BAH-00581587 IP5-00174969
Master HANSIK GANDHARLA
23-04-2019 7 Y 1 M 18 D (M)
Dr. MANCHUKONDA SANTHOSH

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ACTIVITY RECORD FOR BILLING

Name : Hansik

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	12:25 Am	ER	OT	Renuka

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Vijaya Lakshmi	4/6/26	965260	
2				
3				
4				
5				
6		DIC		
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/06/21	CBP	58530	Israel

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/06	iv placement	1	51172	Tnerel
	DAC (OP Basic)			
11/06	NHA	①	960	[illegible]

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : 11/6/26 Time : Prepared By : [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Anup	SUP (103)		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174969 **Admit Date** : 10-Jun-2026 **Admit Time** : 11:58 AM **UHID** : BAH-00581587

Patient Details :

Patient Name	: Master HANSIK GANDHARLA	**Age**	: 7 Y 1 M 18 D
Guardian	: Mr MUKESH KUMAR GANDHARLA	**DOB**	: 23-04-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: TYPE-II/NCDS-92 NEHARU COLONY, WARD NO-14, KIRANDUL,PO: KIRANDUL Dakshin Basta Dantewada CHATTISGARH INDIA 494556	**Phone No**	: 6261959600/ 9399862179
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 411 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 411 **Admission Type** : First Visit

Contact Details :

Name : Mr MUKESH KUMAR GANDHARLA **Relationship** : Father

Contact Address : TYPE-II/NCDS-92 NEHARU COLONY, WARD NO-14, KIRANDUL,PO: KIRANDUL Dakshin Basta Dantewada CHATTISGARH INDIA 494556 **Phone No** : 6261959600 / 9399862179

Signature

Doctor Details :

Doctor Name : Dr. MANCHUKONDA SANTHOSH KUMAR **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : NMDC LIMITED

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00581587 IP5-00174969
Master HANSIK GANDHARLA
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Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00581587 IP5-00174969
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Pediatric Multiorgan History & Physical Examination

Name : Hansik. Age/Sex 7/M

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

c/o: recurrent throat infections
mouth breathing
snoring
sleep issues
x 6m.

History of present illness :

↓

evaluated on OP basis

found to have grade III tonsils & adenoid hypertrophy.

now admitted for adenotonsillectomy

no fever / cough / vomiting

NPO adequate.

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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) perinatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : (N)

Developmental History :

appropriate

Immunization History :

immunised as per IAP for age

(P.T.O.)

BAH-00581587 IP5-00174969
Master HANSIK GANDHARLA
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...s Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 22.1kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 102/min B.P. ~~86/48~~ SPO2 100%

Resp.rate and type of breathing : 20/min

Rash

Lymphadenopathy (N)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear.

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : (N)

Any murmur : none.

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

Per Abdomen :

Inspection

Palpation : (N)

Ausculation :

Spine : External Genitelia :

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

BAH-00581587 IP5-00174969
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : N

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : N

Clinical Summary & Diagnostic:

Chronic adenotonsillitis
now for surgical management

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: bleeding

Desired goals of the treatment : resolution surgically.

Planned Labs:

CBP

Planned Management

1.) Cont NPO.
2.) IVF DNS.
3.) Shift to OT.

NTB
Remarks
10/6/26

Signature of the Doctor: Akhila
Name of the Doctor: Akhila
Date & Time: 10/6/26

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 @ 9PM	Seen by Resident Chronic Adenotonsillitis S/p adenotonsillectomy. Child alert, afebrile hemodynamically stable. chest clear.	Plan 1. continue Medications as charted 2. Encourage orally Noted by Surgeon Sahithi
11/6/2026 8 AM	S/B/ D: Chronic adenotonsillitis S/P - Coblation Adeno-tonsillectomy (POD-1) On RA Hemodynamically stable Good oral intake Pain & Control No vomiting/ bleeding/ fever.	Resident Plan R/v discharge today + oral medications Vitals (Dr. Nanda) Amoxyclav x 10 days

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name : Dr. Vijwala Desai Date : 11/06/2026 Time : 8 AM

Diagnosis : Grade IV Adenoid hypertrophy / Grade III tonsillar hypertrophy

Hospital : RCH Banjara

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:

Hemodynamic management

Signature: Malla

Findings and Recommendations :

D: S/P COBlation Adenotonsillectomy (POD-1)

On Room Air
Hemodynamically stable
Pain under control
NO bleeding/vomiting/fever
Oral intake - Good

Plan

D/c today
Oral medications

Malla.
(Dr. Nandan)

Consultant :

Name : Dr. Vijwala Desai Signature : Date & Time : 11/06/2026

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Akhila Dr. Akhila

Date & Time : 10/6/26 @ 11:15 AM

Nurse Name & Signature: Pooja

Date & Time : 10/6/26 @ 11:30 AM

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight ...22 kg... Ward ....

DRUG : BOTROCLOT NASAL drops

Dose	Route	Frequency	Start Dt.
	Nose	BD	10/6

Name & Signature of the Doctor Starting the Drugs: Savithri

Additional Instructions: 2 drops each nostril

Date ▸ Time ▾: 10/6 — 10 AM X; 10 pm Pravi Saital

Daily Doctor's Endorsement by a Sign

DRUG : BETADINE gargle.

Dose	Route	Frequency	Start Dt.
		BD	10/6

Name & Signature of the Doctor Starting the Drugs: Savithri

Additional Instructions: Mouth gargle

Date ▸ Time ▾: 10/6 — 10 AM X; 10 pm Pravi Saital.

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time ▾

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time ▾

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

D/C

Daily Doctor's Endorsement by a Sign

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

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

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

Signature

VERIFIED BY : Name

REGULAR PRESCRIPTIONS Weight. 22.1kg Ward. OT

DRUG : Inj AMOXYCILLIN CLAVULANATE

Dose	Route	Frequency	Start Date
600mg	IV	8 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Date ▸ Time	10/6	11/6
6AM	X	Drawn Sathya
2pm OT		
10pm	Drawn Sathya	

Daily Doctor's Endorsement by a Sign

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date
300mg	IV	8 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Date ▸ Time	10/6	11/6
6AM	X	Drawn Sudha
2pm	1400pm OT	
10pm	Drawn Sathya	

Daily Doctor's Endorsement by a Sign

DRUG : Inj TRANEXA

Dose	Route	Frequency	Start Date
200mg	IV	12 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Date ▸ Time	10/6	11/6
6AM	X	Drawn Sathya
2pm	OT	
10pm	Drawn Sathya	

Daily Doctor's Endorsement by a Sign

DRUG : NASOCLEAR DROPS

Dose	Route	Frequency	Start Date
3	Nose	8 hrly	~~10/6~~ 10/6

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: 3° each nostril

Date ▸ Time	10/6	11/6
6AM	X	Drawn Sathya
2pm	X	
10pm	Drawn Sathya	

Daily Doctor's Endorsement by a Sign

Dr. MANCHUKONDA SANTHOSH

BAH-00581587 IPS-001749A9

Weight. 22.1 Kg Ward. U1

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	1:10	Inj PARACETAMOL	405mg	IV		Amos
10/6/26	1:15	Inj AUGMENTIN.	810mg	IV		Benja Amos
10/6/26	1:20	~~Sup~~ DICLOFENAC	25mg	PR		Benja Amos
10/6/26	1:30	Inj DEXAMETHASONE	2.5mg	IV		Benja Amos
10/6/26	1:40	Inj TRANEXAMIC ACID	500mg	IV		Benja Amos

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

I.V. FLUIDS CHART

Weight. 22.1kg Ward. OT

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6		INF DNS	IV	60			10/6/26		
10/6/26	1:15pm	RINGER LACTATE	IV	270			10/6		

Signature

VERIFIED BY : Name

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23-04-2019 7 Y 1 M 18 D (M)
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: RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/06/26 Time:	6 pm	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?				

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	120bpm	100bpm	95bpm	98bpm

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

Resp Rate (Number)	28/m	26b/m	26b/m	24b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	100%
Conscious Level: Normal / Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1
Pain Score	0	0	0	0
Observer's Initials	P			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Sti

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FLUID CHART

Sheet No. : (1)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
10/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
10/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
11/6	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**	

BAH-00581587 IP5-00174969
Master HANSIK GANDHARLA
23-04-2019 7 Y 1 M 18 D (M)
Dr. MANCHUKONDA SANTHOSH

FLUID CHART

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Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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OPERATION THEATER NOTES

Patient's Name : Mst. Hansik Gandharla Age : 7 y Gender : ☑ Male ☐ Female

UHID No.: BAH - 0058 1587 Weight : .... Height : ....

Surgeon : Dr. Santosh	Asst. Surgeon :	
Anesthetist : Dr. Kavya	OT Nurse: Swarna thejo	OT Technician: prabha
Pre-Operative Diagnosis:		
Surgical Procedure :		
Indications for Surgery :		
Date : 10/6/26	Start Time : 1:10 pm	End Time : 2:20 pm
Pre Operative Preparations:		
Post Operative Diagnosis:		
Peri-Operative Complications:		
Operation Notes:		

- Grade 4 adenoid hypertrophy
- Grade 3 tonsillar hypertrophy

- Coblation Adenoidectomy
Intracapsular tonsillectomy done

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

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1. Inj. Augmentin 400mg IV BD
2. Inj. PCM 400mg IV TID
3. Inj. Tranexa 200mg IV BD
4. Nasoclear n/d 8° — 8° — 8°
5. Botroclot n/d 2° — 2°
6. Betadine gargle 2 times daily

Name of the Surgeon: ....

Signature of the Surgeon: ....

Date & Time: ....

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POST-SURGICAL CARE PLAN FORM

Procedure Done: .....

Post-Surgical Diagnosis: .....

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

- NPO for 2hr - soft diet

When to Start Mobilization:

Special Referrals:

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: ..... Time: .....

Note: Plan of care will be readjusted if necessary.

BAH-00581587 IP5-00174969
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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☐ ~~Patient~~ Attendant

Operative Procedure: Adenoidectomy + tonsillectomy

Anaesthesiologist: DR SHARMA Surgeon: Dr. SANTHOSH

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 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.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others Desaturation, Bronchospasm, Laryngospasm

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☐ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- 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:
Name: Mukesh Gandharla
Relationship with patient: Father
Date & Time: 9/6/2026 2:45 pm

Witness:
Signature:
Name: BENJAMIN
Date & Time: 9/6/26 @ 2:45 PM

Doctor (who is taking consent):
Signature: Name: DR SHARMA Date 9/6/2026 Time: 2:45 pm

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

Master HANSIK GANDHARLA
23-04-2019 7 Y 1 M 18 D (M)
Dr. MANCHUKONDA SANTHOSH

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Hansik gandharla Age: 7 Sex: Male UHID.No : BAH 0056567

Date: 9/6/2026 Time: 2.44pm Proposed Operation: Adenoidectomy + tonsillectomy

Diagnosis: Grade III adenoid hypertrophy.

B.P / CRT: 2sec. H.R: 92/min Weight: 22. ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	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: Nil

Medical History: CVS : (-) LSCS | Term | 3.5kg | No NICU adm

RESP : (-) Diabetes :

CNS : (-) - ~~no~~ delayed milestones. walked after 18 month.

Renal : (-)

Hepatic / GE : (-) Physical Activity: → ADHD

Others : (-)

Past Anaesthetic History: (-)

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Nl Mentohyoid Distance: Nl Neck: Nl Teeth: Nil loose

Lungs : Cnst clear

Heart: S_1S_2 +

CNS: GCS full

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 → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ~~☐~~ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   6) CBC

Signature: Name: DR SHARAN

Docu. No. : RCH /FRM / CLINICAL / 044

Master HANSIK GANDHARLA
23-04-2019 7 Y 1 M 18 D (M)
Dr. MANCHUKONDA SANTHOSH

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: confirmed.

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 92/min | B.P / CRT: 91/68mmHg | SpO_2: 100% | R.R: 22/min | Last Feed: 7hr

Pre-OP Diagnosis: Grade III Adeno tonsillar hypertrophy Operation: Adenotonsillectomy Date: 10/6/26

Surgeon: Dr. M. Santhosh Anaesthesiologist: DR: Aishwarya / DR: BT Technician: Sirisha

TIME	1PM	1:30	2pm	2:30
N_2O /AIR/O_2 LPM	0.6L/min			
HALO /SO /SEVO	3.5%			
Drugs:				
MIDAZOLAM	1mg			
FENTANYL	40mcg			
PROPOFOL	90mg	40mg		
ROCURONIUM	10mg	75mg		
DEXAMETHASONE	2.5mg			
TRANEXAMIC ACID	200mg.			
MIDAZOLATE		3rd.		
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	30	33	33	33
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids / Blood	RINGER LACTATE	270ml/hr.		

Antibiotic: Inj AUGMENTIN 81mg

Suppository: DICLOFENAC 25mg.

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: RUL
☐ Art Site:
☑ EKG Lead 3 leads
☑ Temp Site Skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: ROSE
☑ 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: 1:05pm
OP Start: 1:15pm
OP End: 2:05pm
Leave OR: 2:25pm.

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G RUL.
☐ IV:
☐ IV:

Induction
☐ IV ☑ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☑ Oral ☐ Nasal
ETT# 5 at 16 cm
☑ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☑ Drug: ROCURONIUM.

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Paresthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA
Name of the Doctor: DR. Tejashwini
Signature of the Doctor:

Master HANSIK GANDHARLA
23-04-2019 7 Y 1 M 18 D (M)
Dr. MANCHUKONDA SANTHOSH

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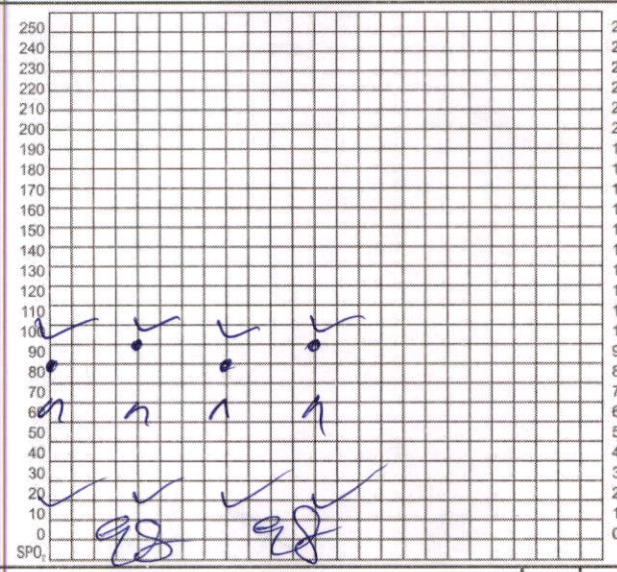
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 2:30pm. Time Discharged : 4pm



IV Cannula Site : RT HAND

- ☐ O_2 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: .....
Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	2:30pm	1/10	—	

Pain Tool Used: ☐ N PASS ☐ FLACC ☑ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr. AISHWARYA
Anaesthesiologist Signature: Ashy
Date & Time: 10/6 4pm
PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 10/6/19 @ 3:30pm

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

Transferred to Unit by (PACU): 103
Date & Time: 10/6 4pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

BAH-00581587 IP5-00174969
Master HANSIK GANDHARLA
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/6/26 Time: 4pm

Weight: 27.1 kgs Centile: >75th

Height: 122-3cms Centile: 50th

Inference: Overweight Child

RDA: Calories: 1500 kcal/d Protein: 26g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, Outside foods

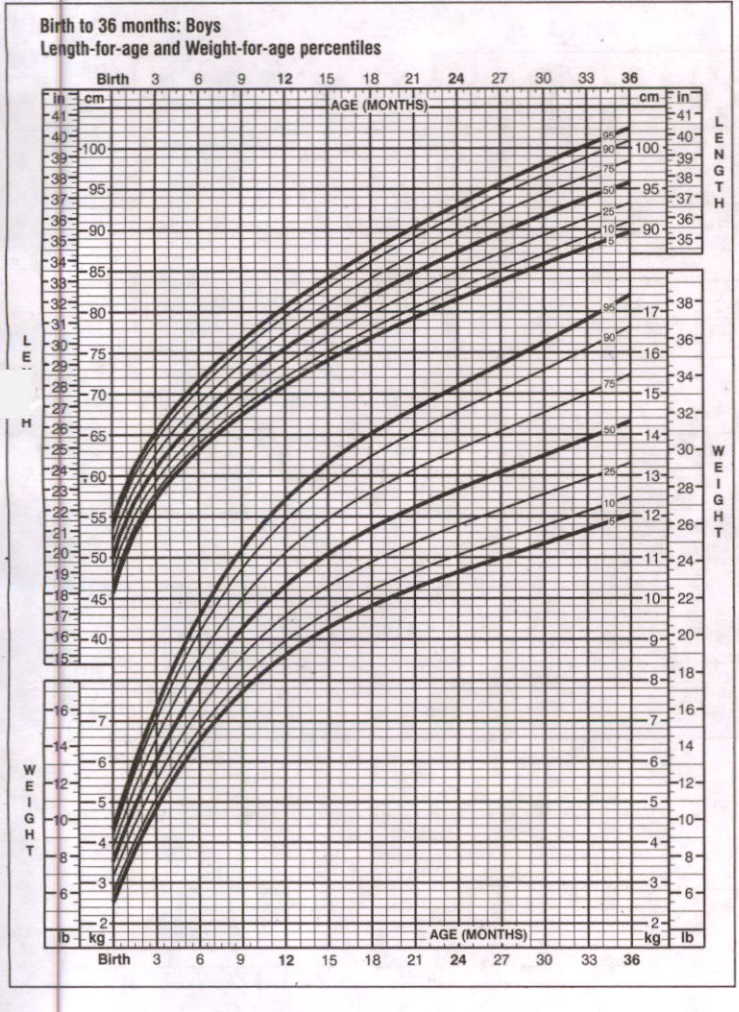
Food Allergies: No Veg/Non-veg Non-veg

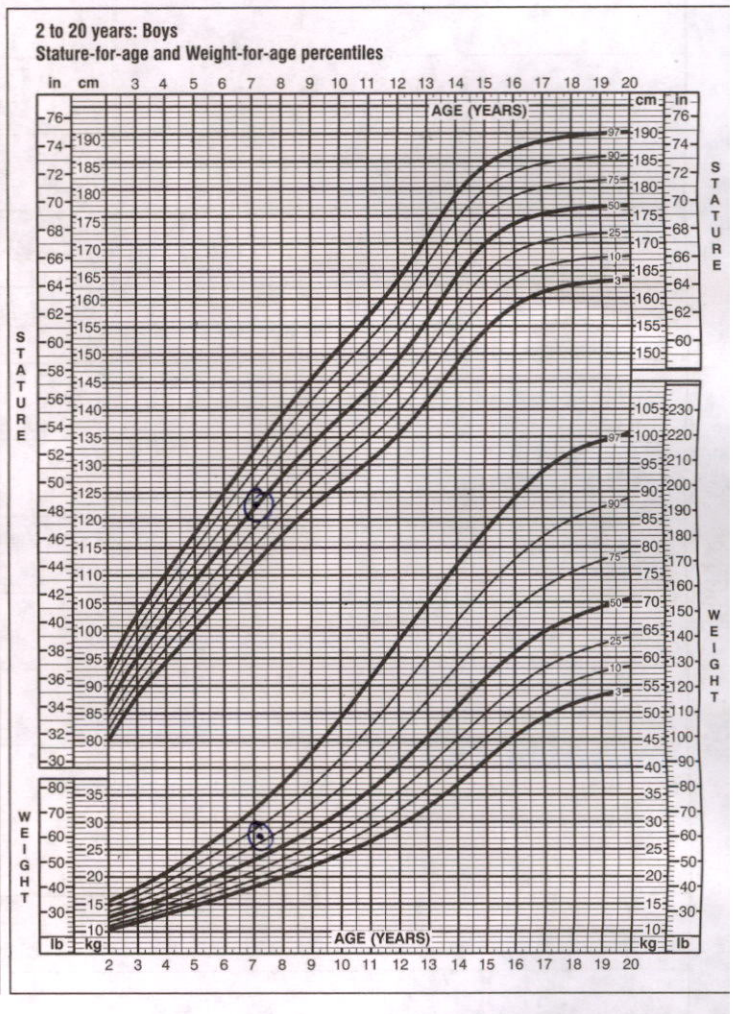
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: