

ESTIMATION SLIP

Pre-Approval

Date: 03-June-26 UHID / IP No.: KUH-00196503 SI No.: 80573
 Name of Patient: Baby. Shreyani Age: 1y Gender: Female
 Father's / Husband's Name: Mr. Ramakrishna Raju Corporate / Occupation: JP Morgan
 Address: _____ Phone: 9963886314 Email: _____
 Procedure / Plan: Open Reduction + Acheloplexy + Femoral shortening

MODE OF PAYMENT: SELF TPA: MA New India GIPSA: _____ OTHERS: _____

ARRIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	MICU	DAY CARE
Room Rent & Nursing Charges			1400/-						
Doctor's Fee			per day						
L. Tax									

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>1500</u> (GIPSA) <u>1100/ha</u> (PATAAA) + (OT)
O.T. Consumables	<u>78265</u> Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	As per actual - Not Included in Estimation
Equipment Charges	Infusion pump / Syringe pump :
Monitor :	
Ventilator :	Conventional : HFO-SLE 5000 : HFO Sensormedix :
Phototherapy :	Single Surface : Double Surface : Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	

REMARKS: 15,000/- final bill cleave
OT Deposit -> 5000/-
 1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 2. The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
 3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
 4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
 5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
 6. For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV Tests, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 7. During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm.
 8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

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

Signature of the Client: Ramakrishna Raju Signature Relationship: _____ Signature of the Financial Counselor: _____

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____

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

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

KUH-00196503 IP5-00174949
Baby SHREYANVI KAMIREDDY (F)
02-10-2024 1 Y
Dr. VENKAT RAM THYALAPALLI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	6:55 AM	FR	OT	[Signature]
10/6/26	7:45 PM	OT	146	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Ujjwala Desai	11/6/26	9652801	Sowanthi
2				
3				
4				
5				
6				
7				
8				
9				
10				

Baby SHREYANVI
Patient Sticker
KAMIREDDY
5776 (14) 10kg

Open Reduction / Acetabuloplasty
OT-2



KUH-00196503 IP5-00174949
Baby SHREYANVI KAMIREDDY
02-10-2024 1 Y (F)
Dr. VENKAT RAM THYALAPALLI

CONSUMABLES OF OT

Circulating staff : Technician : Date :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3.5, 4	1	1	Major Pack	1	1	Inj Vit.K	2	2
LMA	1	1	Sutures			Cord Clamp		
ECG leads : A/P/N	1	1	monoclonal 3.0, 4.0	2	3	Suction Catheter	5cm	7
HME filter : A/P/N	1	1	9915	2		Feeding Tube	soft	1
Syringes : 10 cc	15	5	ethibond 5	1	1	Vaccum Suction Set	1	2
05 cc	15	5	Gloves			Surgical Gloves		
02 cc	15	5	6, 6 1/2, 2, 2 1/2	2	3	Gauze Pack		
01 cc	05	—	6, 6 1/2, 2, 2 1/2	2	2	Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	1	Surgical blade	2	2	Surgical Blade # 20		
IV set	01	1	NG tube			Koochies (S)		
RL	01	1	Cautery pencil	1	1	N/S soap	1	1
NS : 10ml / 100ml / 500ml / 1000ml	4	1	Koochies	1	1	Tranexic	1	1
Gluco Mini spike	01	1	Ointments			10cc, 5cc, 2cc	2	2
Nasal prong / O2 Mask (P)	01	1	Suction Catheter			2ly	1	1
Fentanyl	01	1	Cap, Mask	5	5	Soft All sizes	2	2
Morphine			Gauze Pack	5	5	Soft roll all size	2	2
Ketamine			Mop Pack	1	1	inj. abaxan (1g)	1	1
Propofol	03	1	Steristrip			18 Gauge Needle	5	5
Rocuronium	01	1	Underpad	1	1	ged's tape	1	1
Glycopyrolate	01	1	Draw sheet	1	1			
Myopyrolate	02	2	Abgel			Tranexic	01	1
Ondansetron	01	1	Foleys catheter no. 6, 8	1	1	Dexa + Demed	1	1
Pencan 250g Spinal Needle 25	01	1	Urobag chrometer	1	1	gauge + gloves	1	1
Bupivacaine 0.25%	01	1	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag			Midasol + Ephedrine	1	1
Antibiotics	01	1	Bandage			doxi card + 2% jelly	1	1
			Tegaderm			Adrenaline + Atropine	1	1
Suppositories			loban			Set + splint (1, 3)	1	1
Anamol : 80mg / 250mg / 170 mg	1	1	Double J Stent			Soft rolls (4, 6)	2	2
Supridol : 100mg			Vaccum Suction set	1	1	30mm + 30mm spiral	1	1
Justin : 12.5 mg / 25mg / 100mg	01	1	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	2	pongs	1	1
Vaccum set	01	1	Microshield	1	1	plaster	1	1
2 ways 10x100cm	1	1	Cotton Balls	1	1	circus	1	1
O.A (00, 0, 1)	1	1	Latex Gloves	1	1			
N.A (14, 16, 18)	1	1	Ramdione Scrub	1	1			
IV Camle (2, 20)	1	1	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :

Order No. : Ordered by :
Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174949 Admit Date : 10-Jun-2026 Admit Time : 06:13 AM UHID : KUH-00196503

Patient Details :

Patient Name : Baby SHREYANVI KAMIREDDY Age : 1 Y
Guardian : Mr RAMA KRISHNA DOB : 02-10-2024 02:31 PM
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : flat no-101 s r and omkara synergy vijaya Phone No : 9963886314/ 8096959289
lakshmi residency simhapuri colony Bachupally Hyderabad Telangana INDIA E-mail : nomailid@gmail.com
500090

Admission Details :

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

Contact Details :

Name : Mr RAMA KRISHNA Relationship : Father
Contact Address : flat no-101 s r and omkara synergy vijaya Phone No : 9963886314 / 8096959289
lakshmi residency simhapuri colony Bachupally
Hyderabad Telangana INDIA 500090

K. Rama Krishna Raju
Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI Specialisation : ORTHOPEDICS
Referral Doctor : Self *Dr. Venkath. S...* Phone No :
Co-Consultant : Dr. UJJWALA DESAI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

KUH-00196503 IP5-00174949
 Baby SHREYANI KAMIREDDY (F)
 02-10-2024 1 Y
 Dr. VENKAT RAM THYALAPALLI



SURGERY DETAILS

Date : 10/06/2024

Patient Name: Baby. shreyani kamireddy Date of Birth: 02-10-2024 Age: 1 Yrs

Gender: Female Ward: Paediatric OT UHID No.:

Date of Surgery: 10/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Hip surgery - (1)

Time in : 8:25am Time Out : 12:5

Time 2.70 hr
 2.70 hr (5) Total - 2.70

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Venkat Ram Jyothi	18 - (2)
2. Anaesthetist	10 - (0)
3. Assistant Surgeon	
4. OT Technician	Prashanth	
5. Circulating Nurse	Swarna	
6. Assistant Nurse	Akhil / Jyothi	

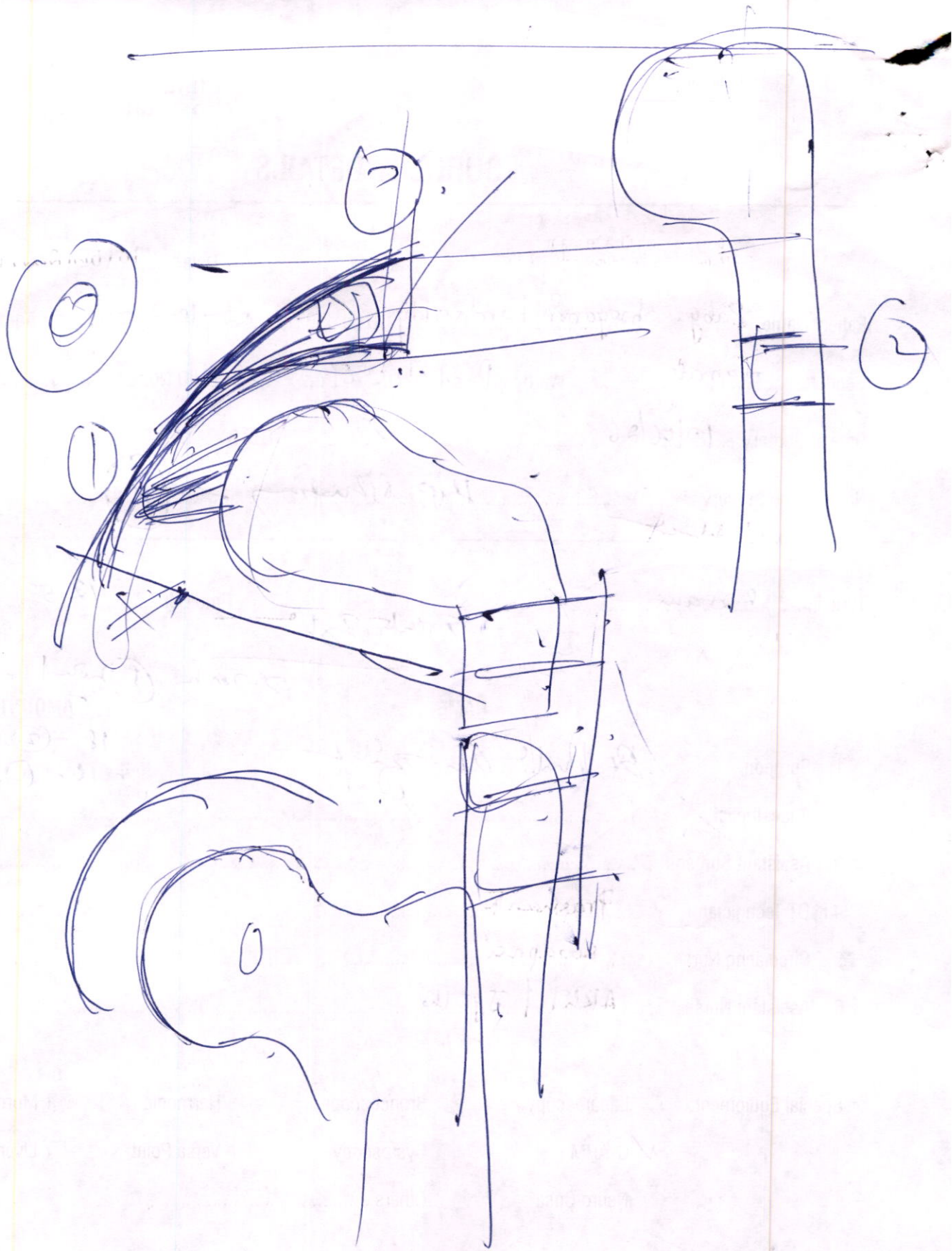
- Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 2651628

Order by: *[Signature]*





Patient Sticker

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
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				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	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 <i>Turambrapuri</i>	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	<i>Buta</i>	4			
	Total No. of Pages	33			

Sau
 11/6/26

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

KUH-00198503 IP5-00174949
Baby SHREYANVI KAMIREDDY
02-10-2024 1 Y
Dr. VENKAT RAM THYALAPALLI (F)



lej

UHID ID: _____

Department: _____

Consultant: _____

KUH-00198503 IPS-00174949
Baby SHREYANVI KAMIREDDY
02-10-2024 1 Y
Dr. VENKAT RAM THYALAPALLI (F)



Pediatric

Physical Examination

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

nil significant.

Birth & Neonatal History:

FTNUD / Birth = 2.5 kg / NICO NNT.

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : none

Developmental History :

nil

Immunization History :

nil.

KUH-00198503 IP5-00174949
Baby SHREYANVI KAMIREDDY (F)
02-10-2024 1 Y
Dr. VENKAT RAM THYALAPALLI



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 126/min B.P. 101/48 SPO2 97% in RA.

Resp. rate and type of breathing : 26

Rash _____

Lymphadenopathy _____

Oedema : WNL

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : BIL AEBE.

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : S/S₂ mI

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

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : S/A B90.

Spine : _____ External Genitelia : _____

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

KUH-00198503 IP5-00174949
Baby SHREYANVI KAMIREDDY
02-10-2024 1 Y (F)
Dr. VENKAT RAM THYALAPALLI



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes : WNL

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

*l/o @ hip joint dislocation
for open reduction + acetabuloplasty*

KUH-00198503 IP5-00174949
Baby SHREYANVI KAMIREDDY (F)
02-10-2024 1 Y
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

EBP
N/B
15/6/2025

Planned Management

→ NPO
→ 10 fluids

Signature of the Doctor: _____

Name of the Doctor: _____

Date & Time: _____

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____



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. Open reduction + Femoral shortening, varus correction + adduction, + hip brace
2. _____

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Ⓢ Hip joint reduction</u>	_____

- 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.

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

- a. Reduction
- b. Brace

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

Patient / Patient Attendant:
 Signature: K. Rama Krishna Raju
 Name: RAMA KRISHNARAJU KAMIREDDI
 Relationship with patient: FATHER
 Date & Time: 10/6/2024 @ 7:30 am

Witness:
 Signature: N. Bhagya Laxmi
 Name: N. BHAGYA LAXMI
 Date & Time: 10/6/2024 @ 7:30 am

Doctor (who is taking consent):
 Signature: Venkat Ram Thyalapalli Name: Venkat Ram Thyalapalli Date: 10/1/2024 Time: 7:32 am

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

- 1
- 2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జి, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, 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.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- 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:

(26)

KUH-00196503 IP5-00174949
 Baby SHREYANVI KAMIREDDY
 02-10-2024 1 Y (F)
 Dr. VENKAT RAM THYALAPALLI



OPERATION THEATER NOTES

Patient's Name : Baby shreyanvi kamireddy Age : 1 yrs Gender : Male Female

UHID No.: Weight : 10.75 kgs Height :

Surgeon : Dr Venkat Ram Thyalapalli Asst. Surgeon :
 Anesthetist : OT Nurse : Swapna OT Technician : Prasanth

Pre-Operative Diagnosis: Ⓢ hip joint dislocation
 Surgical Procedure : open reduction Varus osteotomy + femoral shortening +
Deega extra acetabuloplasty

Indications for Surgery : dislocated hip - Ⓢ + hip

Date : 10/06/26 Start Time : 9:30 am End Time : 11:40 Am

Pre Operative Preparations:

Post Operative Diagnosis: same

Peri-Operative Complications:

Operation Notes:

- L Co & intrathecal block
- eye swab temp & drags
- percutaneous adductor release done
- anterior incision given over Ⓢ hip region, capsule opened & ligamentum teres excised.
- Able to reduce hip joint in abduction but Lead is at high level in AS view -
- lateral incision given over proximal thigh, osteotomy done at subtrochanteric level, open shortening done fixed in Varus & 2.7mm plate.

- after through wash capsule looking done
- Dege acetabuloplasty done.
- femoral prosthetic bone graft placed at acetabulum osteotomy site.
- Putting done in layer -
- Dressing done
- 1/2 of eye globe
- sutured to bone in table cradle

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

bone 85"

Peri-Operative Complications:

- 2 cefprozil / 30
- ketalar

Can be discharged tomorrow
no increase in
clearance

Dressing list:

(1) eye toxin - 0 / 30 / 10

(2) eye chymed gel 1/2 tab / 30 / 10 days

(3) eye - kmax / 30 / 10 days

(4) eye zinc ml / 30 / 10 days

(5) eye celmac plus ml / 30 / 10 days

(6) lacto 360 weekly once / 1/2 pack / 10 days

Adverse

100%
(increase of blood loss)

(7) phlebotomy eye

(8) eye 2 050 gel 10 days

(9) eye pedicel 8ml / 30 / 10 days

(10) eye phlebotomy ml / 30 / 10 days

Name of the Surgeon: Dr. [Signature]

Signature of the Surgeon: [Signature]

Date & Time: 1:30 PM 10/10/2022

KUH-00196503 IP5-00174949

Baby SHREYANVI KAMIREDDY

02-10-2024 1 Y (F)

Dr. VENKAT RAM THYALAPALLI



POST-SURGICAL CARE PLAN FORM

Procedure Done: *Open reduction + Marking for nail removal + Dege nail high*

Post-Surgical Diagnosis: *① Dig. deformity + Dig. spur*

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

plantar care & elev. r. leg

Nutritional Instructions:

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

mt
Treating Surgeon
(Signature & Stamp)

Date: *10/5/2024* Time: *1130m*

Note: Plan of care will be readjusted if necessary.



CROSS CONSULTATION FORM

Doctor Name : Dr. Ujjwala Date : 11/6/26 Time : 9am

Diagnosis : (L) hip dislocation / post op day - 1

Hospital : RCH - B

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:

Signature: _____

Findings and Recommendations :

yo : 2 fever spikes (+)
Cannula out
poor oral intake

Adv

- ① (D) today
- ② DULCOLAX supp now.

O/E: no dehydration
alert / stable vitals
chest clear
distal toe - CRT < 2s.
active movmt (+)

Consultant :

Name : Dr. Ujjwala Signature : [Signature] Date & Time : 11/6



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 8pm	<p><u>C/S/B Resident</u></p> <p>A: post op (L) hip dislocation - reduction</p>	<p><u>Adv</u></p>
	<p>c/o not accepting orally.</p>	<p>→ Start 1/2 maintenance IVF</p>
	<p>O/E: stable vitals → alert.</p>	<p>→ Encourage orally.</p> <p>→ R/v (D) if accepting orally only.</p>
		<p><u>Adv</u></p>
11/6 8am	<p><u>C/S/B Resident</u></p>	
	<p>c/o: - poor oral intake - 2 fever spikes.</p>	<p><u>Adv:</u></p> <p>1) Remove IV cannula</p> <p>2) SOS Instin suppository.</p>
	<p>O/E: alert vitals stable distal toe movmts → good. CRT < 3s. chest clear. no dehydration cannula swelling (+)</p>	<p>3) Encourage orally</p> <p><u>Adv</u></p>

KUH-00196503 IP5-00174949
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O+

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

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

preop postop
RESULT SHEET

Date	10/6	10/6			
Time	7am	6pm			
Hb	13.3	9.5 ↓			
PCV					
RBC					
WBC	14900	15710			
N/L	20/74	73/20			
Platelets	3.86L	3 L.			
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					

KUH-00196503 IP5-00174949
 Baby SHREYANVI KAMIREDDY
 02-10-2024 1 Y (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: *ICU* 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
						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *[Signature]*

Date & Time :

Nurse Name & Signature: *[Signature]*

Date & Time : *10/6/26 J 6:20A*

KUH-00196503 IP5-00174949
 Baby SHREYANVI KAMIREDDY
 02-10-2024 1 Y (F)
 Dr. VENKAT RAM THYALAPALLI



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : Syp IBUGESIC				Date/Time	11/6
Dose	Route	Frequency	Start Dt.		
5ml	PO	TID	10/6	6am	X
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				2pm	11AM
Daily Doctor's Endorsement by a Sign					
DRUG : Inj CEFTRIAXON				Date/Time	10/6
Dose	Route	Frequency	Start Dt.		
500mg	IV	BID	10/6	8:	
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				11:40pm	
Daily Doctor's Endorsement by a Sign					
DRUG : Inj PARALLETAMOL				Date/Time	10/6 11/6
Dose	Route	Frequency	Start Dt.		
150mg	IV	TID	10/6	5AM	X
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				2pm X	
Daily Doctor's Endorsement by a Sign					
DRUG : Inj PANTOPRAZOLE				Date/Time	10/6 11/6
Dose	Route	Frequency	Start Dt.		
10mg	PO	OD	10/6		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				6AM	
Daily Doctor's Endorsement by a Sign					

Signature
VERIFIED BY: N...



DRUG CHART

Date of Admission: 10/6 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : <u>Inj PARACE-PAMOL</u>				Date Time
Dose <u>150mg</u>	Route <u>IV</u>	Frequency <u>SOS</u>	Start Date <u>10/6</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>pain</u>				
DRUG : <u>Inj ONDANSETRON</u>				Date Time
Dose <u>2mg</u>	Route <u>IV</u>	Frequency <u>SOS</u>	Start Date <u>11/6</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>vomiting</u>				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 10.9kg Ward.

DRUG: ~~Syp~~ ^{PURB} ~~TRUGESIC~~

Dose	Route	Frequency	Start Date
5ml	PO	TID	10/6

Name & Signature of the Doctor Starting the Drugs: *Atyula*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: Syp ~~Iprax~~

Dose	Route	Frequency	Start Date
2.5ml	PO	BID	10/6

Name & Signature of the Doctor Starting the Drugs: *Atyula*

Additional Instructions: (100/s)

Daily Doctor's Endorsement by a Sign

DRUG: Tab ~~Cetmorax~~

Dose	Route	Frequency	Start Date
1/2	PO	BID	10/6

Name & Signature of the Doctor Starting the Drugs: *Atyula*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: Tab ~~LIMCEE~~

Dose	Route	Frequency	Start Date
1 Tab	PO	OD	10/6

Name & Signature of the Doctor Starting the Drugs: *Atyula*

Additional Instructions:

Daily Doctor's Endorsement by a Sign



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	8:45AM	Ij CEFOTAXIME	500mg	IV	Ashy	the plan
10/6/26	9AM	Ij PARACETAMOL	150mg	IV	Ashy	the plan
10/6/26	8:55AM	Sup. DICLOFENAC	12.5mg	PR	Ashy	the plan
10/6/26	9:15AM	Ij TRANEXAMIC ACID	150mg	IV	Ashy	the plan
10/6		DUCOLAX (10mg) suppository	1/2	P/R	[Signature]	
11/6		JUSTIN suppository	1/2 (12.5mg)	P/R	[Signature]	

Signature
Time
VERIFIED BY

KUH-00198503 IP5-00174949
 Baby SHREYANVI KAMIREDDY (F)
 02-10-2024 1 Y
 Dr. VENKAT RAM THYALAPALLI

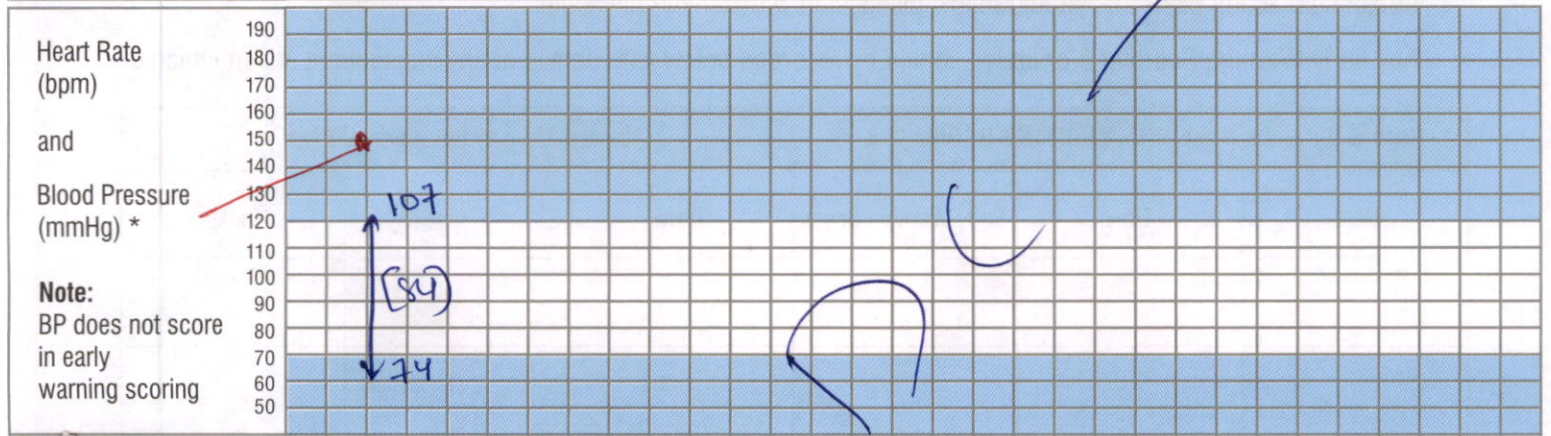
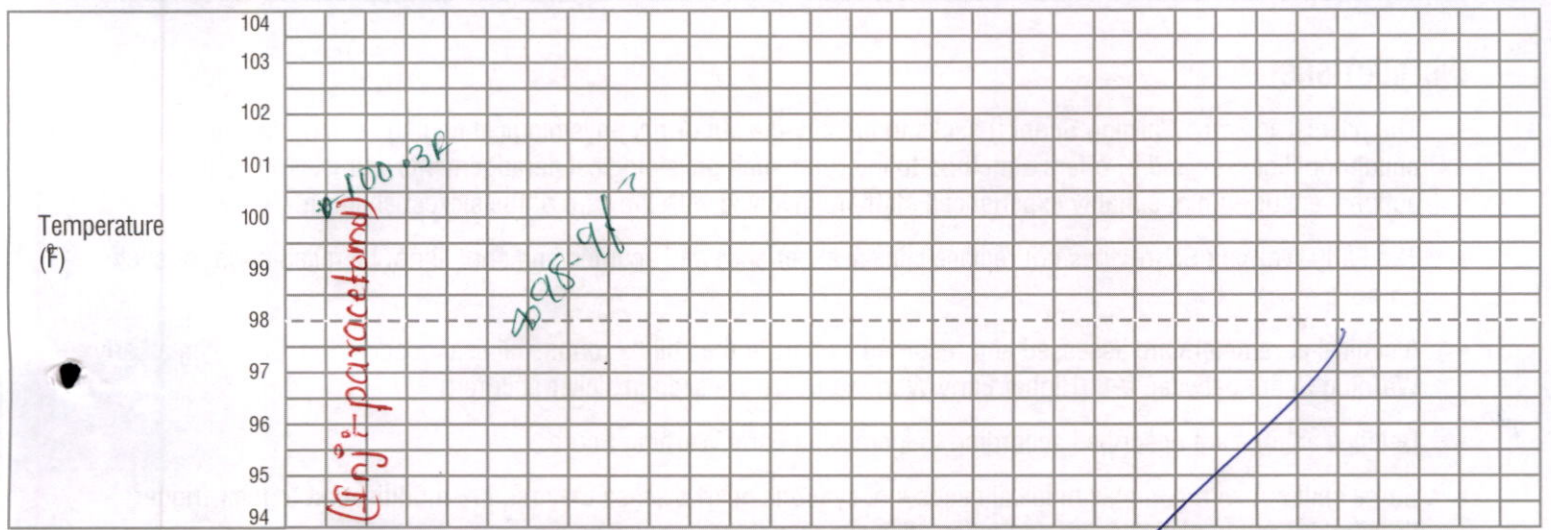
: RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
 Children's Observation &
 Early Warning Scoring Chart

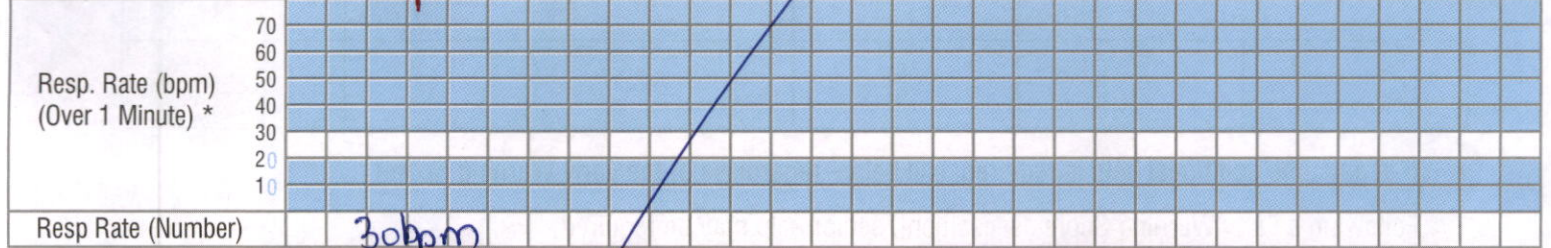


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/24 Time: 6am 7AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 150bpm



Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%) 97%

Conscious Level Normal / Altered
 GCS * 15/15

TOTAL SCORE
 Number of shaded boxes 1
 Pain Score 0
 Observer's Initials 0

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

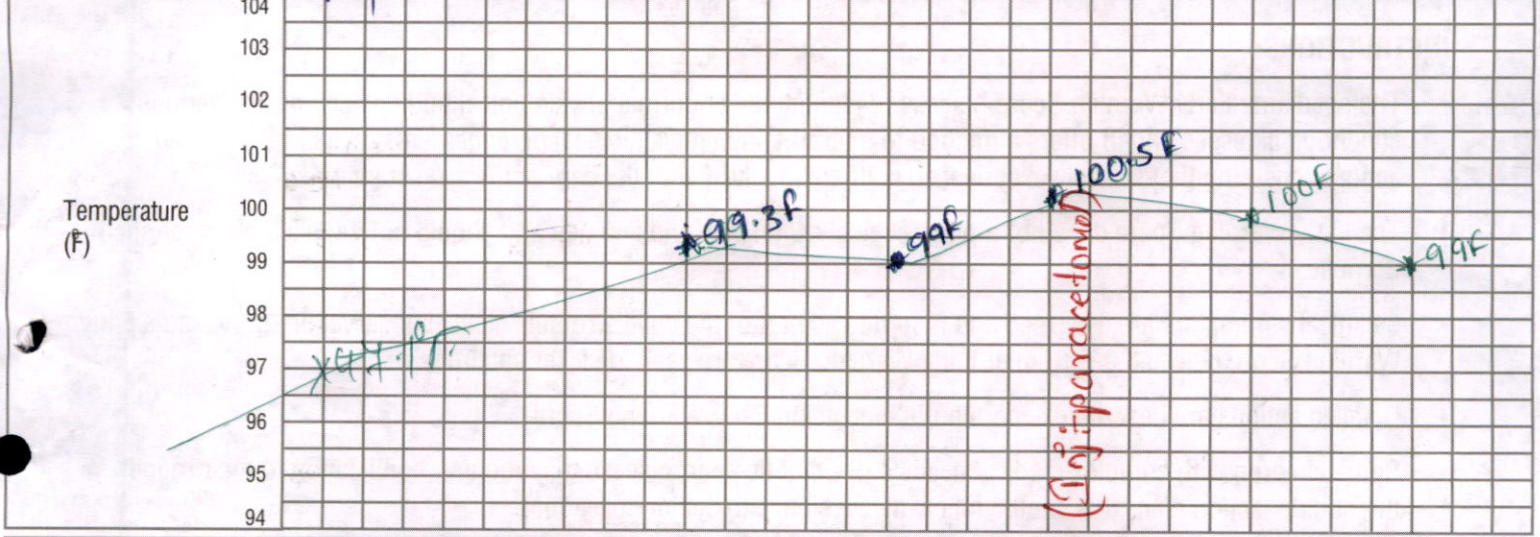
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection).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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6/20 Time: 10 pm 1:30 am 2am 4am

Doctor / Nurse / Family Concern? GDM 8:20pm



Heart Rate (bpm)	190				
and	150				
Blood Pressure (mmHg) *	130				
Note:	120				
BP does not score in early warning scoring	110				
	100				
	90				
	80				
	70				
	60				
	50				

Handwritten BP values: 106/72 and 107/74

Heart Rate (Number) 110b/min

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				

Resp Rate (Number) 20

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 96% 97%

Conscious Level Normal / Altered

GCS * 15/15 15/15

TOTAL SCORE					
Number of shaded boxes	1				
Pain Score	0				
Observer's Initials	G				

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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FLUID CHART



Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6	08:00 am				/								
	09:00 am				/								
	10:00 am				/								
	11:00 am				/								
	12:00 pm		Azo			-		-	-	-	0	Prof.	
	01:00 pm												
Total Intake :						Total Output :							
10/6	02:00 pm		Azo			-		-	-	-	0	Prof.	
	03:00 pm				/								
	04:00 pm				/								
	05:00 pm		NO SW	kali	/								
	06:00 pm				/								
	07:00 pm												
Total Intake :						Total Output :							
10/6	08:00 pm				/						0	Rajitha	
	09:00 pm				/						0	Rajitha	
	10:00 pm		DNS	30ml	/	NO		NIP			0	Rajitha	
	11:00 pm			30ml	/						0	Rajitha	
	12:00 am			30ml	/						0	Rajitha	
	01:00 am					/					0	Rajitha	
Total Intake :						Total Output :							
11/6	02:00 am			30ml	/						0	Rajitha	
	03:00 am			30ml	/						0	Rajitha	
	04:00 am		DNS	30ml	/						0	Rajitha	
	05:00 am			30ml	/						0	Rajitha	
	06:00 am			30ml	/						0	Rajitha	
	07:00 am			30ml	/						0	Rajitha	
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

KUH-00196503 IP5-00174949
 Baby SHREYANVI KAMIREDDY
 02-10-2024 1 Y (F)
 Dr. VENKAT RAM THYALAPALLI



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.

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

Total 24 hrs. Intake

Total 24 hrs. Output

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Shreyanvi Age : 1y 3m Gender : Male Female

UHID NO: Surgeon Name: Dr. Venkat

Anaesthesiologist : Dr. Subramanyam

Operative procedure planned : Reduction

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Heart disease | <input checked="" type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Hepatic disorders | <input type="checkbox"/> Shock | <input type="checkbox"/> Multiple organ failure | <input type="checkbox"/> Polytrauma / Renal Tubular Acidosis |
| <input type="checkbox"/> Incapacitating Chronic Obstructive Pulmonary Disease | | | |

Others : hypotension, bradycardia, tachycardia, postop oxygenation

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 Shreyanvi the above mentioned operation / Diagnostic / Therapeutic procedures Reduction

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for 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, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

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

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

- Pregnant: Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : K. Rama Krishna Raju

Name : RAMA KRISHNA RAJU KAMREDDI

Relationship with Patient: Father

Date & Time : 2/6/26 7:15 pm

Witness :

Signature : Bhama

Name : Bhama

Date & Time : 2/6/26 @ 7:15 pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Nappa R.

Date & Time : 2/6/2026, 7:15 pm.

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



KUH-00196503 IP5-00174949
Baby SHREYANVI KAMIREDDY
02-10-2024 1 Y (F)
Dr. VENKAT RAM THYALAPALLI

Name: Shreyanvi K. Age: 1yr 8 months Sex: Female UHID.No:
Date: 2/6/2026 Time: 7pm Proposed Operation: Reduction
Diagnosis: (L) hip joint dislocation
B.P / CRT: 95/61 H.R: 120 Weight: 10.75kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 13.3g/dl Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: Creat: Total Bill: HCV: 2D Echo:
Plate: Na: Dir. Bill: Blood group: Stress/Anglo:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:

Allergies: NKA

Medical History: CVS: MAD
RESP: Diabetes: NAD
CNS:
Renal: * when started walking → At 2025 walk
↳ 2025 → scan → hip dislocation
Hepatic / GE: Physical Activity:
Others: FTNUD → bt wt - 2.5kg. ; for neonatal jaundice
Past Anaesthetic History: → Vaccinated as per age ↳ phototherapy
Physical Exam: cannot assess
Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: No loose teeth
Lungs: AEBE, clear
Heart: (W) S1 S2 (+)
CNS:

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional:
Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

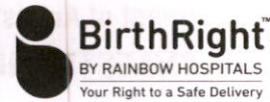
CURRENT MEDICATIONS	DOSAGE

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

Signature: [Signature] Name: Dr. Neepa
Docu. No. : RCH/FRM / CLINICAL / 044



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 138/min B.P./CRT: 90/80 SpO₂: 100% R.R.: _____ Last Feed: 76 hrs

Pre-OP Diagnosis: ① Hip Dislocation Operation: Open Reduction/ Acetabuloplasty Date: 10/6/26

Surgeon: Dr. Venkat Ram Anaesthesiologist: Dr. RC, Dr. SSN, Dr. AL Technician: Am. AN

TIME	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	13:00	13:15	13:30	13:45	14:00	14:15	14:30	14:45	15:00
N ₂ O AIR / O ₂ LPM	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
HALO / SO / SEVO MAC	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drugs:																								
IV	MIDAZOLAM 0.2																							
IV	PENTANIL 20																							
IV	PROPOFOL 20																							
IV	ROXONIUM 5																							
IV	PARACETAMOL 100mg																							
IV	TRANEXAMIC ACID 100mg																							
Antibiotic																								
Suppository																								
Sup. of																								
Blood Loss																								
FiO ₂ / SaO ₂	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98	100% / 98
ETCO ₂	38	40	36	35																				
ECG	SR	SR	SR	SR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR
Temperature																								
Urine Output																								
Fluids																								
Blood																								
B.P.																								
V Systolic																								
A Diastolic																								
X Mean																								
Heart Rate																								
Tourniquet on Time																								
Tourniquet off Time																								
Throat Pack In																								
Throat Pack Out																								

LAB Values

ABG _____

GRBS _____

Others _____

Equipment Checked and Functional

BP

Cuff Site: ① calf

Art Site: _____

EKG Lead

Temp Site

FiO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 8:25 AM

OP Start: 8:45 AM

OP End: 11:30 AM

Leave OR: 11:45 AM

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP: _____

ART: _____

IV: 22G @ UL

IV: _____

IV: 24G @ UL

IV: _____

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# _____ at _____ cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Rocuronium

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# _____ Attempts: _____

Difficulty Why? _____

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity _____ Specify: _____

Spinal Epidural Caudal

Others: _____

Position: ① Lateral

Site: L4-L5

Needle Size: 25G Depth: _____

Parasthesia Yes No

Catheter at skin _____ cm

Drug Name & Conc: 2ml of

Bolus: 3.0 mcg Morphine

Infusion: _____

Block Level: _____

Comments: _____

Transportation to

PACU ICU Other

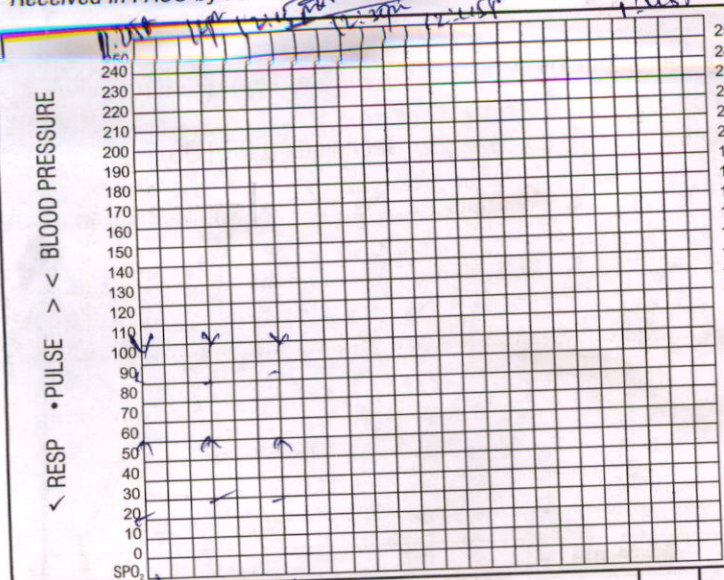
Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Ardit

Signature of the Doctor: _____

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: [Signature] Time Received: 11:45 AM Time Discharged: [Signature]



IV Cannula Site: 22 PA

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting: Yes No Drug: _____
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: NO
 Oral Feeds: ALLOWED

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	1	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	1	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2		
TOTAL	8	9	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6/20				

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: [Signature]
 Anaesthesiologist Signature: [Signature]
 Date & Time: 10/6/20
 PACU Nurse Name: [Signature]
 PACU Nurse Signature: [Signature]
 Date & Time: 10/6/20

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

Transferred to Unit by (PACU): [Signature]
 Date & Time: 10/6/20



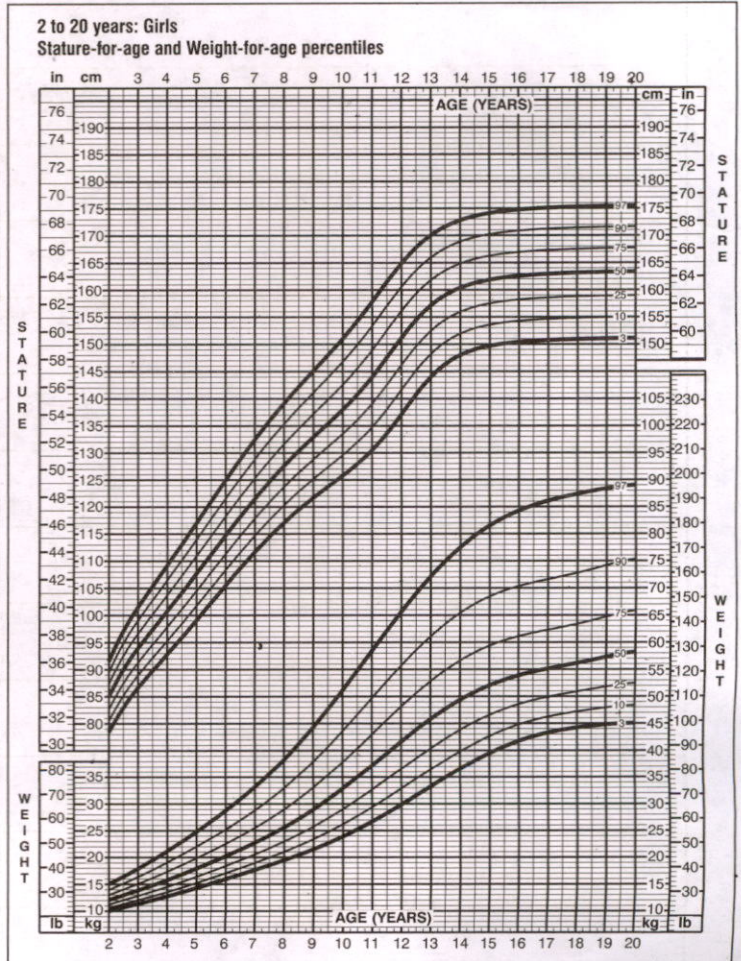
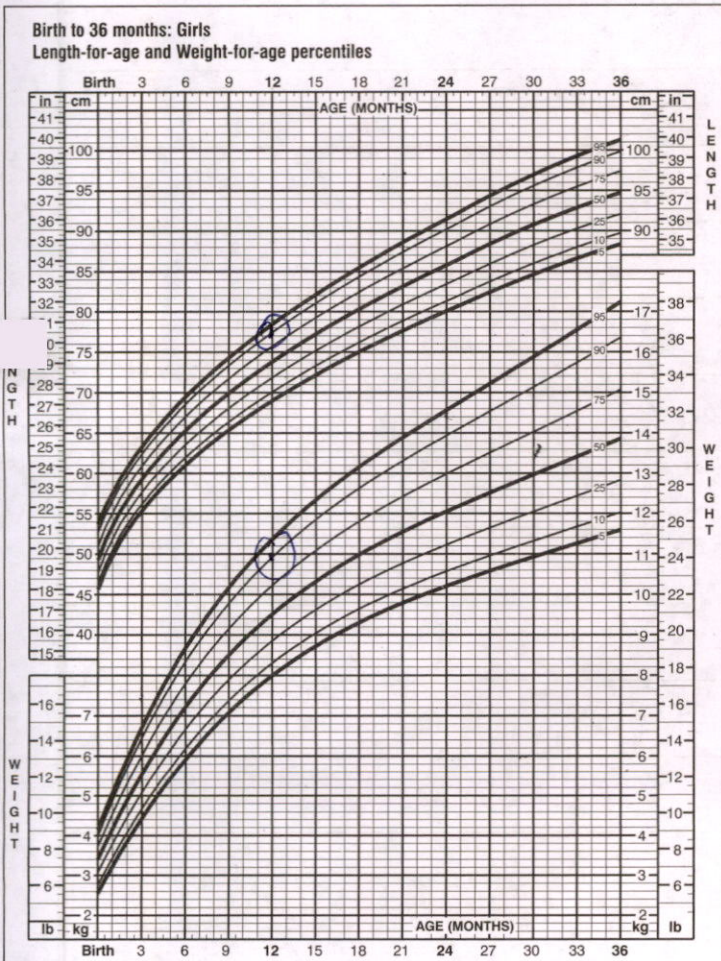
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/6/26 Time: 3pm

Weight: 10.9 kgs Centile: 90th
 Height: 77 cms Centile: 90th
 Inference: Overweight child
 RDA: - Calories: 1200 kcal/d Protein: 20g/d
 Diet Recommendations: soft diet
 Re-Assessment: Avoid spicy, chilled, outside foods
 Food Allergies: No Veg/Non-veg: Non-Veg
 Diagnosis: 1/0 @ hip joint dislocation for open reduction
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: K. Rama Krishna Reddy

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: [Signature]

Daily Notes:

11/6/26
1000m

child is stable. oral intake is good.

continue to soft diet

- Monica