UH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
4-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

SmithNephew
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE
REF EIC5874-01
LOT 2201074
2028-10-21

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SURGERY DETAILS

80206.

Date : 15/5/26

Patient Name: B Seelam Sharini Reddy Date of Birth: Age: 10Y

Gender: F Ward : P.OT UHID No.: 58833

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

Name of the Surgery : Adenotonsillectomy + Coblation

Time in : 4 pm Time Out : 5:00PM.

	NAME	AMOUNT
1. Surgeon	PVLN murthy	
2. Anaesthetist	Dr. Divya	
3. Assistant Surgeon		
4. OT Technician	Nishanth	
5. Circulating Nurse	Suman	
6. Assistant Nurse	Alam	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☒ Others Coblator 9610148

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9610147 Order by: Y Ramya Rao

UH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
4-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

Adeno

CONSUMABLES OF OT

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Circulating Staff ..... Technician : ..... Date : ..... Time : 4-30 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 5 5.5 6	1+1+1	01	Major Pack Dapa	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	6				Vaccum Suction Set		
05 cc	10	4	Gloves			Surgical Gloves		
02 cc	10	4	6, 6½, 7, 7½	2+2	—	Gauze Pack		
01 cc	5	—	6, 6½, 7, 7½	2+2	2	Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube 8	2	2	Koochies (S)		
RL	1	1	Cautery pencil			N > 6count	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1+1	1+1	Koochies			Tramadol	1	0
Minipile	1	1	Ointments			Face sea, rel	2+1	0
Adrenalin (1)	1	1	Suction Catheter			Bolus	1	1
Fentanyl	1	1	Cap, Mask	5/5	3/3	Inj. Ativan	3	3
Morphine			Gauze Pack (1)	5+5	2			
Ketamine			Mop Pack	1	1			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	1			
Myopyrolate (Neo)	1+2	1+2	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			Gauze	1	1
Bupivacaine 0.25%			Chest Drainage Catheter			Glucan	6.5	2
Bupivacaine 0.25%(Heavy)			Romodrain bag			Dexmed	1	—
Antibiotics Aug 1.2	1+1	1	Bandage			Dexa+Tramadol	1+1	1+1
Meropem	1	1	Tegaderm			Sodium	1+1	—
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent	1	—	Inj. Diclofenac 75mg	01	1
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
Uterine set	1	1	Microshield	1	1			
Oral air way 1 1/2	1+1	—	Cotton Balls	1	—			
Nasal airway 26/28	1+1	—	Latex Gloves	1	10			
Suction catheter	1+1	01	Ramdione Scrub					
Foley Canula 22/18	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 96/10/43 Ordered by : .....

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

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11:310 am

ESTIMATION SLIP

pre-Approval

Date : 12/05/2026 UHID / IP No. : KUH-00058833 Sl No. 80206

Name of Patient : Baby Shravini Reddy Age: 10Y Gender: F

Father's / Husband's Name : Mr. Ramakota Reddy Corporate / Occupation : piramal

Address : ____________ Phone : 9876955762 Email: ____________

Procedure / Plan : Adenotonsillectomy c coblation.

MODE OF PAYMENT : ☐ SELF ☐ TPA : MA / TATA AIG GIPSA: ____________ OTHERS

Dr. PV L N Murthy

TARIFF INFORMATION :

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						
	L. Tax				Single						

PARTICULARS		AMOUNT (₹)				
Surgeon's / Anesthetists's Fee / O.T. Charges		In pkg				
O.T. Consumables			Subject to approval by TPA / Insurance Company			
Instrument Charges		7500	Not Covered by TPA / Insurance company			
Pharmacy, Consumables & Investigations (coblation)		7500 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		c wac ward. 27,000. (Subject to change)				
Others	Package → PPAC 02.	57680.				
Initial Minimum Deposit		15,000 & Final bill 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: Adeno Tonsillectomy c coblation. H/o Adeno Tonsillectomy SX - STA.

with c/by ISRE/RRC/OPC/CSD

DECLARATION

I Mrs. Navaratha 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

V. Navatha. — Signature of the Client

Mother — Signatory Relationship

Anitha — Signature of the Financial Counselor

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ACTIVITY RECORD FOR BILLING

KUH-00058833 IP5-00173878
Name : Baby SEELAM SHARINI REDDY
24-03-2016 10 Y 1 M 21 D (F)
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	3:30pm	CR	OT	
15/5/26	7pm	OT	23H	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Faisal B	16/5/26	961095	
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
14/5/26	PAC done	—		
15/5/26	IV placement	(1)	9869	
16/5/26	NHA		9610979	

ANY OTHER INFORMATION

Date : 16/5/26 Time : 2:10 am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	—	—	—

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 : IP5-00173878 **Admit Date** : 15-May-2026 **Admit Time** : 02:28 PM **UHID** : KUH-00058833

Patient Details :

Patient Name	: Baby SEELAM SHARINI REDDY	**Age**	: 10 Y 1 M 21 D
Guardian	: Mr SEELAM RAMA KOTA REDDY	**DOB**	: 24-03-2016
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: RISINIA SKYON D 910, Bachupally Hyderabad Telangana INDIA 500090	**Phone No**	: 9676955762/ 9440304453
		E-mail	: SRAMAKOTAREDDY@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 403 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 403 **Admission Type** : First Visit

Contact Details :

Name : Mr SEELAM RAMA KOTA REDDY **Relationship** : Father

Contact Address : RISINIA SKYON D 910, Bachupally Hyderabad Telangana INDIA 500090 **Phone No** : 9676955762 / 9440304453

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

KUH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
24-03-2016 0 Y 1 M 22 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				
3	Nursing Initial assessment	1			
4	Patient Transfer form	1+1			
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	1			
	Consent for blood transfusion				
	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
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)	1+1			
22	Neonatal Admission/Delivery/Physical Exam				
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			
	Nurses clinical Presentation				
29	TPR & BP chart	2			
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				
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				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra Billing	5+3 2			
	Total No. of Pages	37			

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

Signature and Date : 16/05

(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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
24-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

Patient Name: _____ eddy _____

UHID ID: _____ _____

Department: _____

Consultant: _____ Dr PVLN murthy _____

KUH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
24-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Recurrent URTI since 1½ year
Oral breathing
Snoring } since 1 year

History of present illness :

Child was apparently asymptomatic ~~till~~ 2 years ago
later child developed
- Recurrent URTI since 1½ year.
more aggravated with winter and rainy season
Cold item intake
Seasonal variations (+)
Relieved on medication

- Oral breathing
Snoring } since 1 year
more aggravated with URTI
relieved on medication
↓
Diagnosed with grade IV Adenoid hypertrophy
with tonsillar hypertrophy

KGH 00058833 IPS-001738/8
Baby SEELAM SHARINI REDDY
24-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

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

Similar illness since 1½ year

Birth & Neonatal History:

Term/ CIAS/ NO NICU

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

KUH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
24-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))~~41.8 kg~~ 41.8 kg (Centile _____)

On Examination :

Temperature : 98.1°f Pulse Rate : 94/min B.P. 110/59 (71) mmHg SPO2 99.1. cRA

Resp.rate and type of breathing : 22/min

Rash ⊖

Lymphadenopathy grade III tonsillar hypertrophy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE⊕

Any addes sounds : ⊖

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2⊕.

Any murmur : ⊖.

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

Per Abdomen :

Inspection

Palpation : Soft, non tender.

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 : 15/15

Cranial Nerves : N

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : NAD

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : regular.

Clinical Summary & Diagnostic:

Chronic adenotonsillitis.

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: present complications

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Planned Management

- NPO as per PAC
- Shift to OT on call
- Ivf- DNS @ 5cc/hr

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

Signature of the Doctor: Sai

Name of the Doctor: Sai

Date & Time: 15/5/26

Signature of the Consultant:

Name of the Consultant: Dr. P.V.L.N. Murthy

Date & Time:

UH-00058833 IP5-00173878
aby SEELAM SHARINI REDDY
4-03-2016 10 Y 1 M 21 D (F)
r. P V L N MURTHY

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OPERATION THEATER NOTES

Patient's Name : B. Seelam Sharini Reddy Age : 10Y Gender : ☐ Male ☑ Female

UHID No.: 58833 Weight : 40 kg Height : —

Surgeon : DVLN murthy	Asst. Surgeon : —	
Anesthetist : Dr. Durga	OT Nurse: Alam	OT Technician: Nishanth

Pre-Operative Diagnosis: Chr. Adenotonsillitis

Surgical Procedure : Adenotonsillectomy & Coblation

Indications for Surgery :

Date : 15/5/26	Start Time : 04.11pm	End Time : 4.50pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenotonsillectomy & Coblation

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Syp. AUGMENTIN DS 1-0-1 BD - 2wks

2 Syp. XYZAL-M 1-0-1 BD - 2wks

3 Syp. IBUGENTIN 1-0-1 TID - 2wks

4. T-TRANEXA 500mg BD - 2wks

5 Salt-water gargle TID 2wks

Name of the Surgeon: Dr LN Murthy

Signature of the Surgeon:

DR. P V L N MURTHY
Registration No.

Date & Time: 15/5/26

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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
15/5 7:36pm	C/S/B Resident A: S/p adenotonsillectomy POD-D no fever/vomiting O/E: stable vitals chest clear	Adv: Meds as charted monitor vetals D/c tomorrow Akhila
16/5/26	C/S/B Resident S/p. adenotonsillectomy POD-1 no fever/vomiting/ bleeding O/E: stable vitals chest clear throat - healthy.	Adv: 1) (D) today Akhila

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCHBH /FRM / CLINICAL / 088

UH-00058833 IP5-00173878
aby SEELAM SHARINI REDDY
4-03-2016 10 Y 1 M 21 D (F)
r. P V L N MURTHY

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CROSS CONSULTATION FORM

Doctor Name : Dr. Faisal Nahdi Date : 15/5/26 Time : 9am

Diagnosis : post adenotonsillectomy POD-1

Hospital : RCH - B

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:

Signature:

Findings and Recommendations :

C/S/B Dr. Faisal

no fever
no bleeding
no vomiting
oral acceptance - okay

Adv
- ⓓ today
- F/up - ENT

O/E: child alert
vitals stable
S/E NAD
throat healthy

Consultant :

Name : Dr. Faisal Signature : DR. FAISAL B NAHDI Registration No: 66228 Date & Time : 16/5

KUH-00058833 IP5-00173878
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RESULT SHEET

Date	9/5/26					
Time	1:57pm					
Hb	13.7					
PCV						
RBC	4.71					
WBC	6900					
N/L	45/44					
Platelets	4.77					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bil/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.,) : .....

UH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
4-03-2016 10 Y 1 M 21 D (F)
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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 : ..Anuj Sai..

Date & Time : ..15/5/26 3 Pm..

Nurse Name & Signature: ..Murthy..

Date & Time : ..15/5/26 3Pm..

KUH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY
24-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

Sharini Reddy

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DRUG CHART

Date of Admission: 15/5/24 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:				

Signature .....

VERIFIED BY : Name .....

Baby SEELAM SHARINI REDDY
24-03-2016 10 Y 1 M 21 D (F)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS

Weight. 40 kgs. Ward. .....

DRUG : Syp AUGMENTIN ES

Dose	Route	Frequency	Start Date
5ml	PO	BID	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 600/5ml

Date / Time	15/5	16/5
6am	X	8AM DIPU ROSY
6pm	4.5pm ✓	

Daily Doctor's Endorsement by a Sign

DRUG : Syp XYZAL-M

Dose	Route	Frequency	Start Date
7.5ml	PO	BID	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	15/5	16/5
10am	X	10A (Rosy)
10pm	Dipu Rosmary	

Daily Doctor's Endorsement by a Sign

DRUG : Tab PANTOPRAZ~~O~~

Dose	Route	Frequency	Start Date
40mg	PO	OD	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	15/5	16/5
6am	X	DIPU ROSY

Daily Doctor's Endorsement by a Sign

DRUG : Syp DOLUGESIC ~~AD~~ SP

Dose	Route	Frequency	Start Date
15ml	PO	TID	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 100mg/5ml

Date / Time	15/5	16/5
6am	X	8AM DIPU ROSY
2pm	X	
10pm	12:30pm DIPU ROSY	

Daily Doctor's Endorsement by a Sign

H-00058833 IP5-00173878
by SEELAM SHARINI REDDY
-03-2016 10 Y 1 M 21 D (F)
. P V L N MURTHY

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REGULAR PRESCRIPTIONS

Weight 40kg Ward .....

Sheet No: .....

DRUG : Tab TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
500mg	PO	BID	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	16/5														
Time	8am														
	6am ✗	Dipa													
		Dosage													
	4pm														
	10pm ✓														

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

(P.T.O.)

Signature .....
VERIFIED BY : Nam

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Weigh. ..... Ward. .....

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.	

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
15/5/26	4:05pm	INJ AUGMENTIN	1.2g	IV		4:10pm
15/5/26	4:25pm	INJ PARACETAMOL	1g	IV		4:30pm
15/5/26	4:15pm	INJ DICLOFENAC	25mg	IV		4:20pm
15/5/26	4:00pm	Inj DEXAMETHASONE	4mg	IV		4:10pm
15/5/26	4pm	Inj TRANEXAMIC ACID	675mg	IV		4:15pm

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

Baby SEELA... 10 Y
24-03-2016
Dr. P V L N MURTHY

KUH-000588633
IP5-00173878
Baby SEELAM SHA...

I.V. FLUIDS CHART

Weight. 4.1 K 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
15/5		Ivf. DNS	Iv	70ml/hr	Sai				
15/5		RINGER LACTATE	IV	300ml in			15/5		

Signature .....

VERIFIED BY : Name .....

UH-0005[illegible]833 IP5-00173878
laby SEE[illegible]AM SHARINI REDDY
4-03-201[illegible] 10 Y 1 M 21 D (F)
Dr. P V L[illegible] MURTHY

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. PVLN murthy Date : 15/5/22

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

Start Time of Assessment: ..... Weight: .....

Allergic History: .....

Chief Complaints:
c/o Recurrent URTI - since 1½ year
Oral breathing } since 1 year
Snoring }

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

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

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

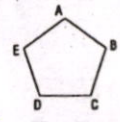
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: Similar illness 1½ year ; on SAhaler for Bronchial Asthma

Medication History: .....

Relevant Investigations: CRP 1.7 gm/l; Hb 11.7 gm/dl; TLC 4.77000 platelets 2.10 fibre high (<30)

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 21/min. SpO_2 on FiO_2 99% RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B.A.C.E.
Palpation Findings (If necessary).....

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

Circulation

HR: 94/min CFT [Central) <3sec / Peripheral .....

BP: 110/59 (74) mmHg

Pulse Volume: [Central ..... / Peripheral) Good

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

Muffled Heart Sound: ☐ Yes ☒ No

Engorged Neck Veins: ☐ Yes ☒ No

Murmurs: ☐ Yes ☒ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☒ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Disability

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

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

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 98.1°F

Any Rash: ☐ Yes ☒ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☒ Hemodynamically Stable

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

Grade IV Adenoid

Tonsillar hypertrophy (+)

Labs Planned: .....

Treatment Planned: .....

1) NPO since 9:30 Am solid & liquid

2) Inf. DNS @ 50ml/hr

3) Shift to ICU

4)

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Chronic Adenotonsillitis

Assessment done by

Name of the Doctor: Dr.

Signature: Sai

Date & Time: 15/5/26

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	
Doctor / Nurse / Family Concern?	

Temperature (F)

104 | 103 | 102 | 101 | 100 | 99 | 98 | 97 | 96 | 95 | 94

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

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *

70 | 60 | 50 | 40 | 30 | 20 | 10

Resp Rate (Number)

Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

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)

CUH-000[illegible]8833 IP5-00173878
Baby SE[illegible]LAM SHARINI REDDY
4-03-201[illegible] 10 Y 1 M 21 D (F)
Dr. P V L[illegible] MURTHY

No. : RCHBH/ FRM / 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:	8PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?				

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94

98.4F 98.3F 98.4F

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

Heart Rate (Number)	07	106 (74) / 59 — 106B/m	117 (76) / 62 — 127B/m	104 (78) / 63 — 91B/m

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

Resp Rate (Number)		26B/m	28B/m	24B/m
Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)		RA 99%	RA 100%	RA 100%
Conscious Level	Normal / Altered	C	C	C
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials				

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.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

KUH-00058833 IP5-00173878
Baby SEELAM SHARINI REDDY (F)
24-03-2016 10 Y 1 M 21 D
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
	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		Mola Lacta								0	Q
	07:00 pm										0	Q
Total Intake :						**Total Output :**						
	08:00 pm	↓		—							0	Rosy
	09:00 pm	↓	Idly	—							0	Rosy
	10:00 pm	NO	Watr				NP			✓	0	Rosy
	11:00 am	IVF		—							0	Rosy
	12:00 am	↓		—							0	Rosy
	01:00 am	↓	Ice cream	—							0	Rosy
Total Intake :						**Total Output :**	MO - U-1					
	02:00 am	↓		—							0	Rosy
	03:00 am	↓		—							0	Rosy
	04:00 am	NO		—							0	Rosy
	05:00 am	IVF		—			NP	✓		✓	0	Rosy
	06:00 am	↓		—							0	Rosy
	07:00 am	↓		—							0	Rosy
Total Intake :						**Total Output :**	MO - U-1					

Total 24 hrs. Intake		Total 24 hrs. Output	MO - U-2

Patient Sticker

FLUID CHART

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thRight™
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Sheet No. : .....

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

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