					

Fluids / Blood: RINGER → → → → → | LACTATE 400 ml/hr

Antibiotic

Suppository —

Blood Loss —

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☐ BP
☑ Cuff Site: (R) Lt
☐ Art Site:
☑ EKG Lead
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☑ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 11:45 AM.
OP Start: 12 pm.
OP End:
Leave OR: 1:45 PM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: ② 20G
☐ IV:
☐ IV:

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

☐ Mask ☑ SGA LMA - 3 Supr
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr. Dakshaya K
Signature of the Doctor: