

OH-00293870 IP5-00173884
Patient ANANTWAR ADVAITH
12-2020 5 Y 4 M 23 D (M)
P. V. L. N. MURTHY



SmithNephew

EVAC[®] 70 XTRA HP
WITH INTEGRATED CABLE

REF EIC5874-01
LOT 2201074
2028-10-21

80226 - 14 - ma - Diksha

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 15/5/26

Patient Name: M. Anantwar Advait Date of Birth: Age: 5Y

Gender: male Ward: P-OT UHID No.: 293870

Date of Surgery: 15/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Adenoidectomy + Coblation + B/L Myelotomy + Craniotomy

Time in : 5:45 PM

Time Out : 6:30 PM / 6:45 PM

	NAME	AMOUNT
1. Surgeon	P. V. L. N. MURTHY	
2. Anaesthetist	Dr. Tejaswini	
3. Assistant Surgeon		
4. OT Technician	nigharth	
5. Circulating Nurse	S. Alam	
6. Assistant Nurse	Suman	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Coblation : 9610252

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9610251

Order by: [Signature]

Adew

CONSUMABLES OF OT

Technician: neelsheth Date: 3283 Time: 6:30pm

RAE

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (4.5-5.5)	14	14	Major Pack	1	1	Inj Vit.K		
LMA 1.5, 2	1	1	Sutures			Cord Clamp		
ECG leads: A/P/N	5	3				Suction Catheter		
HME filter: A/P/N	1	0				Feeding Tube		
Syringes : 10 cc	10	6				Vaccum Suction Set		
05 cc	10	4	Gloves			Surgical Gloves		
02 cc	10	4	PF ♀	2	2	Gauze Pack		
01 cc	3	—				Syringe 1ml / 2ml		
Cautery plate: A/P/N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	0	NG tube 6 no	2	2	Koochies (S)		
RL	1	0	Cautery pencil			500ml NG	1	1
NS : 10ml (100ml) / 500ml / (1000ml)	14	14	Koochies			Magnosin	1	1
mini spike	1	0	Ointments			SANTON	2	1
vaccum set	1	0	Suction Catheter			10cc, 5cc	14	14
Fentanyl	1	0	Cap, Mask	3/3	3/3	Vit Mo ml	1	1
Morphine			Gauze Pack (N)	2	2	Uplax d 2 Mo 1/2	1	1
Ketamine			Mop Pack	1	2/3			
Propofol	3	0	Steristrip					
Rocuronium	1	0	Underpad	1	1	midar	0	0
Glycopyrolate	1	0	Draw sheet	1	1	Nasal spray		
Myopyrolate (+Neo)	2	0	Abgel			1618	14	—
Ondansetron			Foleys catheter			oral spray		
Pencan 25g/ Spinal Needle 22	1	—	Urobag			11 2	14	—
Bupivacaine 0.25%	1	—	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag			or mask CP	0	—
Antibiotics			Bandage					
IV .PCM	1	0	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
IV. Aug 600mg	1	0	Microshield	1	1			
oral Dora + domide	14	0	Cotton Balls					
Fraxid 400mg	24	14	Latex Gloves	108	108			
glonell + cloven	54	0	Ramdione Scrub					
WCC - 100cm 3ml	14	0	Saral					

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____

Order No. 9610256 Ordered by: _____

ESTIMATION SLIP

Date: 14-May-26 11:35Am UHID / IP No.: KOH-00293870 SI No. 80226
 Name of Patient: Mast. Advait Age: 5yrs Gender: Male
 Father's / Husband's Name: Mr. Ananthwar Gogadhar Corporate / Occupation: Software
 Address: _____ Phone: 8106573787 Email: _____
 Procedure / Plan: Adenoidectomy + B/L Myringotomy + Grommets

MODE OF PAYMENT: SELF TPA: Case health - Ind - 80% CHSA: _____ OTHERS _____

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee				<u>13000/-</u>						
L. Tax										

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges		<u>(A1A5F) + (A1A5F) + (OT)</u>
O.T. Consumables		<u>61815</u>
Instrument Charges		<u>9500/-</u>
Pharmacy, Consumables & Investigations		<u>7500/-</u>
Equipment Charges		
Monitor :	Oxygen :	Infusion pump / Syringe pump :
Ventilator :	Conventional :	HFO-SLE 5000 :
Phototherapy :	Single Surface :	Double Surface :
Blood / Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		<u>Extra</u> As per actual - Not Included in Estimation
Package		
Others		
Initial Minimum Deposit		<u>Evac ward -> 24,000/-</u> <u>subjected to coverage</u> <u>15,000/-</u> <u>final bill decrease</u> <u>OT Deposit -> 5000/-</u>

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff Room - after 6pm @ 12 room cycle
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, IP/OT/OTG, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.


DECLARATION

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

Signature of the Client: _____ Signatory Relationship: _____ Signature of the Financial Counselor: _____

ACTIVITY RECORD FOR BILLING

Name : KOH-00293870 IP5-00173884
Master ANANTWAR ADVAITH
22-12-2020 5 Y 4 M 23 D (M)
Dr. P V L N MURTHY

UHID No. :  Consultant: _____ Dept : _____

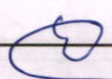
Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/5/26	5:00pm	ER	OT	Keethi
15/5/26	8:50pm	OT	231	Keethi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. faisal B	16/5/26	9610920	
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/1/14	placement	1	10037	Dej
	PAC on	OP basis		
16/1/1	NHA	①	Cecily	D
<p><i>D/c</i></p>				

ANY OTHER INFORMATION

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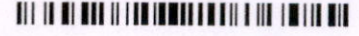
D/c

Date : 16/5/26 Time : 9 am Prepared By : *Ked*

<p>Staff Nurse</p> <p><i>Ked</i></p>	<p>Shift / Ward</p> <p><i>Houni</i></p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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**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 : IP5-00173884 Admit Date : 15-May-2026 Admit Time : 04:05 PM UHID : KOH-00293870

Patient Details :

Patient Name : Master ANANTWAR ADVAITH Age : 5 Y 4 M 23 D
Guardian : Mr ANANTWAR GANGADHAR DOB : 22-12-2020
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO 102, SUMANTH SAI GRANDS SKY APARTMENTS, DEEPTHI SRI NAGAR, ROAD NO 10, MIYAPUR Hyderabad Telangana INDIA 500049
Phone No : 8106573787/ 9121318034
E-mail : anantwargangadhar@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 411 Ward Name : 4F-OT COMPLEX
Room No : POST OP 411 Admission Type : First Visit

Contact Details :

Name : Mr ANANTWAR GANGADHAR Relationship : Father
Contact Address : FLAT NO 102, SUMANTH SAI GRANDS SKY APARTMENTS, DEEPTHI SRI NAGAR, ROAD NO 10, MIYAPUR Hyderabad Telangana INDIA 500049
Phone No : 8106573787 / 9121318034


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 : CARE HEALTH INSURANCE LIMITED



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

KOH-00293870 IP5-00173884
Master ANANTWAR ADVAITH
22-12-2020 5 Y 4 M 23 D (M)
Dr. P V L N MURTHY





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Chd - Recurrent URTI Since 1 year
- Oral breathing & snoring since 7 months
- poor response to sound (decreased hearing) 6 months

History of present illness :

Child was apparently asymptomatic 1 year ago
later child developed recurrent URTI since 1 year
more aggravated with cold item intake
seasonal variation

Oral breathing & snoring since 7 months
more aggravated in nighttime
associated with cold item intake

Decreasing hearing since 6 months

↓
Now come for Adenoidectomy with
Bilateral myringotomy + Gromet



Pediatric Multiorgan History & Physical Examination

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

Similar illness since 1 year

Birth & Neonatal History:

Term / CTAB / NO NICU

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 16 kg (Centile _____)

On Examination :

Temperature : 98°f Pulse Rate : 118/min B.P. 92/56 (64) mlH SPO2 99.1-ERA
Resp. rate and type of breathing : 22/min
Regular

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)
Air entry & breath sounds : BAEC (+)
Any addes sounds : Clear
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : (N)
Heart Sounds : S1S2 (+)
Any murmur : No
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)
Palpation : Soft
Ausculation : RS (+)
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:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____ (N) _____

Posture : _____

Involuntary Movements : _____

Reflexes : _____

DTR

Superficials:

Plantars _____ flexor _____

Sensory System :

_____ (N) _____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

_____ Chronic Adenoiditis with decreased hearing _____



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CRP / OF done
✓

Planned Management

- 1) NPO Since 11:30 Am Solid
1:30pm liquid
- 2) IVF. DNS @ 50ml/hr
- 3) Shift to OT

Signature of the Doctor: [Signature]
Name of the Doctor: Sai
Date & Time: 15/5/26

DR. P V L N MURTHY
Registration No: 47267
Signature of the Consultant: [Signature]
Name of the Consultant: P V L N Murthy
Date & Time: 15/5/26

OH-00293870 IP5-00173884
Patient ANANTWAR ADVAITH
2-12-2020 5 Y 4 M 23 D (M)
Dr. P V L N MURTHY



OPERATION THEATER NOTES

Patient's Name : M. Anantwar Advait Age : 57 Gender : Male Female

UHID No. : 203870 Weight : _____ Height : _____

Surgeon : P V L N Murthy Asst. Surgeon : _____

Anesthetist : Dr. Tejaswini OT Nurse : Sumon OT Technician : Nishant

Pre-Operative Diagnosis : Chc. Adeno carcinoma + B/L CME

Surgical Procedure :
Adenoidectomy & coblation
B/L myelotomy + Craniotomy

Indications for Surgery :

Date : 15/5/26 Start Time : 5:56 PM End Time : 6:40 PM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenoidectomy & coblation
B/L myelotomy + Craniotomy

OP-00293870 IP5-00173884
Patient ANANTWAR ADVAITH
DOB 2-2-2020 5 Y 4 M 23 D (M)
Dr. P V L N MURTHY



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.

OH-00293870 IP5-00173884
 aster ANANTWAR ADVAITH
 2-12-2020 5 Y 4 M 23 D (M)
 P. V. L. N. MURTHY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/05/26	Seen by Resident	
10:00pm	ASIS - Chronic	Adenotonsillitis + B/LOME
	SP - Adenoidectomy + coblation	
	B/L myringotomy + Grommet insertion	
	No fever, vomitings,	Plan -
	nasal bleeding	- Continue medication as per
	child hemodynamically	chart
	stable.	- w/ fever, vomitings, nasal
		bleeding
		- Monitor vitals and Inform
		SOS
		SOS
16/5/26	C/S/B Resident	Bhaleth
8am	Δ: adenoidectomy +	B/L myringotomy / grommet
	POD - 1	insertion
	no fever / vomiting / bleeds	Delv:
	orally accepting	D today
	D/E: child alert	Alert
	vitals stable	
	chest clear	
	abdomen soft	
	# nose - no bleed	

IP5-00173884
ANANTWAR ADVAITH
2-12-2020 5 Y 4 M 23 D (M)
P. V. L. N. MURTHY



CROSS CONSULTATION FORM

Doctor Name : Dr. Faisal Nahdi Date : 16/5 Time : 9 am

Diagnosis : s/p adenoidectomy + B/L myringotomy & grommet insertion

Hospital : RCH-B

Type of Referral : insertion

Referred for : Opinion Co-Management Transfer of care

Emergency
 Urgent
 Non Urgent

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

Signature: _____

Findings and Recommendations :

no fever/vomiting/bleeds
orally accepting

O/E: child alert
vitals stable
chest clear
nose - no active bleed

Act:
- (D) today
- F/up - ENT
- Plan hematinic
after 2 weeks

Consultant :

Name : Dr. Faisal Nahdi

DR. FAISAL B. NAHDI
Registration No: 66228

Signature : [Signature]

Date & Time : 16/5/20

KOH-00293870 IP5-00173884
Master ANANTWAR ADVAITH
22-12-2020 5 Y 4 M 23 D (M)
Dr. P V L N MURTHY



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APT					
CSF Protein / Sugar					
Cells					
N/L					

Done

OH-00293870 IP5-00173884
 Patient ANANTWAR ADVAITH
 2-2-2020 5 Y 4 M 23 D (M)
 r. P V L N MURTHY



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	UPRISE D3 SYRUP WEEKLY DOSE	5ml	PO	Weekly	12/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Sanitha S

Date & Time: 15/5/26 3:20 PM

Nurse Name & Signature: Anneeb (Signature)

Date & Time: 15/5/26 4:40 PM



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : CIPLOX D Ear drops				Date Time	15/5															
Dose	Route	Frequency	Start Dt.																	
	Ear	BD	15/5																	
Name & Signature of the Doctor Starting the Drugs: Bhargh					10am	X														
Additional Instructions: 5 drops in each ear					10pm	Dipa Roshni														
Daily Doctor's Endorsement by a Sign						A A														
DRUG : T-LANZOLE DT				Date Time	15/5	16/5														
Dose	Route	Frequency	Start Dt.																	
1tab	PO	OD	15/5			7am														
Name & Signature of the Doctor Starting the Drugs: Bhargh					6am	X	Dipa Roshni													
Additional Instructions: [1tab = 15mg]																				
Daily Doctor's Endorsement by a Sign							A A													
DRUG : CALCEROL Sachet				Date Time																
Dose	Route	Frequency	Start Dt.																	
1sachet	PO	once weekly	16/5																	
Name & Signature of the Doctor Starting the Drugs: Akhil																				
Additional Instructions: x 6 wks																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Signature

VERIFIED BY : Nan

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name



DRUG CHART

Date of Admission: 15/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : <u>BOTROCLOT Nasal solution</u>				Date Time															
Dose <u>20 mg each no fast</u>	Route <u>Nasal</u>	Frequency <u>SOS</u>	Start Date <u>15/5</u>																
Doctor's Signature <u>Shreshth</u>		Valid Period <u>48hrs</u>	Pharm.																
Additional Instructions: <u>if nasal bleeding ⊕</u>																			

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 Sign:



REGULAR PRESCRIPTIONS

Weight. 16 Kg Ward.

DRUG : <u>SYP. AUGMENTIN 000</u>				Date Time	<u>15/5</u>	<u>16/5</u>																		
Dose	Route	Frequency	Start Date																					
<u>5ml</u>	<u>PO</u>	<u>BD</u>	<u>15/5</u>	<u>10am</u>	<u>X</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Bhasath</u>																								
Additional Instructions: <u>[20 mg/kg/dose]</u>																								
Daily Doctor's Endorsement by a Sign					<u>A</u>	<u>A</u>																		
DRUG : <u>SYP. OMNACORTIL</u>				Date Time	<u>15/5</u>																			
Dose	Route	Frequency	Start Date																					
<u>5ml</u>	<u>PO</u>	<u>BD</u>	<u>15/5</u>	<u>10am</u>	<u>X</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Bhasath</u>																								
Additional Instructions:																								
Daily Doctor's Endorsement by a Sign					<u>A</u>	<u>A</u>																		
DRUG : <u>SYP. XYZAL-M</u>				Date Time	<u>15/5</u>																			
Dose	Route	Frequency	Start Date																					
<u>5ml</u>	<u>PO</u>	<u>BD</u>	<u>15/5</u>	<u>10am</u>	<u>X</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Bhasath</u>																								
Additional Instructions:																								
Daily Doctor's Endorsement by a Sign					<u>A</u>	<u>A</u>																		
DRUG : <u>SYP. CROCIDIS</u>				Date Time	<u>15/5</u>	<u>16/5</u>																		
Dose	Route	Frequency	Start Date																					
<u>5ml</u>	<u>PO</u>	<u>TID</u>	<u>15/5</u>	<u>6am</u>	<u>X</u>	<u>10am</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>Bhasath</u>																								
Additional Instructions: <u>[15 ml/kg/dose]</u>																								
Daily Doctor's Endorsement by a Sign					<u>A</u>	<u>A</u>																		



KOH-00293870
Master ANANTWAR
IPS-00173884

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/5/26	5.00 pm	DEXAMETHASONE	2.0mg	IV	RC	[Signature] (5.55 PM)
15/5/26	6.00 pm	PARACETAMOL	225mg	IV	RC	[Signature] (6:10 PM)
15/5/26	5.55 pm	AMOXY CRADUKUNATE	500mg	IV	RC	[Signature] (5.55 PM)
15/5/26	6.00 pm	DICLOFENAC	12.5mg	P.R	RC	[Signature] (6 PM)
15/5/26	6.10 pm	TRANEXAMIC ACID	200mg	IV	RC	[Signature] (6.05 PM)

VERIFIED BY : Name Signature

15/5/20

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

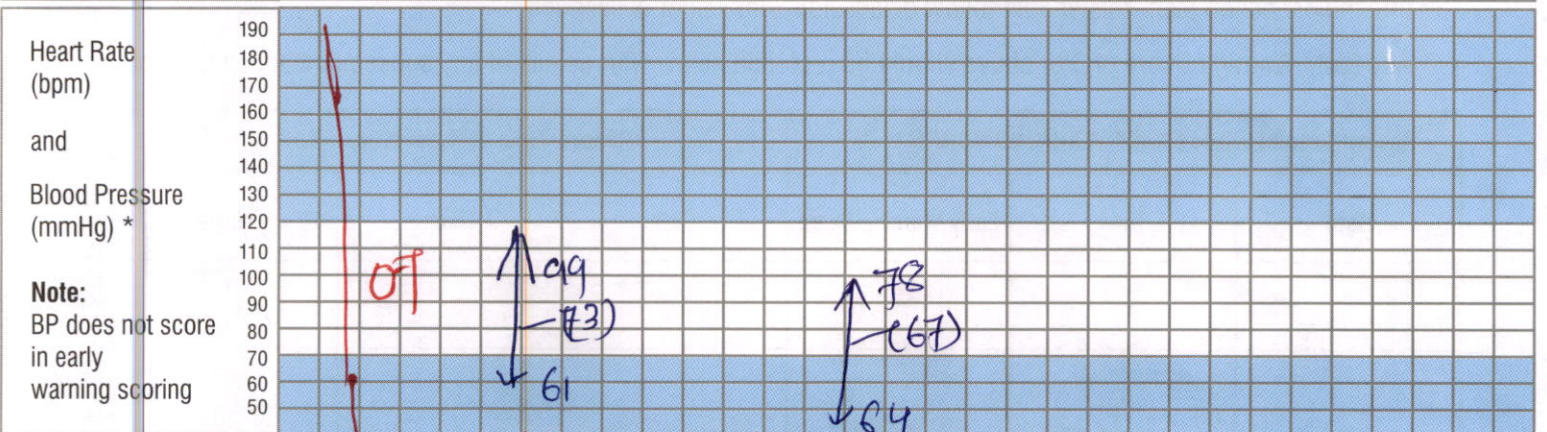
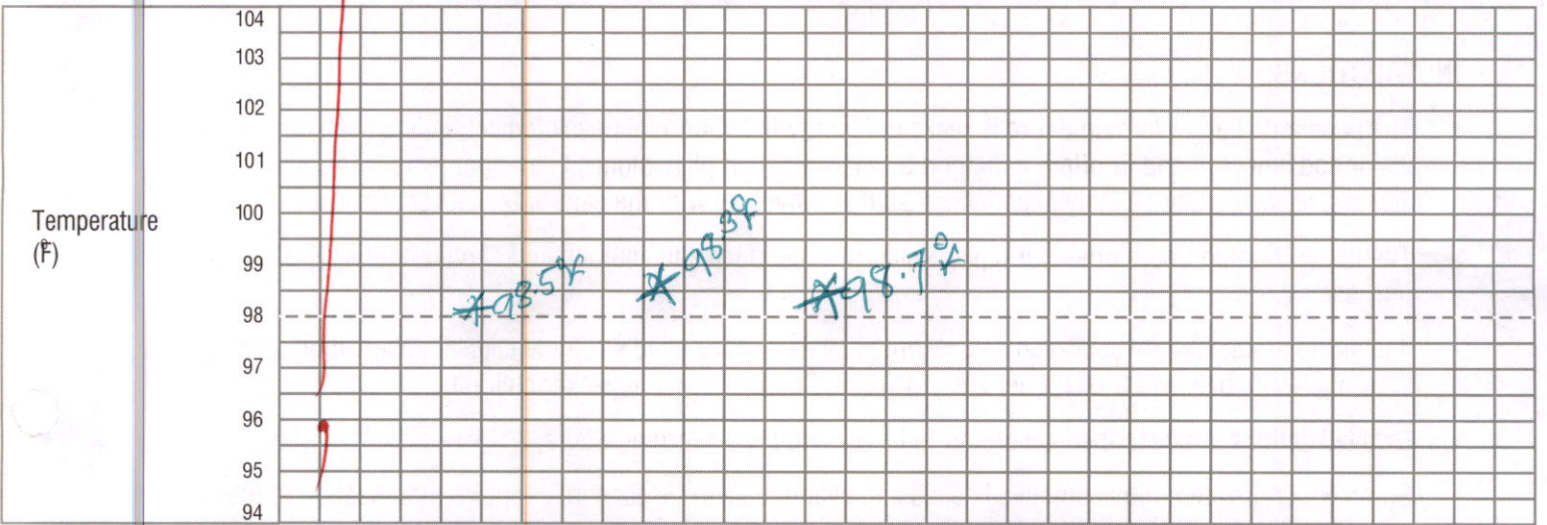


Form: RCHBH/FRM/CLINICAL/126

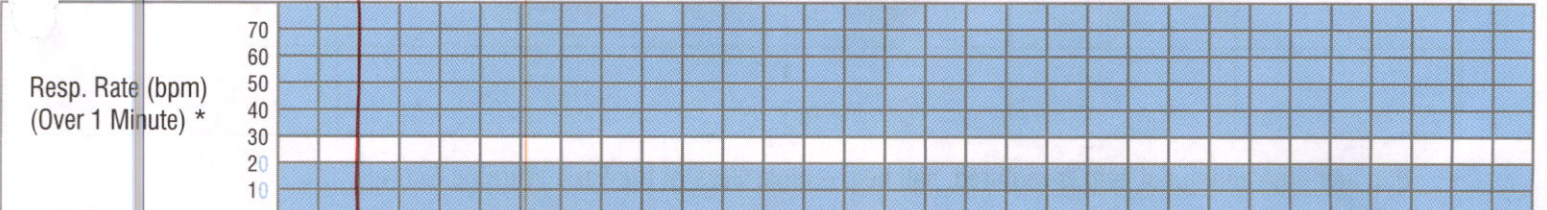
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9pm 9AM 6AM

Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 119B/m 126B/m 118B/m



Resp Rate (Number) 28B/m 26B/m 26B/m

Resp Distress: Mod/ Severe None / Mild

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

Conscious Level: Normal Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 0

Pain Score 0 0 0

Observer's Initials [Signature] [Signature] [Signature]

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

KOH-00293870
 Master ANANTWAR ADVAITH
 22-12-2020
 Dr. P. V. L. N. MURTHY
 IP5-00173884
 3 Y 4 M 23 D
 (M)

15/5/20



LUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
05/5	08:00 pm	↓	Milk	---						0	0	Resny
	09:00 pm	↓	Tea	---						0	0	Resny
	10:00 pm	NO FVF	Idly	---		MP			MP	0	0	Resny
	11:00 pm	↓		---						0	0	Resny
	12:00 am	↓		---						0	0	Resny
	01:00 am	↓		---						0	0	Resny
Total Intake :						Total Output :						
	02:00 am	↓		---						0	0	Resny
	03:00 am	↓		---					✓	0	0	Resny
	04:00 am	NO FVF		---						0	0	Resny
	05:00 am	↓		---		MP				0	0	Resny
	06:00 am	↓		---					✓	0	0	Resny
	07:00 am	↓		---						0	0	Resny
Total Intake :						Total Output :						
Total 24 hrs. Intake			-			Total 24 hrs. Output					NO - U - 2	

OH-00293870 IP5-00173884
 aster ANANTWAR ADVAITH
 2-12-2020 5 Y 4 M 23 D (M)
 r. P V L N MURTHY



FLUID CHART

16/5/26



Sheet No. :

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

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mast. Advaitk Age : 5yr Gender : Male Female

UHID NO: Surgeon Name:

Anaesthesiologist : Dr. A. Dhanesh Babu

Operative procedure planned : Adenoidectomy + Bil. Myringotomy + Grommet Insertion

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Bronchospasm, Laryngospasm

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant: Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : A. Gaugedhar

Relationship with Patient: Father

Date & Time : 14/5/26 @ 5:30pm

Witness :

Signature : [Signature]

Name : Soujanya

Date & Time : 14/5/26 @ 5:15pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. A. Jyesh Babu

Date & Time : 14/5/26, 5:15 PM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

OH-00293870 IP5-00173884
 Master ANANTWAR ADVAITH
 2-12-2020 5 Y 4 M 23 D (M)
 P. P. V. L. N. MURTHY

Right
 HOSPITALS
 Right to a Safe Delivery

Name: Master Advait Age: 5 yr 4 months Sex: male UHID.No:

Date: 12/5/20 Time: 5:30 PM Proposed Operation: Adenoidectomy +
B/L Grommet insertion

Diagnosis:

B.P / CRT: H.R: Weight: 15.7 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>9.3</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>31.0</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>7.330</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>3.04</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NHDA

Medical History: CVS:

RESP: Snoring ⊕ Diabetes:

CNS:

Renal: No milestone delays

Hepatic / GE: Physical Activity:

Others:

Past Anaesthetic History:

Physical Exam:

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

Lungs: DAET, clear

Heart: S1 + S2 + P

CNS:

Pregnant: Yes No NA Venous Access Site: 22G R UL Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

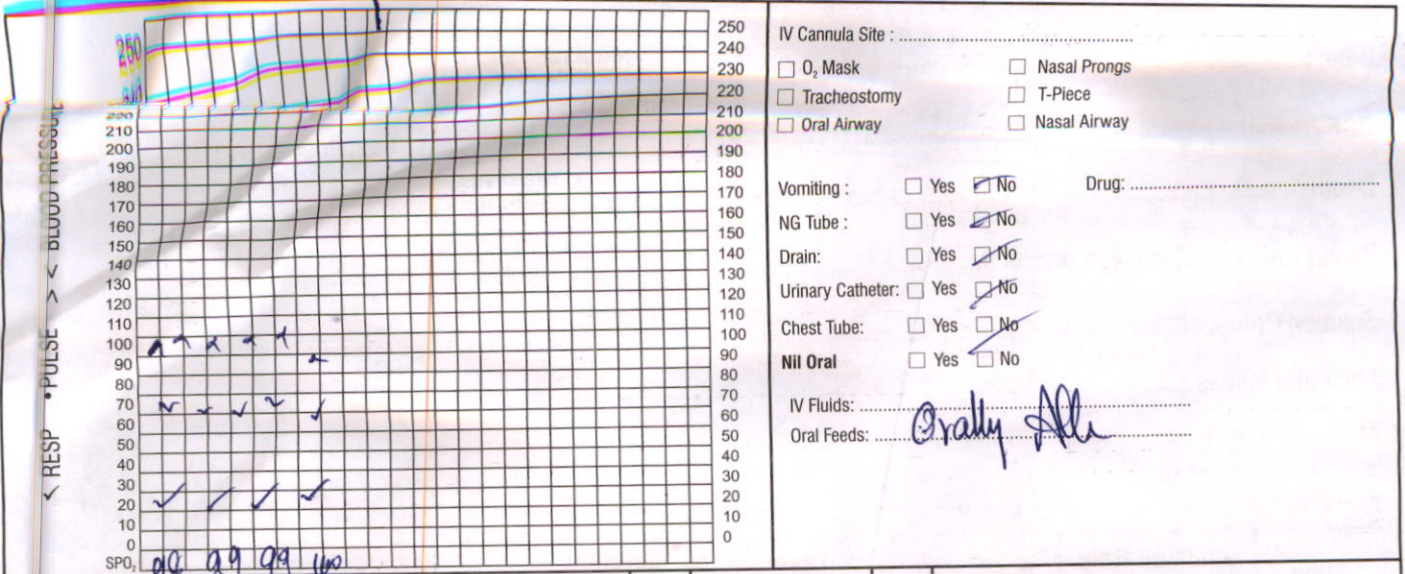
- Pre-Operative Instructions:**
- DVT Prophylaxis:
 - NIL ORAL
 → Water / ORS 2 Hours
 → Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: C.B.P.

Signature: Dr. A. D. D. D. Name: Dr. A. D. D. D.



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : *[Signature]* Time Received : *6.55 AM* Time Discharged :



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	1	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	2	2	2	2		
BP ± 20 of Pre Anaesthetic level BP ± 20-50 of Pre Anaesthetic level BP ± 50 of Pre Anaesthetic level	2	2	2	2		
Fully awake Arousable on calling Not responding	1	1	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	2	2	2	2		
TOTAL	8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<i>15/5/20</i>	<i>7:30</i>	<i>2/10</i>	<i>10 cc</i>	<i>[Signature]</i>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : *Dr. Tejaswini*

Anaesthesiologist Signature: *[Signature]*

Date & Time: *15/5/20*

PACU Nurse Name : *[Signature]*

PACU Nurse Signature: *[Signature]*

Date & Time: *15/5/20 @ 7:15 AM*

Transferred to Unit by (PACU): *[Signature]*

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

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 Master ANANTWAR ADVAITH (M)
 2-12-2020 5 Y 4 M 23 D
 r. P V L N MURTHY



anesthesiology

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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Master ANANTWAR ADVAITH (M)
22-12-2020 5 Y 4 M 24 D
Dr. P V L N MURTHY

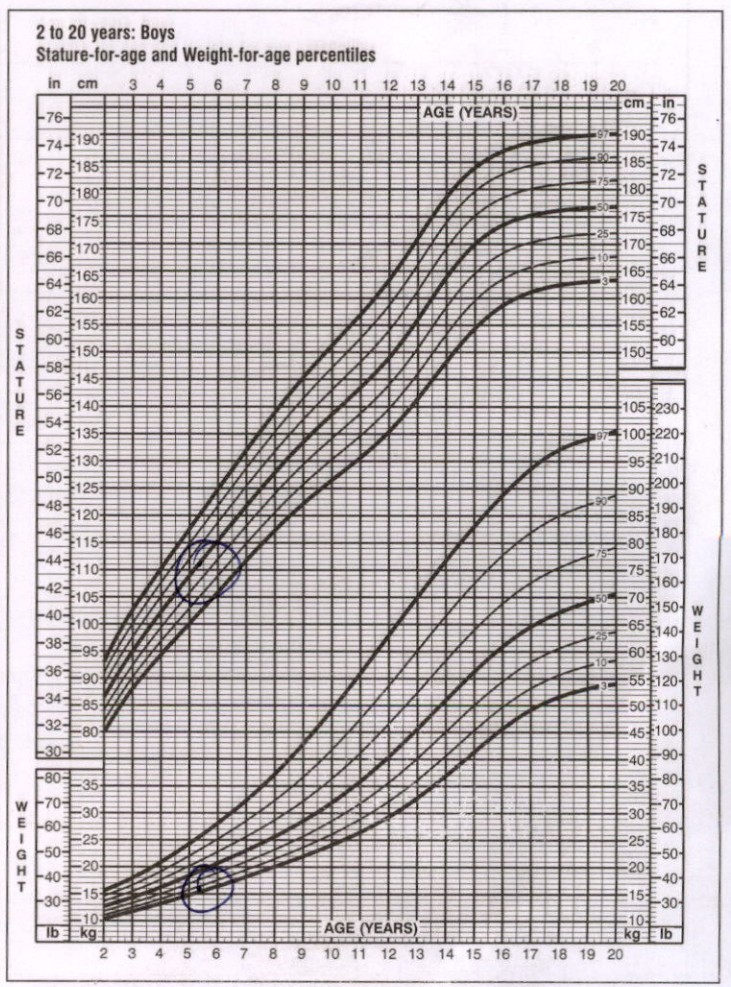
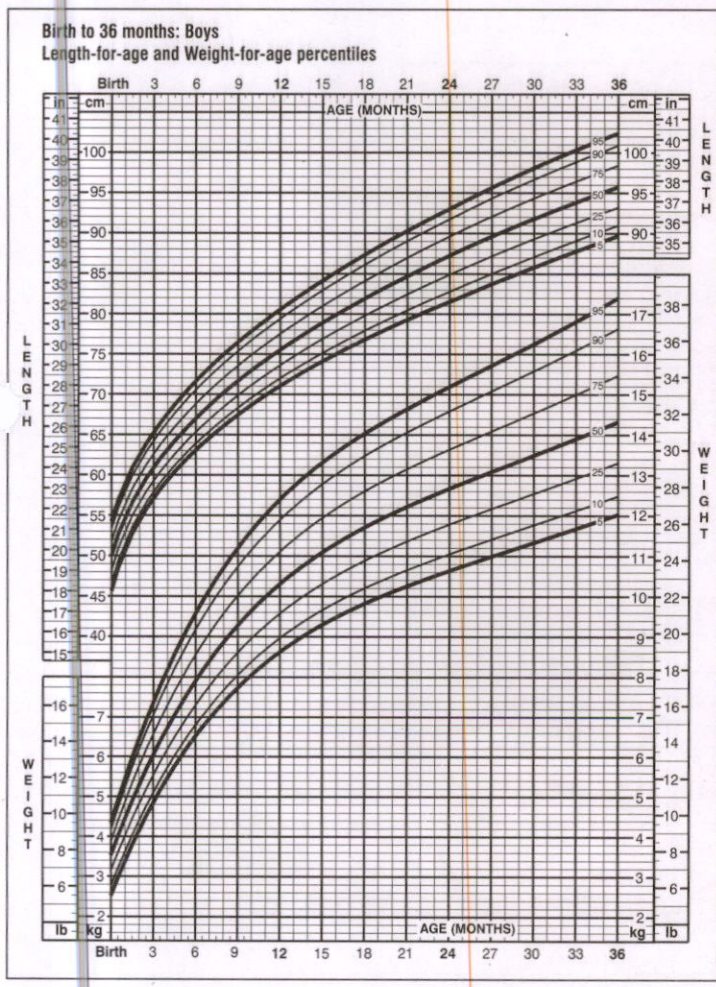


NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/6/26 Time: 9:30am

Weight: 16kg Centile: 5th
 Height: 111cm Centile: 50th
 Inference: Under weight child
 RDA: - Calories: 1400 kcal/d Protein: 24g/d
 Diet Recommendations: Soft diet
 Re-Assesment: Avoid spicy, outside Foods
 Food Allergies: No Veg/Non-veg: Veg.
 Diagnosis: Adenotonsillitis
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: *Boujauy*

GROWTH CHART (BOYS)



Dietician's Name *Mounice*

Dietician's Signature *Mounice*

