UH-00064830 IP5-00174027
aster SANIKOMMU HETVIK REDDY
)-11-2015 10 Y 5 M 19 D (M)
r. P V L N MURTHY

Edited

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SURGERY DETAILS

Date : 19/5/26

Patient Name: Hetvik Reddy Date of Birth: Age: 10Y

Gender: M Ward : O.T UHID No.: 64830.

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

Name of the Surgery : Adeno tonsillectomy Excision +
B/L Tympanoplasty + (R) Maxillary sinus cyst Excision

Time in : 5:30PM Time Out : 7:30PM

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

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblation used :- 9616334

Signature of the Surgeon

Signature of Circulating Nurse

personal equipment used 7500/-

Order No: 9616333 Order by: G. Neyazi

Patient Sticker

Hemanth Reddy

Adeno + Turbinoplasty + (R) Maxillary sinus excision

5006 10y/M 25kgs

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CONSUMABLES OF OT

Circulating staff : ..... Technician : ..... Date : 19/5/26 Time : 5:30 pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6.0 6.5, 5.5	1+++	1	Major Pack Drape	1	1	Inj Vit.K		
LMA 3	01	—	Sutures 2304,	2++	—	Cord Clamp		
ECG leads : A / P / N	5	3	2437, 2317	2+2	—	Suction Catheter		
HME filter : A / P / N	01	1				Feeding Tube		
Syringes : 10 cc	10	3	PF			Vaccum Suction Set		
05 cc	10	3	Gloves 6, 6.5, 7, 7.5	2+2+2+2		Surgical Gloves		
02 cc	10	2	PF, 7, 2, 2		1++	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade 15	1	—	Surgical Blade # 20		
IV set	01	1	NG tube 6	2	2	Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	2	2
NS : 10ml / 100ml / 500ml / 1000ml	1+	1+1+	Koochies			IOCD 5G	2+2	1
Nivi Spike	01	1	Ointments			~~Lox~~ Adrenalin	5	3
Gloves	03	2	Suction Catheter			Bericlot drop	1	2
Fentanyl	01	1	Cap, Mask	8	8	Savlon	1	1
Morphine			Gauze Pack (N+R)	3+3	3+1			
Ketamine			Mop Pack	1	1			
Propofol	02	1	Steristrip					
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	—	Draw sheet	1	1	Midaz	01	1
Myopyrolate	01	1	Abgel			Metoprolol	01	—
Ondansetron	01	—	Foleys catheter			Nasal Airway 2+24	1+	—
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			Oral Airway 1+2	1+	—
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Agmentine 1.2 gm	01	—	Tegaderm			IV cannula 18, 20	1+	—
Suppositories			Ioban			Soluset pump line	1+	1+
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Dexmede 100mcg	01	—
Supridol : 100mg			Vaccum Suction set	2	2	O2 mask (P)	1	1
Justin : 12.5 mg / 25mg / 100mg	1+	—	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
Vaccum Set	01	1	Microshield	1	0			
Dexa / Dexmede 100 mcg	1+	1+	Cotton Balls	—				
Tramadol 1gm	2+	1+1	Latex Gloves	loop	loop			
Glycerol + clonex	5+	—	Ramdione Scrub					
1gm + 60 cm 2cy	1+	1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9616342 Ordered by : .....

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

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ACTIVITY RECORD FOR BILLING

KUH-00064830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

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	2:55pm	ER	OT	
19/5	9pm	OT	106	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Vijwala	20/5/2026	0561010	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/8/25	CBP	50909	
	DC		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5	Infusion pump	2am		9616894	[signature]

DC

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
14/5/26	Replacement PAC (OPD) Basis.	1	157667	
2015/24	NTD	0	9617087	
	DC			

ANY OTHER INFORMATION

DC

Date : 20/5/26 Time : 9am Prepared By : Ramadan

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ramadan	SPV / 106		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174027 **Admit Date** : 19-May-2026 **Admit Time** : 02:13 PM **UHID** : KUH-00064830

Patient Details :

Patient Name	: Master SANIKOMMU HETVIK REDDY	**Age**	: 10 Y 5 M 19 D
Guardian	: Mr SANIKOMMU SRINIVAS REDDY	**DOB**	: 30-11-2015
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-28 OMKAR NILYAM, ROAD NO-4E, REDDY AVENU, NIZAMPET Bachupally Hyderabad Telangana INDIA 500090	**Phone No**	: 9603307070/ 8919842038
		E-mail	: SRINIVASREDDY325@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 409 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 409 **Admission Type** : First Visit

Contact Details :

Name : Mr SANIKOMMU SRINIVAS REDDY **Relationship** : Father

Contact Address : H.NO-28 OMKAR NILYAM, ROAD NO-4E,REDDY AVENU, NIZAMPET Bachupally Hyderabad Telangana INDIA 500090 **Phone No** : 9603307070 / 8919842038

S.S. Reddy

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 : SELFPAY

KUH-00064830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
10-11-2015 10 Y 5 M 20 D (M)
Dr. P V L N MURTHY

106

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EFICIENCY 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			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion	1			
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	Anaestesia 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)	1			
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 Thrombopla	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
Ug	Extra	4			
	Total No. of Pages	33			

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

Signature and Date : Save 20/5/16

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00064830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

Patient Name: S Reddy

UHID ID:

Department:

Consultant:

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.
} ∴ 2 years.

History of present illness :

As per informant, child apparently well, then had recurrent episodes of cold, cough
tonsillitis
Open mouth Breathing
Snoring Inner
Had Adenoid Hypertrophy (+)
CT scan – DNS,
HIT.

KUH-00064830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

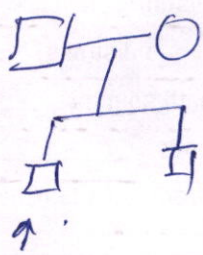
Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:

(N) perinatal transition



Birth & Socio Economic History:

About Father : middle

About Mother :

Any additional Information :

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

(P.T.O.)

KUH-00064830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
30-11-2016 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_11 kg____(Centile _____)

On Examination :

Temperature : 97.8°f Pulse Rate : 108/min B.P. 92/54 (64) mHg SPO2 99% RA

Resp.rate and type of breathing : 26/min
Regular

Rash_____

Lymphadenopathy_____

Oedema :_____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : BAE (+), ideal

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ Heard.

Any murmur :_____

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

Per Abdomen :

Inspection (N)

Palpation : Soft, non tender

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

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Master SANIKOMMU HETVIK REDDY
30-[illegible]1-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power

Co-ordinator :

Posture :

Involuntary Movements : Nil

Reflexes :

DTR **Superficials:**

(N)

Plantars

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic: Chronic Adenotonsillitis
Now came for Coblation Adenotonsillectomy +
(R) Maxillary Sinus cyst excision +
Turbinoplasty

(P.T.O.)

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Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

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 -
CBP

Planned Management NPO since 8 AM
1) Continue NPO
2) IV fluids @ 80 ml/hr
3) Shift to OT on call

Signature of the Doctor: JSI
Name of the Doctor: Jayasri
Date & Time: 19/5/26 @ 8AM

Signature of the Consultant:
Name of the Consultant: PVLN Murthy
Date & Time: 19/5/26

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

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Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes 9S/B Resident	Doctor's Order
19/5	Clw Adenotonsillitis	
	S/P: Adenotonsillectomy C coablam + B/L Turbinoplasty	Plan
		① Augmentin DDS syp
		② Tab Tranexa 1/2 tab
	Child doing well	
		③ Syp CROCIN DS
	taking soft oral feed	
	NO fresh complaint.	④ Syp XYZAL M
	O/E Vitals Stable	⑤ TAB ~~BBA~~ BOTROCLOT
		⑥ SALT WATER GARGLE
		Soluble
	D/C	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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OPERATION THEATER NOTES

Patient's Name : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No.: ..... Weight : ..... Height : .....

Surgeon : PV L N Murthy		Asst. Surgeon :
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: Chr. Adenotonsillitis + HLT + (RP) maxillary sinus cyst

Surgical Procedure :

Adenotonsillectomy + Coblation + BL Tubenoplasty + (RP) maxillary sinus cyst Excision

Indications for Surgery :

Date : 19/5/26	Start Time :	End Time :

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

Adenotonsillectomy + Coblation
BL tubenoplasty
(RP) Maxillary sinus cyst Excision

Tissue sent for HPE

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1. Syp. AUGMENTIN -DDS 5ml TBTD -2wks

2 Syp. AZITAL-M 5ml ~~BDD~~ BID -2wks

3 Syp. CROCIN DS 5ml TID -2wks

4 T. TRANEXA 500mg IV stat BID-2wks

5 BOTROCLOT Solution IV OD TID -2wk

6 Salt water gargle TID -2wks

Name of the Surgeon: P.V.L.N. Murthy

Signature of the Surgeon: DR. P V L N MURTHY Registration No. 47267

Date & Time: 19/5/26

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Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

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POST-SURGICAL CARE PLAN FORM

Procedure Done: ~~Adeno tonsillectomy~~ + Coblation + BL Turbinoplasty (RL) maxillary sinus cyst-Excision (RL) maxillary sinus cyst.

Post-Surgical Diagnosis: ~~Chr. ADTS + HT~~ +

Post-Operative Monitoring Parameters /Frequency:

Vitals, Bleeding

Wound Care:

Mouth washes
Nasal Saline washes

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

Lateral

Nutritional Instructions:

Veg Soft diet

When to Start Mobilization:

—

Special Referrals:

—

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No —

Any Other Post-Operative Care Needed including Required Follow Up

— 10 days

Treating ~~Surgeon~~ Dr
(Signature & Stamp)

Date: 15/5/20 Time: .....

Note: Plan of care will be readjusted if necessary.

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30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

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CROSS CONSULTATION FORM

Doctor Name : Dr. Ujwala Date : 20/5 Time : 9:00 am.

Diagnosis : Chronic Adenotonsillitis

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

s/p Adenotonsillectomy & Coablation
+ B/L turbinoplasty

Signature:

Findings and Recommendations :

child is doing well
NO nasal bleed
NO vomiting
taking soft oral feeds

Vitals :

Stable

Plan

- As advised by ENT surgeon.
- RIV 1 week
- soft feed.
- avoid travel

Consultant :

Name : Dr Ujjwala Signature : DR. UJJWALA DESAI Registration No: 90550 Date & Time : 20/5/26

Doc. No. : RCHBH / FRM / CLINICAL / 049

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RESULT SHEET

Date	19/5					
Time						
Hb	11.7					
PCV	35.3					
RBC	4.41					
WBC	7.80					
N/L	45/49					
Platelets	208					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

DC

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: DRUGESIC & RETROMAX. ☑ 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	Syrup BEVON	7.5ml	PO	OD	18/5/26 ✓	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayashi

Date & Time : 19/5/26 @ 2:10 PM

Nurse Name & Signature: Kavitha KS

Date & Time : 19/5/26 @ 2:40pm

KUH-00064830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
30-11-2016 10 Y 5 M 19 D (M)
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DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: IBUGESIC CON RETROMOX. ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature

VERIFIED BY : Name

Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS Weight. 25.6kg Ward. .....

DRUG : AUGMENTIN DDS

Dose	Route	Frequency	Start Date
5ml	P/O	BID	19/5

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 20/5 — 6AM Amrk Soma — 6PM

DRUG : XYZAL M SYP

Dose	Route	Frequency	Start Date
5ml	P/O	BID	19/5

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 19/5 — 10AM X — NOON Amrk Soma

DRUG : SYP CROCIN DS

Dose	Route	Frequency	Start Date
5ml	P/O	TID	19/5

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 19/5 20/5 — 6AM X Amrk Soma — 2PM X — 10PM Soma Amrk

DRUG TAB TRANEXA

Dose	Route	Frequency	Start Date
1/4	P/O	BID	19/5

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions: 1tab = 500mg

Daily Doctor's Endorsement by a Sign

Date/Time: 20/5 — 6AM Amrk Soma — 6PM

30-11-2016 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

KUH-000648830 IPS-0017402?

Weight. 25.6 kg ... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/05	5:55pm	INJ PARACETAMOL	400mg	IV		Alen
19/05	5:58pm	INJ TRANEXEMIC ACID	400 mg	IV		Alen
19/05	6:00pm	INJ DEXAMETHASONE	2mg	IV		Alen
19/05	6:20pm	INJ CEFTRIAXONE	700mg	IV		Alen

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

Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

KUH-0006483O
IP5-0017402Z

I.V. FLUIDS CHART

Weight 25.6 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/5	2pm	IVF-DNS	IV	60	Jayasri				
19/05	5:45pm	RINGER LACTATE	IV	250ml/hr			19/5		

Signature .....

VERIFIED BY : Name .....

KUH-00084830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 19 D (M)
Dr. P V L N MURTHY

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10pm	2am	6am
Doctor / Nurse / Family Concern?			
Temperature (F)	96.4°F	97.9°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	97 (80) 50	103 (75) 65	96 (64) 54
Heart Rate (Number)	102/m	92/m	98/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	26/m	22/m	26/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	100%	98%	100%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master SANIKOMMU HETVIK REDDY
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Dr. P V L N MURTHY

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
29/5	08:00 pm										0	
	09:00 pm		Ice cream				NP				0	Sons
	10:00 pm	NO IVF								✓	0	Sons
	11:00 pm										0	Sons
	12:00 am										0	Sons
	01:00 am										0	Sons
Total Intake :						**Total Output :**						
30/5	02:00 am			40ml							0	Sons
	03:00 am	~~NO~~		40ml							0	Sons
	04:00 am	DNS		40ml			NP				0	Sons
	05:00 am			40ml							0	Sons
	06:00 am			40ml						✓	0	Sons
	07:00 am			40ml							0	Sn
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 20 D (M)
Dr. P V L N MURTHY

FLUID CHART

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. P.V. Narasimha Murthy
Asst. Surgeon :
Anaesthetist : Dr. Sriramamurthy
Scrub Nurse : Aleem

Patient Name : Sanikommu Hetvik Reddy Age : 10Y Gender :
UHID No. : Surgery Name :
Date : 19/5 In-time : 5.50pm Out-time : 7.30pm

UH-00064830 IP5-00174027
laster SANIKOMMU HETVIK REDDY
0-11-2015 10 Y 5 M 19 D (M)
r. P V L N MURTHY

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 5.40pm

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☐Yes ☐No ☑NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? Amoxicillin not clarithromycin ☐Yes ☐No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☑No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☑No ☐NA
- Blood Units Reserved ☐Yes ☐No ☑NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☑No ☐NA

Signature :
Name : Dr. Aleem 19/5

Before Skin Incision ➤➤

TIME OUT Time: 6.00pm

Confirm all team members have introduced themselves by Name and Role ☑Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☑No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑Yes ☐No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☑No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑Yes ☐No ☐NA
- **Is Essential Imaging Displayed?** ☑Yes ☐No ☐NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature :
Name : Thejaswi

Before Patient Leaves Operating Room

SIGN OUT Time: 7pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☑NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☑No

Signature :
Name :

UH-00064330 IP5-00174027
laster SANIKOMMU HETVIK REDDY
0-11-2015 10 Y 5 M 19 D (M)
r. P V L N MURTHY

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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 Adenotonsillectomy c coblation + (RP) Maxillary sinus cyst

2 Excision + tubinoplasty

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. 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 healing	medication

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:

a. Bleeding, change in voice, nasal regurgitation
b. Recc. of Adenoidy

1. I authorize Dr. _____ and his / her team to perform the procedural sedation upon the patient / myself.
2. 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.
3. 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: S.S.Reddy
Name: S.Srinivas Reddy
Relationship with patient: FATHER
Date & Time: 19/05/26, 4:20 P.M.

Witness:
Signature: A.Lakshmi
Name: Lakshmi
Date & Time: 19/5/26 @ 4 PM

Doctor (who is taking consent):
Signature: ..... Name: PVLN Murthy Date 19/5/26 Time: 4 PM

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 19/5/26

Department : ..... Duration of Procedure : 1 hr

Name of Surgeon : Dr. P.V.L.N murthy Date of Admission : 19/5/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☑ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic : Nil	
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Nil Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☑ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Nil Date & Time of antibiotic administration : Nil Date & Time procedure started : 19/5/26 @	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

KUH-00064830 IP5-00174027
Master SANIKOMMU HETVIK REDDY
30-11-2015 10 Y 5 M 20 D (M)
Dr. P V L N MURTHY

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/5/26 Time: 8am

Weight: 25.62kgs Centile: >5th

Height: 139 cms Centile: >25th

Inference: underweight Child

RDA: – Calories: 1650 kcal/d Protein: 29g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, Outside foods

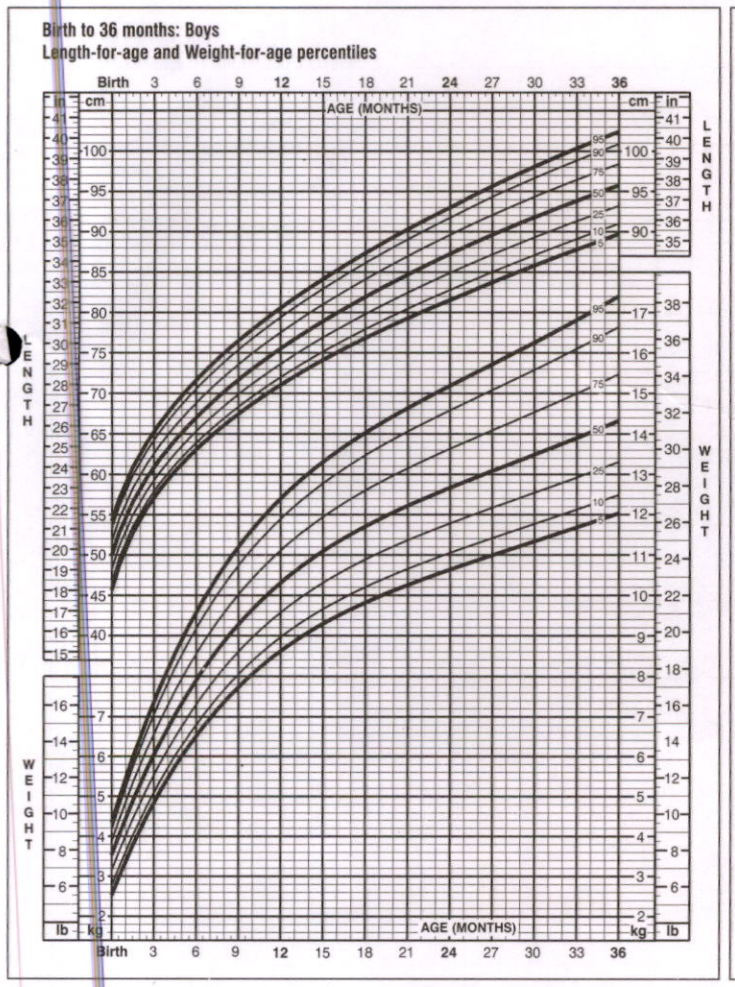
Food Allergies: No Veg/Non-veg Non-veg

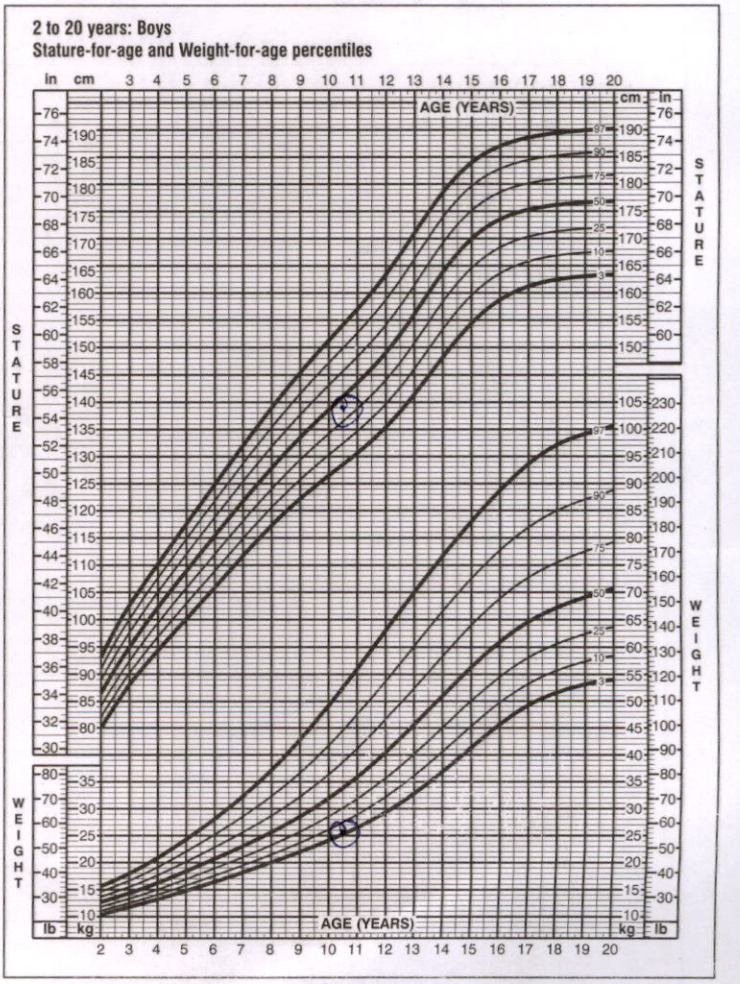
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: A. Lakshmi

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes: