

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023292

Admit Date : 17-Jun-2026

Admit Time : 08:01 AM UHID : HCV-00039529

Patient Details :

Patient Name : Master SALAPU SHANVIK

Age : 2 Y 10 M 24 D

Guardian : Mr GHANESH

DOB : 24-07-2023

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : Chintalaagaraharam Visakhapatnam Andhra Pradesh INDIA 530047

Phone No : 8688130230/

E-mail : 8688130230@gmail.com

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 325

Ward Name : 3F-THIRD FLOOR

Room No : GW 325

Admission Type : First Visit

Contact Details :

Name : Mr GHANESH

Relationship : C/O

Contact Address : Chintalaagaraharam Visakhapatnam Andhra Pradesh INDIA 530047

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. MOKA SIDDARDHA

Specialisation : ORTHOPEDICS

Referral Doctor : FRIENDS

Phone No :

Co-Consultant :

Payment Details :


Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name: 0520 IP22-00023292
LAPU BHANVIK
3 2 Y 10 M 24 D (M)
SIDDARDHA

UHID N  Consultant : Dept:.....

Date of Time:..... Date of Discharge:..... Time:.....

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

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|---------|-----------|-----------|--------------------|
| 17/6/26 | 9:26 AM | CR | ward(325) | Seelb |
| 17/6/26 | 1:00 PM | 329 (G.W) | MICU | Santoshki |
| 17/6/26 | 2:50 PM | MICU | OT - I | Uba |
| 17/6/26 | 6:30 PM | OT - I | MICU | Uba |
| 17/6/26 | 9:30 PM | MICU | 329 | Seelb |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|-----|---|---------|-----------|-----------|
| 1. | From HIRANJEE | 18/6/26 | 9504 | Uba |
| 2. | Cross checked by Beisakhi 19/6/26 @ 9:30 PM | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|---|-----------------------------------|----------|-----------|--------------------------------|
| 17/6/26 | IV placement | ① | .6891097 | <i>[Signature]</i> |
| 17/6/26 | PAC | - | .689108 | <i>[Signature]</i> (018317) |
| 17/6/26 | Catheterization | } | | |
| | IV placement Placement | | | |
| | B/L Hemiepithyrodies | | 689324 | <i>[Signature]</i> |
| | Proximal tibia + (LT) Prox | | | |
| | Tibia osteotomy + fibula | | | |
| | osteotomy + K-wire fixation | | | |
| | + (LT) ALK Cast Application | | | |
| | Done by Dr. M. Siddardha | | | |
| | Under GA | | | |
| | Anesth: Dr. Dheeraja | | | |
| | In time: 3:00PM | | | |
| | out time: 6:00PM | | | |
| creas checked By Baissakhi 19/6/26 @ 9.30 PM | | | | |

ANY OTHER INFORMATION

Drill Gun used - 1 hour
 Sevoflurin used - 3 hours
 Cam used - 1 1/2 hour

Date: 19/6/26

Time: 9.30pm

Prepared By: Baissakhi

| | | | |
|--|--------------|-------------------|--------------------|
| Staff Nurse <i>Creas checked by Baissakhi 19/6/26 @ 9.30 PM</i> | Shift / Ward | Billing Assistant | Billing Supervisor |
|--|--------------|-------------------|--------------------|



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

19529 IP22-00023292
ALAPU BHANVIK
3 2 Y 10 M 24 D (M)
WIDDARDHA


Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

do bowing of legs at knees since 1 1/2 year of age

History of present illness:

do bowing of knees since 1 1/2 year
now gradually progremine with (L>R)
can walk c̄ ont sp support
no difficulty in standing, walking, running

Examined at outside hospital - No evidence of rickets or renal tubular acidosis
Generalised leg laxity present

30520 IP22-00023292
ALAPU BHANVIK
23 2 Y 10 M 24 D (M)
A BIDDARDHA

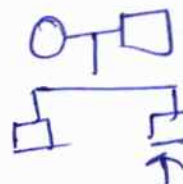


Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Term | 2.8 kgs | LSCS | CIAB
No h/o NICU admission

Family Chart



Birth & Socio Economic History:

About Father: _____
About Mother: _____
Any additional Information: _____

Developmental History:

Normally attained as per age

Immunization History:

Immunized as per schedule

Anthropometry:

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

Weight (kgs) 12.1 kgs (Centile _____)

On Examination:

Temperature: (N) _____ Pulse Rate : _____ B.P. _____ SPO2 _____

Resp. rate and type of breathing : Regular RR - 35/min

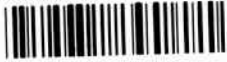
Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): no known other drug allergy

39520 IP22-00023292
ALAPU BHANVIK
23 2 Y 10 M 24 D (M)
A SIDDARDHA



Respiratory System:

Inspection (any s/o distress): _____

Air entry & breath sound : BILAE (1) , clear

Any Addes sounds : _____

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

Cardiovascular System:

Inspection of procordium : _____

Heart Sounds : S1S2 (1)

Any murmur: _____

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

Per Abdomen:

Inspection : _____

Palpation : _____

Ausculation : Sgt

Spine : _____ External Genitelia : _____

Relevant data from outside (CT.USE.etc..) _____

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: _____

Cranial Nerves : _____

Motor System:

Nutrition : Bowing of both legs noted (LT > RT)

Tone: Generalized laxity Power present

Co-ordinator : Beighton score - 4/10

Posture: _____

Involuntary Movements : _____

39529 IP22-00023292
LALAPU BHANVIK
23 2 Y 10 M 24 D (M)
A BIDDARDHA



Reflexes:

DTR

Superficials:

Plantars

corner test (+)

waddle gait (+)

Bladder / Bowel:

Clinical Summary & Diagnostic:

BLOUNT'S DISEASE | ? SKELETAL DYSPLASIA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

Planned Management:

~~Hb~~ CBC
HIV
HbsAg
BT
CT
X-ray done lumbar spine lateral view

1. IV FLUIDS 40ml/hr
2. INJ. CEFTRIAXONE 600mg IV stat
1hr before surgery
M.B. See 17/6/20 9AM

Signature of the Doctor: [Signature]

Signature of the Consultant:

Name of the Doctor: G. Sumina

Name of the Consultant:

Date & Time: 17/6/20

Date & Time:

39529 IP22-00023292
IALAPU SHANVIK
23 2 Y 10 M 24 D (M)
A SIDDARDHA



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)

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|---------|------|---|
| 18/6/26 | 8am | C/O/B Dr Siddhartha / Dr SV |
| | | D- B/L Genu Varum s/p B/L ? Blaw done |
| | | Hemiphiysectomy proximal tibia + Lt prox. tibia osteotomy + knee fixation + fibula osteotomy, Lt Cast application |
| | | NO pain at operated site NO fever <u>O/c</u> |
| | | Aloxt Hemogramicay - stable Drewy - Intact. urine - good |
| | | <u>Plan</u> |
| | | 1) cont of ceftazidime - D2 of Nitrofurantoin - D2 |
| | | 2) monitor vitals |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|------------|----------|---|
| 18/06/2023 | 11:14 AM | C/S by Dr M Siddardha (PND-1) |
| | | Child Conscious & Coherent |
| | | gc-fair |
| | | vital - stable |
| | | Chf-pain at the surgical site (LT) > (RT) |
| | | - Breakage of cast of ankle noted |
| | | ✓ Capillary refill lvs - (left) good |
| | | ✓ No signs of compartment syndrome noted |
| | | <p>✓ Monitor for signs of tight plaster/cast</p> <p>✓ Renew Soj</p> <p>Removal of wire Bag</p> |
| | | <p>① INJ. CEFTRIAZONE 600mg IV BD</p> <p>② INJ. PARACETAMOL 180mg IV BD BD</p> <p>③ ORAL DICLOFENAC SUPPOSITORY 12.5mg BD</p> <p>④ INJ. PANT 20mg op</p> <p>⑤ T. VIT-C BD</p> <p>⑥ INJ. TRAMADOL 12mg IV BD</p> |
| | | <p>Dr M Siddardha</p> <p>Dr B Moulh</p> |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26

Case seen by Dr. Paveen
(Anesthesia)

POD-1

Child Conscious Coherent

Vitals: SpO₂ → 99% Room Air
PR - 104/min
NiBP - 100/60 mmHg
RR - 20/min
CVS - S1S2 ⊕
lungs - B/L A ⊕

R
CST

18/6/26
8:00 pm

C/S by Dr. M Siddiqui
Child Conscious & Coherent
fc fear

- ✓ pain - decreased in severity
- ✓ No signs of compartment syndrome
- ✓ Capillary refill of left toe - (N)
- NG distal NVD.

Dr. Paveen

NB Nour

Continue the same treatment

AD
Drain Removal tomorrow morning

Dr. M Siddiqui

19/06/2026

(Pop-2)

11:00 AM

C/S by Dr M Sathya

Child Conscious & Comfortable

& pain
Vitals - Stable

- Pain decreased in quantity
- No swelling of toes / signs of compartment syndrome
- Capillary refill: (LT) toe - good
- Active toe movement (+)
- Drain output \approx ~ 10 ml

Adv

- Drain removal

- X-ray - (RT) knee - AP & lateral

- X-ray (LT) knee & AP
(LT) leg - AP

Rx

① T. BRUFEN 200 mg BD

② DICOFENAC SUPPOSITORY 12.5 mg (SO5)

③ T. PAR 2mg OD

④ T. VIT-C OD

✓ Plan: Discharge tomorrow

Dr M Sathya

N. B. Sathya

OA 222

19/6/26

11:00 AM

20/6/20
8:30

CLUB Dr. Siddhanta / Dr. Balaji

Diagnosis: BL Gene Varum ?
Blount's disease.

Slp → BL hemi-epiphyseodermi proximal
tibia + (L) proximal tibial osteotomy

- NO clo fever
- NO clo vomiting
- NO clo Abdomen pain
- oral intake - good.

Advice:

Active, alert

• RL → BIL AFA (+), clear (+)

• PLA → soft, non-tender

Advice:

- cont. sup. ibuprofen
- tab. lansol
- tab. Vit-C
- plan BL + today


BALAJI

N. B. Sandhya C
04 222
20/6/20
8:30

RESULT SHEET

Patient Name:

Age :

I.D. No. :

Ref No : F / HW / RS / INPR / 17
339529 IP22-00023292
BALAJI BHANVIK
23 2 Y 10 M 24 D (M)
A SIDDARDHA



| | | | | | |
|--------------------|----------|--|--|--|--|
| Date | 17/6/26 | | | | |
| Time | 10:00 AM | | | | |
| Hb | 11.0 | | | | |
| PCV | 31.9 | | | | |
| RBC | 4.42 | | | | |
| WBC | 7.02 | | | | |
| N/L | 40/49 | | | | |
| Platelets | 3.40 | | | | |
| 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 | | | | | |
| Doctor's Signature | | | | | |

| | | | | | | |
|---------------------------|--------------------|--|--|--|--|--|
| Date | 17/6/26 | | | | | |
| Time | | | | | | |
| CUE - Alb | | | | | | |
| CUE - Sugar | | | | | | |
| CUE - Ketones | | | | | | |
| CUE - PUS Cells | | | | | | |
| CUE - RBC Cells | | | | | | |
| CUE | | | | | | |
| | | | | | | |
| | | | | | | |
| Stool Pus Cell | | | | | | |
| OVA / Cyst | | | | | | |
| Occult Blood | | | | | | |
| Hepatitis (HBsG) | NON-REACTIVE | | | | | |
| Anti HIV (I & II) | NON-REACTIVE | | | | | |
| | | | | | | |
| BST | 3 min 10 sec (1-5) | | | | | |
| CT | 5 min 30 sec (3-7) | | | | | |
| | | | | | | |
| BGT | B+ve | | | | | |
| | | | | | | |
| Doctor's Signature | | | | | | |

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :


 CT :

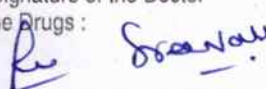
 MRI :


 Others (ECG, Contrast Studies etc.):


| | | | | |
|---|----------|--------------------|-------|-------------|
| P | I.P. No. | Sheet No. <u>2</u> | Wards | Weight (kg) |
|---|----------|--------------------|-------|-------------|

REGULAR PRESCRIPTIONS

| | | | |
|--|-------|-----------|-----------|
| DRUG : DICLOFENAC suppos Date Time 18/6/26 | | | |
| Dose | Route | Frequency | Start Dt. |
| 12.5mg | PR | Q12hr | 17/6/26 |
| Name & Signature of the Doctor starting the Drugs :  | | | |
| Additional Instructions : BACASA 9 AM stop 19/6/26 for Sreelakshmi | | | |
| Daily Doctor's Endorsement by a Sign. | | | |

| | | | |
|---|-------|-----------|-----------|
| DRUG : TAB. JR LANZOL Date Time 20/6 | | | |
| Dose | Route | Frequency | Start Dt. |
| 15 mg | PO | Q24h | 19/6/26 |
| Name & Signature of the Doctor starting the Drugs :  | | | |
| Additional instructions : 1 tab = 15 mg | | | |
| Daily Doctor's Endorsement by a Sign. | | | |

| | | | |
|--|-------|-----------|-----------|
| DRUG : SYD. 2 BUGESIC Date Time 19/6 20/6 | | | |
| Dose | Route | Frequency | Start Dt. |
| 6ml | PO | Q12hr | 19/6/26 |
| Name & Signature of the Doctor starting the Drugs :  | | | |
| Additional Instructions : BACASA 5 ml = 100mg 10 PM 20/6 20/6 20/6 20/6 | | | |
| Daily Doctor's Endorsement by a Sign. | | | |

| | | | |
|--|-------|-----------|-----------|
| DRUG : TAB. NITRAMAN-C Date Time 19/6/20/6 | | | |
| Dose | Route | Frequency | Start Dt. |
| 1 tab | PO | Q12hr | 19/6/26 |
| Name & Signature of the Doctor starting the Drugs :  | | | |
| Additional Instructions : BACASA 1 tab + 100mg | | | |
| Daily Doctor's Endorsement by a Sign. | | | |

| VARIABLE DOSE | | Date | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | |
|--------------------------------|------------|----------|------------|----------|------------|----------|------------|----------|
| | | Time | | | | | | |
| 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 | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | |
|--------------------------------|------------|----------|------------|----------|------------|----------|------------|----------|
| | | Time | | | | | | |
| 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 |
|-----------------|---------|----------------------------|-----------------------------|-------|-----------|-------------------|
| 1 PM | | INS-CEFTRIAXONE | 600 mg | | | |
| 1 PM 17/6/26 | 1:00 PM | INS- CEFTRIAXONE | 600 mg | IV | Seminan | Sartholhi B |
| 17/6/26 | 5:30 PM | Eq. PCM | 180 mg | IV | U | U C |
| 17/6/26 | 7:45 PM | INS - ONDAN | 1.5 MG | IU | B | Gujjo Jhawi |
| 17/6/26 | 8:15 PM | INT- PANTOP | 20 MG | IU | R | Gujjo Arunnams |
| 17/6/26 | 8:38 PM | DICLOFENAC SUPPOSITOR | 12.5 MG. | P.R. | R | Gujjo Arunnams |
| 18/6/26 | 12 AM | INS- TRAMADOL | 12 mg | I.V | R | NECES Rajesh |
| | | | | | | |
| | | | | | | |
| | | | | | | |

OPERATION THEATER NOTES

Patient's Name: Maulan S. Shanmuk Age: 2yrs Gender: M F
 UHID: HCV - 00039529 I.P. No. 00023292 Weight: 12.17kg

| | |
|---|--------------------------|
| Surgeon: <u>Dr. M. Siddhanta</u> | Asst. Surgeon: |
| Anesthetist: <u>Dr. Dheeraja</u> | OT Nurse: <u>Indrani</u> |
| Surgical Procedure: <u>BILATERAL HEMIEPIPHYSECTOMY PROXIMAL TIBIA +</u> <u>(LT) PRM. TIBIA OSTEOTOMY + K-WIRE FIXATION + FIBULA OSTEOTOMY + A/LECAST</u> | |
| Indication for Surgery: <u>BILATERAL GENU VARUM (LT > RT)</u> <u>? BLOUNT'S DISEASE.</u> | |

Date: 17/6/2026 Start Time: 3:00PM End Time: 6:00PM

PRE-OPERATIVE PREPARATION

- ✓ Dose of Ceftriaxone 600mg IV dose given 1 hr before OT.
- ✓ Nil per oral for 8 hours.

↓ General Anaesthesia + Caudal block.

OPERATION NOTES: Position: Supine position.

Preparation: Both lower limbs prepared by scrubbing with Betadine scrub and betadine paint followed by Sterisium solution.

Under sterile condition, both the lower limbs are draped with sterile drapes.

(A) A 5cm longitudinal incision is given over the lateral aspect of the proximal tibia, deep fascia & muscle dissected to approach the periosteal area.

Under C-ARM guidance, the position of '8' plate confirmed and fixed with two ~~3.5~~ 3.5mm x 26mm cortical screws. Placement of implant is satisfactory. wound closed in layers.

(B) (LT) LEG: A 5cm longitudinal incision given over the lateral aspect of left prox. tibia, dissection done to approach

the periosteal area.

under C-ARM guidance, position of '8' plate confirmed

'8' plate is stabilised with two 3.5mm x 26mm Cortical screws. ~~wound~~ wound closed in layers.

(ii) Another longitudinal incision of 5cm is given along the lateral aspect of the $\frac{1}{3}^{\text{rd}}$ leg. Dissection done to approach the fibula. Multiple drill holes are placed & osteotomy done. wound closed in layers.

(iii) A longitudinal incision of '8cm' is given along the anteromedial aspect of the left leg at proximal $\frac{1}{3}^{\text{rd}}$ level. Tissue dissection done & periosteum elevated. Multiple drill holes are placed & oblique osteotomy of the tibia performed, 10° varum & medial rotation corrected and fixed with POST-OPERATIVE ORDERS: two 2.5mm K-wires. wound closed in layers over a suction drain. sterile dressing done & Above knee cast applied. Capillary refill on left foot was good.

Post-op orders

- ✓ Allow PER ORAL AS PER ANAESTHESIOLOGIST ORDERS
 - ✓ LIMB ELEVATION ON A PILLOW
 - ✓ WATCH FOR COMPARTMENT SYNDROME / \xrightarrow{R}
 - (Increasing pain)
 - (Swelling of toes)
 - ✓ Monitor Input / output
 - ✓ Review SOS
 - ✓ X-ray both knees $\left\{ \begin{array}{l} \text{AP} \\ \text{Lateral} \end{array} \right.$ Tomorrow if child co-operates
 - ✓ X-ray (L) leg $\left\{ \begin{array}{l} \text{AP} \\ \text{Lateral} \end{array} \right.$
- ① INJ. CEFTRIAXONE 600mg IV BD
 - ② INJ. PARACETAMOL 150mg QID
 - ③ ~~INJ.~~ DICOFENAC SUPPOSITORY 12.5mg BD
 - ④ INJ. PAN 20mg OD
 - ⑤ INJ. ZOFER 15mg (SOS)
 - ⑥ T. VIT-C BD

Dr M Siddardha
Consultant Surgeon's Name

Consultant Surgeon's Signature

Date: 17/06/2026 Time: 07:58 pm

~~Dr Serrathaprasad~~

Dr M Siddardha

wt → 12.1 kg

Date: 17/06/26

Time: 8:00 Am

Name: Salapu Shanvik

Proposed Operation: Hemiepiphysiodesis of Both Tibia & osteotomy Age: 2yr, 10 months

Preoperative Diagnosis: Skeletal Dysplasia / BLOWN'S Disease Sex: Male

| | | | | | | | |
|-----|-------------|-----|---------------|--------|--------|---------------------------|----------|
| B.P | H.R. 91/min | R.R | Temp Afebrile | Height | Weight | Physical Status 1 2 3 4 5 | I.P. No. |
|-----|-------------|-----|---------------|--------|--------|---------------------------|----------|

LABORATORY DATA

| | | | | | |
|-----------|---------|------------|-------------|--------------|----------------|
| Hgb 11g/m | Glucose | Protien | HIV | X-ray | Other: |
| PCV | Urea | Alb | HBS Ag | ECG | |
| WBC | Creat | Total Bill | HCV | 2D Echo | BT 3'10" |
| Plate | Na | Dir. Bill | Blood group | Stress/Angio | BT 5'30" |
| PT | K | LDH | Other | | |
| PTT | Ca++ | Alk phos | | | |
| INR | Mg++ | Amylase | | | Allergies: NIL |

Medical History:

CVS: S₁S₂ ⊕

RESP: BLA ⊕, clear

CNS: Conscious Coherent

Diabetes: -

Renal:

Birth H/a: Term / 2.8kg / LSCS / No #/0 NICU admission

Hepatic / GE: } NAD

APD+/- -

Others:

Past Anaesthetic History: NIL

Physical Exam

Adeq

Airway MP 1 2 3 Mouth Opening Mentohyoid Distance: Neck: Teeth:

Lungs: BLA ⊕, clear

Heart: S₁S₂ ⊕

CNS: Conscious Coherent Pupils: (N) / reactive to light E V M 4 5 6

Others: Pallor: +/- Venous Access Site: patent Spine Exam for regional:

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 YES/NO LMP

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

- DVT Prophylaxis
- NBM form: 6hrs before surgery
- Informed Consent (Standard / High Risk)

CBP, Vital markers, CT, BT needed

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 91/min SaO₂: 98% RA
R.R.: Last Feed:
B.P./C.T.Y.:

4. Review PAC & Reports

Signature: _____

Dr. Praveen
17/6/26

PRE-OP DIAGNOSIS Blount's d/p (Valium) OPERATION Rt Tibia Hemiepiphysiodesis + Osteotomy Date 17/6/20

SURGEON Dr. Siddhant M. ANAESTHESIOLOGIST Dr. Theeraja

| ANAES CARE TEAM | #1 | Start | End | Cons. Sig | Res | PHYSICAL STATUS |
|-----------------|----|-------|-----|-----------|-----|---|
| | #2 | Start | End | Cons. Sig | Res | PT IDENTIFIED <input type="checkbox"/> CONSENT PRESENT <input type="checkbox"/> CHART REVIEWED <input type="checkbox"/> |
| | #3 | Start | End | Cons. Sig | Res | LAST PO INTAKE |

| TIME | DRUGS | PHYSICAL STATUS | NOTES |
|------|---|-----------------|---|
| | <u>2ip. 0.25 glyco 0.1mg IV</u> | | <u>0.25pm Caudal analgesia</u> |
| | <u>2ip. midaz 0.1mg IV</u> | | |
| | <u>2ip. Fentanyl 2.5mg IV + 12mg IV (3pm) (4:50pm)</u> | | <u>2ip. 0.25% Bupivacaine 6ml injected via w/ to sacral hiatus using 26G needle</u> |
| | <u>2ip. Propofol 25mg IV</u> | | <u>u/ to epidural space</u> |
| | <u>2ip. Vec 2.5mg IV + 0.5mg IV + 0.5mg IV (3:02pm) (4:40pm) (5:40pm)</u> | | <u>2ip. psm 180mg IV</u> |
| | <u>2ip. Alia (2mg + 2mg IV)</u> | | <u>2ip. myoprima lactate 1.5ml IV</u> |

ANESTHESIA X START FINISH I INTUBATION P PREP O - OP START O - DP END

B.P V, SYSTOLIC DIASTOLIC X MEAN * HEART RATE

Tourniquet up T Tourniquet down T RESP O Spont O AR Assisted O CR controlled RATE

TV PIP PEEP

LAB VALUES PH PACO₂ Pao₂/FIO₂ HCO₃/BE Na/K

COMMENTS/SYMBOL TIME

INDUCTION IV INHAL RECTAL IM OTHER PREO. CRICOID PR MASK AIRWAY ORAL LMA NASAL ETT# 4 at 14 cm ORAL NASAL GUFF TRACHEOTOMY TOPICAL DRUG TRANSTRACHEAL DRUG AWAKE RAPID SEQUENCE DIRECT VISION BLIND FIBEROPTIC STYLETTE BLADE# 2 ATTEMPTS 1 DIFFICULT WHY?

REGIONAL EXTREMITY SPECIFY SPINAL EPIDURAL CATHETER PUMP OTHER

SITE NEEDLE SIZE DEPTH PARASTHESIA YES NO CATHETER AT SKIN (CM) DRUG / DOSE TEST DOSE ANAES LEVEL COMMENTS

TRANSPORTATION TO PACU ICU OTHER RELAXANT REVERSED YES NO TET HEAD LIFT

SIGNATURE Theeraja

- EQUIPMENT CHECKED AND FUNCTIONAL
 - BP
 - CUFF SITE Rt. arm
 - ART SITE
 - EKG LEAD
 - TEMP SITE
 - FIO2 MONITOR
 - AGENT MONITOR
 - PULSE OXIMETER
 - PA OXIMETER
 - CAPNOGRAPH
 - VENTILATOR
 - NERVE STIMULATOR
- POSITION
- PRESSURE POINT CKD
- EYE CARE
- OINT
 - TAPE
 - PADDING
- TEMP
- HUMIDIFIER
 - BLD WARMER
 - LIGHTS
 - HEATERS
 - HUGGER'S
 - BLANKET
 - OTHER Warm

ANAES START 3pm

OP START 3:30pm

OP END 5:50pm

LEAVE OR 6pm

END ANAES

GENERAL

MAC no DRUG

MAC with DRUG

REGIONAL LOC BY SURG

LINE (SIZE & LOCATION)

- CVP
- PA
- ART
- IV 22G Rt. Hand
- IV 22G Lt. Hand
- IV

INDUCTION

IV INHAL RECTAL IM OTHER

PREO. CRICOID PR

MASK AIRWAY ORAL LMA NASAL

ETT# 4 at 14 cm

ORAL NASAL GUFF

TRACHEOTOMY

TOPICAL DRUG

TRANSTRACHEAL

DRUG

AWAKE RAPID SEQUENCE

DIRECT VISION BLIND

FIBEROPTIC STYLETTE

BLADE# 2 ATTEMPTS 1

DIFFICULT WHY?

'BILAT = BS

SEMICLOSED CIRCLE

CLOSED CIRCLE

NON REBREATH

AYREST PIECE

REGIONAL EXTREMITY SPECIFY SPINAL EPIDURAL CATHETER PUMP OTHER

SITE NEEDLE SIZE DEPTH PARASTHESIA YES NO CATHETER AT SKIN (CM) DRUG / DOSE TEST DOSE ANAES LEVEL COMMENTS

TRANSPORTATION TO PACU ICU OTHER

RELAXANT REVERSED YES NO

TET HEAD LIFT

SIGNATURE Theeraja

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General Epidural Spinal Other Regional

Anaesthesiologist Dr. Dhruvaja Surgeon : Dr. Siddheshwar M Procedure : Bl tibia Hemiepiphysodes

Received in PACU by : Uk Time in : 6:30 PM Time Out : 9:30 PM

| | | | | | | |
|--------------------------|-----|-------------------------|---------------------------------|--------------------------|------------------------|----|
| PULSE < > BLOOD PRESSURE | 250 | 250 | Pre-Op BP | INTAKE/OUTPUT | | |
| | 240 | | | OR BP | Emesis | IN |
| 230 | 230 | Gastric Suction | NO | | NO | |
| 220 | 220 | Voided | Yes | Yes | | |
| 210 | 210 | O ₂ | Urinary Catheter | Yes | Yes | |
| 200 | 200 | | Chest Drainage | NO | NO | |
| 190 | 190 | Begun | Wound Drainage | Yes | Yes | |
| 180 | 180 | | Recovery Room Blood Given | NO | NO | |
| 170 | 170 | Ended | PO FLUID | NO | NO | |
| 160 | 160 | | IV FLUID | Yes | Yes | |
| 150 | 150 | Method | TOTAL | | | |
| 140 | 140 | | O ₂ Mask : <u>NO</u> | Nasal Prongs : <u>NO</u> | Ventilator : <u>NO</u> | |
| 130 | 130 | Cannula : <u>Yes</u> | Trach Collar : <u>NO</u> | T-Place : <u>NO</u> | | |
| 120 | 120 | Always : NETT <u>NO</u> | TRACH <u>NO</u> | NASAL <u>NO</u> | | |
| 110 | 110 | OETT <u>NO</u> | ORAL <u>NPO</u> | | | |
| 100 | 100 | | | | | |
| 90 | 90 | | | | | |
| 80 | 80 | | | | | |
| 70 | 70 | | | | | |
| 60 | 60 | | | | | |
| 50 | 50 | | | | | |
| 40 | 40 | | | | | |
| 30 | 30 | | | | | |
| 20 | 20 | | | | | |
| 10 | 10 | | | | | |
| 0 | 0 | | | | | |

| POST ANAESTHESIA SCORE | IN | MINUTES | | | OUT | SCORING INTERPRETATION |
|--|----|---------|----|----|-----|--|
| | | 30 | 60 | 90 | | |
| Able to move 4 extremities voluntary or on command = 2 | 2 | 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 move 2 extremities voluntary or on command = 1 | | | | | | |
| Able to move 0 extremities voluntary or on command = 2 | | | | | | |
| Able to deep breathe & cough freely = 2 | 2 | 2 | 2 | | | |
| Dyspnea or limited breathing = 1 | | | | | | |
| Apneic = 0 | | | | | | |
| BP ± 20 of Pre Anaesthetic level = 2 | 2 | 2 | 2 | | | |
| BP ± 20-50 of Pre Anaesthetic level = 1 | | | | | | |
| BP ± 50 of Pre Anaesthetic level = 0 | | | | | | |
| Fully awake = 2 | 2 | 2 | 2 | | | |
| Arousable on calling = 1 | | | | | | |
| Not responding = 0 | | | | | | |
| Pink = 2 | 2 | 2 | 2 | | | |
| Pale, dusky, blotchy, jaundiced, other = 1 | | | | | | |
| Cyanotic = 0 | | | | | | |
| TOTAL | 10 | 10 | 10 | | | |

| Date & Time | MEDICATIONS (Drug Dosage, Route) | MD | POST OPERATIVE INSTRUCTIONS |
|-------------|----------------------------------|----|---|
| | | | 1. Analgesia <u>Npo for 6hr</u> |
| | | | 2. Analgesia <u>DIFIODNE @ 45ml/hr</u> |
| | | | 3. Fluids <u>2L PCM 180gm IV 1-17</u> |
| | | | 4. Anti Emetics <u>Supnicu Vitals</u> |
| | | | 5. PCA/Epidural/ I.V. Infusion <u>Supnicu Sol</u> |
| | | | 6. |

Evaluated and discharged by : Dr. Dhruvaja Transferred to Unit by Crigo

Discharged by : (Nurse) Crigo Received on Unit by Naal



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : S. Shanvik Age : 2y. 10m
 Gender : M F - IP No : 00023292 Consultant : Dr. Siddhartha
 Ward / Bed No. : Anaesthesiologist : Dr. Dhruv
 Operative procedure planned : Blk tibia hemiepiphysiodesis + osteotomy

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 : Hemodynamic instability, Bleeding

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 S. Shanvik the above mentioned operation / Diagnostic / Therapeutic procedures Blk Tibia Hemiepiphysiodesis + Osteotomy

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 :
Name : S. Ganeshw.
Relationship with Patient : Father
Date & Time : 17/06/2026 1:30 PM.

Witness :

Signature : B. haemini
Name : B. haemini
Date & Time : 17/06/2026 at 1:30pm

Doctor (who is taking the consent) :

Signature :
Name : Dr. Dhenuja
Date & Time : 17/6/26 at 1:35PM

Informed Consent for Surgery or Special Procedure

Patient Name : Salaku Shanvik Age : 2y/m Gender : male
 UHID / IP No: HCV-00039529/00023292

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). BILATERAL PROXIMAL TIBIA HEMI-EPIPHYSECTOMY WITH 8 PLATE +
LEFT PROXIMAL TIBIA OSTEOTOMY WITH K-WIRE FIXATION + (LT) ANK CAST
 upon APPLICATION

(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.

✓ COMPARTMENT SYNDROME, BLOOD LOSS, LOSS OF CORRECTION.

My signature on this form indicates that

- I have read and understood the information provided in this form.
- 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.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize and consent to the performance of the operation or procedure.

Consentee: S. Shanvik
 Signature : [Signature]
 Name: S. Shanvik
 Date & Time : 17/6/26

Relative S. Granish
 Signature : [Signature]
 Name: S. Granish
 Relationship with patient FATHER

Witness:
 Signature : B. laxmi
 Name: B. laxmi
 Date & Time : 17-06-26

Signature : [Signature] Name of Doctor : Dr M Siddardha
 Date & Time : 17/06/2026; 12:30 pm

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

17/6

DEPARTMENT

3rd floor.

NAME:

SHANVIK

UHID / I.P.NO.:

23292 / 39529

WARD / BED NO.:

325

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

HEMIPHYSIODESIS BOTH
TOBIA AND OSTECTOMY.

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE;

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:



SURGERY DETAILS

Sl.No.

Date: 17/6/2026

Patient Name: Master Salapu Sharni Age: 2yr Sex: Male

UHID No.: HCV-00039529 IP No.: 23292

Date of Surgery: 17/6/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery: BILATERAL HEMIEPIPHYSECTOMY PROXIMAL TIBIA +

LT PROX. TIBIA OSTEOTOMY + FIBULA OSTEOTOMY + K-WIRE FIXATION + LT AIRCAST APPLICATION

Time in: 3:00 PM

Time Out: 6:00 PM

NAME

AMOUNT

- | | | |
|----------------------|----------------------|---|
| 1. Surgeon | : Dr. Moka Siddardha | : |
| 2. Anaesthetist | : Dr. Dheeraja | : |
| 3. Asst. Surgeon | : | : |
| 4. OT Technician | : Ventatalakmi | : |
| 5. Circulating Nurse | : Usha | : |
| 6. Asst. Nurse | : Indrani | : |

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon
Dr. Moka Siddardha

Signature of Circulating Nurse
Usha

Order No: 689324 Ordered by: Salupa

ortho case

CONSUMABLES OF OT 278

Patent Name: Martin Salapu Shanvik Age: 90y/male
 Gender: M F UHS/IP NO: 401-00039599
 Date: 17/06/2026 Time: 3pm



Circulating Staff: Usha Technician: _____

| 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>2762</u> | | <u>02</u> | Cord clamp | | |
| ECG leads : A/P/N | | | <u>1326</u> | | <u>01</u> | Suction Catheter | | |
| HME filter : A/P/N | | | <u>8-gloves 6 1/2</u> | | <u>3</u> | Feeding Tube | | |
| Syringe 10 cc | | <u>01</u> | <u>Gloves 7 1/2</u> | | <u>03</u> | Vaccum Suction Set | | |
| 05 cc | | <u>02</u> | <u>Gloves 7 1/2 PR</u> | | <u>02</u> | Surgical Gloves | | |
| 02 cc | | | <u>6 1/2 PR</u> | | <u>01</u> | Gauze Pack | | |
| 01 cc | | | <u>6</u> | | <u>01</u> | Syringe 1 m/ 2 ml | | |
| Cautery Plate : A/P/N | | | Surgical blade <u>15722</u> | | <u>02</u> | Surgical Blade # 20 | | |
| IV set | | | NG tube | | | Koochies (S) | | |
| RL | | | Cautery Pencil | | <u>01</u> | | | |
| NS: 10ml/100ml/500ml/1000ml | | <u>01</u> | Koochies | | | | | |
| | | | Ointments | | | | | |
| | | | Suction Catheter | | | | | |
| Fentanyl | | | Cap. Mask <u>5+5</u> | | <u>10</u> | <u>2 holed recon plates-02</u> | | |
| Morphine | | | Gauze Pack | | | <u>Cortical screws 24 size-04</u> | | |
| Ketamine | | | Mop Pack | | <u>02</u> | <u>R-wires 2.5mm-02</u> | | |
| Propofol | | | Steristrip | | | <u>Romo vac set no-10R (1)</u> | | |
| Rocuronium | | | Underpad | | <u>01</u> | <u>proto Gowns 02</u> | | |
| Glycopyrolate | | | Draw Sheet | | | <u>D/water 01</u> | | |
| Myopyrolate | | | Abgel | | | <u>pop 4 inch 01</u> | | |
| Ondansetron | | | Foleys Catheter <u>8R</u> | | <u>01</u> | <u>Soft Roll 4 inch 02</u> | | |
| Pencan 23g/Spinal Needle 22 | | | Urobag | | <u>01</u> | | | |
| Bupivacine 0.25% | | | Chest Drinage Catheter | | | | | |
| Bupivacine 0.25%(Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | | | |
| | | | Tegaderm | | | | | |
| Suppositories | | | Ioban | | | | | |
| 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 | | <u>03</u> | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | | <u>01</u> | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | <u>10</u> | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

MH/
18/6/2026

Dr. Surgeon: Dr. Dheeraja Anaesthesiologist | 435
 Nurse: Indrani
 OT Technician: Venky
 Order No: 689333 | Ordered by: _____

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

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 | IP22-00023292 | Ward | 3F-THIRD FLOOR |
| Patient Name | Master SALAPU SHANVIK | Bed Name | GW 325 |
| Age/Sex | 2 Y 10 M 24 D / Male | Order No | 22-0000689333 |
| Date | 17/06/2026 19:42 | Prescription No | PRIP22-0291375 |
| Payor | SELPAY | Dispensed Date | 17/06/2026 20:24 |
| UHID | HCV-00039529 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|------|---|------------------------------------|----------|---------------|----------|---------|-----------|------------|
| 1 | 3M CAST POP 10CMS | 3M HEALTHCARE | GENERAL | P25396 | 10/28 | 1 | 243.50 | 243.50 |
| 2 | 3M CAST POP 10CMS | 3M HEALTHCARE | GENERAL | P25396 | 10/28 | 3 | 237.00 | 711.00 |
| 3 | ARTIFLEX 10 CM X 3M (SOFTROLL) | BSN MEDICAL | GENERAL | 26MA003 | 12/29 | 2 | 217.00 | 434.00 |
| 4 | BED SHEET (PLASTIC) | Mediblu | GENERAL | BEDSHEET2026 | 12/29 | 3 | 250.00 | 750.00 |
| 5 | CAUTERY PENCIL (ADVANCE) | The Advanced cadiomed | GENERAL | 240706106 | 08/27 | 1 | 1,188.00 | 1,188.00 |
| 6 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26A23K76 | 12/30 | 1 | 28.13 | 28.13 |
| 7 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26B20K59 | 01/31 | 2 | 21.56 | 43.12 |
| 8 | D WATER 10 ML AMPULE | Acufife Health Care Pvt.Ltd(Nirrif | H | 2243471 | 09/27 | 1 | 2.71 | 2.71 |
| 9 | FACE MASK 3 LAYER - ELASTIC | Local | GENERAL | 02260102 | 12/28 | 5 | 10.00 | 50.00 |
| 10 | FOLEYS-CATHETER 8 URO CATH | | | G25E010426 | 04/30 | 1 | 413.44 | 413.44 |
| 11 | MOPS 30X30 8PLY 5S X-RAY | DATT MEDI PRODUCTS | H | M2642SF023 | 02/30 | 1 | 949.00 | 949.00 |
| 12 | NITRILE EXAMINATION GLOVES P F- MEDIUM | ELITE MEDICALS | GENERAL | 26FB001 | 01/29 | 10 | 23.43 | 234.30 |
| 13 | NS 1000ML STERIPORT AMANTA | | H | 60650395 | 11/28 | 1 | 98.65 | 98.65 |
| 14 | POVINANZ SOLUTION 10% 100 ML | | H | N0160011 | 12/27 | 1 | 100.31 | 100.31 |
| 15 | PROTO GOWN (ADULT) (PROTECTCARE) | | GENERAL | PROTO2025GOWN | 12/29 | 2 | 450.00 | 900.00 |
| 16 | ROMOVAC SET 10 | ROMSONS | GENERAL | G25E010370 | 04/30 | 1 | 933.75 | 933.75 |
| 17 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D3007 | 03/31 | 3 | 91.00 | 273.00 |
| 18 | SGLOVE # 6 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 25J1015 | 09/30 | 1 | 91.00 | 91.00 |
| 19 | SGLOVE # 7.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26A2019 | 12/30 | 3 | 91.00 | 273.00 |
| 20 | SURGEON CAP(FEMALE) (PROTECTCARE) | | GENERAL | 211526O22O26 | 02/29 | 5 | 11.25 | 56.25 |
| 21 | SURGICAL BLADE 15 | Surgeon | GENERAL | 020525 | 04/30 | 1 | 7.03 | 7.03 |
| 22 | SURGICAL BLADE 22 | Surgeon | GENERAL | 081125 | 10/30 | 1 | 7.67 | 7.67 |
| 23 | SURGICARE NEURO STERILE GLOVE-6.5 PF | | GENERAL | 25L7121D10 | 11/28 | 1 | 140.00 | 140.00 |
| 24 | SURGICARE NEURO STERILE GLOVE-7.5 PF | | GENERAL | 25H7087D10 | 07/28 | 2 | 149.00 | 298.00 |
| 25 | UNDER PADS10S 60X90 MATTEY PRO(ROMSONS) | ROMSONS | H | G26D140041 | 03/29 | 1 | 170.00 | 170.00 |
| 26 | UROBAG (ADULT) - URODYNE | | GENERAL | K25L050110 | 11/30 | 1 | 395.00 | 395.00 |
| 27 | VACCUME SUCTION SET | ROMSONS | GENERAL | K26C010330 | 02/31 | 1 | 739.00 | 739.00 |
| 28 | VICRYL 2-0 NW 2762 | ETHICON SUTURES-J&J C1 | | T5013 | 11/28 | 2 | 519.00 | 1,038.00 |

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

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 | IP22-00023292 | Ward | 3F-THIRD FLOOR |
| Patient Name | Master SALAPU SHANVIK | Bed Name | GW 325 |
| Age/Sex | 2 Y 10 M 24 D / Male | Order No | 22-0000689333 |
| Date | 17/06/2026 19:42 | Prescription No | PRIP22-0291375 |
| Payor | SELPAY | Dispensed Date | 17/06/2026 20:24 |
| UHID | HCV-00039529 | | |

| | | |
|----------------|-----------------|------------------|
| Total : | 7,577.43 | 10,567.86 |
|----------------|-----------------|------------------|

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI



CONSUMABLES

Patent Name : S. Shantik Age: 410m

Gender M F UHIS/IP NO. 39529

Date : 17/06/26 Time : 3pm

OF OT 549

Circulating Staff:..... Technician:.....

| Anaesthesia Disposables | Qty. | | Surgical disposables | Qty. | | Disposables (Baby side) | Qty. | |
|-----------------------------|--------|-------------|------------------------|--------|------|-------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube <u>4.0 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 <u>10 cc</u> | | <u>(04)</u> | | | | Vaccum Suction Set | | |
| <u>05 cc</u> | | <u>(08)</u> | Gloves | | | Surgical Gloves | | |
| <u>02 cc</u> | | | | | | Gauze Pack | | |
| <u>01 cc</u> | | | | | | 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>D. Water</u> | | <u>(10)</u> | Ointments | | | | | |
| <u>inj. Atracurium</u> | | <u>(01)</u> | Suction Catheter | | | | | |
| Fentanyl | | | Cap. Mask | | | | | |
| Morphine | | | Gauze Pack | | | | | |
| Ketamine | | | Mop Pack | | | | | |
| Propofol | | <u>(02)</u> | Steristrip | | | | | |
| Rocuronium | | | Underpad | | | | | |
| Glycopyrolate | | <u>(01)</u> | Draw Sheet | | | | | |
| Myopyrolate | | <u>(01)</u> | Abgel | | | | | |
| Ondansetron | | | Foleys Catheter | | | | | |
| Pencan 23g/Spinal Needle 22 | | | Urobag | | | | | |
| Bupivacine 0.25% | | | Chest Drinage Catheter | | | | | |
| Bupivacine 0.25%(Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | | | |
| <u>inj. Pen 1gm</u> | | <u>(01)</u> | Tegaderm | | | | | |
| Suppositories | | | loban | | | | | |
| Anamol : 80mg/250mg/170 mg | | | Double J Stent | | | | | |
| Supridol 100mg | | | Vaccum Suction set | | | | | |
| Justin: 12.5 mg/25mg/100mg | | | Plastic Bed Sheet | | | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | | | | | |
| <u>inj. Anawin 0.5</u> | | <u>(00)</u> | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| <u>inj. medzol</u> | | <u>(01)</u> | Latex Gloves | | | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

17/6/26

Surgeon Dr. Siddhanta

Anaesthesiologist DR. Dheeraja

Nurse

OT Technician

Order No: 689336

Ordered by:.....



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

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Tel No : 891-3501601

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

INPATIENT ISSUES AGAINST ORDERS



| | | | |
|--------------|-----------------------|-----------------|------------------|
| IP No | IP22-00023292 | Ward | 3F-THIRD FLOOR |
| Patient Name | Master SALAPU SHANVIK | Bed Name | GW 325 |
| Age/Sex | 2 Y 10 M 24 D / Male | Order No | 22-0000689336 |
| Date | 17/06/2026 19:48 | Prescription No | PRIP22-0291373 |
| Payor | SELPAY | Dispensed Date | 17/06/2026 20:12 |
| UHID | HCV-00039529 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|---|-------------------------------------|----------|-----------|----------|---------|-----------------|-----------------|
| 1 | ATACURIUM 2.5ML INJ | ZYDUS HEALTHCARE | | TAE25009 | 03/27 | 1 | 44.54 | 44.54 |
| 2 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26A23K76 | 12/30 | 4 | 28.13 | 112.52 |
| 3 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26B20K59 | 01/31 | 8 | 21.56 | 172.48 |
| 4 | D WATER 10 ML AMPULE | Aculife Health Care Pvt.Ltd(Nirilif | H | 2243471 | 09/27 | 10 | 2.71 | 27.10 |
| 5 | E.C.G ELECTRODES (PAED) | Adilase | GENERAL | 7160326 | 02/28 | 3 | 34.65 | 103.95 |
| 6 | ET TUBE 4.0MM WITH CUFFED-STERIMED | STERIMED | H | 25EF12E | 05/30 | 1 | 462.00 | 462.00 |
| 7 | MCT-ROF 100MG 10ML | Neon Laboratories Ltd | H | NA1353004 | 10/27 | 2 | 69.10 | 138.20 |
| 8 | MEZOLAM INJ 1 MG 10 ML | Neon Laboratories Ltd | H | V305926 | 12/27 | 1 | 63.15 | 63.15 |
| 9 | MYOPYROLATE-INJ-5ML | NEON LABORATORIES LTD | H | V350488 | 11/27 | 1 | 140.20 | 140.20 |
| 10 | RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE | CLARIS LIFE SCIENCES LTD | H | 2C260597 | 02/28 | 1 | 737.05 | 737.05 |
| 11 | THEMIPYRRNOM 0.2MG INJ | Themis Medicare Ltd | H1 | THP25003 | 06/27 | 1 | 15.50 | 15.50 |
| Total : | | | | | | | 1,618.59 | 2,016.69 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI

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

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**VAT TIN :** 37253643118**CIN :** L85110TG1998PLC029914**DL NO :** FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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 Telangana.

INPATIENT ISSUES AGAINST ORDERS

| | | | |
|---------------------|-----------------------|------------------------|------------------|
| IP No | IP22-00023292 | Ward | 3F-THIRD FLOOR |
| Patient Name | Master SALAPU SHANVIK | Bed Name | GW 325 |
| Age/Sex | 2 Y 10 M 25 D / Male | Order No | 22-0000689435 |
| Date | 18/06/2026 09:11 | Prescription No | PRIP22-0291411 |
| Payor | SELPAY | Dispensed Date | 18/06/2026 09:20 |
| UHID | HCV-00039529 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|----------------------|------------------------|----------|----------|----------|---------|---------------|---------------|
| 1 | MONOCRYL 3-0 NW 1326 | ETHICON SUTURES-J&J C1 | | T50I4 | 12/29 | 1 | 997.50 | 997.50 |
| Total : | | | | | | | 997.50 | 997.50 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : VEERINI RAMALAKSHMI

Patient Name: HCV-00039529 IP22-00023292
Master SALAPU SHANVIK
24-07-2023 2 Y 10 M 24 D (M)
UHID: Dr. MOKA SIDDARDHA

Date: 17/6/26 Time: 18:30

Ward: OT

Name of the I



length

Quantity:

2 holed secon plates
Cortical screws
K-wires 2.5mm

24 Size

02
04
02

SELF INDENT
RECEIVED ON
17/6/2026
18:45.

Name of the Nurse :

Maleth

Sign. of the Nurse :

MD
17/6/26

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

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 Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

| | | | |
|---------------------|-----------------------|------------------------|------------------|
| IP No | IP22-00023292 | Ward | 3F-THIRD FLOOR |
| Patient Name | Master SALAPU SHANVIK | Bed Name | GW 325 |
| Age/Sex | 2 Y 10 M 25 D / Male | Order No | 22-0000689532 |
| Date | 18/06/2026 18:10 | Prescription No | PRIP22-0291445 |
| Payor | SELPAY | Dispensed Date | 18/06/2026 18:12 |
| UHID | HCV-00039529 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|--|------------------|----------|---------------|----------|---------|-----------------|------------------|
| 1 | CORTEX SCREW3.5MM, SELF TAP,L24MM(404.824 | IMPLANTS | | 8903769105561 | 12/99 | 4 | 450.00 | 1,800.00 |
| 2 | K-WIRE 2.5MM X 250MM | Synthes | | 8903769602107 | 12/99 | 2 | 1,080.00 | 2,160.00 |
| 3 | RECONSTRUCTION PLATE 3.5MM STRT 2HOLE | | | 8903769203014 | 12/99 | 2 | 5,400.00 | 10,800.00 |
| Total : | | | | | | | 6,930.00 | 14,760.00 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO