

SmithNephew

EVAC[®] 70 XTRA HP
TH INTEGRATED CABLE
EIC5874-01
2201074
2028-10-21



I-00657156 IP5-00174418
Patient NARRA SAI TEJASWI REDDY
9-2013 12 Y 8 M 18 D (F)
P V L N MURTHY



SURGERY DETAILS

80437

Date : 28/5/26

Patient Name: Narra Sai Tejaswi Reddy Date of Birth: 10-09-2013 Age: 124

Gender: Female Ward: P.O.T UHID No.: BAH-00657156

Date of Surgery: 28/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Adenoidectomy + tonsillectomy to GORDON +
SLC Tuboplasty

Time in : 8 AM

Time Out : 9 AM

	NAME	AMOUNT
1. Surgeon	P.V. L. N. MURTHY	
2. Anaesthetist	Dr. Durga	
3. Assistant Surgeon	-	
4. OT Technician	Nishanth	
5. Circulating Nurse	Babi, Thyja	
6. Assistant Nurse	AMOS	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Cebulox used - 9631005

Signature of the Surgeon

Signature of Circulating Nurse

personal component used 7500/-

Order No: 9631004/005

Order by: [Signature]

ESTIMATION SLIP

Prepared

Date: 25/July/20 UHID / IP No.: 3001-0067156 SI No. 80437
 Name of Patient: Baby Mr. Das Jagannath Reddy Age: 12y/8 Gender: r
 Father's / Husband's Name: Mr. Venkatesh Reddy Corporate / Occupation: Army Bank
 Address: _____ Phone: 9989259421 Email: (Mother)
 Procedure / Plan: Tubing ligation + Adhesiolysis + Tonsillectomy + Coblation

MODE OF PAYMENT: SELF TPA: _____ GIPSA: NA/Personal OTHERS _____

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	<u>2400</u>	<u>2400</u>	<u>X</u>	<u>PTC</u>						
Doctor's Fee	<u>in</u>	<u>in</u>				<u>NA</u>				
L. Tax	<u>1000</u>	<u>1000</u>								

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>in</u>
O.T. Consumables	<u>9000</u> Subject to approval by TPA / Insurance Company
Instrument Charges	<u>7500 + 13k</u> Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	<u>As per actual - Not Included in Estimation</u>
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.	<u>As per actual - Not Included in Estimation</u>
Package	<u>PPVE 01 + PPVE 02: 95,300/- / 84,700/-</u>
Others	
Initial Minimum Deposit	<u>Rs. 20,000/-</u>

- REMARKS: Evac Wand: 27k / R/A covered / self purchase
- 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. OT Adv. 5000/-
 - 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 starts from the time of admission.
 - 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-Medicinals, 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.
 - During Non-working hours of O.T (8:00 PM to 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.
 - 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

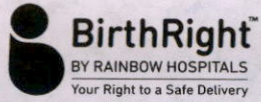
I Mrs. Vamatha have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client: Mother Signatory Relationship: _____ Signature of the Financial Counselor: (Signature)

3AH-00657156 IP5-00174418
 Baby NARRA SAI TEJASWI REDDY
 10-09-2013 12 Y 8 M 18 D (F)
 Dr. P V L N MURTHY



Adeno of Turbinooplasty



CONSUMABLES OF OT

It takes a lot to treat the little.

BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Technician : Date : Time : 8 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.5 / 6.0 / 6.5 / 7	11/11	1	Major Pack 229p	1	1	Inj Vit.K		
LMA		-	Sutures			Cord Clamp		
ECG leads A/P/N	5	5	2304	2	-	Suction Catheter		
HME filter A/P/N	1	1				Feeding Tube		
Syringes : 10 cc	10	10				Vaccum Suction Set		
05 cc	10	10	Gloves			Surgical Gloves		
02 cc	10	10	G, 6, 7, 7, 7	2/2/2		Gauze Pack		
01 cc	5	-	PP (6, 6, 7, 7, 7)	2/2/2/1/1		Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	-	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube 6 NO	2	2	Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	2	2
NS : 10ml (100ml / 500ml / 1000ml)	11/11	11/11	Koochies			100cc See	2/2	2
miniprice	1	1	Ointments			Brotolok damp	1	-
ORmate (A)	1	1	Suction Catheter			Adenex inj	3	3
Fentanyl	1	1	Cap, Mask	5/5	1/1	sal 100	1	1
Morphine			Gauze Pack (N-R)	3/3	2/1	Nasal spray	1	-
Ketamine			Mop Pack	1	1			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad					
Glycopyrolate	1	1	Draw sheet					
Myopyrolate + Neo	1+2	0/1	Abgel					
Ondansetron	1	1	Foleys catheter			metprolol	1	-
Pencar 25g/ Spinal Needle 22			Urobag			Gauze	3	2
Bupivacaine 0.25%			Chest Drainage Catheter			Gloves all	4	-
Bupivacaine 0.25%(Heavy)			Romodrain bag			pharmed	1	-
Antibiotics Aug 100mg		1	Bandage			Dex at granexa	1/1	1/1
Supern	1	1	Tegaderm			SOC + pm line	1/1	-
Suppositories			loban			MG tubes all		-
Anamol : 80mg / 250mg / 170 mg			Double J Stent			suction catheter		
Supridol : 100mg			Vaccum Suction set	2	2	Atropine + Adrenaline	1/1	1/1
Justin : 12.5 mg / 25mg / 100mg	1/2	1	Plastic Bed Sheet			midax + ephedrine	1/1	1/1
Tab. Misoprost : 200mg			Betadine Solution			long cord + jelly 2%	1/1	1/1
vaccum set	1	1	Microshield	1	1	Q8ite + selfw 1/3	1/2	0
Oral airway 213	1/1	-	Cotton Balls	1	1	pharm line	1	1
Oral airway 26128	1/1	-	Latex Gloves	5/5	5/5	stopcock	2	2
Spray 100ml + 100ml	1/1	1	Ramdione Scrub					
Dev cannula 20/128	1/1	-	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :

Order No. : 9630 996

Ordered by :

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

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

BAH-00657156 IP5-00174418
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10-09-2013 12 Y 8 M 18 D (F)
Dr. P V L N MURTHY

Date of Admission: _____ Date of Discharge : _____ Time: 8am



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/05/26	6:45 AM	FR	OT	Anub
28/5/26	11:10 AM	OT	120	Suman

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr :- vijayalaxari Desai	29/5/26	9632672	Shahid
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5	In Placement	①	30613	Samshey
	PAC Done on OP	Bas. 5		
28/5/26	NHA	①	0630546	2

ANY OTHER INFORMATION

.....

 (NHA)

Date : 28/5/26 Time : @9am Prepared By : Sharaj's

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sharaj's	Am 4		

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174418 Admit Date : 28-May-2026 Admit Time : 06:10 AM UHID : BAH-00657156

Patient Details :

Patient Name	: Baby NARRA SAI TEJASWI REDDY	Age	: 12 Y 8 M 18 D
Guardian	: Mr NARRA THIRUMAL REDDY	DOB	: 10-09-2013
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: PLOT NO - 2A/248, ROAD NO - 8, VENKATA SAI NAGAR , PHASE - 01, NEAR GRAM PANCHAYAT , CHOWDHARIGUDA , KORREMUL , Kachivani Singaram Hyderabad Telangana INDIA 500088	Phone No	: 9989259421/ 9949579153
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 402 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 202 Admission Type : First Visit

Contact Details :

Name : Mr NARRA THIRUMAL REDDY Relationship : Father
Contact Address : PLOT NO - 2A/248, ROAD NO - 8, VENKATA SAI NAGAR , PHASE - 01, NEAR GRAM PANCHAYAT , CHOWDHARIGUDA , KORREMUL , Kachivani Singaram Hyderabad Telangana INDIA 500088 Phone No : 9989259421 / 9949579153

Namoly
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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657156 IP5-00174418
Baby NARRA SAI TEJASWI REDDY
10-09-2013 12 Y 8 M 18 D (F)
Dr. P V L N MURTHY



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

do Recurrent cough, cold since 2 years
oral breathing }
snoring } since 1 1/2 year
Throat pain since 1 year

History of present illness :

child was apparently asymptomatic 2 years ago
later child developed
- Recurrent cough, cold since 2 years
more aggravated with cold item intake
Relieved on medication

Oral breathing }
snoring } since 1 1/2 year
more aggravated with cough, cold
more in night time

Headache on & off ⊕
Throat pain since 1 year
↓

child was diagnosed with grade IV
Adenoid with tonsillar hypertrophy



Pediatric Multiorgan History & Physical Examination

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

Similar episodes of illness since 2 years

Birth & Neonatal History:

Term / CIAB / 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)) 58.2 kg (Centile _____)

On Examination :

Temperature : 98°f Pulse Rate : 91/min B.P. 119/72 (79) mmHg SPO2 99.1% ERA

Resp. rate and type of breathing : 24/min
Regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAC ⊕

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 : B ⊕

Spine : _____ External Genitalia : _____

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ | (N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ | (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____ flexor

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Chronic Adenoiditis with hypertrophied
turbinate



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Planned Management

- Thyroxine 37.5mcg given at 11:00A
- 1) Npo to continue
- 2) IVF. Dns @ 80ml/hr
- 3) Shift to OT
- 4) Coblation assisted Adenotonsillectomy with Turbinoplasty

N/B
Renuka
28/5/26

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: Sai

Name of the Consultant: PVLN Murthy

Date & Time: 28/5/26 11:00am

Date & Time: 28/5/26 8am

DR. PVLN MURTHY
Registration No: 47267

3AH-00657156
 Baby NARRA SAJ TEJASWI REDDY
 D-09-2013 12 Y 8 M 18 D (F)
 Dr. P. V. L. N. MURTHY



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1. T. Uvulino. p. lathy + Adeno. idectomy + tonsillectomy + Coblation
 2. _____

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	, Alternatives of the Surgery(s) / Procedure(s)
Good healthy	_____

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- Bleeding, change in voice, nasal regurgitation
- rec. of Adeno. id

- I authorize Dr. _____ and his / her team to perform the procedural sedation upon the patient / myself.
- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Narasathu
 Name: Narasathu
 Relationship with patient: Mother
 Date & Time: 28/5/2014 7:10am

Witness:

Signature: [Signature]
 Name: Suman
 Date & Time: 28/5/2014 7:10am

Doctor (who is taking consent):

Signature: [Signature] Name: P. V. L. N. MURTHY Date: 28/5/2014 Time: 7:10 AM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

1
2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరిశీలనలను వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాలను

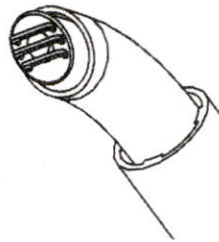
Smith Nephew
QTY: (1)

REF EIC5874-01
LOT 2201074

EVAC® 70 XTRA HP
WITH INTEGRATED CABLE

యు ప్రయోజనాల గురించి నాకు వివరాలు. వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు



ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లోగానీ, రక్తస్రావం, డ్రాంబోసిస్ (DVT), పల్వనరీ థ్రోంబోఎంబోలిజం అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల

UDI

(01) 0 0817470 00459 5 (17) 281021 (10) 2201074

(11) 281021

సక్షవాతం, డీప్ వెయిన్ ల నాకు తెలుసు. పరిస్థితులు ఏర్పడినప్పుడు, ను.

-
-

STERILE R

Rx only

0123 MD

- డాక్టర్ / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నాను.

2025-10-21 2028-10-21

ArthroCare Corporation
7000 West William Cannon Drive
Austin, TX 78735 USA

Smith & Nephew Operations B.V.,
Bloemlaan 2, 2132 NP Hoofddorp,
Netherlands

EC REP

NL18H0000MD_v2

నాని, రోగి/నాపై ఈ శస్త్రచికిత్స లితం గానీ, విజయావకాశం పన్నీ నాకు అర్థమయ్యే భాష.

రోగి / రోగి అటెండెంట్:
సంతకం:
పేరు:
రోగితో సంబంధం:
తేదీ & సమయం:

సాక్షి:
సంతకం:
పేరు:
తేదీ & సమయం:

డాక్టర్ :
సంతకం: పేరు: తేదీ & సమయం:

156 IP5-00174418
RA SAI TEJASWI REDDY
09-2013 12 Y 8 M 18 D (F)
P V L N MURTHY

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



Patient

OPERATION THEATER NOTES

Patient's Name : Narra Sai Tejaswi Reddy Age : 124 Gender : Male Female

UHID No. : BAH-00657156 Weight : 57.71kg Height :

Surgeon : PVLN MURTHY Asst. Surgeon :

Anesthetist : Dr Durga OT Nurse : Amos OT Technician : Nishanth

Pre-Operative Diagnosis : Chc Adenomatousity & HIT

Surgical Procedure : Adenoidectomy + tonsillectomy & Coblation
BLE Tuberosplasty

Indications for Surgery :

Date : Start Time : 8:28 AM End Time : 8:50 AM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Adenoidectomy + tonsillectomy & Coblation
BLE Tuberosplasty

IP5-00174418
Y NARRA SAI TEJASWI REDDY
12 Y 8 M 18 D (F)
19-2013
P V L N MURTHY

Patient Sticker



POST-SURGICAL CARE PLAN FORM

Procedure Done: Adenoidectomy + tonsillectomy + Caldwell-Luc + BIC

Post-Surgical Diagnosis: Chn. Adenitis + HIR

Post-Operative Monitoring Parameters / Frequency:

Bleeding, Vitality

Wound Care:

mouth wash, nasal saline irrigation

Drain / Special Lines / Catheters:

—

Special Patient Positioning and Requirements:

Lateral

Nutritional Instructions:

Veg soft diet

When to Start Mobilization:

after 1hr

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

2024

Treating Surgeon
(Signature & Stamp)

Date: 28/5/26 Time: 8:00

Note: Plan of care will be readjusted if necessary.

Patient S



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. P.V.L.N. murthy

Date : 28/5/26

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

Start Time of Assessment: 6 am

Weight: 58.2kg

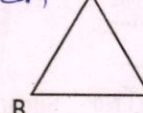
Allergic History: nil

Chief Complaints:

elo Recurrent cough, cold since 2 years
oral breathing } since
snore } 1 1/2 year
Throat pain since 1 year

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

Any urgent interventions needed: Yes No

- Life Threatening
- Non Life Threatening

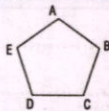
If Yes

Significant Past History: Similar episodes since 2 years

Medication History: -

Relevant Investigations: -

Primary Assessment



Airway



- Open
- Maintainable
- Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing



Rate: 21/min SpO₂ on FiO₂ 99.1-ERT

Rhythm: Regular

- Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAEP

Palpation Findings (if necessary).....

Any urgent interventions needed: Yes No

If Yes



Circulation

HR: 91/min

CFT [Central] free
Peripheral

Any urgent interventions needed: Yes No

BP: 113/68 (78) mmHg

Pulse Volume: [Central]
[Peripheral] good

Murmurs: Yes No

Liver Span:

ECG:

If in Shock: [Compensated]
[Hypotensive]

Any Signs of Heart Failure: Yes No

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: 15/15 AVPU:

Any urgent interventions needed: Yes No

Pupils: [Responsive Non-Responsive
Size [Right
Left

If Yes

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure



Temp.: 98.1 f

Any urgent interventions needed: Yes No

Any Rash: Yes No

If Yes

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

- 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:

Labs Planned:

Treatment Planned: 1) NPO
2) IVF: D5W @ 80ml/h
3) Shift to OT
4) Catheter inserted Adenohypophysis with tubinoplasty
5) Tab. Thyronorm 37mg given at

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Chronic Adenohypophysitis with Hypertrophic - med tubi

Assessment done by
Name of the Doctor: Sai
Signature: [Signature]
Date & Time: 28/1/20

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor:

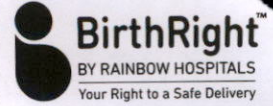
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 28/5	<p><u>C/S Resident</u> <u>Dr. Ajushma</u></p>	
	<p><u>Δ - Chr Adenotonsillitis</u> <u>hypertrophied</u> <u>lingual</u></p>	
	<p>No fever mild pain (+) No bleeding (+)</p>	
	<p>Oral intake - Good Child is hemodynamically stable</p>	<p>Plan R/v discharge T/M Cont. mediat as per cho</p>
		<p>Inform SOS for plan Ajushman.</p>
		<p>N/B Full 10/28/5 spr</p>

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CROSS CONSULTATION FORM

Doctor Name : Date : 29/5/20 Time : 9am

Diagnosis : Chr. Adenotonsillitis & hypertrophied turbinates

Hospital :

Type of Referral :
 Emergency
 Urgent
 Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

S/p Turbinoplasty & Adenotonsillectomy & Coblation

- No fever
- Oral intake - fair
- mild pain (+) Plan
- No vomiting • D/c today
- ENT → (M) • Duphalac sos
- mild stomach pain 10ml.
 last night →
 subsided & subseq →
 hemodynamically stable

Consultant :

Name : Dr vijwala Signature : Dr. Date & Time : 29/5/20

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Reddy



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.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					

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Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: T-TRANEXA Date/Time: 28/5/15

Dose	Route	Frequency	Start Dt.
Tab	P/O	BD	28/5

Name & Signature of the Doctor Starting the Drugs: *Ayushman* 10AM x 2 Sach

Additional Instructions: (soony) 10 PM Sach Nite

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG: T-DEFCORT Date/Time: 28/5/15

Dose	Route	Frequency	Start Dt.
6mg	P/O	BD	28/5

Name & Signature of the Doctor Starting the Drugs: *Ayushman* 10AM x 2 Sach

Additional Instructions: 10PM Sach Nite

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG: T-PAN-D Date/Time: 28/5/15

Dose	Route	Frequency	Start Dt.
1 tab	P/O	OD	28/5

Name & Signature of the Doctor Starting the Drugs: *Ayushman* 6AM Sach 2PM Sach Nite

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG: NASOLLEAR Dsp Date/Time: 28/5/15

Dose	Route	Frequency	Start Dt.
2 drop Dsp	Dsp	TID	28/5

Name & Signature of the Doctor Starting the Drugs: *Ayushman* 6AM x ✓ 2PM Sach 10PM ✓

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

Signature
VERIFIED BY: Name

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REDDY
 56 **DRUG CHART**

Date of Admission: 28/5/16 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight: 58.2 kg. Ward:

VERIFIED

DRUG : T. THYRONORM				Date Time	28/5 29/5
Dose	Route	Frequency	Start Date		
37.5mg	Po	Q24H	28/5	6PM	5:30 AM
Name & Signature of the Doctor Starting the Drugs:				Mothara Sudha Nikhil	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : T. LEFPODOXIME				Date Time	28/5 29/5
Dose	Route	Frequency	Start Date		
200mg	P/O	BD	28/5	10 AM	10 PM
Name & Signature of the Doctor Starting the Drugs:				Sudha Nikhil	
Additional Instructions: T. CEPIDEM				10 PM Sudha Nikhil	
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : T. XYZALM				Date Time	28/5
Dose	Route	Frequency	Start Date		
5mg	P/O	OD	28/5	10 PM	Sudha Nikhil
Name & Signature of the Doctor Starting the Drugs:				Sudha Nikhil	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : T. ZERODOL-P				Date Time	28/5 29/5
Dose	Route	Frequency	Start Date		
1tab	P/O	BD	28/5	10 AM	10 PM
Name & Signature of the Doctor Starting the Drugs:				Sudha Nikhil	
Additional Instructions:				10 PM Sudha Nikhil	
Daily Doctor's Endorsement by a 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.

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
28/5/20	8 ¹⁰ AM	INS DILTIAZEM AC	50mg	SU	RE	Babi Ther
28/5/20	8 ⁰⁵ AM	INS DEXAMETHASONE	4mg	IU	RE	Nishant Babi
28/5/20	8 ¹⁵ AM	INS TRANEXAMIC ACID	750mg	IU	RE	Nishant Babi
28/5/20	8 ²² AM	INS CLAVULONATE	1.2gm	IU	RE	Nishant Babi
28/5/20	8:40 AM	INS PARACETAMOL	850MG	IU	Dr. B. K.	Nishant Ther
28/5/20	2am	ly BUSCOBAN	25mg	U	[Signature]	Surbang Nishant

Signature
VERIFIED BY: Name

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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	T. THYRONORM	37.5mg	po	Q24H		<input checked="" type="checkbox"/> C <input 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 : 28/5/26 Sai Sai

Date & Time : 28/5/26 6:20 AM

Nurse Name & Signature: Renuka

Date & Time : 28/5/26 6:20 AM

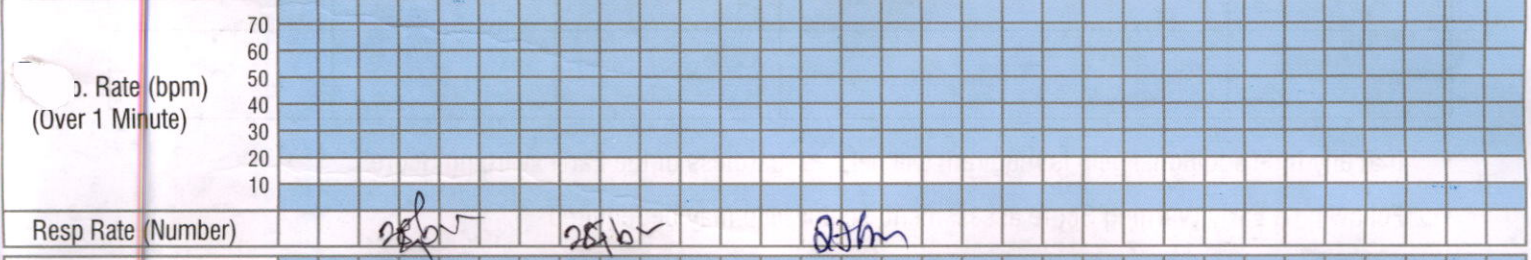
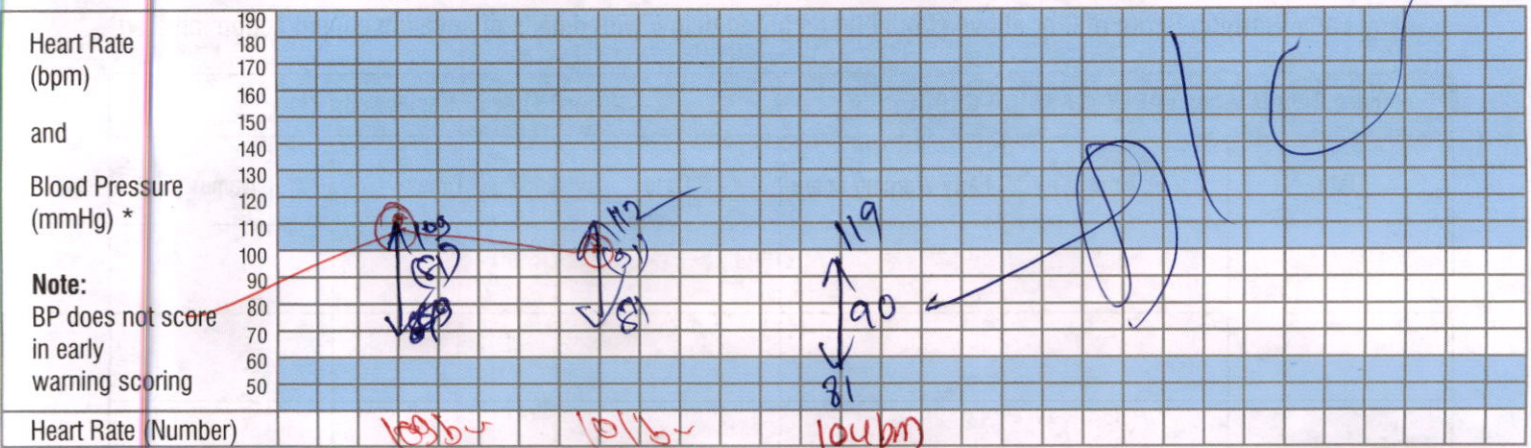
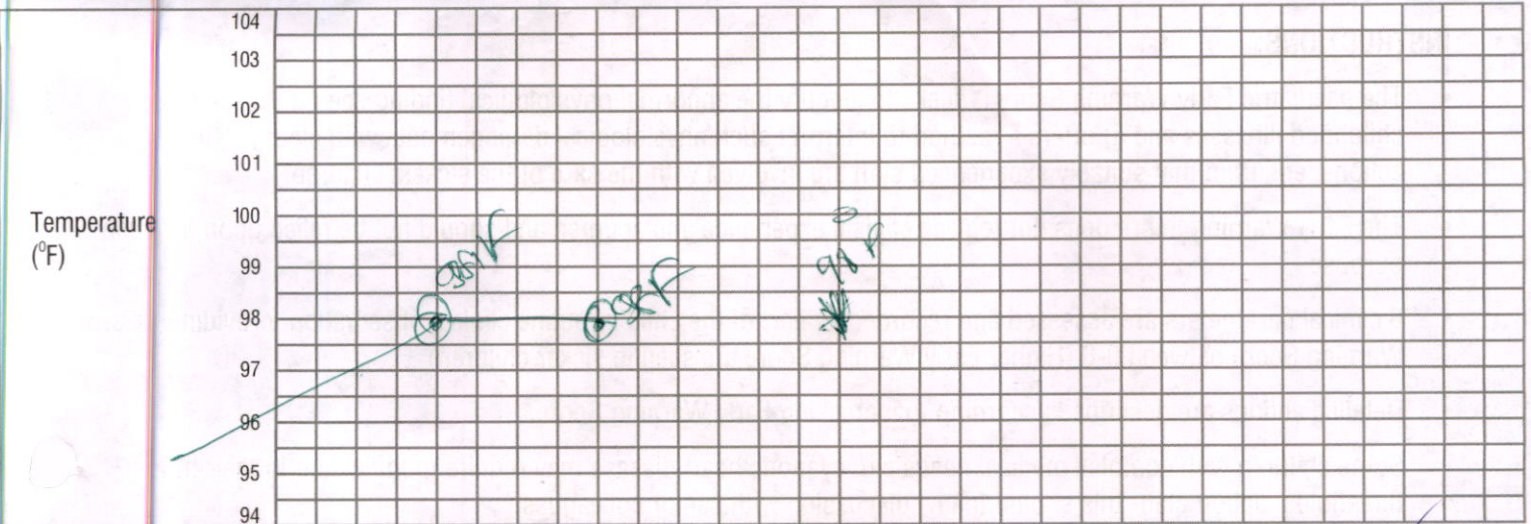


TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/09/13 Time: 12pm 6pm 10pm

Doctor / Nurse / Family Concern?



Receiving O₂ (l/min) O₂ Saturations (%)

Time	O ₂ (l/min)	O ₂ Saturations (%)
12pm	100%	100%
6pm	100%	100%
10pm	100%	99%

Conscious Level

Time	Conscious Level
12pm	14/15
6pm	14/15
10pm	15/15

TOTAL SCORE

Parameter	12pm	6pm	10pm
Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials	o	o	o

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: Scores 3 should be recorded overleaf

* 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)

Patient

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 Dr. P V L N MURTHY



FLUID 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/5/20	08:00 am	RL NPO	500ml	-	-	-	-	-	-	✓	0	Sma	
	09:00 am	RL NPO	500ml	-	-	-	-	-	-	-	0		
	10:00 am	H2O 50ml	-	-	-	-	-	-	-	-	0		
	11:00 am		-	-	-	-	-	-	-	-	-		
	12:00 pm		-	-	-	-	-	-	-	-	-		
	01:00 pm		-	-	-	-	-	-	-	-	-		
Total Intake :						Total Output :							
28/5/20	02:00 pm		-	-	-	-	-	-	-	-	-	Sma	
	03:00 pm		-	-	-	-	-	-	-	-	-		
	04:00 pm		-	-	-	-	-	-	-	-	-		
	05:00 pm		-	-	-	-	-	-	-	-	-		
	06:00 pm		-	-	-	-	-	-	-	-	-		
	07:00 pm		-	-	-	-	-	-	-	-	-		
Total Intake :						Total Output :							
28/5	08:00 pm		-	-	-	-	-	-	-	-	-	Nikish	
	09:00 pm		-	-	-	-	-	-	-	-	-		
	10:00 pm		-	-	-	-	-	-	-	-	-		
	11:00 pm		-	-	-	-	-	-	-	-	-		
	12:00 am		-	-	-	-	-	-	-	-	-		
	01:00 am		-	-	-	-	-	-	-	-	-		
Total Intake :						Total Output :							
29/5	02:00 am		-	-	-	-	-	-	-	-	-	Nikish	
	03:00 am		-	-	-	-	-	-	-	-	-		
	04:00 am		-	-	-	-	-	-	-	-	-		
	05:00 am		-	-	-	-	-	-	-	-	-		
	06:00 am		-	-	-	-	-	-	-	-	-		
	07:00 am		-	-	-	-	-	-	-	-	-		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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 Dr. P V L N MURTHY



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.
3. 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

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10-09-2013 12 Y 8 M 18 D (F)
Dr. P V L N MURTHY



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Coablation adenotonsillectomy + Turbinoplasty

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. PVLN Murthy

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders

Shock Obesity Chronic Obstructive Pulmonary Disease

Others Hemodynamic Instability

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: N. Namrata

Name: N. Namrata

Relationship with patient: Mother

Date & Time: 25-5-26 @ 5pm

Witness:

Signature: Reddy

Name: Al. Thirumal Reddy

Date & Time: 25-5-26 5PM

Doctor (who is taking consent):

Signature: Amr Name: Dr. Ameen Date: 25-5-26 Time: 5PM



అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: CONFIRMED

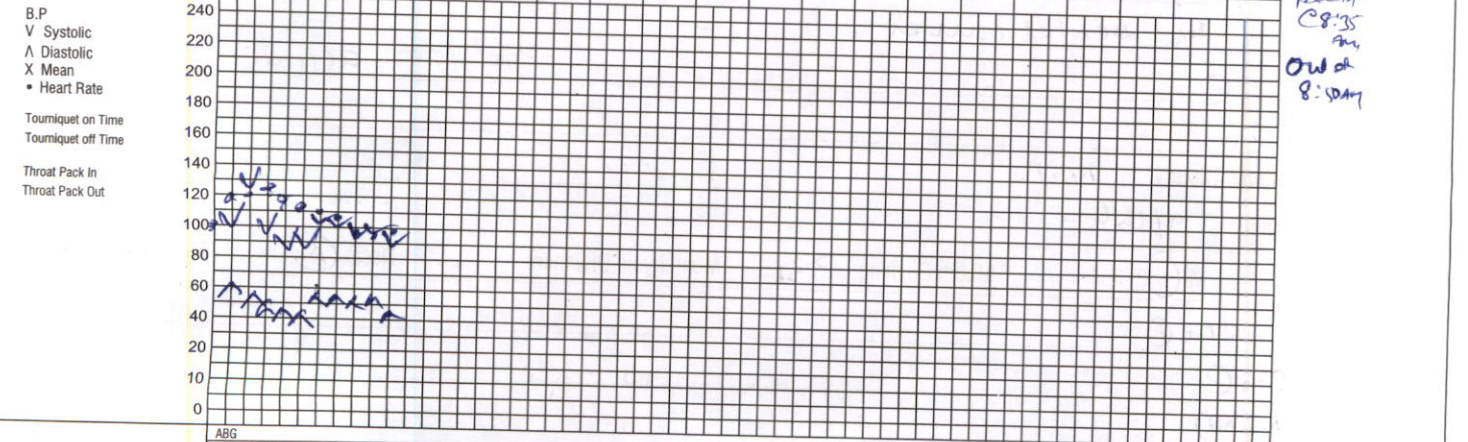
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 72/min B.P/SRT: 100/62 SpO₂: 98% R.R: 19/min Last Feed: 10:00 PM

Pre-OP Diagnosis: ADENOID HYPERTROPHY Operation: ADENOTOINSILLECTOMY Date: 09/09/2013

Surgeon: MURTHY Anaesthesiologist: Dr. Pen / Dr. Durgabhanu Technician: M. S. HANU

TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
N ₂ O AIR / O ₂ LPM	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10	100 / 10
HALO / SO (SEV)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Drugs:	MIDAZOLAM 10mg PROPOFOL 100mg FENTANYL 100mcg Rocuronium 30mg Dexametha 4mg Atropine 1mg Diclofenac 50mg Ketorolac 10mg Xylocaine 0.5% 10ml Oxytocin 10 units																							
FiO ₂ / SaO ₂	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
ETCO ₂	38	37	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36
ECG	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82
Temperature	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
Urine Output	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



LAB Values: ABG, GRBS, Others

Equipment Checked and Functional
 BP
 Cuff Site: 200
 Art Site:
 EKG Lead
 Temp Site
 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:
 Anaest Start: 8 AM
 OP Start: 8:27 AM
 OP End: 1 AM
 Leave OR:
 Anaesthesia:
 GA
 Monitored Anaesthesia Care
 Regional
 Line (Size & Location)
 CVP:
 ART:
 IV: 22G / BVC
 IV:
 IV:

Induction
 I/V Inhal
 Pre O₂ RSI
 Others
 Mask SGA
 Airway Oral Nasal
 ETT# 6.5 at 20 cm
 Oral Nasal Cuff
 Tracheostomy Topical
 Drug: Rocuronium
 Awake Direct Vision
 Video Laryngoscopy Stylette / Bougie
 Fiberoptic
 Blade# 3 Attempts: ONE
 Difficulty Why?
 Bilat = BS
 Semi-Closed Circle
 Closed Circle
 Other

Regional:
 Extremity Specify:
 Spinal Epidural Caudal
 Others:
 Position:
 Site:
 Needle Size: Depth:
 Parasthesia Yes No
 Catheter at skin cm
 Drug Name & Conc:
 Bolus:
 Infusion:
 Block Level:
 Comments:
 Transportation to
 PACU ICU Other
 Relaxant Reversed Yes No NA
 Name of the Doctor: Dr. Durgabhanu
 Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Suman Time Received: 8:02 AM Time Discharged: 11:10 am

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>224</u>
		<input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway
		Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug: _____ NG Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nil Oral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IV Fluids: _____ Oral Feeds: <u>milk allowed</u>
		< RESP • PULSE > < BLOOD PRESSURE > 100% 100% 100% 100%

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			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			
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			
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS	2	2	2			
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR	2	2	2			
TOTAL	8	8	10			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	9 AM	02/10	NA	Suman

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name: Dr. Suman
 Anaesthesiologist Signature: Suman
 Date & Time: 28/5/2013 11:10 am
 PACU Nurse Name: Suman
 PACU Nurse Signature: S
 Date & Time: 28/5/2013 8:34 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): Suman
 Date & Time: 28/5/2013 11:10 am



120

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 12:30pm

Weight: 58.24kg Centile: >95th

Height: 183cms Centile: >97th

Inference: Overweight child

RDA: - Calories: 1750kcal/d Protein: 31g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy and outside foods

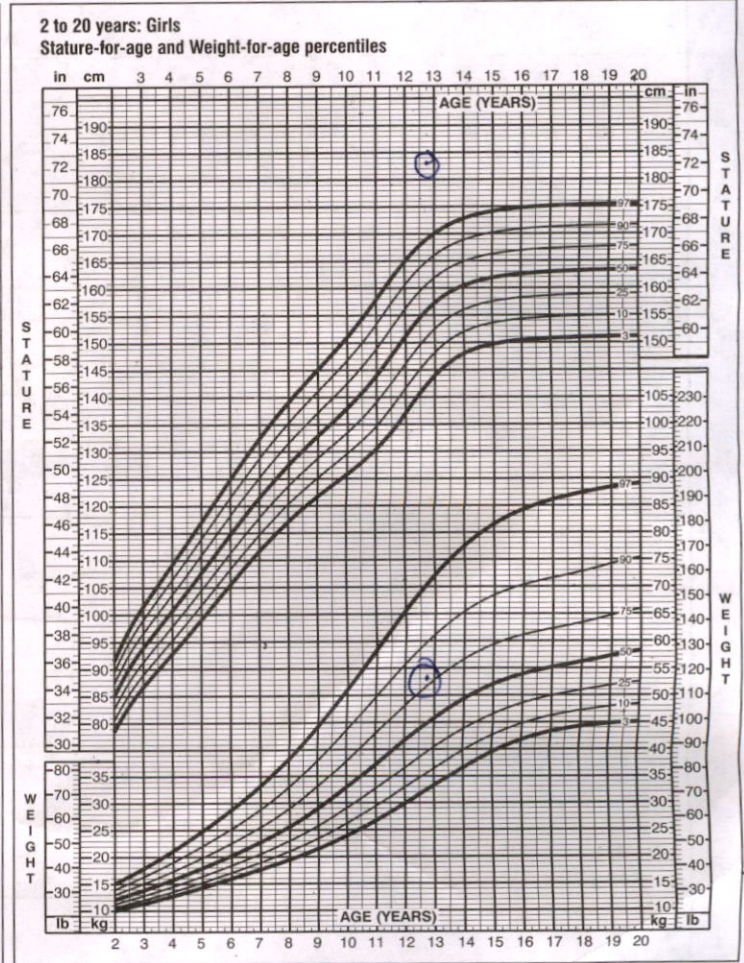
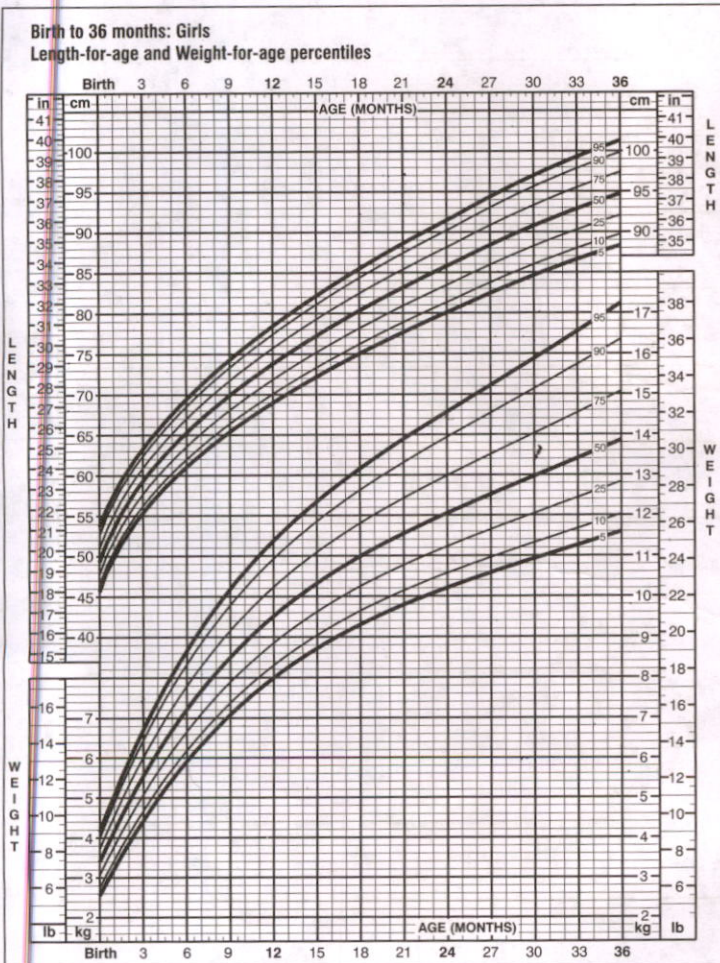
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Chronic Adenotonsillitis & hypertrophied turbinate

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Manu

GROWTH CHART (GIRLS)



Dietician's Name: Manu Dietician's Signature: Manu

