



Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Govt General Hospital Kda
Visakhapatnam, Andhra Pradesh, INDIA, 530040.
TEL NO : 891-3501601
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023395 Admit Date : 26-Jun-2026 Admit Time : 10:53 AM UHID : KMV-00014381

Patient Details :

Patient Name : Master K GOWTHAM Age : 15 Y 3 M 23 D
Guardian : K SURESH KUMAR DOB : 03-03-2011
Gender : Male Religion :
Occupation : Marital Status :
Address (H) : Kurmannapalem Aganampudi Phone No : 9490914762/
Visakhapatnam Andhra Pradesh INDIA E-mail : no@gmail.com
530046

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 326 Ward Name : 3F-THIRD FLOOR
Room No : GW 326 Admission Type : First Visit

Contact Details :

Name : K SURESH KUMAR Relationship : Father
Contact Address : Kurmannapalem Aganampudi Visakhapatnam Phone No :
Andhra Pradesh INDIA 530046

K Suresh Kumar
Signature

Doctor Details :

Doctor Name : Dr. RAVI HIMAJA Specialisation : PEDIATRIC SURGERY
Referral Doctor : Dr. G. Vijaya Ram Sankar Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SBI GENERAL INSURANCE COMPANY LTD

ACTIVITY RECORD FOR BILLING

Name:

UHID No : KMV-00014381 IP22-00023395
Master K GOWTHAM Consultant : Dept:

Date of Adm 03-03-2011 15 Y 3 M 23 D (M) Date of Discharge: Time:

Room / Bed Suggested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/06/26	12pm	ER.	MICU	Renu
26/6/26	12:40pm	MICU	OT-I	Pavani
26/6/26	1:55pm	OT-I	MICU	Pavani
26/6/26	3:20pm	MICU	326	Guys

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirajee	26/6/26	1636	Cross
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____
UHID ID : _____
Department : _____
Consultant : _____

KMV-00014381 IP22-00023395
Master K GOWTHAM
03-03-2011 15 Y 3 M 23 D (M)
Dr. RAVI HIMAJA



KMV-00014381 IP22-00023395
Master K GOWTHAM
03-03-2011 15 Y 3 M 23 D (M)
Dr. RAVI HIMAJA



Padiatric Multiorgan History & Physical Examination

Name: Gowtham Age/Sex _____
Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Swelling in (Rt) side
of scrotum x 2 weeks

↓
came for (Rt) herniotomy

History of present illness:

No any fever, cough, cold.

KMV-00014381 IP22-00023395
Master K GOWTHAM
03-03-2011 15 Y 3 M 23 D (M)
Dr. RAVI HIMAJA

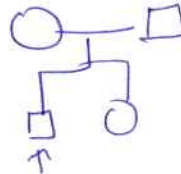


Past History : (Including details of any previous investigation or treatment)

_____ *No significant* _____

Birth & Neonatal History:

Family Chart



Birth & Socio Economic History:

About Father: _____

About Mother: _____

Any additional Information: _____

Developmental History:

_____ *Normal* _____

Immunization History:

_____ *Done acc. to v2p* _____

Anthropometry:

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

Weight (kgs) *39.08 kg* (Centile _____)

On Examination:

Temperature: *(N)* Pulse Rate: *82 BPM* ~~100 BPM~~ B.P. _____ SPO2 *98% RA*

Resp. rate and type of breathing : _____

_____ *RR - 28/min* _____

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____

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03-03-2011 15 Y 3 M 23 D (M)
Dr. RAVI HIMAJA



Respiratory System:

Inspection (any s/o distress): _____

Air entry & breath sound: clear

Any Addees sounds : _____

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

Cardiovascular System:

Inspection of procordium : _____

Heart Sounds : S1S2 (+)

Any murmur: _____

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

Per Abdomen:

Inspection : _____

Palpation : Soft

Ausculation : _____

Spine : _____ External Genitalia (Rt) side swelling of scrotum

Relevant data from outside (CT.USE.etc.,) _____
- contents Reducible

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: Active

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture: _____

Involuntary Movements : _____

KMV-00014381 IP22-00023395
Master K GOWTHAM
03-03-2011 15 Y 3 M 23 D (M)
Dr. RAVI HIMAJA



Reflexes:

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

(R+) Inguinal Hernia

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- nb
- BT
- CT
- NZU
- NBrAg

N.B
Rem

Planned Management:

- NPO till further orders
- PAC to be done
- Tri: ceftriaxone 2gm before surgery
- IVF of DNS
- 975ml/hr

Signature of the Doctor :

Signature of the Consultant:

Name of the Doctor :

Dr MAIN

Name of the Consultant :

Date & Time :

26/6/26

Date & Time :

KMV-00014381 IP22-00023395
Master K GOWTHAM
03-03-2011 15 Y 3 M 23 D (M)
Dr. RAVI HIMAJA



DISCHARGE PLANNING FORM

Note: * To be completed by a Doctor within (24) hours of admission

1. Anticipated Date of Discharge : _____

2. Destination Post Discharge : Home
Family Members Notified (Person Contacted _____)

Transfer
Hospital Facility Notified (Person Contacted _____)

3. Discharge Status: Self Care Family Home Care Home Professional Assistance

Needs Assistance In:

Remarks

- | | | |
|-------------------------------------|--|-------|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |

4. Nutritional Plan:

Dietary Instruction Discussed with the:

Patient Family Member Other:.....

5. Discharge Planning Discussed with the:

Patient Family Member Other:.....

6. Patient / Family Education Plan:

Education Topic /s :

Patient's Educational Topic/s discussed with the:

Patient Family Member Other:.....

Doctor Signature: _____

Name of the Doctor : _____

Date & Time : _____



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient N **KMV-00014381** IP22-00023395
Master K GOWTHAM
 03-03-2011 15 Y 3 M 23 D (M)
 Age : **Dr. RAVI HIMAJA**
 I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26	5pm	C/S/B Do Aditya / Dr. Sreevals S
		- Rt Inguinal Hernia
		- S/p Rt Herniotomy
		on IVf Dns - maintenance
		No pain at surgical site.
		<u>o/e</u>
		Alert
		Dressy - Intact.
		No soaking.
		PIA - soft
		BS ⊕
		<u>Plan:</u>
		1) Start feeds at 6pm
		2) monitor wbs

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26
8am

C/S/B Dr Hingja / Dr Sreenan.

D = - Right Inguinal Hernia

- Right Herniomy.

No pain at surgical site.

O/E

Drainy - mild
No pain at surgical site.


PIA - soft

BS ⊕

To
Sreen

plan

- D/c boy

Pat		I.P. No.	Sheet No.	Wards	Weight (kg) 39.08kg
-----	---	----------	-----------	-------	------------------------

REGULAR PRESCRIPTIONS

DRUG : Inj. CEFTRAXONE				Date Time	24/6															
Dose	Route	Frequency	Start Dt.																	
2gm	IV	Q12H	26/6		11AM	Ⓢ														
Name & Signature of the Doctor starting the Drugs: <i>S. D. Yash</i>																				
Additional Instructions: 2 nd dose before surgery																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : Sy PARACETAMOL				Date Time	26/6	27/6														
Dose	Route	Frequency	Start Dt.																	
400 mg	IV	Q8H	26/6/26		AM	X	PM	X												
Name & Signature of the Doctor starting the Drugs: <i>Dr. Praveen</i>																				
Additional Instructions: 1ml = 10mg.																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : Sy ESOMEPRAZOLE				Date Time	26/6															
Dose	Route	Frequency	Start Dt.																	
40 mg	IV	Q24 h	26/6/26		AM	X	PM	X												
Name & Signature of the Doctor starting the Drugs: <i>Dr. Praveen</i>																				
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.																				

OPERATION THEATER NOTES

Patient's Name: Master A.K. Gowtham Age: 1.5y Gender: M F
UHID: kmv-14281 I.P. No. 23395 Weight: 38.8 kgs.

Surgeon: DR. RAVI HIMAJA Asst. Surgeon: -

Anesthetist: DR. RAJVEEN

OT Nurse: Divya.

Surgical Procedure:

Rt herniotomy

Indication for Surgery:

Rt inguinal hernia

Date: 26/6/26

Start Time: 12.50 PM

End Time: 1.45 PM

PRE-OPERATIVE PREPARATION

OPERATION NOTES :

- Rt inguinal crease incision given
- External oblique aponeurosis opened.
- Sac is identified & separated from cold structures
- Herniotomy done
- Wound closed in layers.

POST - OPERATIVE ORDERS:

- 1) NPO ^{to} till 5PM & allow feeds later
- 2) IVF - DNS @ 80 ml/hr
- 3) Inj. Moxifloxacin 400 mg iv BD
- 4) Inj. Pantoprazole 40mg iv OD
- 5) Inj. PCM 40cc iv TID

DR. RAVI HIMAJA

Consultant Surgeon's Name

Himaja

Consultant Surgeon's Signature

Date: 26/6/26 Time:

wt → 39 kg

PREANAESTHETIC EVALUATION

Date : 26/6/26

Time : 9:15 AM

Name : K. Gowtham

Proposed Operation

Rt Hemiotomy

Age : 15 yr

Preoperative Diagnosis

Rt Inguinal Hernia

Sex : M

I.P. No. : 23395

B.P	H.R	R.R	Temp	Height	Weight	Physical Status
	82/min	18/min	Afebrile			1 2 3 4 5

LABORATORY DATA

Hgb _____	Glucose _____	Protien _____	HIV <u>NR</u>	X-Ray _____	Other: _____
PCV _____	Urea _____	Alb _____	HBS Ag <u>NR</u>	ECG _____	
WBC _____	Creat _____	Total Bill _____	HCV <u>NR</u>	2D Echo _____	
Plate _____	Na _____	Dir. Bill _____	Blood group _____	Stress/Angio _____	
PT _____	K _____	LDH _____	Other _____		
PTT _____	Ca++ _____	Alk phos _____			
INR _____	Mg++ _____	Amylase _____			

Allergies : NK

Medical History :

CVS:

RESP: B/L AET ⊕

CNS: conscious coherent

Diabetes : -

Renal:

Hepatic /GE: NAD

APD+/-

Others:

Past Anaesthetic History: Nil

Physical Exam

Adequate

(N)

(N)

(N)

Airway:

MP 1 2 3

Mouth Opening

Mentohyoid Distance:

Neck:

Teeth:

Lungs:

B/L AET ⊕

Heart:

S1S2 ⊕

CNS:

conscious coherent

Pupils : (N) / Reactive to light

E.V.M u.s.b

Others :

Pallor : +/-

Venous Access Site :

Spine Exam for regional : (N)

ANAES. PLAN :

MAC/REGIONAL/GA-ETT/LMA

Proposed Post-op Plain relief:

Peri -op. plan explained to patient Y/N

WILL TAKE BLOOD

YES/NO

PREGNANT LMP

YES/NO

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

1. DVT Prophylaxis
2. NBM form : 6 hrs from surgery
3. Informed Consent Standard / High Risk

4. CBP, viral markers needed

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 82/min SaO2 : 99% RA

R.R.: _____ Last Feed : _____

B.P./C.R.T. : _____

Signature : _____

Dr. Praveen
26/6/26

POSTANAESTHESIA CARE UNIT RECORD

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General Epidural Spinal Other Regional

Anaesthesiologist : Dr. Praveen

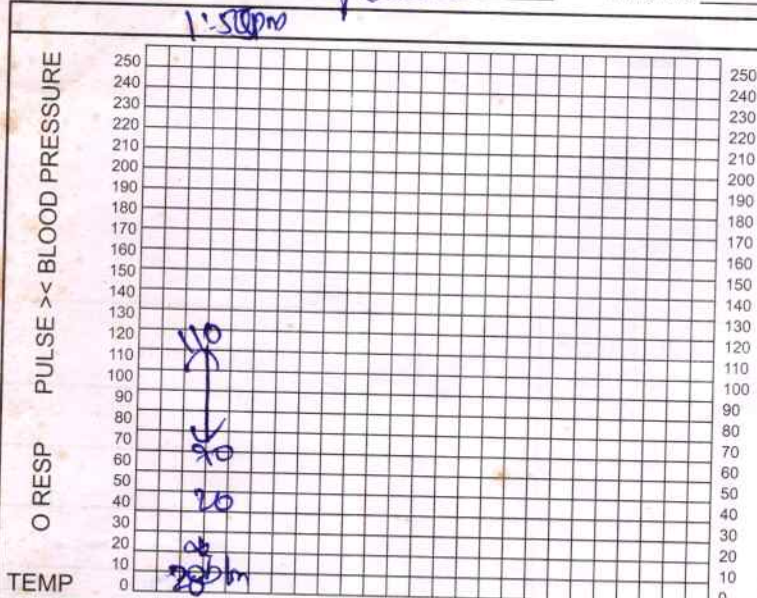
Surgeon : Dr. Ravithimaja

Procedure : (Rt) Herniotomy

Received in PACU by : Pavani

Time in : 1:55pm

Time Out : 3:20 pm



Pre-Op BP	INTAKE/OUTPUT	
OR BP	Emesis	NO
	Gastric Suction	NO
	Voided	NO
O ₂	Urinary Catheter	NO
	Chest Drainage	NO
Begun	Wound Drainage	NO
	Recovery Room Blood Given	NO
Ended	PO FLUID	NO
	IV FLUID	YES
Method	TOTAL	YES

O₂: Mask : NO Nasal Prongs : NO Ventilator : NO
 Cannula : YES Trach Collar : NO T-Place : NO
 Always : NETT NO TRACH : NO NASAL : NO
 OETT : NO ORAL : NO

POST ANAESTHESIA 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	2	2	2		A MINIMUM TOTAL SCORE OF 8 IS REQUIRED FOR DISCHARGE. EXCEPTIONS TO THIS ARE TO BE EXPLAINED IN THE SPACE BELOW BY THE DISCHARGING PHYSICIAN.
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
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		10	10	10		

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia NBM Glws post surgery
			2. Analgesia Inj. PCM - 70ml iv BD
			3. Fluids IV fluids - 20 RL @ 60ml/hr
			4. Anti Emetics
			5. PCA/Epidural/ I.V. Infusion monitor vitals
			6. Inform SOS

Evaluated and discharged by : Dr. Dr. Praveen

Transferred to Unit by Geeta

Discharged by : (Nurse) Geeta

Received on Unit by _____



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : mateerok - Gowtham Age : 15y
 Gender : M F - IP No : 23395 Consultant : DR. Himaja
 Ward / Bed No. : Anaesthesiologist : DR. palaven
 Operative procedure planned : (RT) Hemiotomy

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 event 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 anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctor 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 / RTA
- Incapacitating COPD Others : Laryngospasm

Comments :

Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient K. Gowtham the above mentioned operation / Diagnostic / Therapeutic procedures (RT) Hemiotomy ↓ GA

I authorize and give consent for anaesthesia (Regional General Anaesthesia / Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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 Complicaions specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

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, CVP 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 anaesthesiologist 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 / MAC 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 Attendant :

Signature : K. Sravani

Name : K. Sravani

Relationship with Patient : Mother

Date & Time : 26/6/26 @ 12:30pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Praveen

Date & Time : 26/6/26 12:30pm

Informed Consent for Surgery or Special Procedure

Patient Name : Master. K. Gowtham Age : 15y Gender : M
 UHID / IP No: KMV-14381/23395

INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms)..... RT herniotomy.....
 upon
 (Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. 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. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

I have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

..... Sequelence

My signature on this form indicates that

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consentee:

Signature : Gowtham

Name: Gowtham

Date & Time : 26/6/26 @ 12:30pm

Relative

Signature : K. Sravan

Name: K. Sravan

Relationship with patient Mother

Witness:

Signature :

Name:

Date & Time :

Signature : DR. Himaja Name of Doctor : DR. RAJESH HIMAJA

Date & Time : 26/6/26 @ 12:30pm



PATIENT TRANSFER FORM

Patient Name / I.P. No <i>23395</i> <i>master.k.gowtham</i>	Date & Time of Admission <i>26/6/26 @ 11AM</i>	Date & Time of Transfer Order <i>26/6/26 @ 3:20 pm</i>
Treating Consultant <i>DR. Himaja</i>	Transfer ordered by <i>DR. dheeraja</i>	Reason for Transfer <i>post op care</i>
From Bed / Ward / Hospital <i>mbeu</i>	To Bed / Ward / Hospital <i>326</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>(25)</i>	Number of Imaging films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Gurje</i>	Name of person ordering transfer <i>DR. dheeraja</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>malathi</i>			
Signature with Date & Time <i>26/6/26</i>			

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

Unavailable bed

Nurse not available

Available bed not ready



PATIENT TRANSFER FORM

Patient Name / I.P. No KMV-00014381 IP22-00023395 Master K GOWTHAM 03-03-2011 15 Y 3 M 23 D (M) Dr. RAVI HIMAJA 	Date & Time of Admission 10:53 AM 26/6/20	Date & Time of Transfer Order 26/6/20 12 PM
	Transfer ordered by Dr. Yash	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital Ward	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file 18	Number of Imaging films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	20ml syrup ⊕	
2.	20ml — ⊕	
3.	High pressure — ⊕	
4.	20ml syrup — ⊕	
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part Sameer	Name of person ordering transfer Dr. Yash	Name & Signature of Nurse Supervisor Dhruv	Referral note & referral Doctor Name: Ref.
--	--	---	---

Patient & Clinical records received by: Pawan
26/06/20 at 12 PM

Signature with Date & Time

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

Unavailable bed

Nurse not available

Available bed not ready



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/06/26 Time of arrival : 10 AM

Chief Complaints: lt side swelling of Suprad. eye RBS:

Height : Weight : 38.8 Kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

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

Character Location Frequency Duration

RISK FOR FALL:

If patient is < 6 years
tick below fall risk intervention directly

If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

- Bedrest / immobile Yes No
- Weak Yes No
- Impaired Yes No

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- Escort while ambulating
- Assist Patient
- Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected

- Mobility Problem
- Walking Problem
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: No Abnormalities Detected

- Underweight
- Overweight
- Feeding Problem
- Special diet
- Special feeding method

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 10:02 AM

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

Time	Nursing Notes
11 AM	Hb, BT/CT, HIV, HbsAg sent to lab Reports due

Samples collected by: *Yam*
 Samples sent by: *Yam*

Time: *Y*
 Time: *Y*

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
26/5/26	Hy. ceftriaxone	IV	900mg		<i>(Signature)</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>82 b/min</i> BP: <i>101/66 mmHg</i> CFT: RR: <i>22</i> SPO ₂ : <i>100%</i> GCS: <i>1R</i> Temperature: <i>92.2°F</i> Pain Score: <i>0</i> Repeat RBS (if applicable): <i>—</i>	Shift - out from ER to: <i>MIU</i> Time of Shift - out: <i>12 PM</i> Handover given to: <i>Pavani</i> (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): *IV. Placement done @ 2200*

Name of the Nurse: *Ram* Signature of the Nurse: *(Signature)*

Date & Time: *26/5/26 12 PM*



331

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29/6/16 Time: 10 AM

Weight: 39 kg Centile: <3rd

Height: Centile:

Inference: Under Nourished Child

RDA: Calories: 2800 kcal/d Protein: usg/d

Diet Recommendations: High protein soft diet

Re-Assesment: Along with oral liquids

Food Allergies: Nil Veg/Non-veg: Non Veg

Diagnosis: Rt Inguinal Hernia / Herniotomy

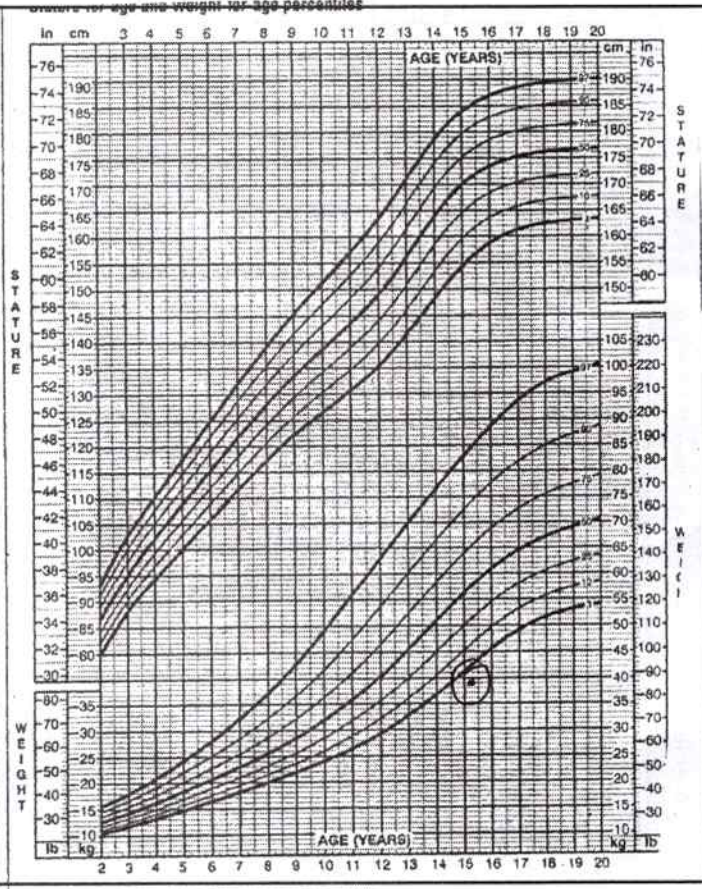
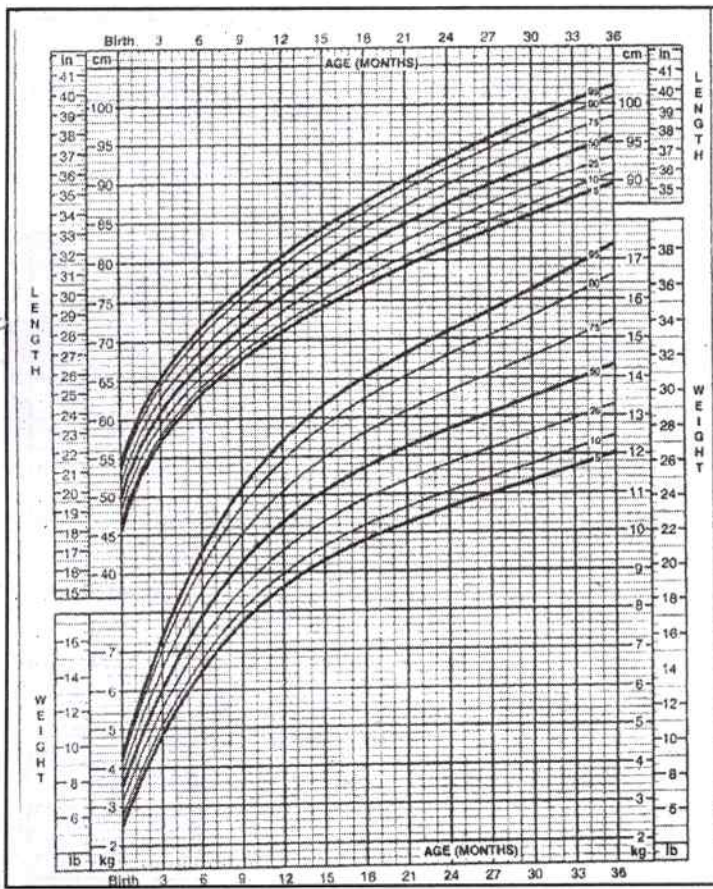
Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: K. Srinivas

GROWTH CHART (BOYS)

Birth to 36 months: Boys
 Length-for-age and Weight-for-age percentiles

2 to 20 years: Girls
 Stature-for-age and Weight-for-age percentiles



Dietician's Name: J. A. R. N. Y. E.

Dietician's Signature: [Signature]




EMERGENCY ROOM TRIAGE FORM


Patient's Name : J. Cranham Age : 15y
 Gender : M F - Date : 26/6/16 Time : 10 AM Weight : 38.8 kg

Chief Complaints : Left side Swelling of Scrotum

Any History of Allergies ? N/A

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

PRIMARY ASSESSMENT (ABCDE) ASSESSMENT PENTAGON

	Airway : <input checked="" type="checkbox"/> Open <input type="checkbox"/> Maintainable <input type="checkbox"/> Not Maintainable	Breathing : RR <u>22</u> / min SpO2 : <u>100%</u> at FIO2 : <u>R/A</u> Efforts : <input type="checkbox"/> Normal <input type="checkbox"/> Poor <input type="checkbox"/> Increased <input type="checkbox"/> Acidotic Air Entry : <input type="checkbox"/> Normal <input type="checkbox"/> Poor <input type="checkbox"/> Differential Auscultation : <input type="checkbox"/> Normal <input type="checkbox"/> Stridor <input type="checkbox"/> Wheeze <input type="checkbox"/> Crackles
	Circulation : HR : <u>82 b</u> / min CFT : <u>Cyan</u> BP : <u>101/66</u> mm Hg Central Pulse : <input type="checkbox"/> Good <input type="checkbox"/> Poor Peripheral Pulse : <input type="checkbox"/> Good <input type="checkbox"/> Poor ECG : <input type="checkbox"/> None Skin Temp : <input type="checkbox"/> Warm <input type="checkbox"/> Cool	

DISABILITY : Pain Score: 0

GCS: (E 4, V 5, M 6) Pupil Size : normal

Reaction : Reactive

Motor Activity: Normal & Symmetrical
 Asymmetrical Seizures Posturing Flaccidity
 Extra pyramidal movements

Blood Sugar : _____ mg / dl

EXPOSURE

Temp : 92.2 °F degF

Colour : Normal Pallor Cyanosis Mottling

Surface Findings : Rash Abscess Pustules
 Cellulitis Purpura Petechie Ecchymosis Hemorrhagic nodules
 Mucosal Ulcers Desquamation Edema
 Trauma Others (Specify)

Final Physiological Categorization : Stable : Yes

Respiratory Distress : no Respiratory Failure : no

Shock : Yes No **If yes :** Hypotensive Normotensive - Cardiorespiratory Arrest : no

Primary Brain / Systemic Dysfunction : no

Triage Classification	Doctor's Response in Minutes
Class 1 : CRITICAL : Life or limb threatening	<input type="checkbox"/> 0 (immediate)
Class 2 : ACUTE : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> ≤5 min
Class 3 : URGENT : Significant illness but not life threatening	<input type="checkbox"/> ≤10 min
Class 4 : NON - URGENT : May receive care when convenient	<input checked="" type="checkbox"/> ≤20 min

NOTE : All immunocompromised children and preterm babies to be considered Class 2.
 All Children less than 2 years age with high fever to be considered Class 3.
 Class 1 and 2 belong to "Priority 1" (Red), Class 3 is "Priority 2" (Yellow) and Class 4 is "Priority 3" (Green)

Doctor's Actual Response Time : 9 AM
 Signature of Parent/Guardian : _____

Name & Signature of Triage Nurse : Laura Name & Sign of the ER Doctor : Dr. Yash

Time of Completion of Initial assessment by ER Nurse : < 20 min
 Name of Doctor performing assessment : Dr. Yash
 Nursing care plan (including labs/medications/other care) :

<u>Hb, BT-CT, HIV, HbsAg</u>	<u>Sent to lab Reports due</u>

Samples collected by : J Pann
 Samples sent by : J Pann

Time : 11:30 AM

Treatment given in ED :

Date / Time	MEDICATION	ROUTE	DOSAGE & Instruc	Nurse Sign 1	Nurse Sign 2	Doctor's Sign
<u>10:AM</u>	<u>Ly-ciflic</u>	<u>IV</u>	<u>2gm</u>	<u>[Signature]</u>	<u>[Signature]</u>	

Condition of patient at time of shift - out :
 HR: 105 BP: — CFT: Low
 RR: 20 SPO2 at FIO2: 100% RA
 GCS: 15 Temperature: 99.5
 Pain Score:
 Repeat RBS (if applicable):

Details of Shift - out
 Shift - out from ER to: MICU
 Time of Shift - out: 12 PM
 Handover given to: Pavani
 (Nurse's Name)

MLC / LAMA / BROUGHT DEAD (tick as applicable)

Procedures done with details (if any) :

Dr. placement done @ 22:07

Nurse's Name & Sign :
[Signature]
[Signature]
26/6/26

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

DEPARTMENT:

NAME:

UHID / I.P.NO.:

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE;

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE

SIGNATURE:



SURGERY DETAILS

Sl.No.

Date: 26/06/2026

Patient Name : Master. K. Goutham Age: 15 yrs Sex: Male

UHID No. : Kmv-14381 IP No: 23395

Date of Surgery: 26/06/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery : Right herniotomy

Time in: 12:50 pm

Time Out : 1:45 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>DR. Himaja</u>	.....
2. Anaesthetist	<u>DR. Praveen</u>	.....
3. Asst. Surgeon	.....	.....
4. OT Technician	<u>Merey</u>	.....
5. Circulating Nurse	<u>K. Pavani</u>	.....
6. Asst. Nurse	<u>Dmya</u>	.....

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Himaja
Signature of the Surgeon

Signature of Circulating Nurse

Order No : 69.1396 Ordered by: [Signature]

Rt Herniotomy

CONSUMABLES OF OT

Patent Name: Master - Goutham Age: 15

Gender: M F UHIS/IP NO: Kmv-14381

Date: 26/06/20 Time:

Circulating Staff: K. Pavani Technician: Merly

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit.K		
LMA			Sutures <u>2437</u>		<u>01</u>	Cord clamp		
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc						Vaccum Suction Set		
05 cc			Gloves <u>p.f642</u>		<u>02</u>	Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate <u>A/P/N</u>	<u>01</u>		Surgical blade <u>15</u>		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil		<u>01</u>			
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>5+5</u>		<u>10</u>	<u>Phologawb-02</u>		
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		<u>02</u>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>2 pad 8582</u>		<u>01</u>			
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet		<u>01</u>			
Tab. Misoprost : 200mg			Betadine Solution		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon: Himaja Anaesthesiologist

Merly OT Technician

Order No: 691383 / no 7 Ordered by:

26/6/20

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

Rainbow Children's Hospital
It Starts & Ends with the Baby.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023395	Ward	3F-THIRD FLOOR
Patient Name	Master K GOWTHAM	Bed Name	GW 326
Age/Sex	15 Y 3 M 23 D / Male	Order No	22-0000691383
Date	26/06/2026 14:41	Prescription No	PRIP22-0292223
Payor	SBI GENERAL INSURANCE COMPANY LTD	Dispensed Date	26/06/2026 15:47
UHID	KMV-00014381		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706106	08/27	1	1,188.00	1,188.00
2	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
3	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
4	POVINANZ SOLUTION 10% 100 ML			N0160136	01/28	1	100.31	100.31
5	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	2502272401	02/28	1	1,120.00	1,120.00
6	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
7	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526022026	02/29	5	11.25	56.25
8	SURGICAL BLADE 15	Surgeon	GENERAL	020525	04/30	1	7.03	7.03
9	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	2	140.00	280.00
10	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	R02260916	01/29	1	175.00	175.00
11	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
12	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		T50351	04/30	1	663.00	663.00
Total :							4,058.02	5,113.89

Return to Pharmacy

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

CONSUMABLES OF OT - 222

Patent Name: Master K. Gowtham Age: 15 years
 Gender: (M) F UHIS/IP NO. 23395/14381
 Date: 26/6/20 Time:

Circulating Staff: Technician: Melcy

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>6.5 cuffed</u>		<u>(01)</u>	Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads : A/P/N		<u>(03)</u>				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<u>(03)</u>				Vaccum Suction Set		
05 cc		<u>(01)</u>	Gloves			Surgical Gloves		
02 cc		<u>(03)</u>				Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml			Koochies					
<u>ly: Velloum</u>		<u>(02)</u>	Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol		<u>(01)</u>	Steristrip					
Rocuronium			Underpad					
Glycopyrolate		<u>(02)</u>	Draw Sheet					
Myopyrolate	<u>(01)</u>	<u>(02)</u>	Abgel					
Ondansetron		<u>(01)</u>	Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>ly: PCM</u>		<u>(01)</u>	Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		<u>(01)</u>			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
<u>0 water</u>		<u>(05)</u>	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Himaja Anaesthesiologist Dr. Praveen Nurse Diya OT Technician
 Order No: 691391 Ordered by: [Signature]

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospitals - Visakhapatnam**

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Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS

IP No IP22-00023395
Patient Name Master K GOWTHAM
Age/Sex 15 Y 3 M 23 D / Male
Date 26/06/2026 15:42
Payor SBI GENERAL INSURANCE COMPANY LTD
UHID KMV-00014381

Ward 3F-THIRD FLOOR
Bed Name GW 326
Order No 22-0000691391
Prescription No PRIP22-0292229
Dispensed Date 26/06/2026 15:59

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	3	28.13	84.39
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
3	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	5	2.71	13.55
5	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
6	ET TUBE - 6.0 MM WITH CUFFED-HELMIER		GENERAL	24EA18I	12/28	1	347.81	347.812
7	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
8	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350488	11/27	1	140.20	140.20
9	NEOVAC INJ 4MG 2ML	Neon Laboratories Ltd	H	385438	01/28	2	79.34	158.68
10	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
11	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	R2C260597	02/28	1	737.08	737.08
12	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP25003	06/27	2	15.50	31.00
13	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
Total :							2,265.40	2,571.84

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospitals - Visakhapatnam**

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DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023395	Ward	3F-THIRD FLOOR
Patient Name	Master K GOWTHAM	Bed Name	GW 326
Age/Sex	15 Y 3 M 23 D / Male	Order No	22-0000691407
Date	26/06/2026 17:31	Prescription No	PRIP22-0292238
Payor	SBI GENERAL INSURANCE COMPANY LTD	Dispensed Date	26/06/2026 17:40
UHID	KMV-00014381		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
Total :							1,195.00	1,195.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO