

VIH-00205049 IP-00060216
Master VIKRAM ADITYA
14-12-2021 4 Y 5 M 20 D (M)
Dr. VIDYASAGAR DUMPALA



ACTIVITY RECORD FOR BILLING

Name: -----
UHID No : ----- IP No : ----- Consultant : ----- Dept : Pediatrics
Date of Admission : 3/6/2021 Time : ----- Date of Discharge : ----- Time: -----
Room / Bed No : ----- Ward : OT Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>3/6/2021</u>	<u>9:10 AM</u>	<u>ER</u>	<u>OT</u>	<u>[Signature]</u>
<u>3/6/2021</u>	<u>12:40 PM</u>	<u>OT</u>	<u>158</u>	<u>[Signature]</u>

Cross Consultation Visit

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

VIH-00205049 IP-00060216
Master VIKRAM ADITYA
14-12-2021 4 Y 5 M 20 D (M)
Dr. VIDYASAGAR DUMPALA



SURGERY DETAILS

Date : 3/6/26

Patient Name: Master Vikram Aditya Date of Birth: 14/12/26 Age: 4y

Gender: Male Ward: OT UHID No.: 205049

Date of Surgery: 3/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Collection Adenotonsillectomy + GA

Time in : 10:15 AM

Time Out : 11:00 AM

	NAME	AMOUNT
1. Surgeon	Dr. Vidyasagar D	OT-Charge
2. Anaesthetist	Dr. Madhav	10:25 Am to 10:05
3. Assistant Surgeon		30866.19
4. OT Technician	Dr. Rakesh	
5. Circulating Nurse	Dr. Anil	
6. Assistant Nurse	Sr. Prassana	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3086621/20

Order by: Bhavani

1 day.

OT Commenced 7:00 ✓

Presented to the
committee of
the Board of
Education
on 10/10/50

Approved 10/10/50



CONSUMABLES OF OT

Patient
Gende
Date :

VIH-00205049 IP-00060216 Age :
 Master VIKRAM ADITYA
 14-12-2021 4 Y 5 M 20 D (N
 Dr. VIDYABAGAR DUMPALA


Circulating Staff : Sheepa Technician : Naleen

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>RAE Tube (4.5)</u>		1	Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		3				Suction Catheter		
HME filter : A/P/N		0				Feeding Tube		
Syringe 10 cc		3				Vaccum Suction Set		
05 cc		3	Gloves <u>PPG 7.5 b</u>	1	1	Surgical Gloves		
02 cc		3	<u>S.g. - 6</u>	1	1	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		1	NG tube <u>no 6</u>		2	Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<u>evac probe</u>	1	1
<u>O2 mask (CP)</u>		1	Ointments					
<u>Nasopharyngeal Airway (20)</u>		1	Suction Catheter <u>6</u>		1	<u>Protoguard</u>	1	1
Fentanyl			Cap. Mask		2			
Morphine <u>Dexamethasone</u>		1	Gauze Pack		2			
Ketamine <u>Neop</u>			Mop Pack					
Propofol		1	Steristrip <u>Atesorb</u>		1			
Rocuronium		1	Underpad					
Glycopyrolate		0	Draw Sheet					
Myopyrolate <u>Myostigmine</u>		2	Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics <u>Neopore</u>		1	Bandage <u>binch</u>		1			
<u>Relipara</u>		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution					
<u>Vein - O line (ocm)</u>		1	Microshield					
<u>Central line</u>		0	Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Vidyalaya-D Anaesthesiologist Dr. Brinda Nurse Prasanna OT Technician
 Order No. : 3086627 Ordered by : Prasanna

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad



H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060216	Ward	N 0 GF-EMERGENCY
Patient Name	Master VIKRAM ADITYA	Bed Name	ER 103
Age/Sex	4 Y 5 M 20 D / Male	Order No	0003086627
Date	03/06/2026 13:20	Prescription No	PRIP-1289763
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	03/06/2026 13:21
UHID	VIH-00205049		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			2605I1I	03/29	1	775.00	775.00
2	BANDAGE # 6 INCH	Muttu	GENERAL	BG23	10/27	1	20.62	20.625
3	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00395A	04/27	1	10.87	10.87
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	3	28.13	84.39
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
7	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	77160326	02/28	3	34.64	103.92
8	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
9	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
10	ENCORE MICROPTIC GLOVES-8 PF	ANSEL	H	260200611T	02/29	1	128.00	128.00
11	EVAC70XTRAHPWITHINTEG RATEDCABLE-E	ARTHOCARE	C	220IO75	10/28	1	27,758.00	27,758.00
12	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	8	10.00	80.00
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
14	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A010116	12/30	2	63.00	126.00
15	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
16	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278009	02/28	1	12.14	12.14
17	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	1	69.10	69.10
18	MYOSTIGMIN INJ 1ML	NEON LABORATORIES LTD	H	KP017027	08/28	2	5.33	10.66
19	NASOPHARYNGEAL TUBES 20	RUSCH	GENERAL	KKME23C2537	02/28	1	232.50	232.50
20	NITRILE EXAMINATION GLOVES P F- SMALL	ELITE MEDICALS	H	25NV001	10/28	10	23.43	234.30
21	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	1	105.22	105.22
22	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
23	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	1	450.00	450.00
24	RAE ORAL WITH CUFF TUBE- 4.5	RUSCH		40E25G3358	06/30	1	1,525.31	1,525.31
25	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252O93	11/27	1	737.08	737.08
26	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
27	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
28	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
29	SUCTION CATHETER 6 ROMSONS	ROMSONS		G25L010663	11/30	1	91.00	91.00
30	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	8	10.00	80.00
31	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
32	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D0103I5	03/31	1	464.00	464.00



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INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060216	Ward	N 0 GF-EMERGENCY
Patient Name	Master VIKRAM ADITYA	Bed Name	ER 103
Age/Sex	4 Y 5 M 20 D / Male	Order No	0003086627
Date	03/06/2026 13:20	Prescription No	PRIP-1289763
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	03/06/2026 13:21
UHID	VIH-00205049		

Total :	35,644.67	36,355.03
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

ADMISSION SHEET

Registration Details :



Admission No : IP-00060216

Admit Date : 03-Jun-2026

Admit Time : 08:07 AM UHID : VIH-00205049

Patient Details :

Patient Name : Master VIKRAM ADITYA

Age : 4 Y 5 M 20 D

Guardian : Mr BHASKAR

DOB : 14-12-2021

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : Irkode, Medak Irkode Medak Telangana INDIA
502114

Phone No : 7013241481

E-mail : na@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 103

Ward Name : N 0 GF-EMERGENCY

Room No : ER 103

Admission Type : First Visit

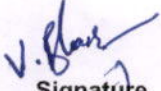
Contact Details :

Name : Mr BHASKAR

Relationship : S/O

Contact Address : Irkode, Medak Irkode Medak Telangana INDIA
502114

Phone No : 7013241481 / 9676979470


Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR DUMPALA

Specialisation : EAR NOSE AND THROAT

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : BAJAJ ALLIANZ GENERAL
INSURANCE CO LTD

Patient Name : Mast. VIKRAM ADITYA UHID : VIH-00205049 IPD : IP-00060216 Gender : Male Age : 4 Y 5 M 20 D

VIH-00205049 IP-00060216
 Master VIKRAM ADITYA
 14-12-2021 4 Y 5 M 20 D (M)
 Dr. VIDYASAGAR DUMPALA



EMERGENCY ROOM TRIAGE FORM

wt - 12.78 kg

Patient's Name : Master Vikram Aditya Age : 4Y Gender: Male Female

Date : 3/6/26 Time of Arrival : 7:2 AM

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.5F PR: 115b/m BP: 100/65 RR: 24b/m SpO₂: 98%

Chief Complaints: patient come to surgery (Adenotonsilectomy)

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening	
---	--	--	--	--	--

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

V. Bhargava
 Signature of Parent / Guardian

Triage Completion Time : 7:6 Am

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Swathi

Signature of Triage Nurse : [Signature]

Date & Time : 3/6/26 @ 7:06 Am

Docu. No. : RCH / FRM / CLINICAL / 085

Patient Name : Mast. VIKRAM ADITYA UHID : VIH-00205049 IPD : IP-00060216 Gender : Male Age : 4 Y 5 M 20 D

VIH-00205049 IP-00060216
Master VIKRAM ADITYA
14-12-2021 4 Y 5 M 20 D (M)
Dr. VIDYASAGAR DUMPALA



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/6/26 Time of arrival : 7:07 AM (Adenotonsilectomy)
Chief Complaints : patient came for surgery RBS :
Height : 101cm Weight : 12.78 BMI : Head Circumference (<2 years)
Allergies: Yes No Medications Blood Transfusion Food Other:
If yes, identify
Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Frequency Duration

RISK FOR FALL:
 If patient is < 6 years tick below fall risk intervention directly
 If Patient is > 6 years Assess the below parameters
History of Falling: within past 3 months Yes No
Ambulatory Aids:
• Wheelchair Yes No
• Uses furniture for support Yes No
Gait/Transferring:
• Bedrest / immobile Yes No
• Weak Yes No
• Impaired Yes No
Mental Status: Forgets limitations Yes No
IF YES FOR ANY CATEGORY = RISK FOR FALLING
Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected
 Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria
Nutritional Screening: No Abnormalities Detected
 Underweight
 Overweight
 Feeding Problem
 Special diet
 Special feeding method
Inform consultant for positive criteria

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: (Date/Time):
Social History: Lives With family
Siblings in household Yes No (if yes How Many?)
Time of Initial assessment completed by ER Nurse @ 7:11 AM

Patient Name : Mast. VIKRAM ADITYA UHID : VIH-00205049 IPD : IP-00060216 Gender : Male Age : 4 Y 5 M 20 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
7:02 AM	patient come to ER
7:08 AM	vital checked & Recorded
8:10 AM	Doctor seen the patient Advised Admission
8:07 AM	Admission process done.
8:20 AM	IV Placement done.
8:29 AM	last food :- 9 pm
8:33 AM	last water :- 8 AM
9:00 AM	patient shifted to OT.

Samples collected by: *Sr. Jyothi rami*
 Samples sent by: *Sr. Swagatika*

Time: @ 8:10 AM /
 Time: @ 8:15 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
<i>milk</i>					

Condition of patient at time of shift - out:	Details of Shift - out
HR: 115 b/m BP: 100/65 (120/80) CFT: 2 sec	Shift - out from ER to: <i>OT</i>
RR: 24 b/m SPO ₂ : 98%	Time of Shift - out: @ 9:00 AM
GCS: 4, 5, 6 Temperature: 98.6°F	Handover given to: <i>Sr. Mariya</i>
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):


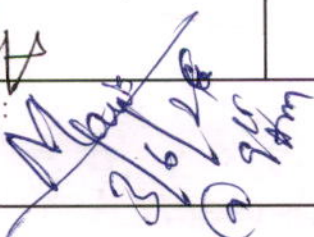
IV placement.

Name of the Nurse : *Vaishnavi*

Signature of the Nurse : *[Signature]*

Date & Time : *31/02/20 @ 9:00 AM*


PATIENT TRANSFER FORM

VIH-00205049 IP-00060216 Master VIKRAM ADITYA 14-12-2021 4 Y 5 M 20 D (M) Dr. VIDYASAGAR DUMPALA 		Date & Time of Admission 31/12/20 @ 8:07 AM	Date & Time of Transfer Order 31/12/20 @ 9:10 AM
Treating Consultant Name		Transfer Ordered by Dr. Nikesh.	Reason for Transfer Admission.
From Unit OR	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (2)	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Swagath / S		Name of Person Ordered Transfer Dr. Nikesh.	
Patient & Clinical Records Received by :  31/12/20 @ 9:10 AM			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00205049 IP-00060216 Master VIKRAM ADITYA 14-12-2021 4 Y 5 M 20 D (M) Dr. VIDYASAGAR DUMPALA		Date & Time of Admission 3/6/26 @ 8:07 AM	Date & Time of Transfer Order 3/6/26 @ 12:40 pm
		Transfer Ordered by Dr. Madhav	Reason for Transfer Post operative Care
From Unit OT	To Unit 138	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Vidyasagar D			
Name & Signature of Person who is Transferring Dr. Anil		Name of Person Ordered Transfer Dr. Madhav	
Patient & Clinical Records Received by : Anil			
Date & Time of Patient Received : @ 12:45 pm			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Adenotonsillectomy
Arrival Time: 12.40pm **Mode of Arrival:** Taken by mother **Admitting From:** ER OPD Direct **OT**
Allergy / Adverse Reaction: Nil **Body Weight:** 12.78 Kg
Height: cm

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? Yes No

If yes please list,

Was the child's birth normal? Yes No If No, please describe problems:

Are the child's immunization up to date? Yes No

Current Medication: None Yes, If Yes, fill reconciliation form

Observations: Weight: 12.78kg Length: Head Circumference (< 2 years):

Temp.: 98.4 F HR: 112 b/m RR: 24 b/m BP: 98/72 mm/hg

Pain Score: 0 **Specify Site:** 01 (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: Yes No **Score:** 22 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score) 22 (Document in the Braden Q Assessment Sheet)

Pain Screening: Yes No If Yes, Pain Score: Pain Tool Used: N Pass FLACC Wong Baker

Character of Pain: **Location:** **Frequency:** **Duration:**

FUNCTIONAL SCREENING: No Abnormalities Detected
 Mobility Problem Walking Problem
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormalities Detected
 Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parents

Siblings in household Yes No (if yes How Many?)

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No Waste Disposal Explained: Yes No

Infusion Pump : Yes No Hand hygiene Explained: Yes No Others

Patient Rights & Responsibilities: Yes No

Information given to parents

Nurse's Name: Anitha Date: 3/6/26 Time: 1 pm

Anitha
Signature



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205049 IP-00060216
Master VIKRAM ADITYA
14-12-2021 4 Y 5 M 20 D (M)
Dr. VIDYASAGAR DUMPALA



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



History & Physical Examination

Name : Vikram Aditya Age/Sex 4y/ male
Information given by: father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

no mouth breathing
snoring } 2 yrs.
Recurrent cold & cough

History of present illness :

child presented with
no mouth breathing
snoring
Recurrent cold cough
↓
On examination - Tonsil Grade IV
Adenoid Grade III
↓
admitted for Adenotonsillectomy

NPO for solids since 10pm yesterday
solids since 7:45am today



Pediatric Multisystem History & Physical Examination

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

Non significant

Birth & Neonatal History:

FT/LSCC | 2.6kg | NO NICU stays
(NTOL)



Birth & Socio Economic History:

About Father : _____
About Mother : _____ } class II
Any additional Information : _____

Developmental History :

Appropriate for age in all 4 domains

Immunization History :

vaccinated upto date



History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 12.78 kg (Centile _____)

On Examination :

Temperature : 98.6° F Pulse Rate : 115/min B.P. 100/65 SPO2 98%
Resp. rate and type of breathing : 24/min.

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

Respiratory System :

Inspection (any s/o distress) : Bilateral symmetrical chest movement
Air entry & breath sounds : Bilateral (+)
Any addes sounds : NO
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

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

Per Abdomen :

Inspection (N)
Palpation : Soft
Auscultation : BS (+)
Spine : (N) External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutrition : _____

Tone : (N) Power 4/5 all limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : (-)

Reflexes : +

DTR +

Superficials: +

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

Grade IV Tonsils, Grade III Adenoids
G admitted for Adenotonsillectomy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications

Desired goals of the treatment : To treat current condition

Planned Labs:

CBP. ✓

Planned Management

- 1) NPO
- 2) shift to OT on call

NPO for solids since 10pm yesterday

for liquids since 7:45AM today

Noted by
Dr. Ujjwala
3/6/26

Signature of the Doctor: G. V.

Name of the Doctor: Dr. Ujjwala

Date & Time: 3/6/26

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Vidyasagar CV

Date & Time: 3/6/26

VIH-00205049 IP-00060216
Master VIKRAM ADITYA
14-12-2021 4 Y 3 M 20 D (M)
Dr. VIDYASAGAR DUMPALA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION NOTES

Surgeon : *Dr. D. Vidyasagar*

Asst. Surgeon :

Pre-Operative Diagnosis: *Adenotonsillitis.*

Surgical Procedure : *Cabletomy - Adenotonsillectomy.*

Indications for Surgery : *Grade 3 Tonsils
Grade 4 Adenoids.*

Date :

Start Time : *10:15 Am*

End Time : *11 AM*

Post Operative Diagnosis: *Same*

Peri-Operative Complications:

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Operation Notes: *Child placed in Rose position, mouth gag applied and
Secured to tripod stand. Cabletomy Adenotonsillectomy done
hemostasis achieved. Grade 3 Tonsils and Grade 4 Adenoids.*

Post-OP orders

- NBM for 2 hours.

followed by liquids & icecreams
for today

from tomorrow SOFT DIET.

R

1) Sy: TAXIM-O 100mg/5ml 3.5ml x BD x 1 Week

2) Sy: CALPOL 250mg/5ml 5ml x TID x 5 days

3) Sy: MUCAINE GEL 2.5ml x TID x 1 Week

4) Sy: PELENT PLUS 2.5ml x BD x 1 Week

5) NASIVION-P oral spray
1/1 x 1 Week

6) NASOLAR Saline spray TID x 1 Week

7) Sy: BEVON 5ml x BD x 1 Week



M. Heda

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vidyasagar . D
 Asst. Surgeon :
 Anaesthetist : Dr. Madhav
 Scrub Nurse : Sr. Parvona

VIH-00205049 IP-00060216
 Master VIKRAM ADITYA
 14-12-2021 4 Y 5 M 20 D (M)
 Dr. VIDYASAGAR DUMPALA



Age : 4y Gender : M
 Surgery Name : Adenotonsillectomy
 Date : 3/6/26 In-time : 10:15 AM Out-time : 11:05 AM



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>10:10 am</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>B de</u>	
Name : <u>Dr. Brunda</u>	
	<u>3/6/26</u>

Before Skin Incision >>

TIME OUT	Time: <u>10:15 AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm <u>Vikram Aditya</u>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Adenotonsillectomy</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>30 mint</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <u>1mc</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews: <u>Bronchospasm</u>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>Arif Hussain</u>	
Name : <u>Arif Hussain</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>11:05 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>Dr. Vidyasagar</u>	
Name : <u>Dr. Vidyasagar</u>	

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Vikram Aditya Age: 4y 5m Sex: m UHID.No: VH-00201049
 Date: 18/5/2026 Time: 2:30 pm Proposed Operation: Adenotonsillectomy
 Diagnosis: Adenotonsillar hypertrophy
 B.P./CRT: 95/70 H.R: 120 Weight: 13 kgs 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: NU

Medical History: CVS: LSCS | 2-6kg NO NICU admissions
Diabetes: Development appropriate
Immunised till date
 RESP: Snoring @ mouth breathing
 CNS: _____
 Renal: _____
 Hepatic / GE: NU Physical Activity: active
 Others: _____

Past Anaesthetic History: NU

Physical Exam:

Airway: MP 2 3 4 Mouth Opening: 3RB Mentohyoid Distance: 3FB Neck: (2) Teeth: (2)
 Lungs: BAE @ ch
 Heart: slw @
 CNS: active Talceet

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: well felt

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: CBC encanulation

Signature: (Signature) Name: Dr. Akhila K.



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No

Physical Status: Patient Identified Consent Present Chart Reviewed

Fasting Status: Adequate

H.R: 113bpm B.P / CRT: 82/50mmHg SpO₂: 98% on RA R.R: 16/min Last Feed:

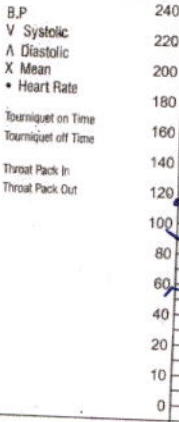
Pre-OP Diagnosis: Adenotonsillar hypertrophy Operation: Adenotonsillectomy Date: 3/6/26

Surgeon: Dr. Vidyasagar Anaesthesiologist: Dr. Brunda Technician: Rakesh

TIME	N.O/AIR/O ₂ LPM	HALO /SO /SEVO	Drugs	Antibiotic	Blood Loss	NOTES
10:15	100	100	0.5 MIDAZOLAM 0.2mg IV	0.5g Ceftriaxone 600mg IV		
10:20	100	100	1.5 Fentanyl 2mg IV			
10:25	100	100	Propofol 40 mg IV			
10:30	100	100	Rocuronium 6 mg IV			
10:35	100	100	DEXAMETHASONE 1.2mg IV			
10:40	100	100	PARALOGAMOL 1.0mg IV			
10:45	100	100				
10:50	100	100				
10:55	100	100				
11:00	100	100				
11:05	100	100				
11:10	100	100				
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23:55	100	100				
00:00	100	100				

FiO₂ / SaO₂: 100 / 100 / 100
 ETCO₂: N/A
 ECG: N/A
 Temperature: 36 / 36
 Urine Output: 26 / 26

Fluids: Blood RWGER LA STATE



LAB Values

Equipment Checked and Functional

BP

Cuff Site: Left ul

Art Site: Right ul

EKG Lead: Lead Skin

Temp Site: Skin

FIO₂ 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: 10:35am OP Start: 10:45am OP End: 11:00am Leave OR: 11:00am

Anaesthesia: GA Monitored Anaesthesia Care Regional

Line (Size & Location) CVP: ART: IV: 22G RTU IV: IV:

Induction IV Inhal Pre O₂ RSI Others

Mask SGA Airway Oral Nasal

ETT# 4.5 at 12.5 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Rocuronium

Awake Direct Vision Video Laryngoscopy Stylette / Bougie Fiberoptic

Blade# 2 Attempts: 1

Difficulty Why?

Bilat = BS Semi-Closed Circle Closed Circle Other

Regional: Extremity Spinal Epidural Caudal

Others: Position: 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. Brunda Signature of the Doctor: [Signature]

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Vikram Aditya Age : 4y 5m Gender : Male Female

UHID NO: VH-00205049 Surgeon Name: Dr. Vidyaagar.

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Adenotonsillectomy

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 : laryngospasm, bronchospasm

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 Vikram Aditya the above mentioned operation / Diagnostic / Therapeutic procedures Adenotonsillectomy.

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 : *V. Sheskar*

Name : *V. Sheskar*

Relationship with Patient: *Father*

Date & Time : *18/5/2026 2:30pm*

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

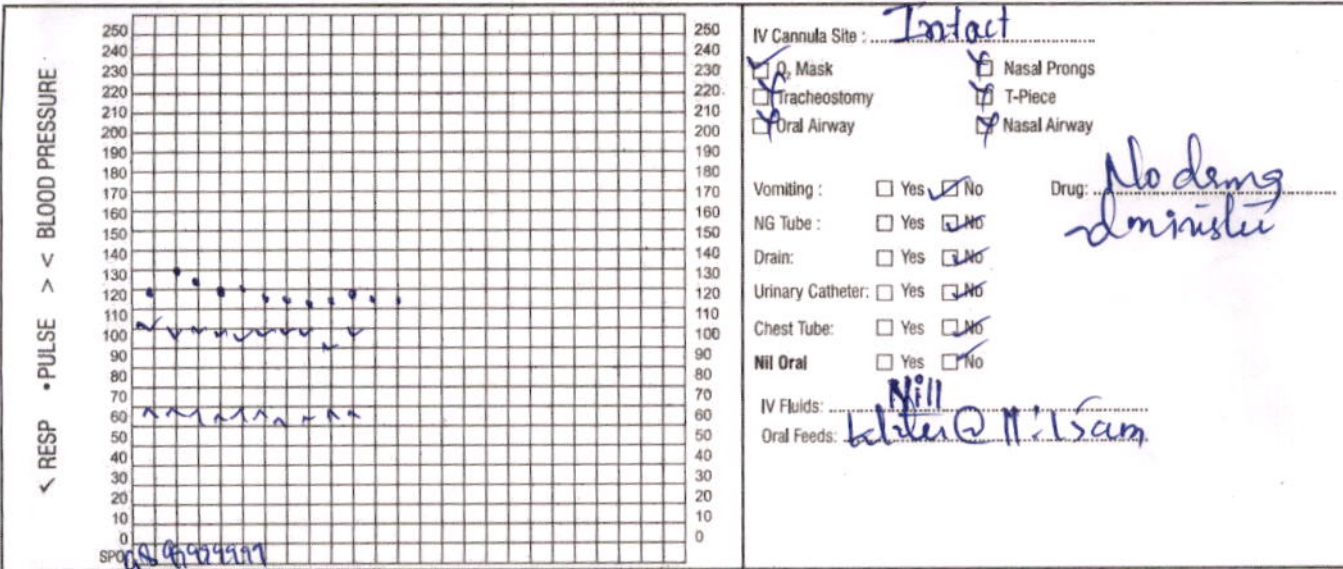
Signature : *@mng*

Name : *Dr. Achil K*

Date & Time : *18/5/26 2:30pm*

PEDI-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Anb Time Received: 11:05 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 = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	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 = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6/26	11:30 AM	0		Anb

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name: Dr. Madhav / Dr. Braunda
 Anaesthesiologist Signature: [Signature]
 Date & Time: 3/6/26 @ 11:30 am
 PACU Nurse Name: Dr. Anb
 PACU Nurse Signature: [Signature]
 Date & Time: 3/6/26 11:30 am

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 relieving intervention
 d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): Dr. Anb
 Date & Time: 3/6/26 @ 11:30 am

VIH-00205049 IP-00060216
 Master VIKRAM ADITYA
 14-12-2021 4 Y 5 M 20 D (M)

Dr. VIDYASAGAR DUMPALA



Department of Anaesthesiology
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 :



REGULAR PRESCRIPTIONS

Weight. 12.7kg Ward.

VERIFIED

VERIFIED

DRUG : <u>SYP. TAXIMO</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>3.5ml</u>	<u>PO</u>	<u>12 hourly</u>	<u>3/6/20</u>	<u>am</u>	
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. prahant</u>				<u>10</u>	<u>ESW</u>
Additional Instructions:				<u>Pm</u>	
<u>5ml/100mg</u>					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>SYP. CALPOL</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>5ml</u>	<u>PO</u>	<u>8 hourly</u>	<u>3/6/20</u>	<u>am</u>	
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. prahant</u>				<u>10</u>	<u>ESW</u>
Additional Instructions:				<u>Pm</u>	
<u>5ml/20mg</u>					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>SYP. MUCAINE GEL</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>2.5ml</u>	<u>PO</u>	<u>8 hourly</u>	<u>3/6/20</u>	<u>am</u>	
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. prahant</u>				<u>10</u>	<u>ESW</u>
Additional Instructions:				<u>Pm</u>	
Daily Doctor's Endorsement by a Sign					

DRUG : <u>SYP. RELENT PLUS</u>				Date/Time	<u>3/6</u>
Dose	Route	Frequency	Start Date		
<u>2.5ml</u>	<u>PO</u>	<u>12 hourly</u>	<u>3/6/20</u>	<u>am</u>	
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. prahant</u>				<u>6</u>	<u>ESW</u>
Additional Instructions:				<u>Pm</u>	
Daily Doctor's Endorsement by a Sign					



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : SYP. BEVON				Date/Time	3/6																	
Dose	Route	Frequency	Start Dt.																			
5ml	PO	ONCE DAILY	3/6/20																			
Name & Signature of the Doctor Starting the Drugs:				2 pm		Gaye																
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : NALOXON-P - NALOX				Date/Time	3/6																	
Dose	Route	Frequency	Start Dt.																			
2 DRIPS	PLW	12 hourly	3/6/20		6 am																	
Name & Signature of the Doctor Starting the Drugs:				6 pm		Gaye																
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : NALOXON-P - NALOX				Date/Time	3/6																	
Dose	Route	Frequency	Start Dt.																			
2 DRIPS	PLW	8 hourly	3/6/20		6 am																	
Name & Signature of the Doctor Starting the Drugs:				2 pm		Gaye																
Additional Instructions:				10 pm																		
Daily Doctor's Endorsement by a Sign																						
DRUG : SYP. PARACETAMOL				Date/Time	3/6																	
Dose	Route	Frequency	Start Dt.																			
4 ml	PO	8 th hourly	3/6		6 AM																	
Name & Signature of the Doctor Starting the Drugs:				2 pm		Gaye																
Additional Instructions:				10 pm		Gaye																
Daily Doctor's Endorsement by a Sign																						

Dr. Vidya

Dr. Vidya
Signature

Dr. Vidya
VERIFIED BY : Na

S. mayamma
3/6/20



Weight 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
3/6	10:15AM	SUPP- DICLOFENAC	12.5MG	PO	B de	Asib Rakesh
3/6	10:20AM	INJ- CEFOTAXIME	600MG	IV	B de	Asib Rakesh
3/6	10:25AM	INJ- PARACETAMOL	180MG	IV	B de	Asib Rakesh
3/6	10:15AM	INJ- DEXAMETHASONE	1-2MG	IV	B de	Asib Rakesh

VERIFIED BY : Name Signature



FLUID CHART

Sheet No. :

3/6/26

- 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
3/6/26	08:00 am	NBM								0	} @ 9pm Another 3/6/26 @ 9pm	
	09:00 am	NBM								0		
	10:00 am	NBM								0		
	11:00 am	NBM								0		
	12:00 pm	water								0		
	01:00 pm	ice cream								0		
Total Intake :					Total Output :							
3/6/26	02:00 pm	Ice cream								1	} Manisha 3/6/26 @ 8pm	
	03:00 pm	cream								1		
	04:00 pm									0		
	05:00 pm	Juice								1		
	06:00 pm									1		
	07:00 pm									1		
Total Intake :					Total Output :							
4/6	08:00 pm									1	} Seranika 4/6 @ 7am	
	09:00 pm	Jos								1		
	10:00 pm	curry								1		
	11:00 pm									1		
	12:00 am	water								1		
	01:00 am									1		
Total Intake :					Total Output :							
4/6	02:00 am									1	} Manisha 4/6 @ 8am	
	03:00 am									1		
	04:00 am	water								1		
	05:00 am									1		
	06:00 am									1		
	07:00 am									1		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00205048

IP-00060216

Master VIKRAM ADITYA
4 Y 5 M 20 D (M)
14-12-2021
Dr. VIDYASAGAR DUMPALA



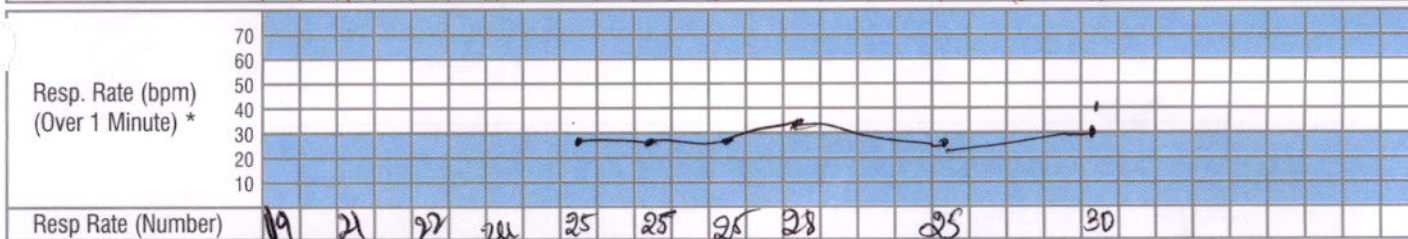
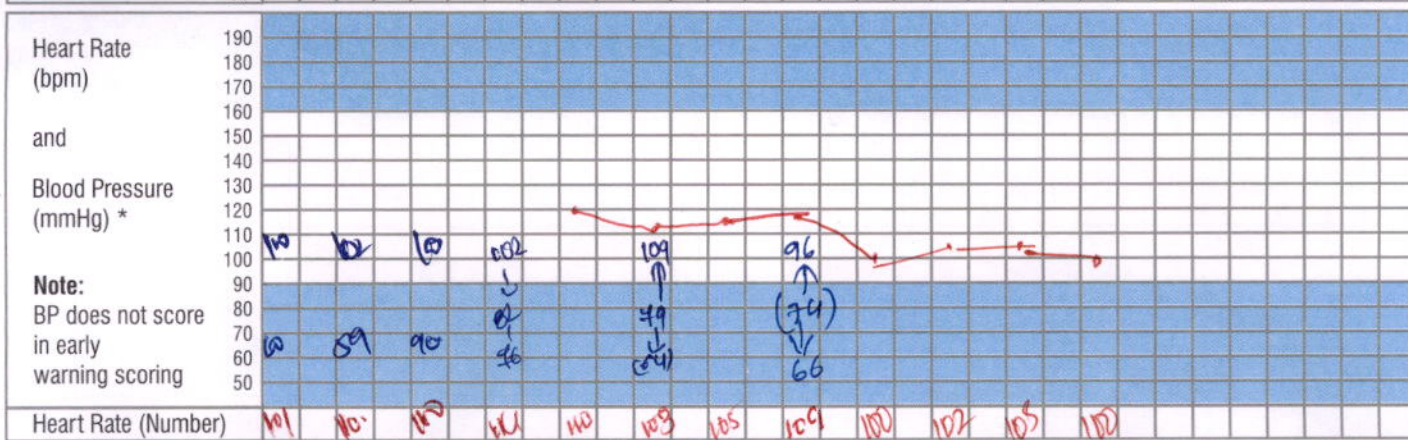
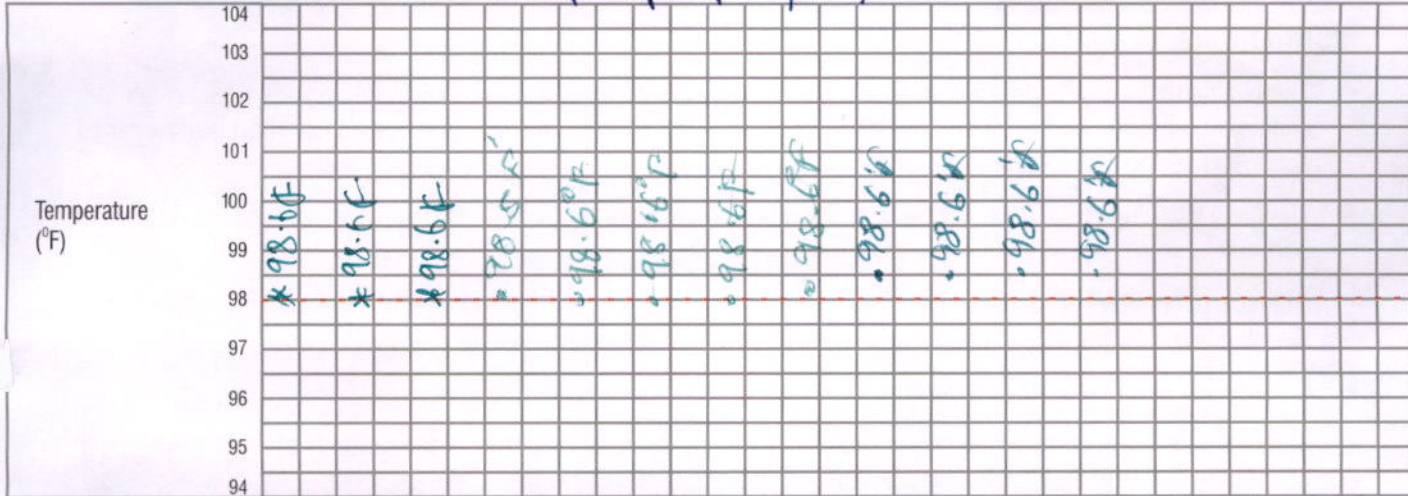
RCH/FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/20	Time: 9	10	11	1	3	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AN	AN	AN	PN	PN	PN	PN	PN	PN	AN	AN	AN	AN



Resp Distress	Mod/ Severe	None / Mild											
Receiving O ₂ (l/min)													
O ₂ Saturations (%)	98	99	98	98	98	99	99	99	98	97	99	98	
Conscious Level	N	N	N	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	
TOTAL SCORE													
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	A	A	A	A	M	M	A	A	B	B	B	B	

*Noted by
Bansika
4/6/20
@ Sam*

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 incharge and PICU/NICU fellow or PICU/NICU 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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)