

H-00015131 IP5-00174015
by AKARJ MOKSHASRI
04-2021 5 Y 0 M 22 D (F)
MANCHUKONDA SANTHOSH



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

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

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

SURGERY DETAILS

Date : 19/5/26

Patient Name: Baby Akarj Mokshasri Date of Birth: -4-2021 Age: 5 years

Gender: Female Ward: P. OT UHID No: 00015131

Date of Surgery: 19/5/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

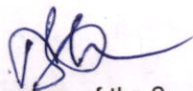
Name of the Surgery: Coblation Adenotonsillectomy

Time in : 3:pm

Time Out : 4:15pm

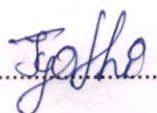
	NAME	AMOUNT
1. Surgeon	Dr. Manchukonda Santhosh	
2. Anaesthetist	Dr. Subramanyam	
3. Assistant Surgeon		
4. OT Technician	Aman	
5. Circulating Nurse	Thejas	
6. Assistant Nurse	Thejas	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Cobulator used - 96/6080


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 96/6079

Order by: 

Tentatively - PVT Through biller's app
 4:15 pm ESTIMATION SLIP Preapproved

Date: 12/04/20 WHID / IP No.: K-04-00015131 SI No. 80250

Name of Patient: Baby Akemi Adarkhan Age: 5y Gender: F
 Father's/Husband's Name: Mr. A. Kuran Korman Corporate / Occupation: Alstom Transport

Address: Phone: 8184020481 Email: Alstom Transport

Procedure / Plan: C-section Admittance & Transport (Intraoperative)

MODE OF PAYMENT: SELF TPA: GIPSA: MA/NIA OTHERS: /day

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	✓	✓	X	✓						
Doctor's Fee				2000	N/A					
L. Tax				1000						

PARTICULARS		AMOUNT (₹)
Surgeon's/ Anesthetists's Fee / O.T. Charges		
O.T. Consumables	→ 25000	Subject to approval by TPA / Insurance Company
Instrument Charges	→ 85000	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	→ 75000	As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :
	Ventilator :	Conventional :
	Phototherapy :	Single Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		As per actual - Not Included in Estimation
Package		
Others	PPN EDZ	Rs. 51,500/-
Initial Minimum Deposit	Cytic Wand	27k / not covered / self purchase

- MARKS:
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc)/ Unilateral to Bilateral Procedure.
 - In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
 - Room eligibility is purely subject to TPA approval and the package/Room tariff 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-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, IV/Hbs, 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, A. Kuran Korman, 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: A. Kuran Korman
 Signatory Relationship: Father
 Signature of the Financial Counselor: [Signature]



Adeno
CONSUMABLES OF OT



Circulating staff : Technician : Date : 19/5/20 Time : 1:30pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.5-5.5 (4.5)	11	01	Major Pack <i>duppe</i>	1	1	Inj Vit.K		
LMA 2	01	-	Sutures			Cord Clamp		
ECG leads : A/P/N	5	03				Suction Catheter		
HME filter : A/P/N	01	01				Feeding Tube		
Syringes : 10 cc	10	07				Vaccum Suction Set		
05 cc	10	05	Gloves <i>6, 16, 5, 7, 7, 5 242, 1242</i>			Surgical Gloves		
02 cc	10	03	<i>PF 16, 16, 5, 7, 7, 5 242, 1242</i>		2	Gauze Pack		
01 cc		-				Syringe 1ml / 2ml		
Cautery plate : A / P / N		-	Surgical blade			Surgical Blade # 20		
IV set	01	01	NG tube 6	1	2	Koochies (S)		
RL	01	01	Cautery pencil			<i>Ne 507my</i>	2	2
NS : 10ml / 100ml / 500ml / 1000ml	11	11	Koochies			<i>(100) (50)</i>	2	1
<i>mini spike</i>	01	01	Ointments			<i>Adrenalin</i>	3	3
<i>Quane</i>	02	-	Suction Catheter			<i>Calvon</i>	1	1
Fentanyl	01	01	Cap, Mask	1	1			
Morphine			Gauze Pack <i>(N)</i>	3	2			
Ketamine			Mop Pack	1	1			
Propofol	02	02	Steristrip					
Rocuronium	01	01	Underpad	1	1			
Glycopyrolate	01	01	Draw sheet	1	1	<i>metoprolol</i>	01	-
<i>Myoprofolate + Neo</i>	02	02	Abgel			<i>midax</i>	01	-
Ondansetron	01		Foleys catheter			<i>Nasal Airway</i>		
Pencan 25g/ Spinal Needle 22			Urobag			<i>24, 24</i>	1	-
Bupivacaine 0.25%	01	-	Chest Drainage Catheter			<i>Oral Airway</i>		
Bupivacaine 0.25%(Heavy)			Romodrain bag			<i>1, 2</i>	1	-
Antibiotics 800mg	01	01	Bandage			<i>Ar. vuller</i>		
<i>Asmevial 1.2 gm</i>	01	-	Tegaderm			<i>22424</i>	1	-
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supricol : 100mg			Vaccum Suction set	2	2			
Justin : 12.5 mg / 25mg / 100mg	1	01	Plastic Bed Sheet	1	-			
Tab. Misoprost : 200mg			Betadine Solution	-	-			
<i>Vaccum Set</i>	01	01	Microshield	1	1			
<i>Dexa + dexmide</i>	1	01	Cotton Balls	-	-			
<i>Tranaxe + pm</i>	1	1	Latex Gloves	1	1			
<i>Gloveall + Clonox</i>	5	-	Ramdione Scrub					
<i>10cm twoc 3ay</i>	1	01	Saral					

Surgeon Anaesthesiologist *9616258* Nurse *Thurs* OT Technician
 Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174015

Admit Date : 19-May-2026

Admit Time : 11:27 AM UHID : FDH-00015131

Patient Details :

Patient Name : Baby AKARI MOKSHASRI

Age : 5 Y 0 M 22 D

Guardian : Mr KIRAN KUMAR AKARI

DOB : 27-04-2021

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : D NO: 115, RISE BY GIRIDHARI APTS,
KISMATHPUR Kismatpur Hyderabad
Telangana INDIA 500030

Phone No : 8187070481

E-mail : na123@rainbowhospitals.in

Admission Details :

Bed Type : DAY CARE

Bed No : PRE OP 405

Ward Name : 4F-OT COMPLEX

Room No : PRE OP 405

Admission Type : First Visit

Contact Details :

Name : Mr KIRAN KUMAR AKARI

Relationship : Father

Contact Address : D NO: 115, RISE BY GIRIDHARI APTS,
KISMATHPUR Kismatpur Hyderabad Telangana
INDIA 500030

Phone No : / 8187070481


Signature

Doctor Details :

Doctor Name : Dr. MANCHUKONDA SANTHOSH KUMAR

Specialisation : EAR NOSE AND THROAT

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00


Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

ACTIVITY RECORD FOR BILLING

FDH-00015131 IP5-00174015
Baby AKARI MOKSHASRI
27-04-2021 5 Y 0 M 22 D (F)
Dr. MANCHUKONDA SANTHOSH

Name : _____

UHID No  Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/26	13 ¹⁰ pm	ER	OT	Abhishek
19/5	5:20 pm	OT	304	Diya

Cross Consultation Visit

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



CROSS CONSULTATION FORM

Doctor Name : Dr. ~~Fav~~ Annapoorna Date : 20/5/26 Time : 8:30 am

Diagnosis : 8/p adenotonsillectomy POD-1

Hospital : RCH - B

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 :

no fever / vomiting
mild nasal bleed
accepting orally

O/E : alert
stable vitals
chest clear
throat healthy

Adv
Ⓟ today
F/up - ENT

Add candid cream for
local application if
white discharge persists

Consultant : Dr. Annapoorna Signature : [Signature] Date & Time : 20/5/26



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Manchukonda Santosh Kumar Date : 19/5/26

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

Start Time of Assessment: Weight:

Allergic History:

Chief Complaints:
cb - Recurrent URTI since 1 year
- Oral breathing
- Snoring

Pediatric Assessment Triangle

A Appearance - TICLS
 B C Circulation Normal Abnormal
 Breathing ↑ WOB ↓ WOB Normal Gasping / Apnea
 Pallor
 Cyanosis
 Mottling
 Bleeding

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening
 Any urgent interventions needed: Yes No
 If Yes

Significant Past History: similar illness since 1 year


Medication History:

Relevant Investigations: Grade III Adenoid hypertrophy
Tonsillar hypertrophy

Primary Assessment

Airway Open Maintainable Not Maintainable
 Any urgent interventions needed: Yes No
 If Yes

Breathing
 Rate: 24/min SpO₂ on FiO₂ 99% ERA
 Rhythm: Regular
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BAC ⊕
 Palpation Findings (If necessary).....

Circulation  HR: 102/min

CFT Central Peripheral *> 3 sec*

Any urgent interventions needed: Yes No
If Yes:

BP: 96/54 (62) mmHg

Murmurs: Yes No

Pulse Volume: Central Peripheral *Good*

Liver Span:


If in Shock: Compensated Hypotensive

ECG:

Muffled Heart Sound: Yes No

Any Signs of Heart Failure: Yes No

Engorged Neck Veins: Yes No

Disability  GCS: 15/15 AVPU:


Any urgent interventions needed: Yes No
If Yes:

Pupils: Responsive Non-Responsive

Size: Right Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure  Temp.: 98.1°F

Any rash: Yes No

Any urgent interventions needed: 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 since

2) Inf. DNI @ 40ml/hr

3) shift to OT

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

Final Diagnosis with possible Differential Diagnosis (If necessary): *chronic Adenomyomatosis*

Assessment done by
Name of the Doctor: *Sci*
Signature: *Sci*
Date & Time: *19/5/26*

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


**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

FDH-00015131 IP5-00174015
Baby AKARI MOKSHASRI
27-04-2021 5 Y 0 M 22 D (F)
Dr. MANCHUKONDA SANTHOSH



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Docu. No. : RCHBH / FRM / GENERAL / 065

(P.T.O.)

About Father : _____

About Mother : _____

Any additional Information : middle

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o recurrent episodes of cold, cough
 tonsillitis
 Open mouth Breathing
 Snoring Issues ⊕

History of present illness :

Mr. Desu informant

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.3 kg (Centile _____)

On Examination :

Temperature : 97.8 °f Pulse Rate : 110/min B.P. 91/50 (82) mmHg SPO2 92% @ RA

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

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : BAE ⊕, clear

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : (P)

Heart Sounds : S1 S2 heard

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : soft

Auscultation : BS ⊕

Spine : _____ External Genitalia : _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutrition : Good

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : nil

Reflexes :

DTR (N) Superficials:
Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic: Chronic Adenotonsillitis
Coblation Adenotonsillectomy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic Stability

Planned Labs:

~~IV Cannula
CRP
N/B
Abhishek~~

Planned Management

- Apo since 8Am (solid)
11Am (liquid)
- 1) Continue NPO
 - 2) IV fluids D5E 50ml/h
 - 3) Shift to OT on call

Signature of the Doctor: JM

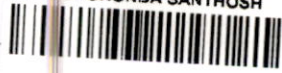
Name of the Doctor: Jayashri

Date & Time: 19/5/20

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 20/5/26 10A



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1+1			
4	Patient Transfer form	1+1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		2			
		2+2+2			
	Total No. of Pages				

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5 11:00pm	C/S/B Resident	
	Δ: Adeno ^{chronic} tonsillitis	Plan
	S/P Adeno tonsillectomy	① 2ij Augmentin 400mg IV BID
	child doing well	② 2ij PCM BD
	started soft diet/food no bleed/no vomit	③ 2ij Tramexa 200mg IV BID ④ Nasocheal drops
	child is hemodynamically stable	⑤ Betadine gargles
	vitals : stable	
		Noted by Jessie Soheli (Dr. Soheli)
20/5/26 8:30am	C/S/B Resident	
	Δ: chronic adenotonsillitis	Adv.
	S/P adenotonsillectomy POD-1	① ② today
	no fever/vomiting	
	accepting orally	Akhila
	O/E: alert/stable vitals throat healthy	

DH-00015131 IP5-00174015
 aby AKARI MOKSHASRI
 7-04-2021 5 Y 0 M 22 D (F)
 r. MANCHUKONDA SANTHOSH

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/D/w - Dr. Rao Bahadur	
20/5/20		
11:30 AM	Thanks for Referral	
	Case of 5yr old, female (POD-1) ^{post} ^{admission}	
	Clo: whitish yellow - sticky discharge 2-3 times/day	
	no dolo - fever	
	no tlo - UTI	
	O/E:	
	G.C: fair	
	active & healthy	
	B.P - 108/59	
	P.R - 102	
	SpO ₂ : 98% on RA	
	Temp: 97.8° F	
	L/E: Lohial Majang Minar - healthy	
	Sticky white discharge ⊕	
	no redness, no edema	
		1) Ultrasound abdomen & pelvis
		2) Review E Scan Report at OPD
		Dr. Sravanti

Pat



OPERATION THEATER NOTES

Patient's Name: Baby. Akari Mokshesri Age: 57 Gender: Male Female

UHID No.: 15131 Weight: Height:

Surgeon: DR. M. Santhosh Asst. Surgeon:

Anesthetist: DR. Shilpa OT Nurse: Slami Thejas OT Technician:

Pre-Operative Diagnosis:

Surgical Procedure: Coblation Adenoid tonsillectomy

Indications for Surgery:

Date: 19/5/20 Start Time: 3pm End Time: 4:15pm

Pre Operative Preparations:

.....
.....
.....

Post Operative Diagnosis:

.....

Peri-Operative Complications:

.....

.....

Operation Notes:

.....

Grade 4 Adenoid hypertrophy

Grade 3 tonsillar

.....

coblation Adenoidectomy

Intracapsular tonsillectomy

.....

.....

.....

.....

OPERATION THEATER NOTES

DATE: _____

TIME: _____

OPERATION: _____

OPERATOR: _____

ASSISTANT: _____

ANESTHESIA: _____

POSITION: _____

OPERATION: _____

OPERATION: _____

OPERATION: _____

Amount of Blood Loss: _____ Blood Transfused (in ML) _____

Name and Number of Surgical Specimen sent for examination: _____

Peri-Operative Complications: _____

1 - July - Augmentin
1000mg IV BD

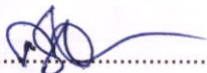
2 - July - Acm 250mg IV BD

3 - July - Tramadol 200mg IV BD

4 - Nasal clearance
3^o - 3^o - 3^o

5 - Betadine mouth gauze

Name of the Surgeon:

Signature of the Surgeon: 

Date & Time:

FDH-00015131 IP5-00174015
 Baby AKARI MOKSHASRI
 27-04-2021 5 Y 0 M 22 D (F)
 Dr. MANCHUKONDA SANTHOSH



RESULT SHEET

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

FDH-00015131 IP5-00174015
 Baby AKARI MOKSHASRI
 27-04-2021 5 Y 0 M 22 D (F)
 Dr. MANCHUKONDA SANTHOSH

Patient



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						<input 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 : Dr. Sai

Date & Time : 19/5/26 @ 12pm

Nurse Name & Signature: Abhishele

Date & Time : 19/5/26 12pm

FDH-00015131 IP5-00174015
 Baby AKARI MOKSHASRI 5 Y 0 M 22 D (F)
 27-04-2021
 Dr. MANCHUKONDA SANTHOSH

DRUG CHART

Date of Admission: 19/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 17.3 kg Ward.

DRUG : INS AUGMENTIN				Date Time	19/5	20/5															
Dose	Route	Frequency	Start Date																		
400mg	IV	BID	19/5	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm
Name & Signature of the Doctor Starting the Drugs:				<p><u>Soheli</u></p>																	
Additional Instructions:				<p>6pm 3/10 jennie</p>																	
Daily Doctor's Endorsement by a Sign				<p><u>A</u> <u>A</u></p>																	
DRUG : INS PARACETAMOL				Date Time	19/5	20/5															
Dose	Route	Frequency	Start Date																		
250mg	IV	BID	19/5	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm
Name & Signature of the Doctor Starting the Drugs:				<p><u>Soheli</u></p>																	
Additional Instructions:				<p>6am 1pm jennie</p>																	
Daily Doctor's Endorsement by a Sign				<p><u>A</u> <u>A</u></p>																	
DRUG : INS TRANEXA				Date Time	19/5	20/5															
Dose	Route	Frequency	Start Date																		
200mg	IV	BID	19/5	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm
Name & Signature of the Doctor Starting the Drugs:				<p><u>Soheli</u></p>																	
Additional Instructions:				<p>6pm jennie</p>																	
Daily Doctor's Endorsement by a Sign				<p><u>A</u> <u>A</u></p>																	
DRUG : NASOLLEAR DROPS				Date Time	19/5	20/5															
Dose	Route	Frequency	Start Date																		
20	Nasal	TID	19/5	6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm
Name & Signature of the Doctor Starting the Drugs:				<p><u>Soheli</u></p>																	
Additional Instructions:				<p>20pm 10pm jennie</p>																	
Daily Doctor's Endorsement by a Sign				<p><u>A</u> <u>A</u></p>																	

DH-00015131 IP5-00174015
 by AKARI MOKSHASRI
 7-04-2021 5 Y 0 M 22 D (F)
 R. MANCHUKONDA SANTHOSH



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : Betadine mouth				Date Time	19/5	20/5														
Dose	Route	Frequency	Start Dt.																	
	P/O	TID	19/5																	
Name & Signature of the Doctor Starting the Drugs:				Sathish																
Additional Instructions:				5ml in 1 glass water																
Daily Doctor's Endorsement by a Sign				A A																

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

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

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

Signature
VERIFIED BY: Name

DH-00015131
 IP5-00174015
 aby AKARI MOKSHASRI
 7-04-2021 5 Y 0 M 22 D (F)
 r. MANCHUKONDA SANTHOSH



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

VERIFIED BY : Name Signature

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

FDH-00015131 IP5-00174015
 Baby AKARI MOKSHASRI
 27-04-2021 8 Y O M 22 D (F)
 Dr. MANCHUKONDA SANTHOSH

Weight 17.3kg Ward



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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/05/26	3:05pm	INS PARACETAMOL	250mg	IV	<i>[Signature]</i>	<i>[Signatures]</i>
19/05/26	3:07pm	INS TRANEXEMIC ACID	300mg	IV	<i>[Signature]</i>	<i>[Signatures]</i>
19/05/26	3:09pm	INS DEXAMETHASONE	2mg	IV	<i>[Signature]</i>	<i>[Signatures]</i>
19/05/26	3:00pm	INS AUGMENTIN	510mg	IV	<i>[Signature]</i>	<i>[Signatures]</i>
19/05/26	4:10pm	SUP DICLOFENAC	12.5mg	PIR	<i>[Signature]</i>	<i>[Signatures]</i>

Signature
VERIFIED BY: Name

DH-00015131 IP5-00174015
 Baby AKARI MOKSHASRI
 7-04-2021 SYUM 22 D (F)
 Dr. MANCHUKONDA SANTHOSH



MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
19/5	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Recurrent URTI Oral breathing snoring	Hemodynamic stability	Coblation assisted Adenotonsillectomy	Ja	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
19/5/26 11:30 AM	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Recurrent URTI Oral breathing snoring	Hemodynamic Stability	Coblation assisted Adenotonsillectomy	Abhishek	<input type="checkbox"/> Medical <input type="checkbox"/> Others:
20/5/26	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	Op adenotonsillectomy		(D)	[Signature]	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
20/5/26 8 AM	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: bichitra	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	Adenotonsillectomy	soft diet	RbA C- 1400kcal/d P- 249ml/d	gains	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

DH-00015131 IP5-00174015
 Baby AKARI MOKSHASRI
 17-04-2021 5 Y 0 M 22 D (F)
 Dr. MANCHUKONDA SANTHOSH

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Patient's / Learner Language: Urdu Patient / Learner Literacy: Read Write Speak Willingness to Learn: Yes No Healthcare Literacy: Yes No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
19/5	11:30 AM	9	Procedures	M	1	0	1	1	- N/A -	ADW'shek
20/5/26	6:30 AM	9	Soft diet	M/F	1	0	1	1	-	Sa'mo

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

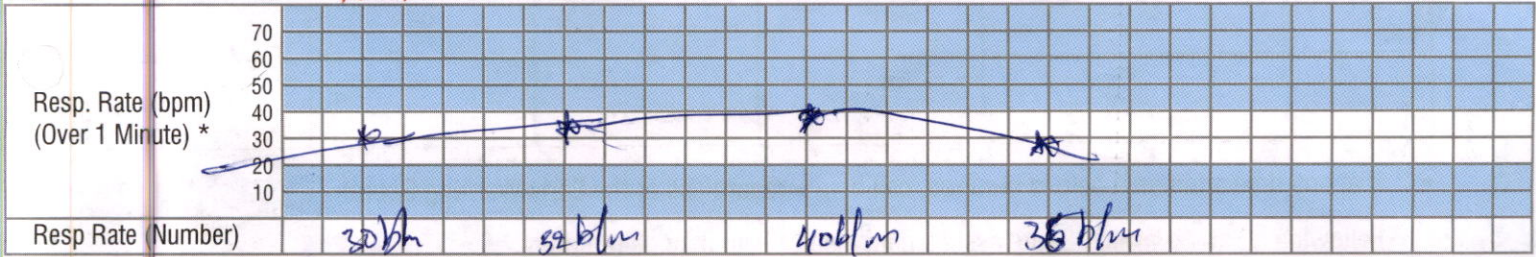
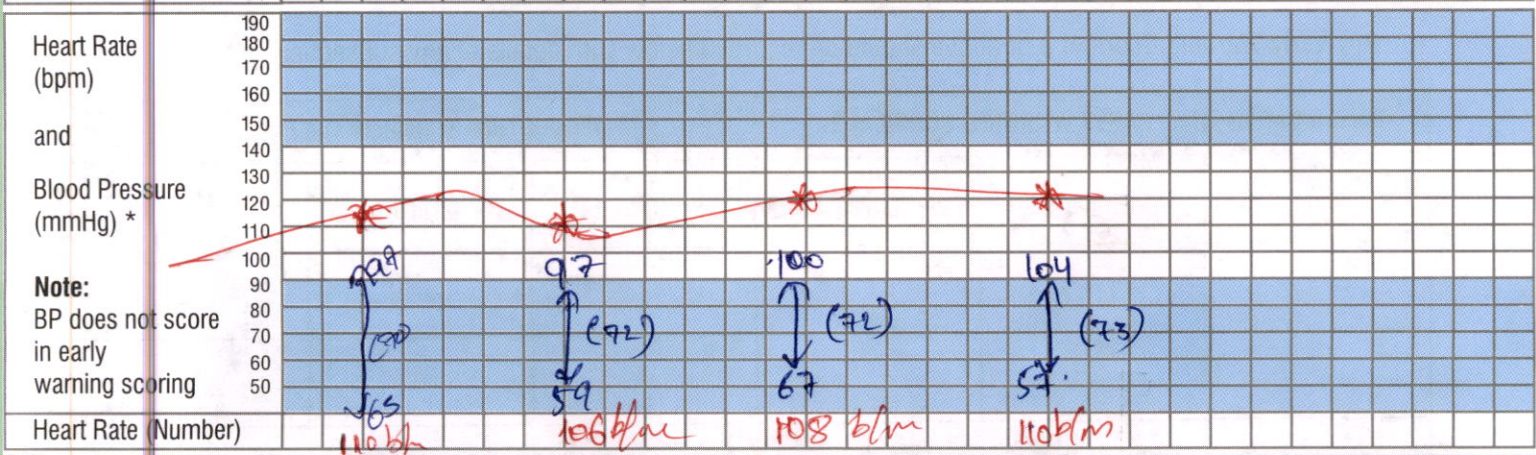
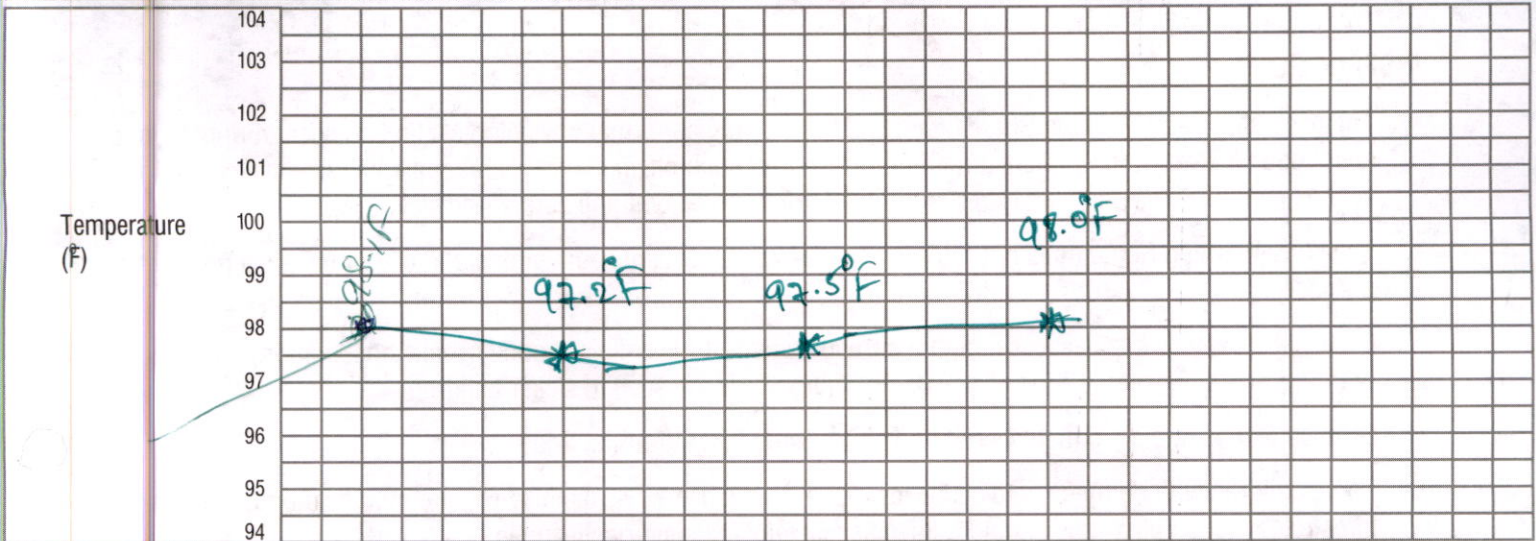
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 7pm 8pm 9am 6am

Doctor / Nurse / Family Concern? _____



Resp Mod/ Severe Distress	None / Mild				
Receiving O ₂ (l/min)	O ₂ Saturations (%)	0	0	0	0
Conscious Level	Normal / Altered	(15/14)	(15/14)	(15/15)	(15/15)
GCS *					

TOTAL SCORE				
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's initials	A	A	A	A

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

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

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 Stick FDH-00015131 IP5-00174015
 Baby AKARI MOKSHASRI
 27-04-2021 5 Y 0 M 22 D (F)
 Dr. MANCHUKONDA SANTOSH



D CHART

Sheet No :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis 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 : Taken						Total Output : u-0 m-0								
	08:00 pm												Jessie	
	09:00 pm		H ₂ O										Jessie	
	10:00 pm	no sv fluid					NA						Jessie	
	11:00 pm	sv fluid	H ₂ O										Jessie	
	12:00 am												Jessie	
	01:00 am		H ₂ O										Jessie	
Total Intake : Taken						Total Output : u-2 m-0								
	02:00 am												Jessie	
	03:00 am		H ₂ O										Jessie	
	04:00 am	no sv fluid					NA						Jessie	
	05:00 am	sv fluid	H ₂ O										Jessie	
	06:00 am												Jessie	
	07:00 am		H ₂ O										Jessie	
Total Intake : Taken						Total Output : u-2 m-0								
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			u-4 m-0					



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 Thrombo-phlebitis 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							



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION.

Name: Akari Mokshasri Age: 5y Sex: Female UHID No: PDH-00015131
 Date: 16/5/26 Time: 2.20pm Proposed Operation: Adenotonsillectomy
 Diagnosis: Adenotonsillar Hypertrophy
 B.P / CRT: Free H.R: Weight: 17.1 ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.1</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>8,180</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>328</u>	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS: -
 RESP: H/O on & off cold Diabetes: -
 CNS: } Nothing significant
 Renal: }
 Hepatic / GE: } Physical Activity: > 4 METS
 Others: USC, Teen, no NICU admission, no developmental delay

Past Anaesthetic History: -

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: (N) Mentohyoid Distance: (N) Neck: (N) Teeth: No loose teeth
 Lungs: BAE ⊕
 Heart: S, S ⊕
 CNS: NAD

Pregnant: Yes No NA Venous Access Site: (F) Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

CBP during cannulation

Signature: Klerh Name: KEISHA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 93 bpm B.P./CRT: 80/49 SpO₂: 97% R.R.: 16 cpm Last Feed: > 6hrs

Pre-OP Diagnosis: Adenoid & tonsillectomy Operation: Adenoid & tonsillectomy Date: 19/05/26

Surgeon: Dr. Santhosh Anaesthesiologist: DR. SHINY Technician: NISHANT/AMAAN

TIME	3:00pm	3:30pm	4:00pm						
N ₂ O (AIR/O ₂) LPM	2:20:3	→	→	→					
HALO/ISO/SEVO	MAC = 1	→	→	→					
Drugs:									
Rx MIDAZOLAM	1mg IV								
Rx Fentanyl	40mcg IV								
Rx Rocuronium	8mg IV								
Rx propofol	40mg + 20mg IV								
Rx paracetamol	250mg IV								
Rx Tranexamic acid	300mg IV								
Rx Dex amethasone	2mg IV								
Antibiotic									
Suppository									
Sup Diclofenac									
12.5mg PR									
Blood Loss									
NOTES									
FI _{O₂} / SaO ₂	98	97	97	98	98				
ETCO ₂	33	34	33	34	35				
ECG	SR	SR	SR	SR	SR				
Temperature									
Urine Output									
Fluids Blood									
B.P.									
V Systolic									
A Diastolic									
X Mean									
Heart Rate									
Tourniquet on Time									
Tourniquet off Time									
Throat Pack In									
Throat Pack Out									
ABG									
LAB Values									
GRBS									
Others									

Equipment Checked and Functional

BP

Cuff Site: RL

Art Site:

EKG Lead

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:

FIME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 3:20pm

OP Start: 3:16pm

OP End: 3:50pm

Leave OR: 4:15pm

Anaesthesia:

GA Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 4.5 at 15 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Imp Rocuronium 8mg IV

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 2 Attempts: 1

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position:

Site:

Needle Size: Depth:

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

Name of the Doctor: DR SHINY

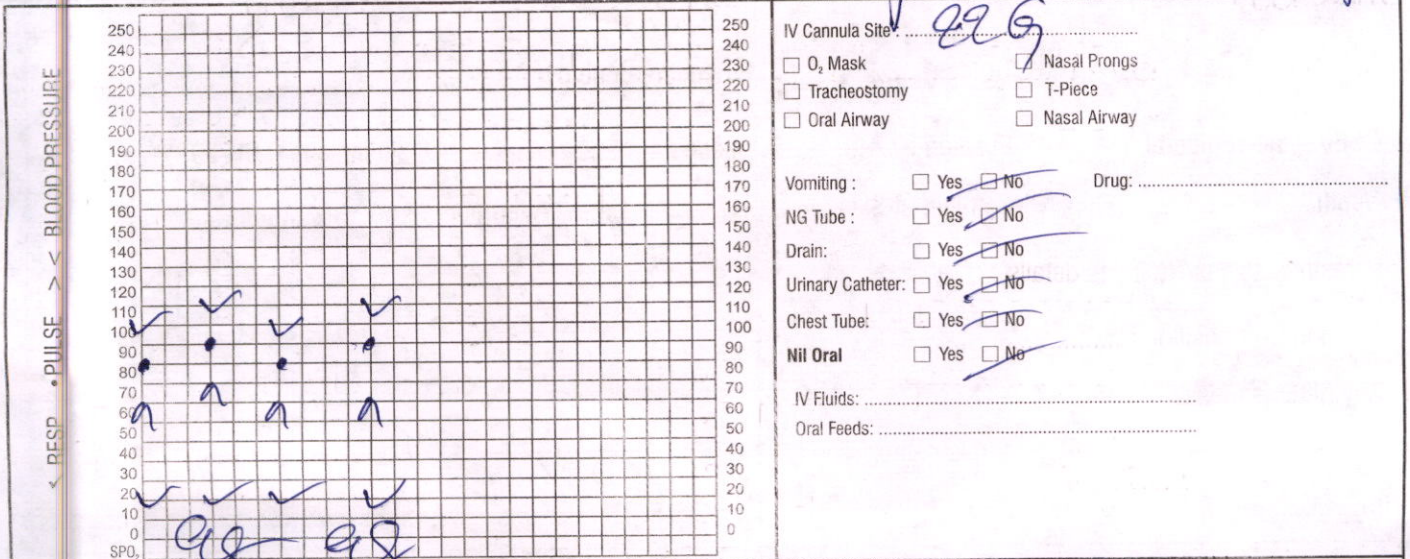
Signature of the Doctor: [Signature]



Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Deep Time Received: 11:20pm Time Discharged: 6:29



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	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 Aphnic = 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	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
19/5	11:20pm	1		Deep

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name: DR SHIDARY

Anaesthesiologist Signature: Dr. Shidary

Date & Time: 19/05/2021, 6:20pm

PACU Nurse Name: Deep

PACU Nurse Signature: Deep

Date & Time: 19/5/2021 @ 5:30pm

Transferred to Unit by (PACU): 304

Date & Time: 19/5/2021 @ 5:30pm

Patient Sticker



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 :



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : AKARI Age : 5y Gender : Male Female

UHD NO: Surgeon Name:

Anaesthesiologist : DR SUBRAMANYAM

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 : Broncho spasm, laryngeal spasm, a

Comments : requirement

- 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 AKARI the above mentioned operation / ADENOTONSILLECTOMY / Diagnostic / Therapeutic procedures

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

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

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

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

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : Alcane Kiran Kumar

Relationship with Patient : father

Date & Time : 19/05/26, 11:00 AM

Witness :

Signature : [Signature]

Name : Shravya Sai

Date & Time : 19/05/26 @ 11:00 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : CECNA

Date & Time : 19/05/26, 11:05 AM

304

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/5/26 Time: Edm

Weight: 17.3kg Centile: 25th

Height: 95cm Centile: 25th

Inference: well child

RDA: — Calories: 1400kcal/d Protein: 24g/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid Spig, & outside foods

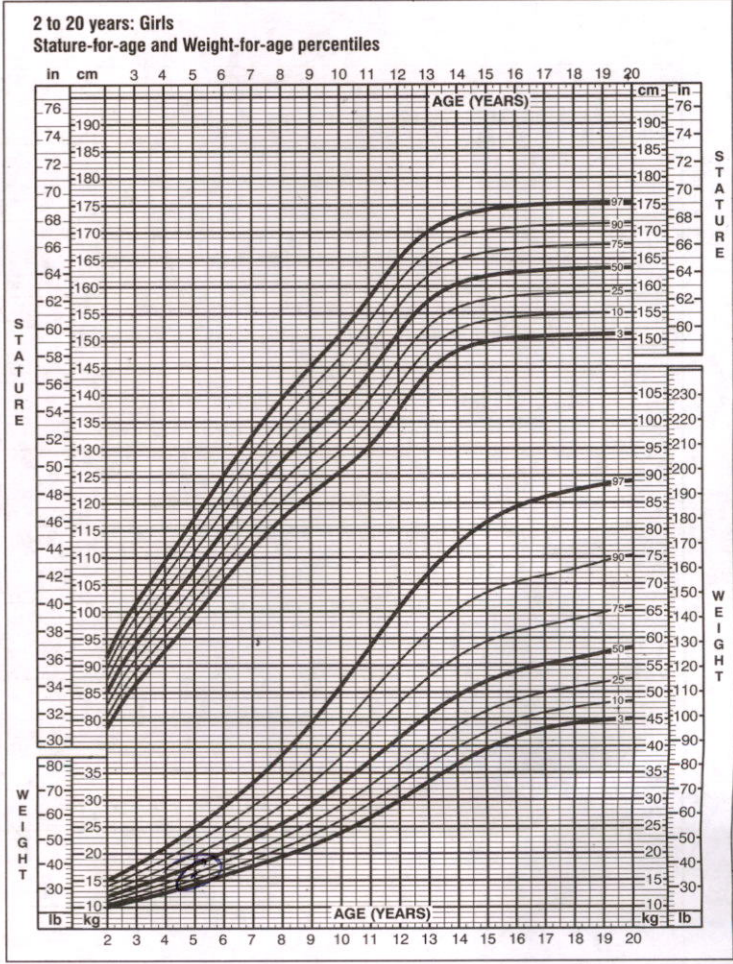
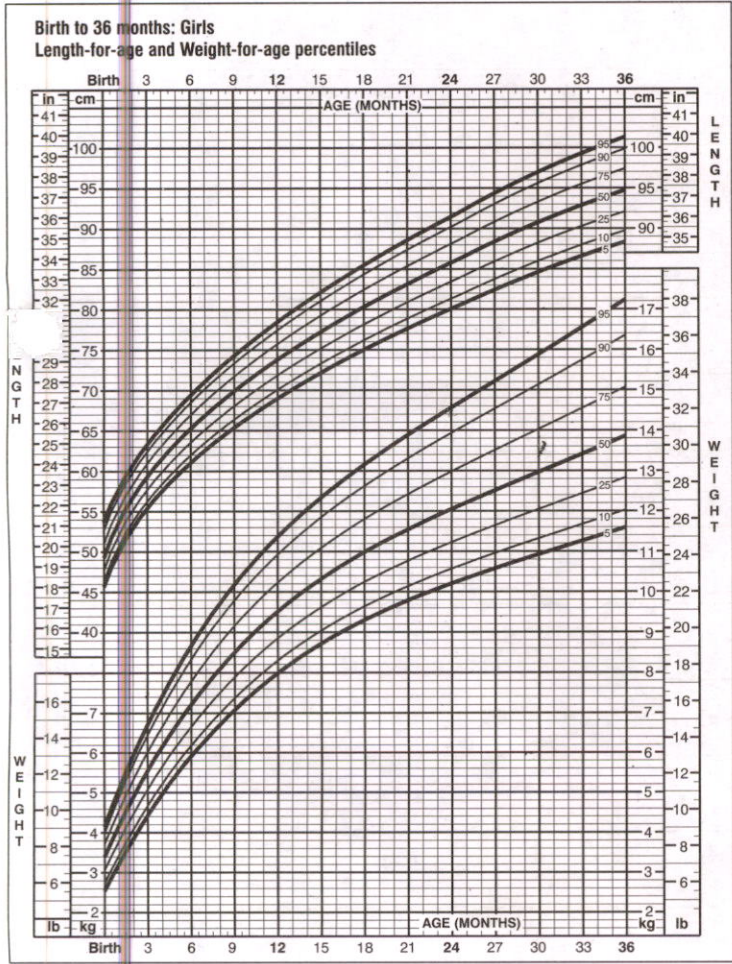
Food Allergies: No Veg/Non-veg: NON-veg

Diagnosis: Adenotonsillectomy

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *Sheela*

GROWTH CHART (GIRLS)



Dietician's Name: *Palma*

Dietician's Signature: *Palma*

