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 : IP5-00176716 **Admit Date** : 21-Jul-2026 **Admit Time** : 02:19 PM **UHID** : KUH-00152544

Patient Details :

Patient Name	: Baby SAMIKSHA ROY KARMAKAR	**Age**	: 3 Y 7 M 18 D
Guardian	: Mr SUSHANK ROY KARMAKAR	**DOB**	: 03-12-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO - 802, BLOCK F, BHAVYAS TULASIVANAM NAVODAYA COLONY, USHA MULLAPUDI ROAD, Kukatpally Hyderabad Telangana INDIA 500072	**Phone No**	: 9606141578/ 9844560997
		E-mail	: SUSHANKROY@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 401 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 401 **Admission Type** : First Visit

Contact Details :

Name : Mr SUSHANK ROY KARMAKAR **Relationship** : Father

Contact Address : FLAT NO - 802, BLOCK F, BHAVYAS TULASIVANAM NAVODAYA COLONY, USHA MULLAPUDI ROAD, Kukatpally Hyderabad Telangana INDIA 500072 **Phone No** : 9606141578

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

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ACTIVITY RECORD FOR BILLING

Name :_____

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	2:52 pm	ER	OT	
21/7	8:39	OT	301	

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
21/01	IV Placement	(1)	714440	Sample
	PAC	(1)	714441	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Samiksha Roy

UHID ID: KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR (F)
03-12-2022 3 Y 7 M 18 D
Dr. P V L N MURTHY

Department: _____

Consultant: _____

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Name : SAMIKSHA ROY KARMAK Age/Sex 3yr/F

Information given by: Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

No fresh issues
Mouth breathing } × 6 months
Snoring

History of present illness :

No fresh issues
Mouth breathing } × 6 month
Snoring

↓

Diagnose Adenotonsillitis

↓

Now admitted for Adenotonsillectomy.

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

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

~~Route sequipcare~~

H/O Para-Influenza virus infection admitted in PICU at 1½ yrs of age)

Birth & Neonatal History:

Late PT (36 WKS) / LSCS / CIAB / B.wt - 2.7 Kg

1 day NICU admission i/v/o RD

Birth & Socio Economic History:

About Father : upper middle class
About Mother :
Any additional Information :

Developmental History :

Achieved as per age in all 4 domains

Immunization History :

completely immunized till age

(P.T.O.)

KUH-00162544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 14 Kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 98b/m B.P. 96/58 mmHg SPO2 100 @ RA

Resp.rate and type of breathing : 26 br/min, No signs of RD

Rash

Lymphadenopathy } ⊖

Oedema :

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : } B/L AEE, Clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : } S1 S2 ⊕

Any murmur :

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

Per Abdomen :

Inspection

Palpation : } SOFT, NO distended

Ausculation :

Spine : External Genitelia :

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

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness (AVPU/GCS score : 15/15

Cranial Nerves : WNL

Motor System:

Nutriton : WNL

Tone: Power WNL

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR WNL **Superficials:** WNL

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Adenotonsillitis.

(P.T.O.)

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Bleeding
Sepsis

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

Planned Management

- NPO as advised
- IVF . DNS

Signature of the Doctor: .....
Name of the Doctor: Dr. Nandan
Date & Time: 21/07/2026, 2:?M

Signature of the Consultant: .....
Name of the Consultant: P.V.L.N Murthy
Date & Time: 21/7/26

DR. P.V.L.N.MURTHY
Registration No: 47267

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
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				
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	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	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	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
	Total No. of Pages	30			

Signature and Date:

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

(P.T.O)

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

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : 22/7/26 Time : .....

Diagnosis : Chronic Adenotonsillitis

Hospital : Rch Bangora

.....

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Adenoidectomy

Signature: Madhuri

Findings and Recommendations :

A: Chronic Adenotonsillitis
post Adenoidectomy

No Ho fever
No Ho vomittings / Pain

O/E. Child alert
vitals stable

plan.
(1) cont. same
(2) plan discharge today

3. Cetrizine OD.

Dr. Tadavarthy Annapoorna
Reg. No: 53054

Consultant :

Name : Dr. T. Signature : ..... Date & Time : 22/7/26 10 Am.

Doc. No. : RCH / FRM / CLINICAL / 049

KUH-00162544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

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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 Adenoidectomy & Coblation

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. 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)
Good prognosis	

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:

a. Bleeding, Nasal regurgitation, Need of Adenoids

1. I authorize Dr. PV LN Murthy and his / her team to perform the procedural sedation upon the patient / myself.
2. 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.
3. 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: .....
Name: SUSHANK Roy KARMAKAR
Relationship with patient: FATHER
Date & Time: 21/7/26 6:16 pm

Witness:
Signature: .....
Name: Riya Karmakar
Date & Time: 21/7/26 6:10 pm

Doctor (who is taking consent):
Signature: ..... Name: PV LN Murthy Date 21/7/26 Time: .....

Patient Sticker

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శస్త్రచికిత్స / ప్రొసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రొసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రొసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రొసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రొసీజర్ 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. PVLN. murthy
Asst. Surgeon : .....
Anaesthetist : Dr. Santha
Scrub Nurse : Alam

Patient Name : Baby samiksha R KARMAKAR
UHID No. : 0176316 Surgery Name : .....
Date : 21/10/22 In-time : 6:20pm Out-time : .....

KUH-00162544 IPS-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 6:18pm

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☐Yes ☐No ☑NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☐No ☑NA
- Blood Units Reserved ☐Yes ☐No ☑NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑Yes ☐No ☐NA

Signature : Dr Ramya

Name : Dr Ramya

Before Skin Incision ➤➤

TIME OUT Time: 6:20pm

Confirm all team members have introduced themselves by Name and Role ☑Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐Yes ☐No ☑NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☐No ☑NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑Yes ☐No ☐NA
- **Is Essential Imaging Displayed?** ☑Yes ☐No ☐NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature : .....

Name : Archel

Before Patient Leaves Operating Room

SIGN OUT Time: 6:50pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☑NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑Yes ☐No

Signature : DR. P V L N MURTHY Registration No: 47267

Name : .....

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : ..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

Patient Has Confirmed
- Identity ☐Yes ☐No
- Site ☐Yes ☐No
- Procedure ☐Yes ☐No
- Consent ☐Yes ☐No

Site Marked ☐Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☐Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☐No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☐No ☐NA
- Blood Units Reserved ☐Yes ☐No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☐No ☐NA

Signature :.....

Name :.....

Before Skin Incision ➤➤

TIME OUT Time:.....

Confirm all team members have introduced themselves by Name and Role ☐Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐Yes ☐No
- Correct Site ☐Yes ☐No
- Correct Procedure ☐Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐Yes ☐No ☐NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐Yes ☐No ☐NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☐No ☐NA

Is Essential Imaging Displayed? ☐Yes ☐No ☐NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☐No

Signature :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☐Yes ☐No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA

The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA

Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature :.....

Name :.....

Patient Sticker

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 21/07/26

To Be Filled In By Assigned Nurse :

Department : OT Duration of Procedure : 1hr

Name of Surgeon : DR PVLN murthy Date of Admission : 21/07/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Zinnat 400mg	
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Consultant Date & Time of antibiotic administration : Consultant Date & Time procedure started : 21/7/26 @ 11:00 hrs	

- 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

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OPERATION THEATER NOTES

Patient's Name : Baby samiksha Roy KARMAKAR Age : 3 Y Gender : ☐ Male ☑ ~~Female~~

UHID No.: 012-6716 Weight : ..... Height : .....

Surgeon : PVLN Murthy	Asst. Surgeon :	
Anesthetist : DR Sasitha	OT Nurse: Alam	OT Technician: Goutham
Pre-Operative Diagnosis: Chr. Adenotonsillitis		
Surgical Procedure : Adenoidectomy & Cobletion		
Indications for Surgery :		
Date : 21/02/26	Start Time : 6:40pm	End Time :
Pre Operative Preparations:		
Post Operative Diagnosis:		
Peri-Operative Complications:		
Operation Notes: Adenoidectomy & Cobletion		

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Syp. AUGMENTIN DUO 5ml BID 2wk

2 Syp. OMNACORTIL 5ml BID - 1wk

3 Syp. CROCIN DS 5ml TID 2wk

4 Syp. XYZAL-M 5ml BID - 2wk

5 T. LANZOLE DT 15mg BID - 2wk

DR. P V L N MURTHY
Registration No: 47267

Name of the Surgeon: P.V.L.N. Murthy

Signature of the Surgeon:

Date & Time: 21/7/26

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POST-SURGICAL CARE PLAN FORM

Procedure Done: .....

Post-Surgical Diagnosis: .....

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: ..... Time: .....

Note: Plan of care will be readjusted if necessary.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Resident	
21/12/2022 12.30 Am		plan.
		1) cont. same
	Child awake.	2) plan DIC tomorrow.
	vitals stable	
		Madhu.
	SIB Resident	
22/12/22 8 Am		plan
	D: Chronic Adenotonsillitis post Adenoidectomy	(1) cont. same
		(2) plan DIC today.
	no new issues	
	child alert	
	vitals stable	
		Madhu.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	20/7/26					
Time	4.53pm					
Hb	12					
PCV	37.5					
RBC	5.06					
WBC	9.64					
N/L						
Platelets	294					
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	15/1.1					
APTT	31					
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.,) : .....

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Baby SAMIKSHA ROY KARMAKAR
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samiksha Roy

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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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ 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 : Dr. Dr. Nandan

Date & Time : 21/07/2026, 2.30PM

Nurse Name & Signature: pooja

Date & Time : 21/7/26 @ 2:35 pm

KUH-00162544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Samiksha Roy

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DRUG CHART

Date of Admission: 21/7/2026 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 .....

REGULAR PRESCRIPTIONS

Weight. 14 kg Ward. .....

DRUG : SYRUP. AUGMENTIN DUO				Date / Time															
Dose	Route	Frequency	Start Date																
5ml	P/O	BD	21/12/26	10 AM															
Name & Signature of the Doctor Starting the Drugs: Madhu																			
Additional Instructions:				10 PM															
Daily Doctor's Endorsement by a Sign																			

DRUG : SYRUP. OMNACORTIL				Date / Time															
Dose	Route	Frequency	Start Date																
5ml	P/O	BD	21/12/26	8 AM															
Name & Signature of the Doctor Starting the Drugs: Madhu																			
Additional Instructions:				8 PM															
Daily Doctor's Endorsement by a Sign																			

DRUG : SYRUP. CROCIN DS				Date / Time	2/7														
Dose	Route	Frequency	Start Date																
5ml	P/O	TID	21/12/26	6 AM	Julius Stephen														
Name & Signature of the Doctor Starting the Drugs: Madhu																			
Additional Instructions:				2 PM															
				10 PM															
Daily Doctor's Endorsement by a Sign																			

DRUG : SYRUP. XYZAL-M				Date / Time	2/7														
Dose	Route	Frequency	Start Date																
5ml	P/O	BD	21/12/26	10 AM	X														
Name & Signature of the Doctor Starting the Drugs: Madhu																			
Additional Instructions:				10 PM	Julius Stephen														
Daily Doctor's Endorsement by a Sign																			

00152544 IP5-00176716
SAMIKSHA ROY KARMAKAR
2-2022 3 Y 7 M 18 D (F)
P V L N MURTHY

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et No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Tab. CANZOL 15mg

Dose	Route	Frequency	Start Dt.
1tab	P/O	OD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾	20/7
6am	[signature]

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

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

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Weight. 14 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/3/2022	6:15 pm	Inj DOPAMINE	1.8 ml	IV		Alam Growth
21/3/2022	6:20 pm	Inj TRANEXAMIC acid	210 mg	IV		Alam Growth
21/3/2022	6:25 pm	Inj DOBUTAMINE	420 mg	IV		Growth Alam
21/3/2022	6:30 pm	Inj PARACETAMOL	210 mg	IV		Alam

VERIFIED BY : N..... Signature .....

03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

I.V. FLUIDS CHART

Weight. 14 Kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/7/26	2:30 PM	IVF. DNS	IV	50 ml/hr	[signature]	Not Connected			
2/7/26	.2:30	RINGERLACTATE	IV	100 ml/hr	[signature]	Gowthami Akhila	2/7	[signature]	Gowthami Akhila

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

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Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

2/7/25.

c. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?			
Temperature (°F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	96.2°F	98°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50)	90/65 (84)	96/65	
Note: BP does not score in early warning scoring			
Heart Rate (Number)	110 b/m	120 b/m	
Resp. Rate (bpm) Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)			
Resp Rate (Number)	24 b/m	24 b/m	
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	100%	
Conscious Level: Normal			
Conscious Level: Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials	[illegible]	[illegible]	

ACTIONS	Score	Action
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.

Patient Sticker

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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)

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Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
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FLUID CHART

Sheet No. : (1)

21/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm						OT					
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 :**						
21/7	08:00 pm	water	30ml	–	–	–	–	-	-	–	0	
	09:00 pm										0	
	10:00 pm	ND	H2O.				1			✓	0	
	11:00 pm	IV Fluids									0	
	12:00 am		H2O				ND				0	
	01:00 am						1				0	
Total Intake :						**Total Output :**				U – 1		M – 0
	02:00 am										0	
	03:00 am		H2O								0	
	04:00 am	ND					ND				0	
	05:00 am	IV Fluids								✓	0	
	06:00 am		H2O				1				0	
	07:00 am										0	
Total Intake :						**Total Output :**				U – 1		M – 0

Total 24 hrs. Intake		Total 24 hrs. Output	U – 2 M – 0

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

FLUID CHART

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Sheet No. : (2) 22/7/26.

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

		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	

KUH-00152544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

301

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 22/7/26 Time: 9am

Weight: 14kg Centile: <5th

Height: 85cm Centile: <5th

Inference: underweight child

RDA: - Calories: 1300kcal/d Protein: 22gm/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy & outside foods

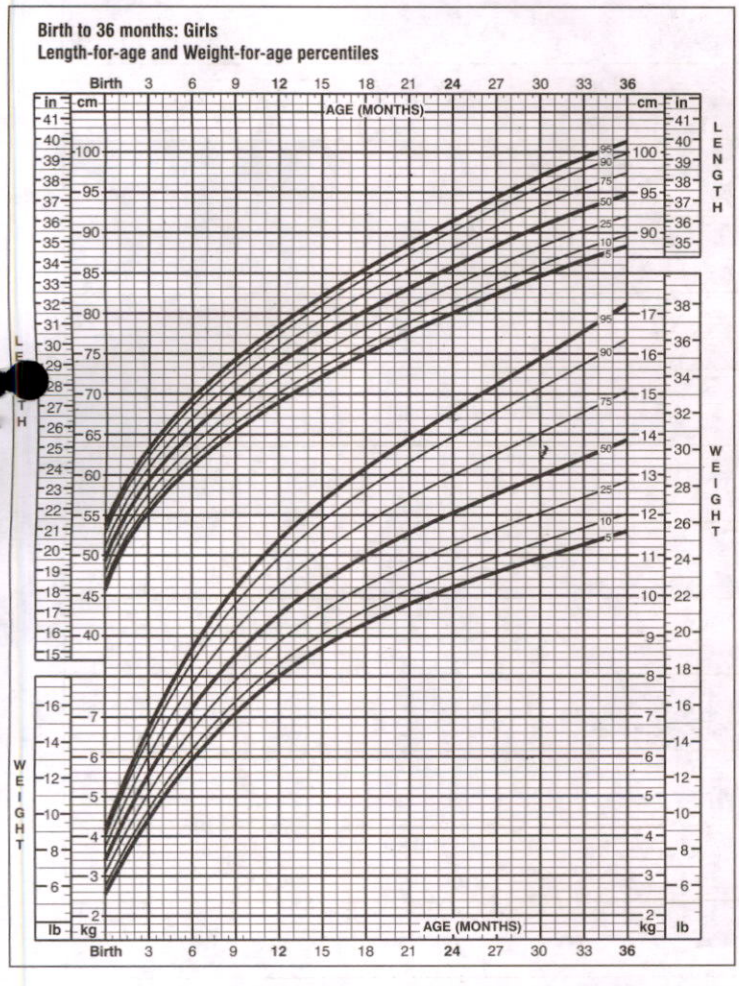
Food Allergies: No Veg/Non-veg NON-veg.

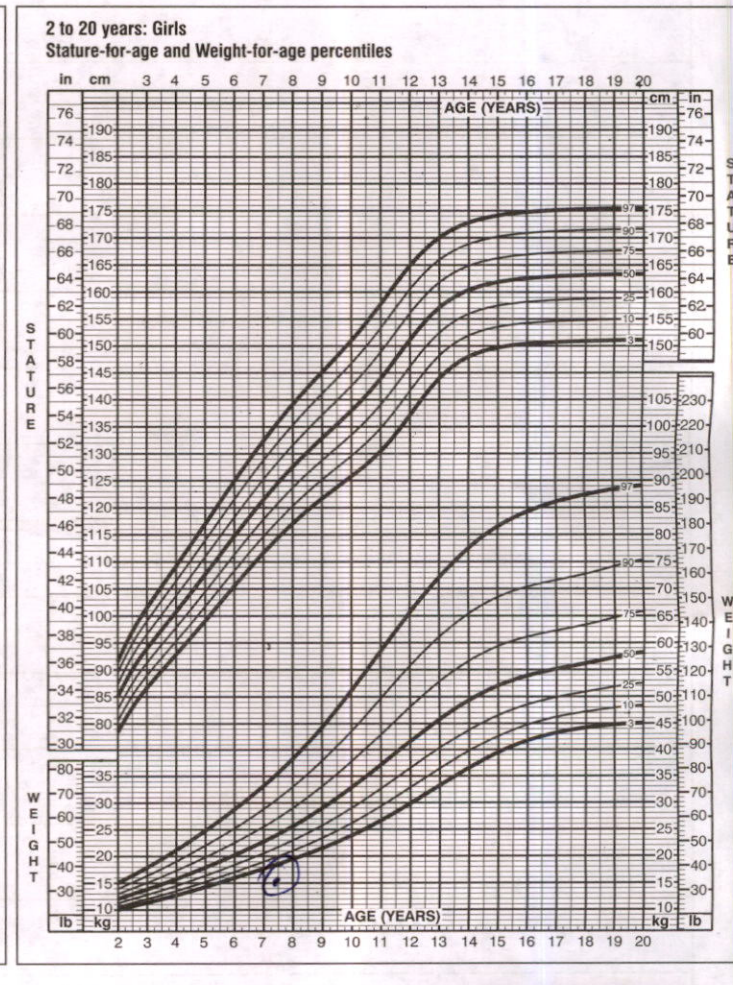
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Riya Karmakar

GROWTH CHART (GIRLS)





Dietician's Name Saima Dietician's Signature Saima

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

Patient Sti

KUH-00162544 IP5-00176716
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Shekhar 22/07/26

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SURGERY DETAILS

Date : 21/7/26

Patient Name: Baby samikshaRoy KARMAKAR Date of Birth: 03-12-2022 Age: 3Y8M

Gender: F Ward : P-OT UHID No.: 0176716

Date of Surgery: 21/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Adenoidectomy T Coblation

Time in : 6.15pm Time Out : 7.00pm.

		NAME	AMOUNT
1.	Surgeon	: PVLN Murthy	
2.	Anaesthetist	:	
3.	Assistant Surgeon	: —	
4.	OT Technician	: Goutham?	
5.	Circulating Nurse	: Asha	
6.	Assistant Nurse	: Aloma	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others ..... coblator i- 9715096

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9715095

Order by: J. Rama Rao

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

KUH-00152544 IP3-
Baby SAMIKSHA ROY KARMAKAR
03-12-2022 3 Y 7 M 18 D (F)
Dr. P V L N MURTHY

Adenotonsillectomy

y/14-Log

CONSUMABLES OF OT

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..... Technician : ..... Date : ..... Time : 4 P.M

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube RE Cuffed 3.5, 4.0, 4.5	(1+1)	1	Major Pack Drape	1	1	Inj Vit.K		
LMA 2	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	3				Vaccum Suction Set		
05 cc	10	3	Gloves 7. 7.5	2+2		Surgical Gloves		
02 cc	10	3	(7). 7.5	2+2	2	Gauze Pack		
01 cc	2	—				Syringe 1ml / 2ml		
Cautery plate : A (P) N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube (6 No)	2	2	Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1+2	1+1	Koochies			Transo HX	1	1
O2 Mask (P)	1	—	Ointments			10cc. Syr	2+2	4
Airway No 1	1+1	—	Suction Catheter			Savlon	1	1
Fentanyl	1	1	Cap, Mask	5/5	10/10	Adrenalin	3	3
Morphine			Gauze Pack N	2	2			
Ketamine			Mop Pack	1	1	IV cannula 22/24	1+1	-
Propofol	2	2	Steristrip			Dexa	1	1
Rocuronium	1	1	Underpad	1	1	Tramadol	1	1
Glycopyrolate	1	1	Draw sheet			Minispik	1	0
Myopyrolate (Neostigmine)	2	2	Abgel			Dexamide 50	1	-
Ondansetron	1	.	Foleys catheter			Clonidine	1	-
Pencan 25g/ Spinal Needle 22			Urobag			Metaprolol	1	-
Bupivacaine 0.25%			Chest Drainage Catheter			Midaz		1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Nasal Airway 16 FR		1
Antibiotics Augmentin 600mg	1	1	Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg	(1+1)	—	Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	(1+1)	—	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	.				
Vaccum set	1	1	Microshield	1	1			
Gauze	3	—	Cotton Balls					
Gloves sac	4	—	Latex Gloves	10P	Not			
IV P.CM	1	1	Ramdione Scrub					
3-way (100 Rocm)	1+1	1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9715063 Ordered by : .....

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

Pre-appvd.

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ESTIMATION SLIP

Date : 18/07/2026 UHID / IP No. : KUH-00152544 Sl No. 81199

Name of Patient : Baby. Samiksha. Roy. Karmakar Age: 3y/7m Gender: F.

Father's / Husband's Name : Mr. Sushank. Corporate / Occupation : ICE DATA SERVICES

Address : ____ Phone : 9606141378 Email: ____

Procedure / Plan : Adenoidectomy c coblation.

MODE OF PAYMENT : ☐ SELF ☑ TPA : MD / New India ☐ GIPSA: ____ OTHERS

TARIFF INFORMATION : Dr. PVL N Murthy.

ROOM CATEGORY (Per Day)	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	✓	✓	✓	✓						
Doctor's Fee				1 Day Stay						
L. Tax				Eligible	N/A					

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T. Charges	Inply.
O.T. Consumables	7500 — Subject to approval by TPA / Insurance Company
Instrument Charges — Coblator	7500 → Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra — As per actual - Not Included in Estimation
Equipment Charges — Monitor :	Oxygen : — Infusion pump / Syringe pump :
Equipment Charges — Ventilator : Conventional :	HFO-SLE 5000 : — HFO Sensormedix :
Equipment Charges — 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 PPALF01	40,600.
Others	EVAC Wand. 28,000 Self purchase.
Initial Minimum Deposit →	15,000 e, File, semi Claim. (OT booking 5,000)

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.

12: Atom cycles
Room of 1st Sx. STA.
Diet chr / APR / RRC / DAC.

DECLARATION

I Mr. Sushank. 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] Father [signature]

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