FDH-00014922 IP5-00174388
Master MATAPARTHI PRANAV
12-11-2018 7 Y 6 M 15 D (M)
Dr. P V L N MURTHY

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SURGERY DETAILS

80043

Date : 27/5/26

Patient Name: Mataparthi Pranav Date of Birth: Age: 7Y

Gender: Male Ward : P ICU UHID No.:

Date of Surgery: 27/5/26 ☐ OT -1 ☐ ~~OT -2~~ ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Adenotonsillectomy + Coblation + BL Tracheoplasty

Time in : 5:30PM Time Out : 6:30PM.

		NAME	AMOUNT
1.	Surgeon	: PVLN Murthy	
2.	Anaesthetist	:	
3.	Assistant Surgeon	: —	
4.	OT Technician	: Poornt	
5.	Circulating Nurse	: Rebi	
6.	Assistant Nurse	: Akki	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblator → 9629918

Signature of the Surgeon

Signature of Circulating Nurse

Order No: Pediatric equipment used 7500/- 9629917 Order by: Y. Ramadevi

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

Pranav
Patient Sticker
EDH 000147
Adeno + Turbinoplasty
7y/m 19Kg
6394

CONSUMABLES OF OT

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Circulating staff : ..... Technician : ..... Date : 27/5/26 Time : 3:30

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.5 / 5 / 5.5	IHH	1	Major Pack Drape	1	1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N	5	3				Suction Catheter		
HME filter : A / P / N	1	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves 6½ 7 7½ 8		2	Surgical Gloves		
02 cc	10	0				Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube 6	2	2	Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	2	2
NS : 10ml / 100ml / 500ml / 1000ml	IHH	0HH	Koochies			10Cl, 2e	3+2	0
minispike	1	1	Ointments			Adrenalin	5	5
OS mask (P)	1	1	Suction Catheter			Savion	1	1
Fentanyl	1	1	Cap, Mask	S/S	S/S			
Morphine			Gauze Pack	3+3	2+1			
Ketamine			Mop Pack	1	1			
Propofol	3	2	Steristrip					
Rocuronium	2	1	Underpad	1	1			
Glycopyrolate (Neo)	1+2	1	Draw sheet	1	0			
Myopyrolate	1	2	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag			Gauze	3	—
Antibiotics Augbooster	1	1	Bandage			gloves	4	—
Cuvpim	1	1	Tegaderm			Dexrid	1	—
Suppositories			Ioban			Dexat Tranexa	1+2	1+2
Anamol : 80mg / 250mg / 170 mg			Double J Stent			SOC + pmline	HH	—
Supridol : 100mg			Vaccum Suction set	2	2			
Justin : 12.5 mg / 25mg / 100mg	HH	HH	Plastic Bed Sheet	—				
Tab. Misoprost : 200mg			Betadine Solution	—				
Nasal set	1	1	Microshield	1	0			
Oral airway 011	HH	—	Cotton Balls	—				
Nasal airway 6.0	HH	—	Latex Gloves	10p	10p			
Syringe 10cm + 20cm	1of	1	Ramdione Scrub					
I.V cannula 22G	1of	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 96299572 Ordered by : .....

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

5:13pm → Preapproval

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ESTIMATION SLIP

80043

Date : 02/May/26 UHID / IP No. : FDH 00014922 Sl No.

Name of Patient : Mast Pranav Age: 7y Gender: M

Father's / Husband's Name : Mr. Satish Kumar Corporate / Occupation : Amazon Dev Centre

Address : ____________ Phone : 9885756440 Email: ____________

Procedure / Plan : Adenotonsillectomy c Coblation + Bilateral Turbinoplasty

MODE OF PAYMENT : ☐ **SELF** ☐ **TPA :** ____________ ☑ **GIPSA:** MA/ [illegible] **OTHERS**

TARIFF INFORMATION : [illegible]

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges	✓	✓	x	✓						
Doctor's Fee				1 day	NA					
L. Tax				[illegible]						

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	→ In pkg	
O.T. Consumables	9500/-	Subject to approval by TPA / Insurance Company
Instrument Charges	Coblator wand: 7500/- 13k	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 :**	
	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	ADNEOT + [illegible] : 105,850/-
Others	
l Minimum Deposit	→ Rs. 20,000/- & final dues clearing

REMARKS:

Evac Wand: 27k / Not covered / self purchase

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.**
   OT Adv: 5000/-
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. * room of [illegible] @ 1% [illegible]
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 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 Satish 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

(Obaidullah)

Satish	Father	[signature]
Signature of the Client	Signatory Relationship	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 : IP5-00174388 **Admit Date** : 27-May-2026 **Admit Time** : 01:38 PM **UHID** : FDH-00014922

Patient Details :

Patient Name	: Master MATAPARTHI PRANAV	**Age**	: 7 Y 6 M 15 D
Guardian	: Mr MATAPARTHI SATISH	**DOB**	: 12-11-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT-402 I B I S A-BLOCK DOYENS TOWNSHIP Serilingampally Hyderabad Telangana INDIA 500019	**Phone No**	: 9885454440/ 9885454265
		E-mail	: SATISHZONE@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 MATAPARTHI SATISH **Relationship** : Father

Contact Address : FLAT-402 I B I S A-BLOCK DOYENS TOWNSHIP Serilingampally Hyderabad Telangana INDIA 500019 **Phone No** : 9885454440 / 9885454265

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 :_____

UHID No. : _____ IP

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Master MATAPARTHI PRANAV
12-11-2018 7 Y 6 M 15 D (M)
Dr. P V L N MURTHY

:ant: _____ Dept : _____

Date of Admission: _____.

f Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____

gested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/05	3:11 PM	ER	OT	
27/5	7:40 pm	OT	B05935	
27/5	8 hrs			

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr: Vijaya Desai	28/5/20	9630832	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/5	CBP	3910	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5	IV placement	(1)	29405	
	PAC OPD	-	-	
28/5	AHA	(1)	96708 72	

ANY OTHER INFORMATION

Date : 28/5/16 Time : 8:00am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00014922 IP5-00174388
Master MATAPARTHI PRANAV
12-11-2018 7 Y 6 M 16 D (M)
Dr. P V L N MURTHY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Master MATAPARTHI PRANAV
12-11-2018 7 Y 6 M 15 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_19.2 kg_(Centile _____)

On Examination :

Temperature : 98°f Pulse Rate : 96/min B.P. 100/56 (69) mm Hg SPO2 99% on RA

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 (+)

Any addes sounds : Clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : BS (+)

Spine : External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

(N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : (N)

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars Flexor

Sensory System :

(N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Chronic Adenotonsillitis

(P.T.O.)

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Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

CBP
N/B
Trop I

Planned Management

1) NPO since 9:30 Am
2) IVF. DNS @ 60ml/hr
3) shift to OT
4) Coblation assisted Adenotonsillectomy with B/L Turbinoplasty

DR. P V L N MURTHY
Registration No: 47267

Signature of the Doctor:
Name of the Doctor: Sai
Date & Time: 27/5/26

Signature of the Consultant:
Name of the Consultant: P.V.L.N. Murthy
Date & Time: 27/5/26

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OPERATION THEATER NOTES

Patient's Name : ..... Age : 7Y Gender : ☑ Male ☐ Female

UHID No.: ..... Weight : 19kg Height : .....

Surgeon : PVLN Murthy		Asst. Surgeon :
Anesthetist :	OT Nurse:	OT Technician:
Pre-Operative Diagnosis: Chr. Adeno tonsillitis + HLT		
Surgical Procedure : Adeno tonsillectomy & Coblation BL Turbinoplasty (RF)		
Indications for Surgery :		
Date :	Start Time : 5:40pm	End Time : 6:30pm
Pre Operative Preparations:		
Post Operative Diagnosis:		
Peri-Operative Complications:		
Operation Notes: Adeno tonsillectomy & Coblation BL Turbinoplasty (RF)		

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Syp · AUGMENTIN -DDS 5ml BID 2wks

2 Syp - OMNACORTIL 5ml BID - 1wk

3 Syp. XYZAL-M 5ml BID - 2wks

4 Syp · BUCLESIC PLUS 5ml TID - 2wks

5 T. LANAZOLE DT 1Syp BID - 2wks

6 T. TRANEXA 500mg ½ tab BID - 2wks

7 Salt water gargle TID 2wks

8 NASO clear Saline wash TID 2wks

Name of the Surgeon: PVLN Murthy

Signature of the Surgeon:

DR. P V L N MURTHY
Registration No: 47267

Date & Time: 27/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/3/26 9 PM.		
	Cls/B- Resident	
	Chr. Adenotonsillitis T/H/T	
	S/P- Adenotonsillectomy & Coblation.	
	B/L- Turbinoplasty (RT).	P/Cns
		- encourage orally
	Hemodynamically stable	- s. med. as per chart
		Pavan

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name: Dr. Ujjwala. Date: 28/5/26 Time: 9:15 AM

Diagnosis: post adenotonsillectomy.

Hospital: RBH - BTL

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:

opinion on discharge

Signature: Dr. Sahithi

Findings and Recommendations :

Chronic adenotonsillitis + HIT
post adenotonsillectomy & coblation
+ B/L turbinoplasty &

Accepting orally
no fever/vomitings/bleeding

O/E
Child afebrile,
Hemodynamically stable
Chest clear
abdomen soft
throat healthy.

Plan
1. Can be discharged today
2. Followup up with ENT surgeon.

Consultant :

DR. UJJWALA DESAI
Registration No: 90550

Name: Dr Ujjwala Signature: Date & Time: 28/5/26 9:15 Am.

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

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RESULT SHEET

Date	27/5/26					
Time	1:47pm					
Hb	10.9					
PCV	34.3					
RBC	4.72					
WBC	10.28					
N/L	44.1/45.3					
Platelets	401					
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.,) : .....

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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
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Pavan' v

Date & Time : 27/5/26 @ 3pm

Nurse Name & Signature: Jsnod

Date & Time : 27/05/26 @ 3:00pm

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Tab PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
20mg	PO	OD	27/5

Name & Signature of the Doctor Starting the Drugs: Pavan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	27/5
	6am Barai Dipa

DRUG : Tab TRANEXA

Dose	Route	Frequency	Start Dt.
1/2 Tab	PO	BD	27/5

Name & Signature of the Doctor Starting the Drugs: Pavan

Additional Instructions: 10hrs NPO Surgery

Daily Doctor's Endorsement by a Sign

Date ▸ Time	27/5 2015
	10am X Dipa Barnala

DRUG : NASOVION-P

Dose	Route	Frequency	Start Dt.
2 drop	Each nostril	QBH	27/5

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions: 10hrs NPO Surgery

Daily Doctor's Endorsement by a Sign

Date ▸ Time	27/5
	6am X
	2hrs X

DRUG : BOTROCLOT DROPS

Dose	Route	Frequency	Start Dt.
2 drops	Each nostril	QBH	27/5

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions: 10hrs NPO Surgery

Daily Doctor's Endorsement by a Sign

Date ▸ Time	27/5 2015
	6am X Barai Dipa
	2hrs X

Signature ..... Name ..... VERIFIED

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

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

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

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

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

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

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DRUG CHART

Date of Admission: 27/05 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 / 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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12-11-2018 7 Y 6 M 15 D (M)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS

Weight. 19kg Ward. P.05

DRUG : Syp AUGMENTIN - DDS

Dose	Route	Frequency	Start Date
5ml	PO	@12H	27/5

Name & Signature of the Doctor Starting the Drugs: Pavani

Additional Instructions:

Date Time	27/5/2015
10am	X Dipa Bansali
10Pm	5.45pm OT

Daily Doctor's Endorsement by a Sign

DRUG : Syp OMNACORTIL

Dose	Route	Frequency	Start Date
5ml	PO	@12H	27/5

Name & Signature of the Doctor Starting the Drugs: Pavani

Additional Instructions: @12th hourly

Date Time	27/5/2015
10am	X Dipa Bansali
10Pm	Night Shift

Daily Doctor's Endorsement by a Sign

DRUG : Syp XYZAL-M

Dose	Route	Frequency	Start Date
5ml	PO	@12H	27/5

Name & Signature of the Doctor Starting the Drugs: Pavani

Additional Instructions:

Date Time	27/5/2015
10am	X Dipa Bansali
10Pm	Night Shift

Daily Doctor's Endorsement by a Sign

DRUG : Syp IBUGESIC PLUS

Dose	Route	Frequency	Start Date
7.5ml	PO	@8H	27/5

Name & Signature of the Doctor Starting the Drugs: Pavani

Additional Instructions:

Date Time	27/5/2015
6am	X Bansal Dipa
2Pm	5.45pm OT
10Pm	Night Shift

Daily Doctor's Endorsement by a Sign

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Weight. 19 kg Ward. P-05

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
2x 15/26	5:30pm	Sup. DICLOFENAC	12.5mg	P/R		Suman Amos
2x 15/26	5:40pm	INJ. PARACETAMOL	280mg	IV		Suman Amos
2x 15/26	5:45pm	INJ. AUGMENTINE	600mg	IV		Suman Amos

Signature

VERIFIED BY : Name

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Dr. P V L N MURTHY

I.V. FLUIDS CHART

Weight. 19kg Ward. P.d

Composition of I.V. Fluid (... mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/5 IUF DNS	IV	60ml/hr	Pkg				
22/5/26. 5:30pm IVF Ringer Lactate.	IV	200ml/hr	sd	Stopped not completed verified	23/5	sd	Stopped verified

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

27/8/26

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12-11-2018 7 Y 6 M 15 D (M)
Dr. P V L N MURTHY

Patie

RM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	-	9pm	10pm	2AM	6AM
Doctor / Nurse / Family Concern?					
Temperature (F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)		98.2°F	98.2°F	98.0°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50) Note: BP does not score in early warning scoring		102/58 (70)	96/60 (80)	100/42 (70)	99/60 (70)
Heart Rate (Number)		118b/m	120b/m	108b/m	109b/m
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)					
Resp Rate (Number)		23b/m	23b/m	24b/m	27b/m
Resp Distress: Mod/ Severe					
Resp Distress: None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)		99%	98%	99%	100%
Conscious Level: Normal		C	C	C	C
Conscious Level: Altered					
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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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Dr. P V L N MURTHY

Patient

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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.

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
			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		H2O	—	—	—	—	—	—	—	0	Asst
Total Intake :						**Total Output :**						
	08:00 pm			—	—		—	—		—	0	Asst
	09:00 pm			—							0	Asst
	10:00 pm			—						—	0	Asst
	11:00 pm			—							0	Asst
	12:00 am			—						—	0	Asst
	01:00 am			—							0	Asst
Total Intake :						**Total Output :**					M+	V-2
	02:00 am			—							0	Asst
	03:00 am			—							0	Asst
	04:00 am			—							0	Asst
	05:00 am			—							0	Asst
	06:00 am			—						—	0	Asst
	07:00 am			—							0	Asst
Total Intake :						**Total Output :**					M -	V 1

Total 24 hrs. Intake	Good	Total 24 hrs. Output	M-0 V-3

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FLUID CHART

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Sheet No. : .....

29/6/24

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**	

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12-11-2018 7 Y 6 M 15 D (M)
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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Adenotonsillectomy c coblation + Turbinoplasty

Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. P.V.L.N. Murthy

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 Desaturations.

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:
Name: Satish M
Relationship with patient: Father
Date & Time: 23/5/26 4:30pm

Witness:
Signature:
Name: Teena
Date & Time: 23/5/26 @ 4:30 pm

Doctor (who is taking consent):
Signature: Name: Dr. Tejaswini Date 23/05/26 Time: 4:30pm

Master MATAPARTHI PRANAV
12-11-2018 7 Y 6 M 16 D (M)
Dr. P V L N MURTHY

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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

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FDH-00014922 IP5-00174388
Master MATAPARTHI PRANAV
12-11-2018 7 Y 6 M 15 D (M)
Dr. P V L N MURTHY

Name: master Pranav. Age: 7Y4M Sex: male UHID.No : FDH-00014922.

Date: 23/05/2026. Time: 4:20pm. Proposed Operation: Adenotonsillectomy C Coblation B/L Turbinoplasty.

Diagnosis: Adenotonsillar Hypertrophy + H.I.T.

B.P / CRT: ..... H.R: ..... Weight: 19kg. ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: NKDA

Medical History: CVS : -

RESP :

Diabetes :

CNS : H/o Febrile seizures 8yrs ago currently NOT on any medication

Renal : -

Hepatic / GE : -

Others : -

Physical Activity: Active.

36wks LSCS. delivery. B.wt: >2.5kg. NO NICU stay. Immunised till date. (N) development.

Past Anaesthetic History: -

Physical Exam: (N).

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: 2FB. Neck: (N) Teeth: ~~Intact~~ loose tooth lower (L) canine.

Lungs : BAE (+) clear

Heart: S1 S2 (+)

CNS: HMF (+).

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

Pre-Operative Instructions:

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

CBP on cannulation.

Signature: ..... Name: Dr. Tejasvini

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ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No — Fasting Status: Adequate

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

H.R: B.P / CRT: SpO_2: R.R: Last Feed:

Pre-OP Diagnosis: .... Operation: Adenotonsillectomy Date: 27/5/2[illegible]

Surgeon: Dr. PVLN Murthy Anaesthesiologist: Shilpa / Fusbinoplasty Technician: venkat

TIME	5/30		5/30
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
PROPOFOL 30 + 40 mg			
FENTANYL 40 mcg			
ROCURONIUM 10 mg			
DEXA 2 mg			
TRANEXA 300 mg			
FIO_2 / SaO_2	100	100	100
$ETCO_2$	35	38	35
ECG	SR	SR	SR
Temperature			
Urine Output			
Fluids / Blood	RL @		

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

Chart scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0 (systolic plotted ~100, diastolic ~50)

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: ....
☐ 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: 5/30
OP Start: ....
OP End: ....
Leave OR: 6/30 pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 22 G
☐ IV: ....
☐ IV: ....

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 5 at ...... cm RAE tube
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 1
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 Shilpa
Signature of the Doctor: [signature]

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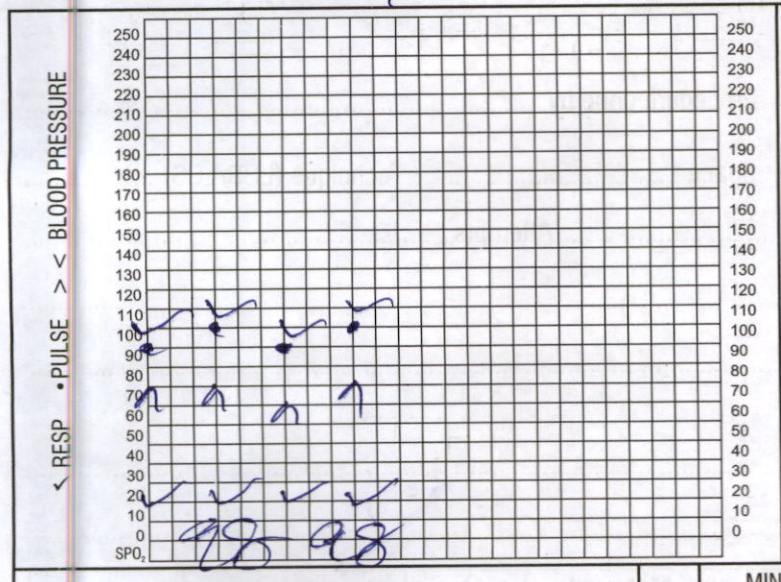
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Divya Time Received : 6:35pm Time Discharged : .....



IV Cannula Site : 22G

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: .....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	1	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	1	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2	
	TOTAL	8	8	9	10	

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/7/5	6:35pm	1/10	—	Divya

Pain Tool Used: ☐ N PASS ☐ FLACC ☑ Wong Baker ☐ NPS

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

Anaesthesiologist Name : Dr. Adithi
Anaesthesiologist Signature: Dr Adithi
Date & Time: 9/7/5/18 @ 7:30 pm

PACU Nurse Name : Divya
PACU Nurse Signature: Divya
Date & Time: 9/7/5/18 @ 8pm

Transferred to Unit by (PACU): 305
Date & Time: 9/7/5/18 @ 8pm

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EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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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 ..... Adenotonsillectomy Ecblation + B/L Tympanoplasty

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 healthy	—

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, change in voice, nasal regurgitation
b. Re-growth of adenoids

1. I authorize Dr. _____ 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: Satish
Name: Satish
Relationship with patient: Father
Date & Time: 5:18 PM ; 27/05/26

Witness:
Signature: Ch. Poornima
Name: Poornima
Date & Time: 27/05/26 @ 5:18 pm

Doctor (who is taking consent):
DR. P V L N MURTHY
Registration No: 47267
Signature: ..... Name: PV LN Murthy Date 27/5/26 Time: 5:18 pm

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, 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 / ప్రాసీజర్కు 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 / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాషలో 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: .....

FDH-00014922 IP5-00174388
Master MATAPARTHI PRANAV
12-11-2018 7 Y 6 M 15 D (M)
Dr. P V L N MURTHY

235

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 9am

Weight: 19-2kgs Centile: >10th

Height: 116 cms Centile: >25th

Inference: underweight child

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

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, Outside foods.

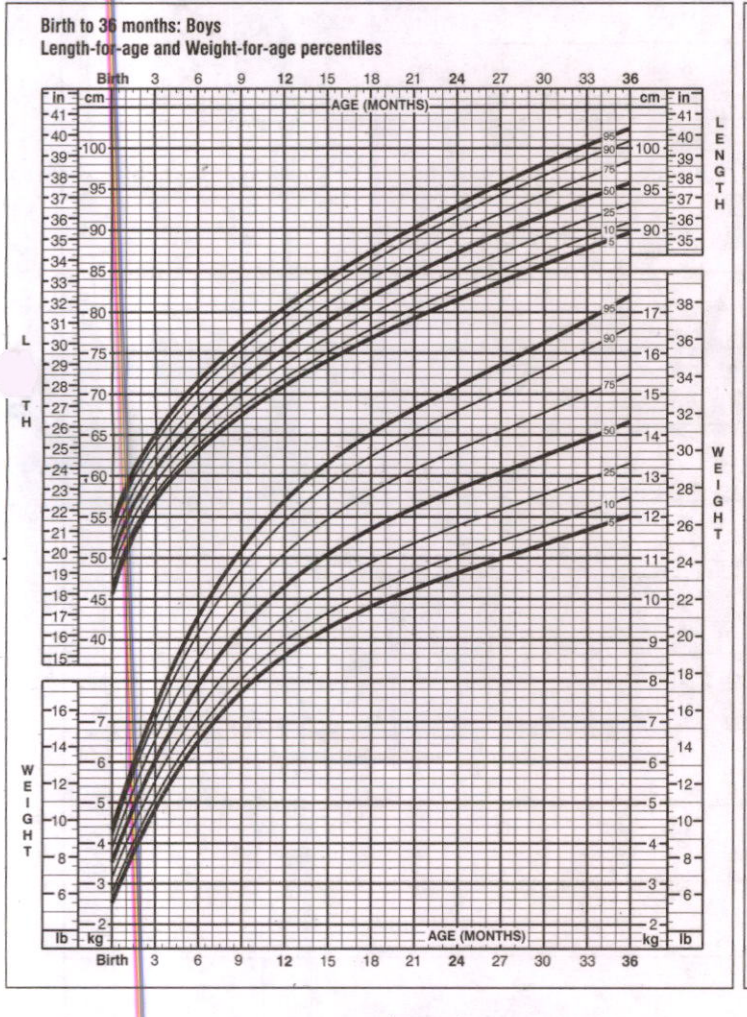
Food Allergies: NO Veg/Non-veg Non-veg

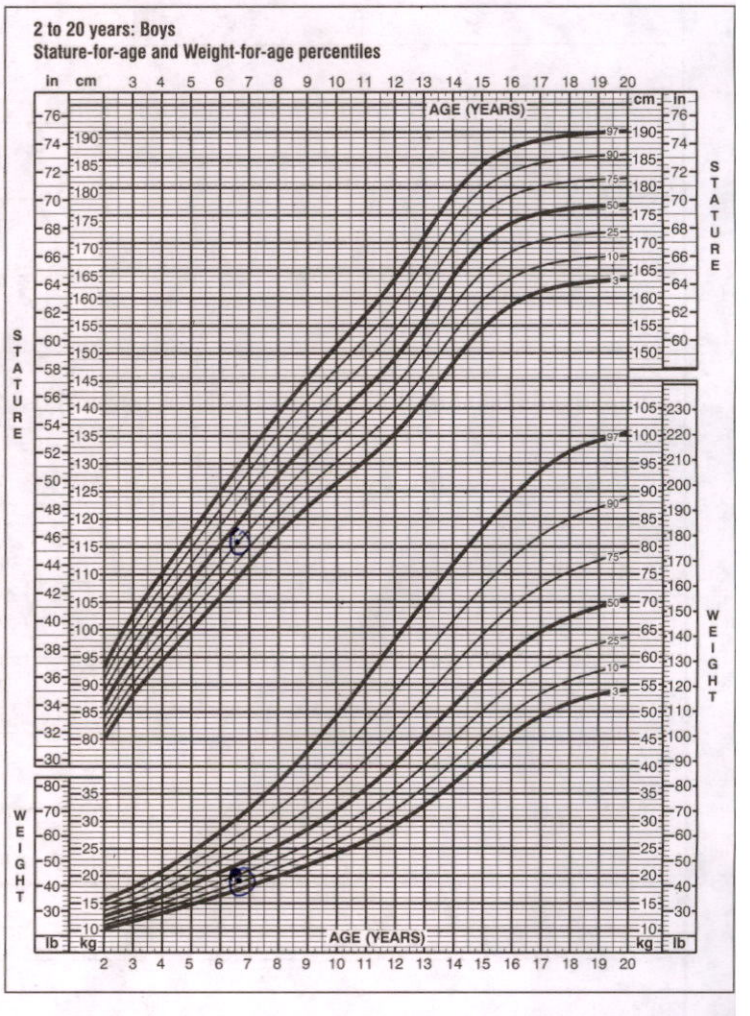
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature

Daily Notes: