

ESTIMATION SLIP

Pre-Approval

80409

Date: 25-May-26 UHID / IP No.: CUV-00088302 SI No. _____
 Name of Patient: Master. Vihaan Nagravala Age: 6yrs Gender: Male
 Father's / Husband's Name: Mr. N. Ramesh Corporate / Occupation: Business
 Address: _____ Phone: 9985525919 / 9908028999 Email: _____
 Procedure / Plan: Transpubic urethral stricture Repair 10DW
SU OT

MODE OF PAYMENT: SELF TPA: Star Health Ind-2020 GIPSA: _____ OTHERS _____

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
	Room Rent & Nursing Charges									
Doctor's Fee				1100/-						
L. Tax										
PARTICULARS						AMOUNT (₹)				
Surgeon's / Anesthetists's Fee / O.T. Charges						<u>(211454) + (611444) + (601)</u> <u>92400</u>				
O.T. Consumables						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	Monitor :		Oxygen :		Infusion pump / Syringe pump :					
	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						15,000/-				

REMARKS:

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, arthroscopic, etc) / Unilateral to Bilateral Procedure.
- 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.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- 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.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/AIDS Ag. Medication, Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- 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.
- 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.
- 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, Ramesh 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

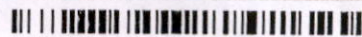
Signature of the Client

Signature of the Relationship

Signature of the Financial Counselor

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174750 Admit Date : 04-Jun-2026 Admit Time : 09:03 PM UHID : CUV-00088302

Patient Details :

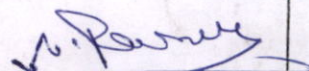
Patient Name	: Master VIHAAN NARRAVULA	Age	: 6 Y 5 M 23 D
Guardian	: Mr NARRAVULA RAMESH	DOB	: 12-12-2019
Gender	: Male	Religion	:
Occupation	: Others	Marital Status	: Single
Address (H)	: FLAT NO 405, SANALI HAVENS, BESIDE KAMMA SANGAM, NAGARJUNA NAGAR COLONY Ameerpet X Road Hyderabad Telangana INDIA 500016	Phone No	: 9985225919/ 9908028999
		E-mail	: RAMESHNARRAVULA@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT 304 Ward Name : 3F-ZONE B
Room No : PVT 304 Admission Type : First Visit

Contact Details :

Name	: Mr NARRAVULA RAMESH	Relationship	: Father
Contact Address	: FLAT NO 405, SANALI HAVENS, BESIDE KAMMA SANGAM, NAGARJUNA NAGAR COLONY Ameerpet X Road Hyderabad Telangana INDIA 500016	Phone No	: 9985225919 / 9908028999


Signature

Doctor Details :

Doctor Name	: Dr. MAINAK DEB	Specialisation	: PEDIATRIC SURGERY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Deposit Amount : 0.03
Payment Mode : Cash Payor Name : STAR HEALTH AND ALLIED
INSURANCE CO LTD

CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 23 D (M)
 Dr. MAINAK DEB



ACTIVITY RECORD FOR BILLING

Name : _____

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
4/6/26	10pm	ER	304	
5/6/26	9am	304	OT	Yamne
5/6	4pm	OT	304	Quil

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



PEDIATRIC IN-PATIENT MEDICAL RECORD

CUV-00088302 IP5-00174750
Master VIHAAN NARRAVULA
12-12-2019 6 Y 5 M 23 D (M)
Dr. MAINAK DEB



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cf traumatic post-urethral trauma.
Stricture
planned for urethroplasty.

History of present illness :

Child ~~was~~ suffered traumatic post
urethral trauma and developed stricture.
~~was~~ on suprapubic catheter.

Planned for Transpubic urethral stricture
repair.

No fever / cough / loose stools / vomitings

urethoplasty for stricture

CONSUMABLES OF OT

Technician : Date : Time : 8:30 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.5.5	14	1	Major Pack 209P	1	1	Prokin 3,4,5,6 2+2	-	-
LMA 3	01	-	Sutures 9915, 5003	2+2	01	Cord Clamp	-	-
ECG leads : A/P/N	5	3	CO50, 5027	2+2	-	Suction Catheter	-	-
HME filter : A/P/N	01	1	2303, 2304, 2317, 1A42	2	2	Feeding Tube	-	-
Syringes : 10 cc	20	7	2+37, 211, 212	2+2	4	Vaccum Suction Set	-	-
05 cc	20	6	Gloves 213	2	-	Surgical Gloves 5087P	-	2
02 cc	20	4	6, 6, 7, 7	3+3	1	Gauze Pack 212	-	1
01 cc	-	-	DF, 6, 6, 7, 7	3+3	2+2	Syringe 1ml / 2ml	-	-
Cautery plate A/P/N	01	1	Surgical blade 11+13	1+1	1	Surgical Blade # 20	-	-
IV set + Blood set	0+1	1+1	NG tube 10	1+1	2+1	Koochies (S)	-	-
RL	01	2	Cautery pencil 5	1	1	NS 500ml	2	0
NS 10ml, 100ml, 500ml, 1000ml	5+1	3+1	Koochies XL	1	1	10cc, 5cc, 2cc 2+2	-	-
nicu Spike	01	1	Ointments	-	-	gel	1	1
Guaz	03	2	Suction Catheter	-	-	manin 0.25%	1	-
Fentanyl	0+2	3	Cap, Mask	8/8	8/8	Cancer cover	2	2
Morphine			Gauze Pack N+2	5+5	4+6	IV set	1	1
Ketamine			Mop Pack	2	1	multi tube holder	2	2
Propofol	03	2	Steristrip	2	1	flat pm	1	1
Rocuronium	0+1	2	Underpad 1205	1	1	Atropine +ADR	1+1	1+1
Glycopyrolate	01	0	Draw sheet	1	0	midazolam	1+1	1
Myopyrolate	01	1+1	Abgel	1	-	Loxord HJels	1+1	1+1
Ondansetron	01	0	Foleys catheter 14, 8, 10	1+1	1+1	Nasal Airway	-	-
Pencan 25g/ Spinal Needle 22	01	-	Urobag, Uroreiter	1+1	1+1	2212u	1+1	-
Bupivacaine 0.25%	0+1	4+1	Chest Drainage Catheter	-	-	oral Airway	-	-
Bupivacaine 0.25%(Heavy)			Romodrain bag	-	-	1+2	1+1	-
Antibiotics			Bandage	-	-	O2 mask (A)	01	-
Epidural set 18	01	1	Tegaderm	-	-	protogolon	02	1
Suppositories			loban 3F, 14	2	-	Tegadam with	-	-
Anamol : 80mg / 250mg / 170 mg			Double J Stent 3F16	2	-	with pael	01	1
Supridol : 100mg			Vaccum Suction set	1	1	IV cannula	-	-
Justin : 2.5 mg / 25mg / 100mg	1+1	-	Plastic Bed Sheet	1	-	20(22)	2+2	1
Tab. Misoprost : 200mg			Betadine Solution	1	1	Splius 1.3	1+1	-
Vaccum Set	01	1	Microshield	1	0	2 set,	01	-
Dexa transdermal	1+1	-	Cotton Balls	1	1	Epidural Bag	1	1
Tranaxer 10cm	2+1	1	Latex Gloves	SP	10P	50ml + 20ml	1+1	1+1
Glaxone + clonon	5+1	-	Ramdione Scrub	-	-		-	-
10cm + 100cm 3cc	1+1	1	Saral	-	-		-	-

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9644430 Ordered by : [Signature]



Pediatric Multiorgan History & Physical Examination

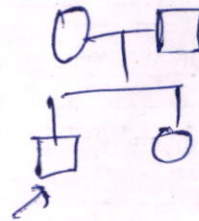
Past History : (Including details of any previous investigation or treatment)

⊖

Birth & Neonatal History:

FT / H/O New born stay x 05 mo

neonatal Seizure



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developed as per age

Immunization History :

Immunised as per age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 30kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 98/min B.P. 120/67 ⁽⁸⁰⁾ SP02 100% RA
Resp. rate and type of breathing : 24/min

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

*Suprapubic catheter
in situ.*

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BACE+
Any addes sounds : ⊖
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1S2+
Any murmur : ⊖
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) _____

Per Abdomen :

Inspection _____
Palpation : Soft - non tender
Ausculation : BCT+
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : (N)

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : NAP

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Intact

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Traumatic post-welthral structure
planned for transpubic creethral structure
repair.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complication

Desired goals of the treatment: hemodynamic stability

Planned Labs:

CBP
SE
RFT ~~N/B~~
Terrace

Planned Management

PAAC
Peglee bowel wash
Give PIPTAZ before surgery
NPO according to PAC.
~~N/B~~
Terrace
2U PRBC reserve

Signature of the Doctor: *[Signature]*
Name of the Doctor: Sahithi
Date & Time: 4/6/26 9PM

Signature of the Consultant: *[Signature]*
Name of the Consultant: A. Harish
Date & Time: 5/6/26 6AM

DR. HARISH JAYARAMAN
Registration No.: 66254



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 4:22pm	C/S/B Dr. Malika / Dr. Nikitha POD - (0)	
	Afebrile e/o pain at tip of phallus - ? bladder spasms -	Adv
	Vitals stable P/A - soft	1) Full feeds 2) ^{Inlet} Gastrostomy tube
	U:O	3) Urine Output monitoring 3rd hourly - 16 Fr 2cm
	→ SPC - 280ml → Foley's Catheter - 5ml	
	→ Drain (JP) - <u>minimal</u>	
		Noted by <u>Suryaksha</u>
	DR. HARISH JAYARAM Registration No: 66254	Malika Dr. Malika
	5/6/26 6 PM	5/6/26 4:22pm

CJV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 24 D (M)
 Dr. MAINAK DEB



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 8:40 AM	<p style="text-align: center;"><u>C/S/B</u> Dr. Malika.</p> <p>POD - ①</p>	
		<p><u>Adv</u></p>
	<p>Afebrile. Vitals stable.</p>	<p>1) Full feeds</p>
	<p>P/A - soft</p>	<p>2) Urine Output monitoring 4th hourly</p>
	<p>SPC - 450ml (Gastrostomy).</p>	<p><i>noted by Jauz</i></p>
	<p>Foley's - 751 ml. (Perurethral)</p>	
	<p>U.O/24hrs = 1.66cc/kg/hr</p>	
	<p>JP drain - 24ml serosanguinous</p>	
	<p><i>[Signature]</i> 6/6/26 8:40 AM</p>	<p>Malika Dr. Malika 6/6/26 8:40 AM</p>
	<p><i>[Stamp: DR. ANKITA JAYARAM, Registration No. 99329]</i></p>	

CUV-00088302 IPS-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 25 D (M)
 Dr. MAINAK DEB



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 5:30 PM	<p style="text-align: center;"><u>Dr. Harish</u></p> <p style="text-align: center;">[POD-2]</p> <p>Afebrile vitals - stable P/A - soft, Dressing intact - no soaks u/o - 420ml / 10hr, 1.4cc / kg / hr</p>	<p style="text-align: center;"><u>Adv</u></p> <p>- full feeds as tolerated - u/o monitoring 4th hly</p>
	<p style="text-align: center;"><u>Dr. Nikhita</u></p> <p style="text-align: center;">[POD-3] Urothoroplasty</p> <p>Afebrile vitals - stable P/A - soft, u/o - 1.4cc / kg / hr Dressing - no soaks noted</p>	<p style="text-align: center;"><u>Adv</u></p> <p>① Full feeds as tolerated ② u/o monitoring 4th hly</p>
7/6/26 8:10 am		

DR. HARISH JAYARAM
 Registration No. 66254

Noted by
Dr. Nikhita
 6/6/26
 5:30 PM

Dr. Nikhita
 7/6/26
 8:10 am

CUV-0088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 25 D (M)
 Dr. MAINAK DEB



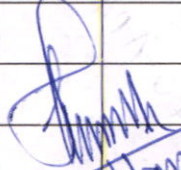
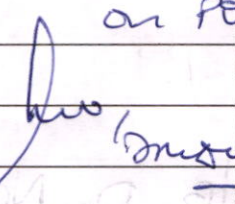

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 8:40 AM	C/S/B	Dr. Harish
	POD (4)	
	Afebrile	<u>Adv</u>
	Vitals stable.	1) Full feeds.
	Dressing intact	2) Remove Epidural catheter.
	changed yesterday	3) Remove TP drain.
	in w/o leakage =	
	stool	
	U.O - 1.48 cc/kg/h.	
	C/S/B	Dr. Nabeel.
	Afebrile	<u>Adv</u>
	Vitals stable	1) Full feeds.
	P/A - soft	
	U.O - adequate	Noted
		by Jyoti

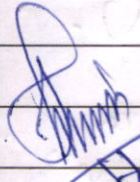
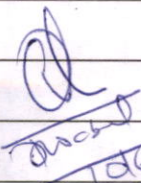
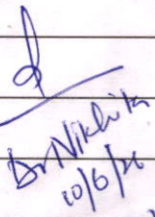
CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 25 D (M)
 Dr. MAINAK DEB



PROGRESS NOTES AND DOCTOR'S ORDER

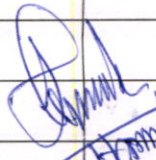
Date & Time	Progress Notes	Doctor's Order
9/6/26 9 AM	c/s / B Dr. Harish	
	POD-4	
	Afebrile	
	vitals - stable	Adx
	P/A - soft	① Full feeds ② v/o monitoring with hly
	v/o - 1.3 cc/kg/h	
		Dr. Nikhil 9/6/26
	New discharge on oral antibiotics and ceftin in sin on POD 6	
 DR. HARISH JAYARAM Registration No: 66254 9/6/26 9 AM	 c/s / B Dr. Nikhil POD-4	
9/6/26 5 PM	POD-4	Adx
	Afebrile	
	vitals - stable	① Full feeds as tolerated ② v/o monitoring with hly
	P/A - soft	
 Dr. Nikhil 9/6/26 7:50 PM	wound - healthy	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7:10 pm	POD - (5)	c/s/B Dr. Malika.
	Afebrile Vitals stable P/A - soft U.O - 0.98 cc/kg/hr.	<u>Adv</u> 1) Full feeds. 2) Perineal care.
 Dr. Harish 10/6/26 9 AM	DR. HARISH JAYARAM Registration No. 88254	Malika Dr. Malika 10/6/26 7:10 pm.
10/6/26 4:30 pm	POD 5	c/s/B Nikhita
	Afebrile Vitals stable P/A soft wound - healthy U/O - adequate	<u>Adv</u> - full feeds - Perineal care - tomorrow D/C
 10/6/26 6 pm		 Dr. Nikhita 10/6/26

noted by
 Caugulky
 10/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 9:05 AM	C/S/B Dr. Malika POD - (6)	
	afebrile	<u>Adv</u>
	Vitals stable	1) Full feeds
	P/A - soft	2) Plan discharge
	U.O - adequate.	today WITH
		FOLEY'S
		CATHETER
		IN SITU.
		
11/6/26 9:05 AM		Malika Dr. Malika 11/6/26 9:05 AM

DR. HARISH JAYARAM
Registration No: 66254

CUV-0088302
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 23 D (M)
 Dr. MAINAK DEB



O+V
 BGT

RESULT SHEET

Date	4/6/26				
Time	9:29pm				
Hb	11.8				
PCV	37.0				
RBC	5.08				
WBC	9.69				
N/L	50.1/38.4				
Platelets	396				
CRP					
ESR					
PCT					
RBS					
Na	139				
K	4.2				
Cl	109				
Ca/Mg					
Phosphate					
Urea	22				
Creatinine	0.5				
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					



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: Ward

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	T-NODOSIS	500mg	PO	TID.		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Syp BACTRIM	6.5ml	PO	HS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T-TROPAN.	1mg	PO	TID.		<input checked="" 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
7						<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: Sanithi

Date & Time: 4/6/26 9 PM.

Nurse Name & Signature: Lachel

Date & Time: 4/6/26 @ 9 PM



Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 30 kg

Ward ... 3rd floor

DRUG: Tab. MIRABEGRON				Date/Time														
Dose	Route	Frequency	Start Dt.	6/6	6/6	7/6	8/6	9/6	10/6									
1/2 tab	PO	Q12H	5/6/26															
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Nihal</p> <p>9 AM 500mg PO 10 AM 500mg PO 11 AM 500mg PO 12 PM 500mg PO 1 PM 500mg PO 2 PM 500mg PO</p>														
Additional Instructions:				(1 tab = 25mg)														
Daily Doctor's Endorsement by a Sign																		
DRUG: INJ PIPERACILLIN + TAZOBACTAM				Date/Time														
Dose	Route	Frequency	Start Dt.	6/6	7/6	8/6	9/6	10/6										
3g	IV	Q8h	6/6/26	6 AM	10 AM	2 PM	6 PM	10 PM										
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Malika</p> <p>2 PM 3g IV 5 PM 3g IV 8 PM 3g IV 11 PM 3g IV 10/6/26 Stop</p>														
Additional Instructions:				<p>10 PM 3g IV 11 PM 3g IV</p>														
Daily Doctor's Endorsement by a Sign																		
DRUG: Syrup ZIPRAX				Date/Time														
Dose	Route	Frequency	Start Dt.	10/6														
5ml	PO	Q12H	10/6/26	10 AM														
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Nihal</p> <p>10 AM 5ml PO</p>														
Additional Instructions:				5ml = 100mg														
Daily Doctor's Endorsement by a Sign																		
DRUG: TAB Syrup PARACETMOL				Date/Time														
Dose	Route	Frequency	Start Dt.	10/6	11/6													
500mg	PO	Q8H	10/6/26	6 AM														
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Nihal</p> <p>2 PM 500mg PO 10 PM 500mg PO</p>														
Additional Instructions:				<p>10 PM 500mg PO</p>														
Daily Doctor's Endorsement by a Sign																		

Patient Sticker

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:																			
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																			

Signature
Name



REGULAR PRESCRIPTIONS

Weight. 30kg Ward. 3rd floor

DRUG : <u>INJ PIPERICILLIN AZOBRACIN</u>				Date Time																		
Dose <u>?</u>	Route	Frequency	Start Date																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>INJ PARACETAMOL</u>				Date Time	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>												
Dose <u>450mg</u>	Route <u>IV</u>	Frequency <u>Q8h</u>	Start Date <u>5/4/26</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Malika</u> <u>Dr-Malika</u>				<div style="position: absolute; top: 10px; left: 10px;"> <u>10PM</u> <u>Shruti</u> <u>Mal</u> </div> <div style="position: absolute; top: 10px; left: 100px;"> <u>2PM</u> <u>Jill</u> <u>Mal</u> </div> <div style="position: absolute; top: 10px; left: 150px;"> <u>5PM</u> <u>Shruti</u> <u>Mal</u> </div> <div style="position: absolute; top: 10px; left: 200px;"> <u>8PM</u> <u>Shruti</u> <u>Mal</u> </div> <div style="position: absolute; top: 10px; left: 250px;"> <u>11PM</u> <u>Shruti</u> <u>Mal</u> </div> <div style="position: absolute; top: 10px; left: 300px;"> <u>Stop</u> <u>10/6/26</u> </div>																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>INJ CEFOTAXIME</u>				Date Time	<u>5/6</u>	<u>6/5</u>																
Dose <u>1.5g</u>	Route <u>iv</u>	Frequency <u>Q12h</u>	Start Date <u>5/6/26</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Dr-Nick</u>				<div style="position: absolute; top: 10px; left: 10px;"> <u>10PM</u> <u>Shruti</u> <u>Mal</u> </div>																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>INJ AMIKACIN</u>				Date Time	<u>5/6</u>	<u>6/5</u>	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>												
Dose <u>450mg</u>	Route <u>iv</u>	Frequency <u>Q24h</u>	Start Date <u>5/6/26</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Dr-Nick</u>				<div style="position: absolute; top: 10px; left: 10px;"> <u>9AM</u> <u>OT</u> <u>Mal</u> </div> <div style="position: absolute; top: 10px; left: 100px;"> <u>more</u> <u>Jill</u> <u>Mal</u> </div> <div style="position: absolute; top: 10px; left: 200px;"> <u>Stop</u> <u>10/6/26</u> </div>																		
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	
Start Date	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.	

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	
Start Date	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
4/6/26	10:50pm	PEGLEC SACHET 1 sachet mixed in 1L water to be taken over 3hrs		PO	\$	I-mondal Yamuna
5/6/26	8 AM	9mg PIPERACILLIN TAZOBACTAM	3g	IV	\$	Hold
5/6/26	8:20am	1mg CEFOTAXIME	1.5gm	IV	\$	Teena Divya
5/6/26	8:30	1mg AMIKACIN	450mg	IV	\$	Teena Divya
5/6/26	9:30AM	IND. PARACETAMOL	450MG	IV	\$	Divya Ramesh
5/6/26	10:40AM	IND. TRANXAMIC ACID	450MG	IV	\$	Divya Ramesh
5/6/26	9:30pm	IND. ONDANSETRON	3MG	IV	\$	Divya

Signature
VERIFIED Name

I.V. FLUIDS CHART

Weight. 30 kg Ward.



Position of I.V. Fluid
 (In infusion, mention ml/hr = Mcg/kg/min. etc)

	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/6/26 2am	IV	70 ml/h	<i>[Signature]</i>	<i>[Signature]</i> <i>[Signature]</i>	not needed		
5/6/26 9am	IV	300	<i>[Signature]</i>	<i>[Signature]</i> <i>[Signature]</i>	5/6	<i>[Signature]</i>	<i>[Signature]</i> <i>[Signature]</i>
5/6/26 11:50am	IV	50	<i>[Signature]</i>	<i>[Signature]</i> <i>[Signature]</i>	5/6	<i>[Signature]</i>	<i>[Signature]</i> <i>[Signature]</i>
5/6/26 2pm.	IV	5	<i>[Signature]</i>	<i>[Signature]</i> <i>[Signature]</i>	5/6	<i>[Signature]</i>	<i>[Signature]</i> <i>[Signature]</i>

Signature

VERIFIED BY: Name

CUV-00088302
 Master: VIHAAN NARRAVUIA
 12-12-2019 6 Y 5 M 23 D
 Dr. MA/NAK DEB

IP5-001/4/50

u/b

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

SCHOOL AGE (5-12 years)

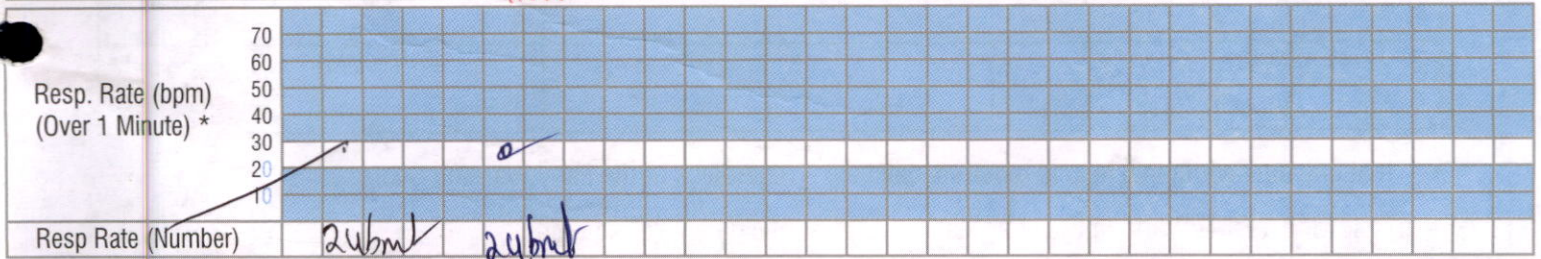
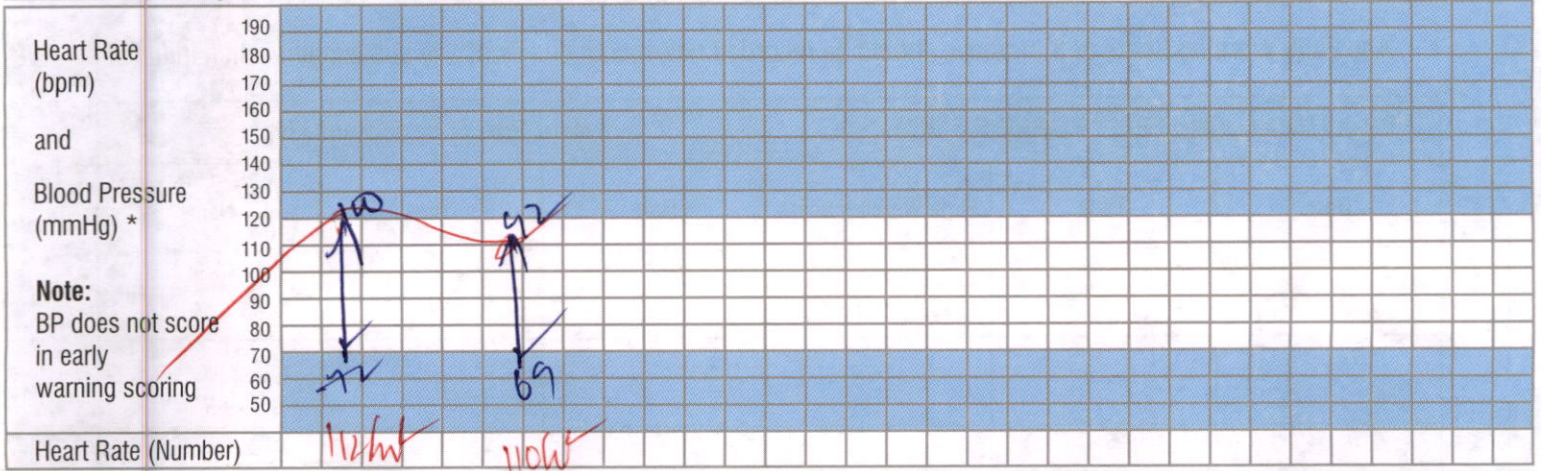
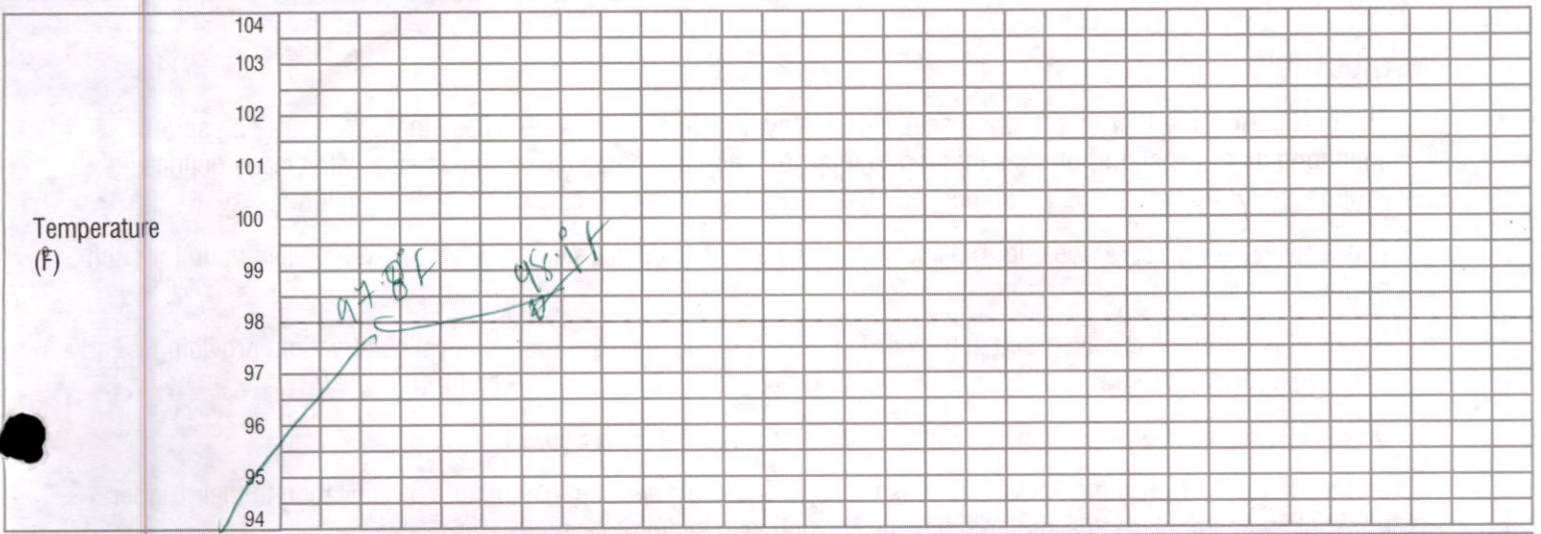
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10:30 pm 6 AM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		not not
Conscious Level	Normal Altered	
GCS *		(15/11) (15/10)
TOTAL SCORE		
Number of shaded boxes		0 0
Pain Score		2 2
Observer's Initials		Z Z

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 23 D
 Dr. MAINAK DEB

5/6

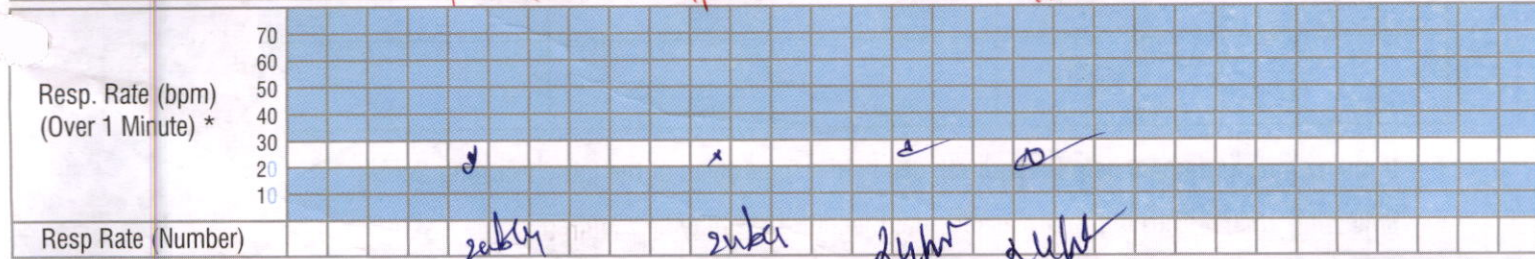
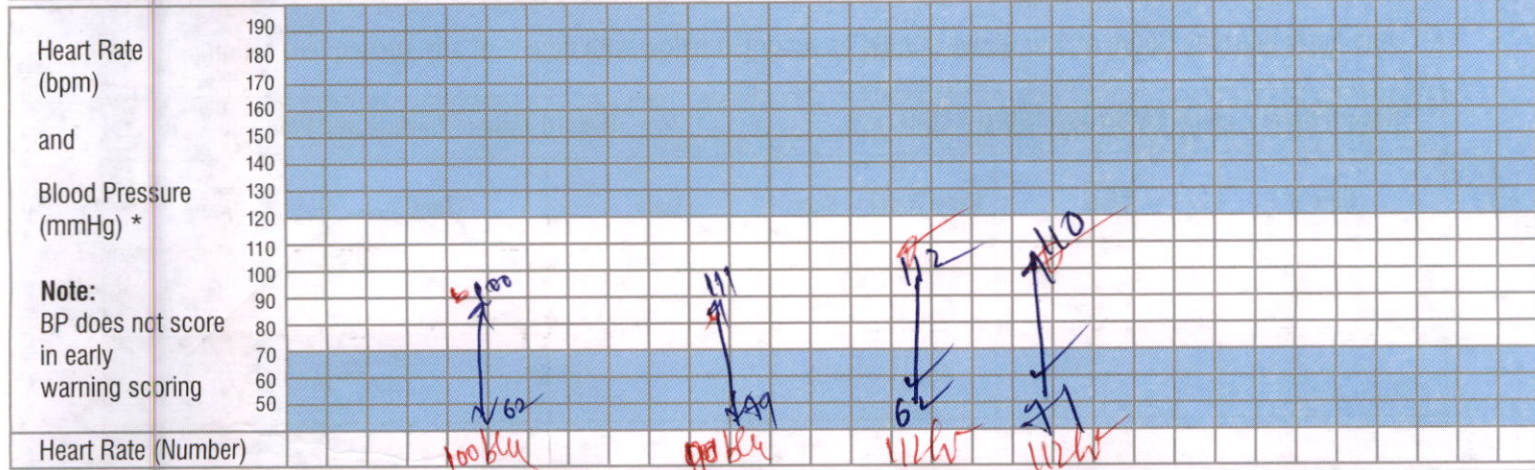
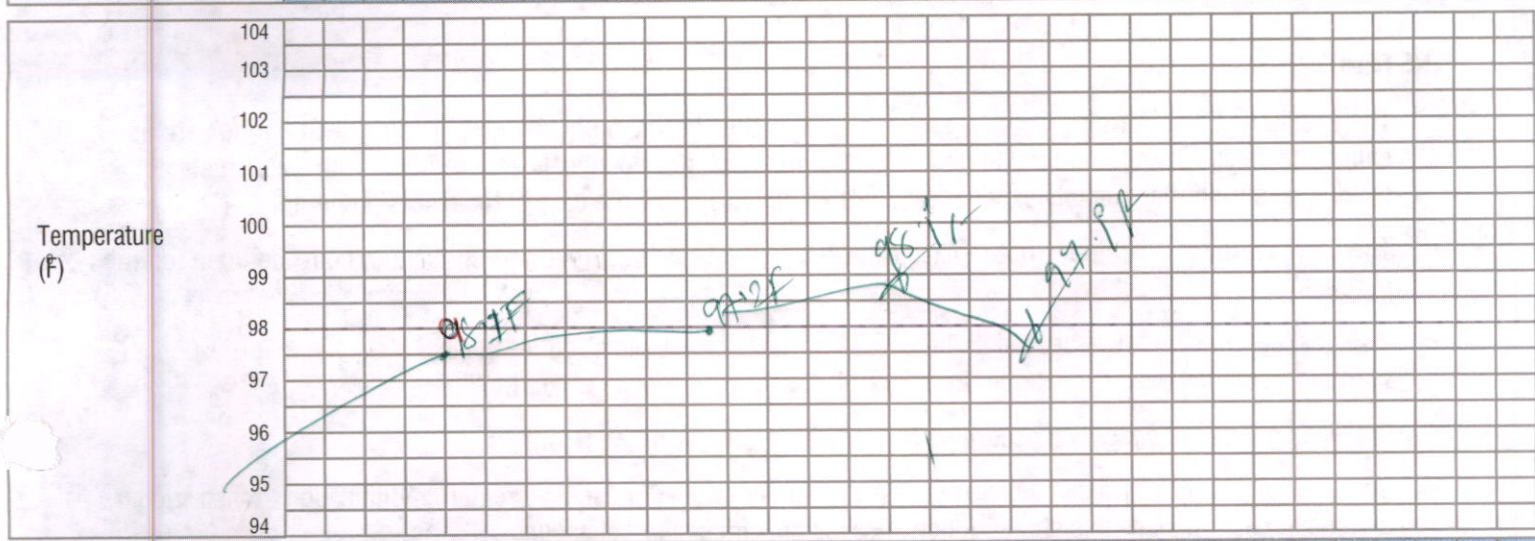
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



H/ FRM / CLINICAL / 126

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 4:00 pm 6:00 pm 10 pm 6 am
 Doctor / Nurse / Family Concern? _____



Resp Distress	Mod/ Severe None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		99 99 100 100
Conscious Level	Normal Altered	
GCS *		(15/15) (15/15) (15) (15)
TOTAL SCORE		
Number of shaded boxes		0 0 2 2
Pain Score		
Observer's Initials		GD

- ACTIONS**
- 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: Scores 3 should be recorded overleaf

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CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 24 D (M)
 Dr. MAINAK DEB

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

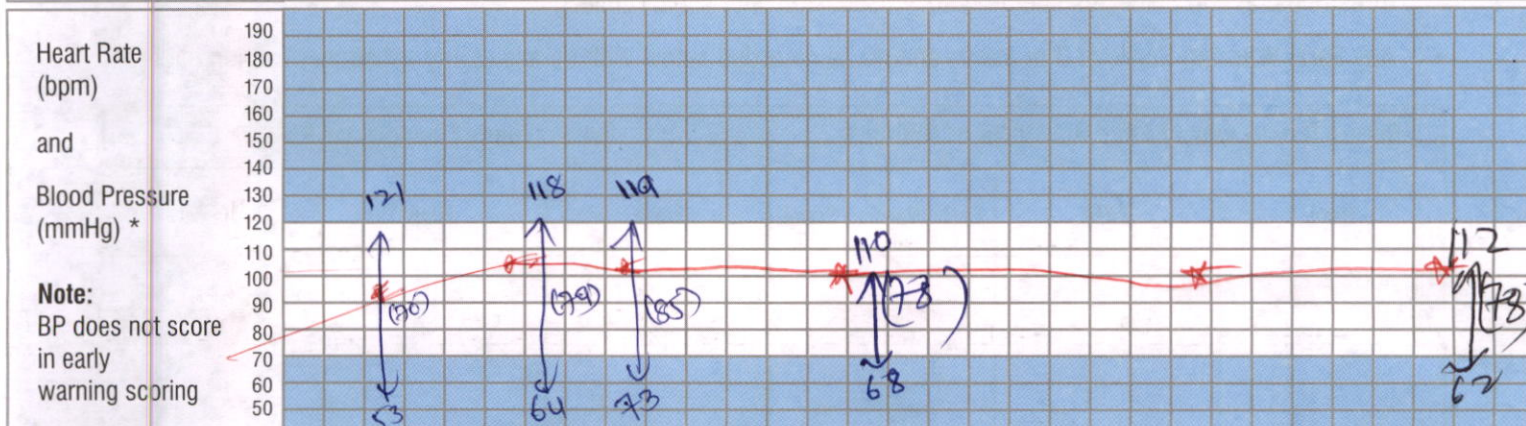
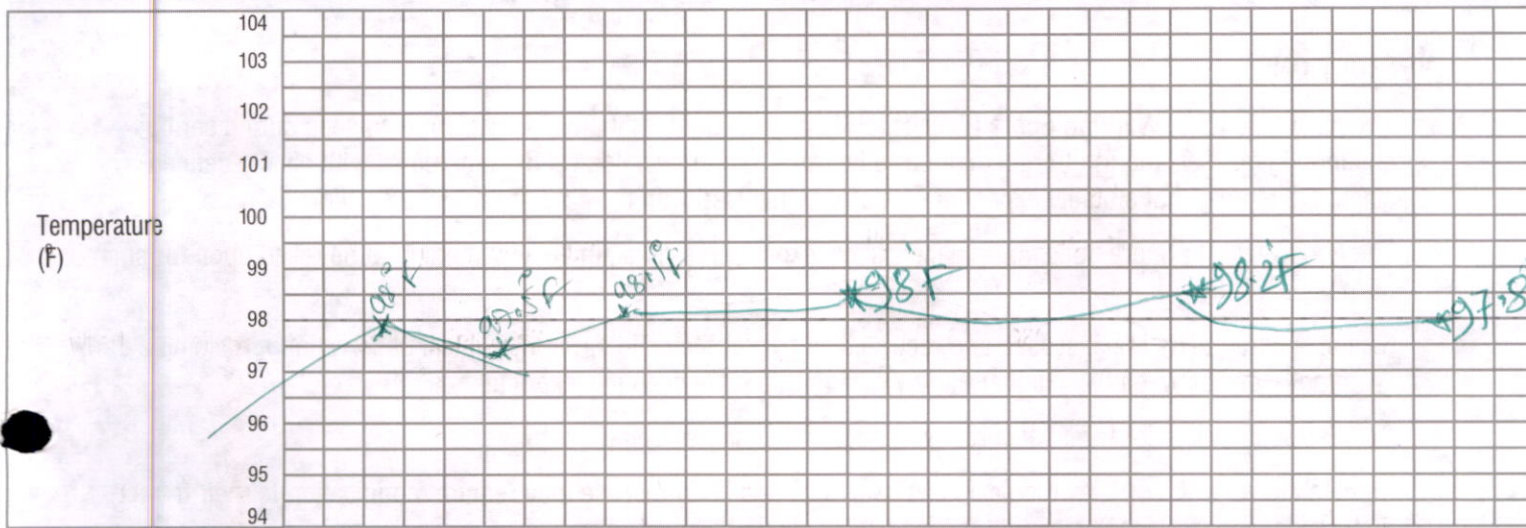
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

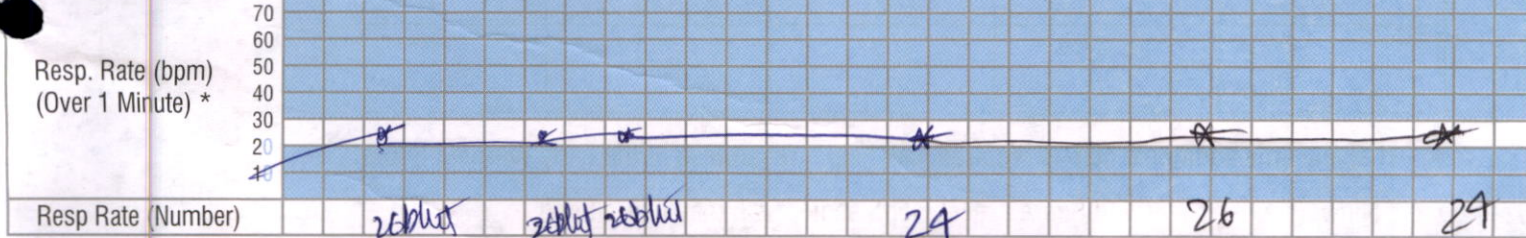
BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/6/20 Time: 10am 3 2 10pm 3 AM 6 AM
 Doctor / Nurse / Family Concern? pm pm



Heart Rate (Number) 95, 104, 102, 100, 102



Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%) 99%, 99%, 100%, 99%, 99%
 Conscious Level Normal Altered
 GCS * (14/15), (14/15), (14/15), (14/15), (13/15)

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0
 Pain Score 0 0 0 0 0
 Observer's Initials [Signatures]

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
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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CUV-00088302
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 3 M 24 D (M)
 Dr. MAINAK DEB

7/6/20

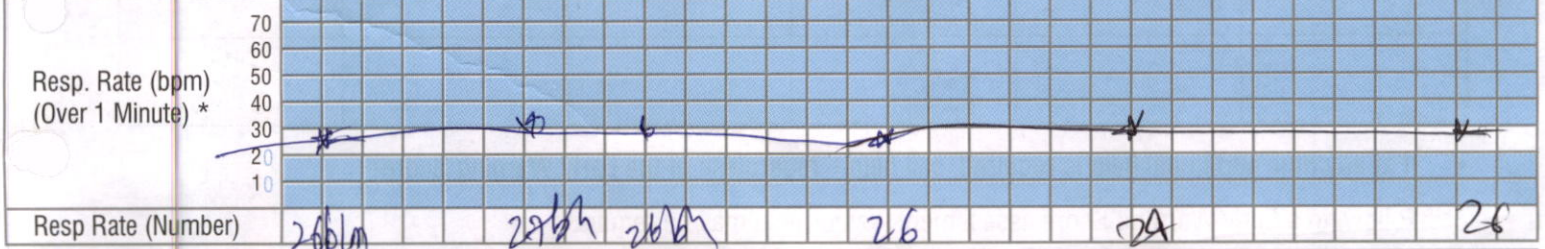
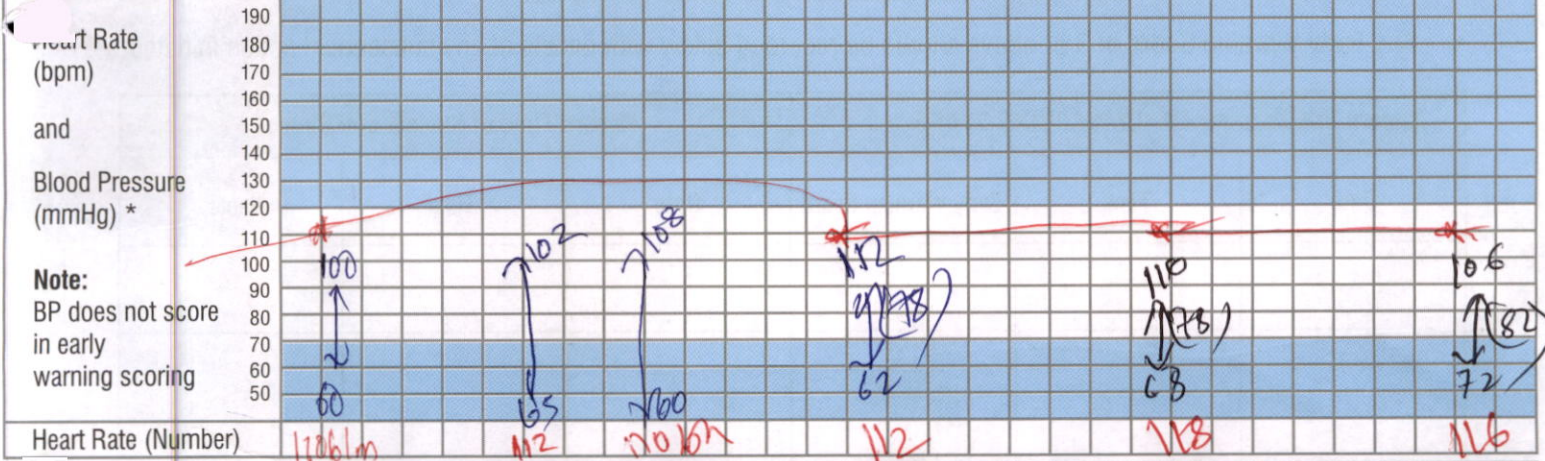
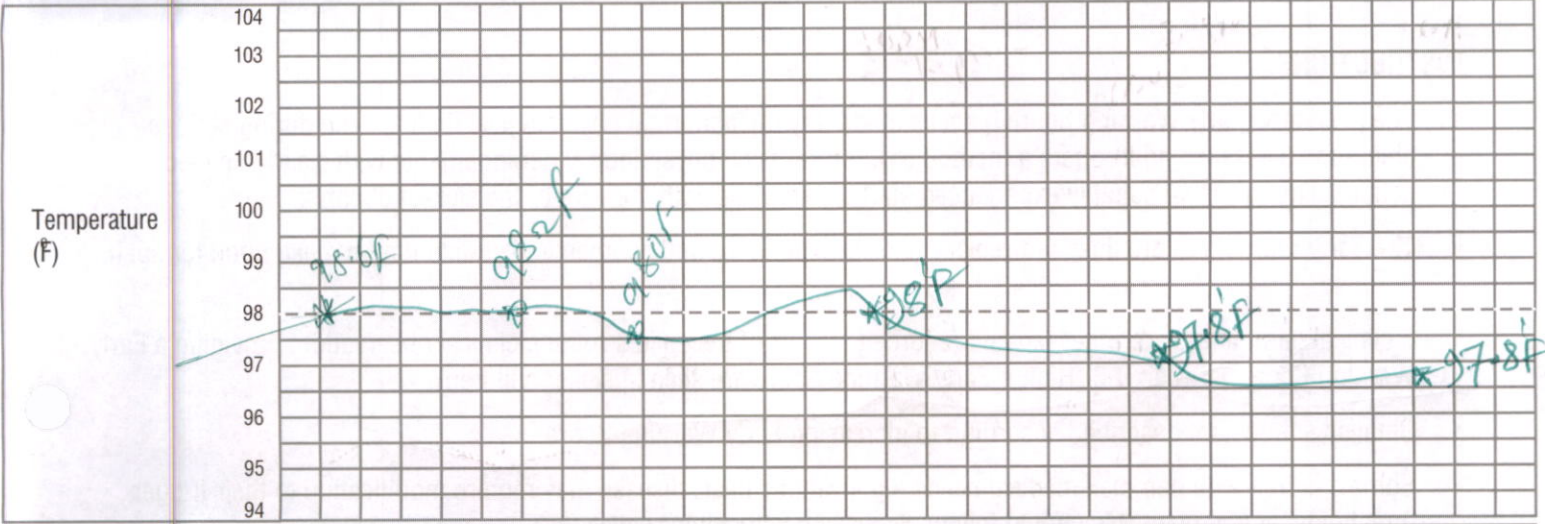
Doc. No. : RCHBH/ FRM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 11AM 2PM 6PM 10PM 3AM 6AM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)	0	
O ₂ Saturations (%)	99%	
Conscious Level	Normal	
GCS *	(15)	

TOTAL SCORE	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	[Signature]

ACTIONS

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CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 25 D (M)
 Dr. MAINAK DEB



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

8/6/26

SCHOOL AGE (5-12 years)

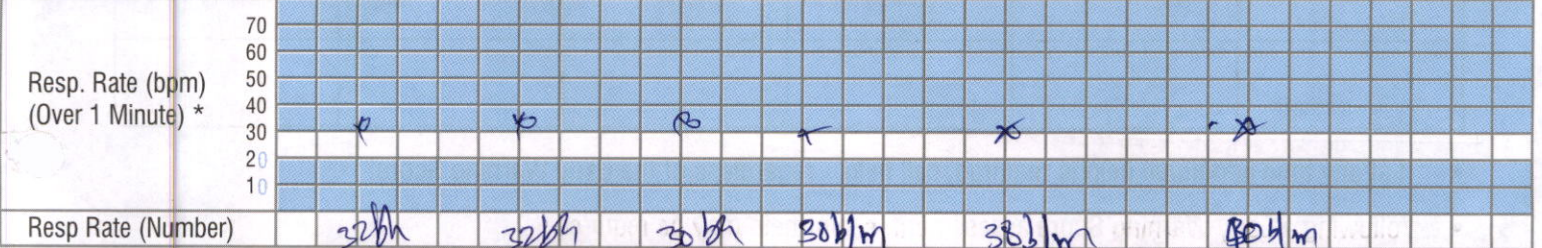
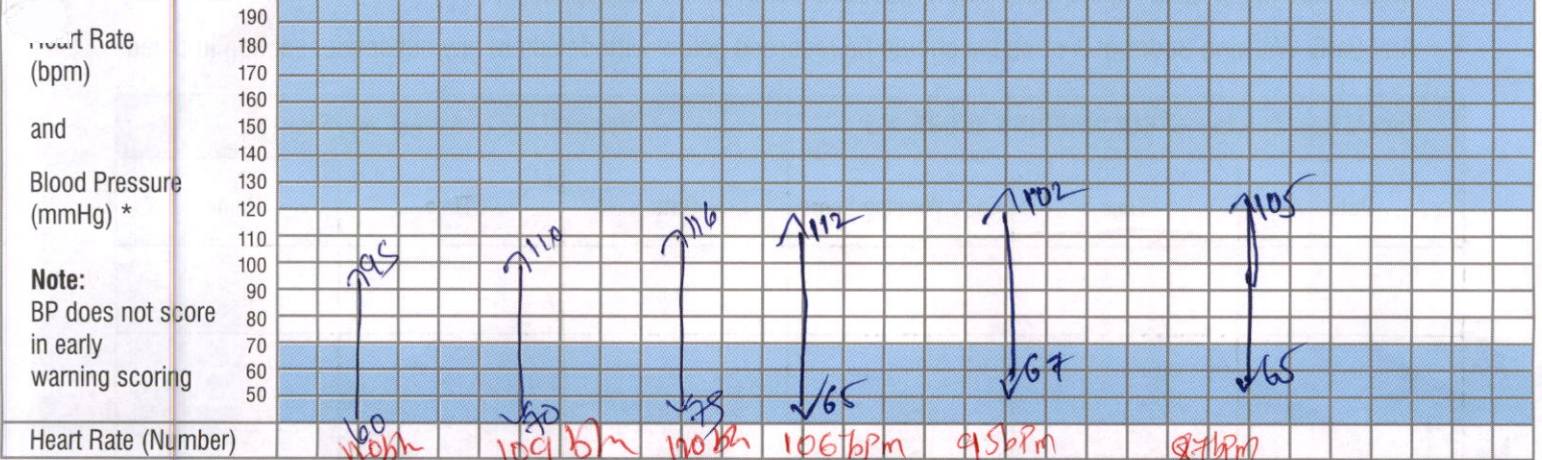
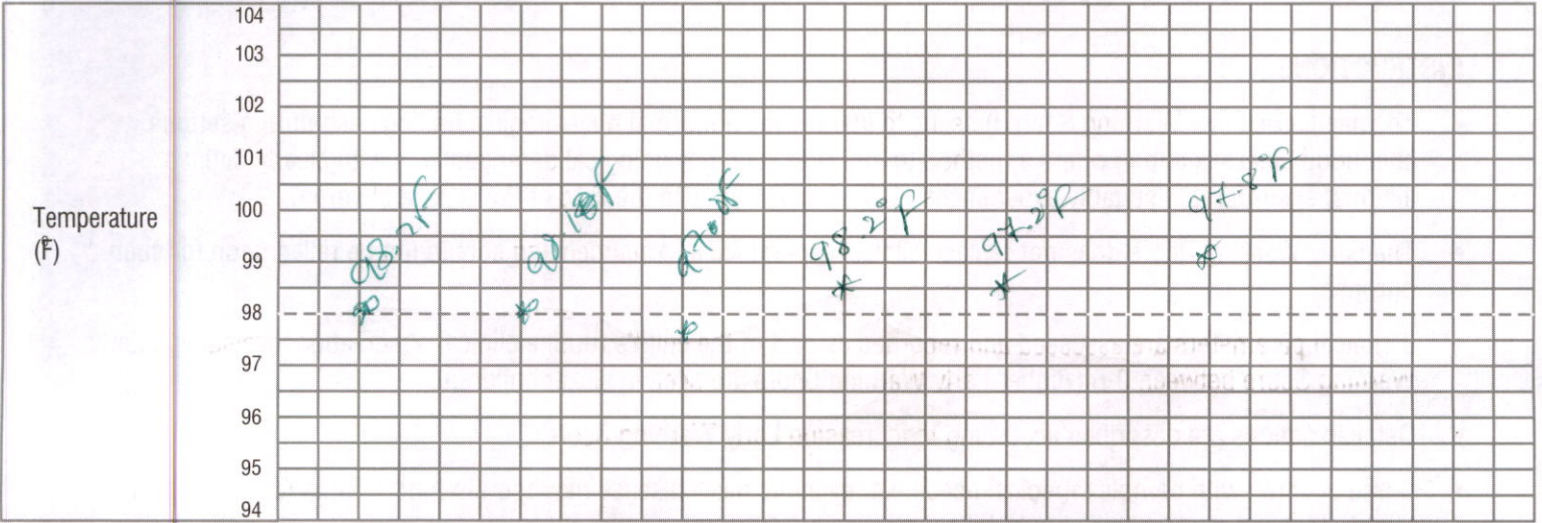
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10 Am 2pm 6pm 10pm 2Am 6pm

Doctor / Nurse / Family Concern?



Resp Distress	None / Mild					
Receiving O ₂ (l/min)	O ₂ Saturations (%)	02/-	102/-	02/-	98/-	98/-
Conscious Level	Normal / Altered					
GCS *						

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

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!
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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)
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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)

9/6/26

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

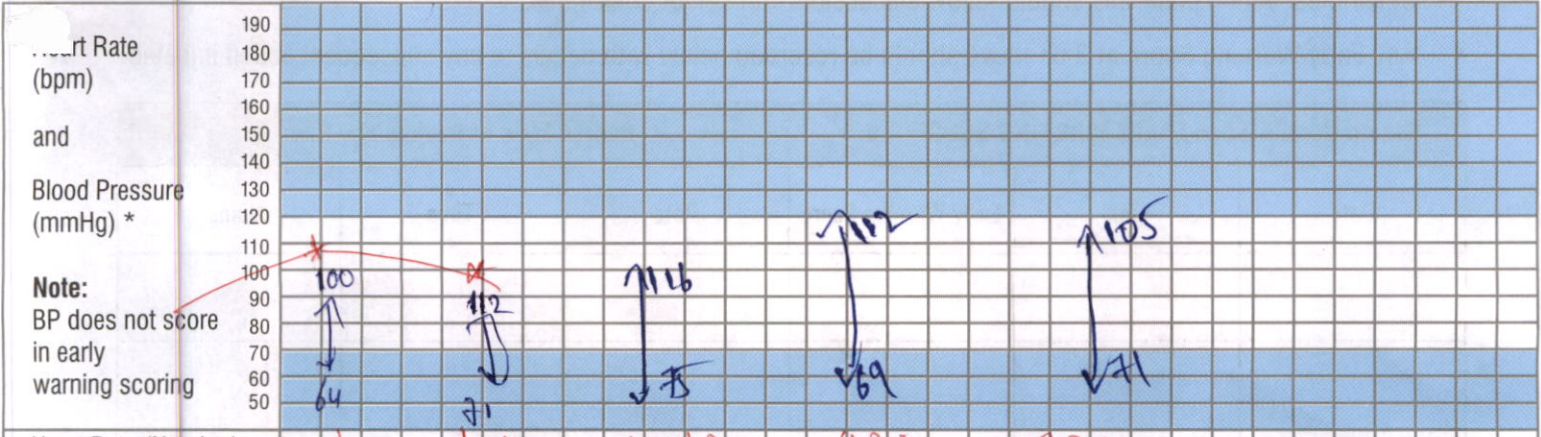
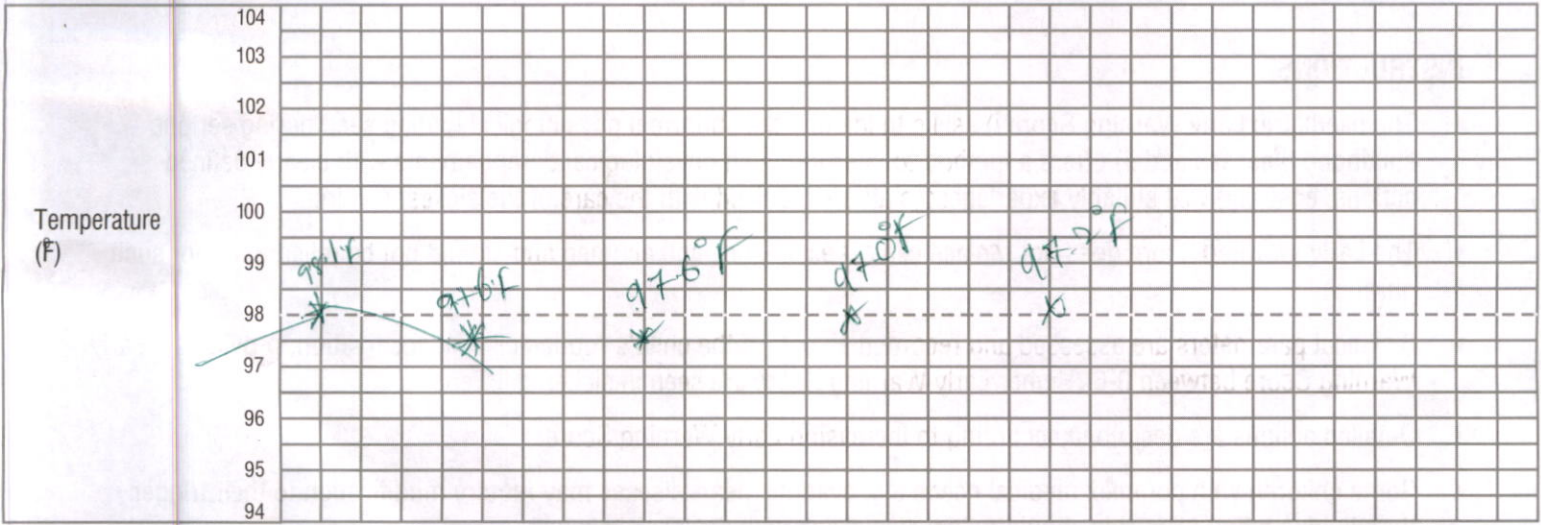
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



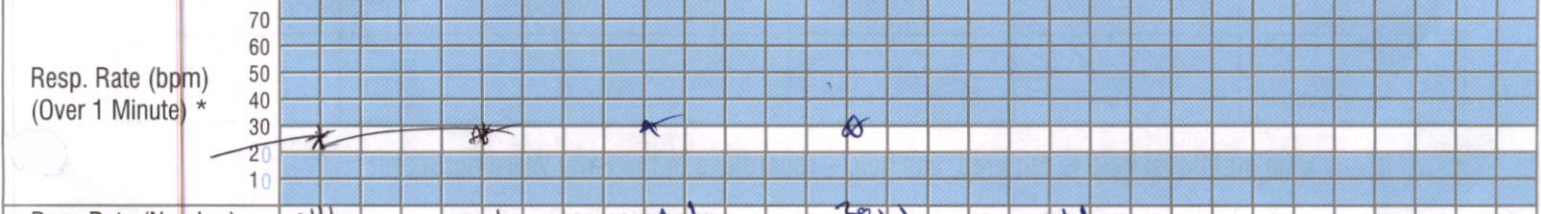
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 11Am 3PM 10PM 2AM 6AM

Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 110bpm 100bpm 102bpm 96bpm 85bpm



Resp Rate (Number) 26bpm 30bpm 30bpm 38bpm 30bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99% 99% 98% 99%

Conscious Level Normal / Altered

GCS * (E4V5S5) (E4V5S5) (E5V5S5) (E5V5S5) (E5V5S5)

TOTAL SCORE Number of shaded boxes 0 1 0 0 0

Pain Score 0 0 0 0 0

Observer's Initials B B B B B

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

CUV-00088302
 Master VIHAAN NARRAVULA
 12-12-2018 6 Y 5 M 27 D (M)
 Dr. MAINAK DEB

IP5-00174750

10/6/26

No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

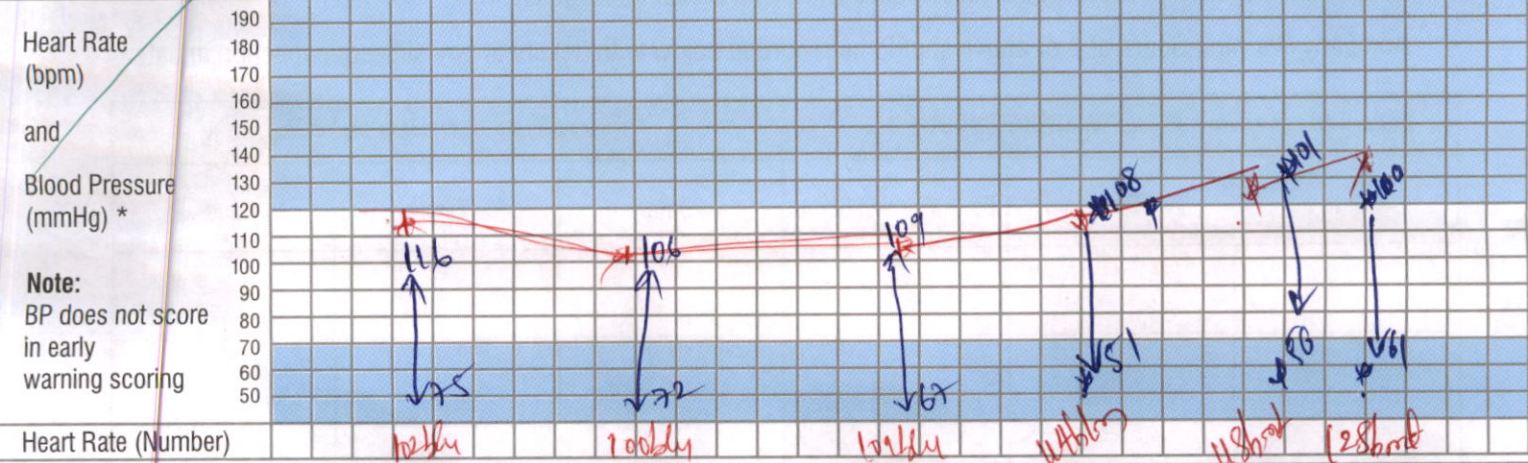
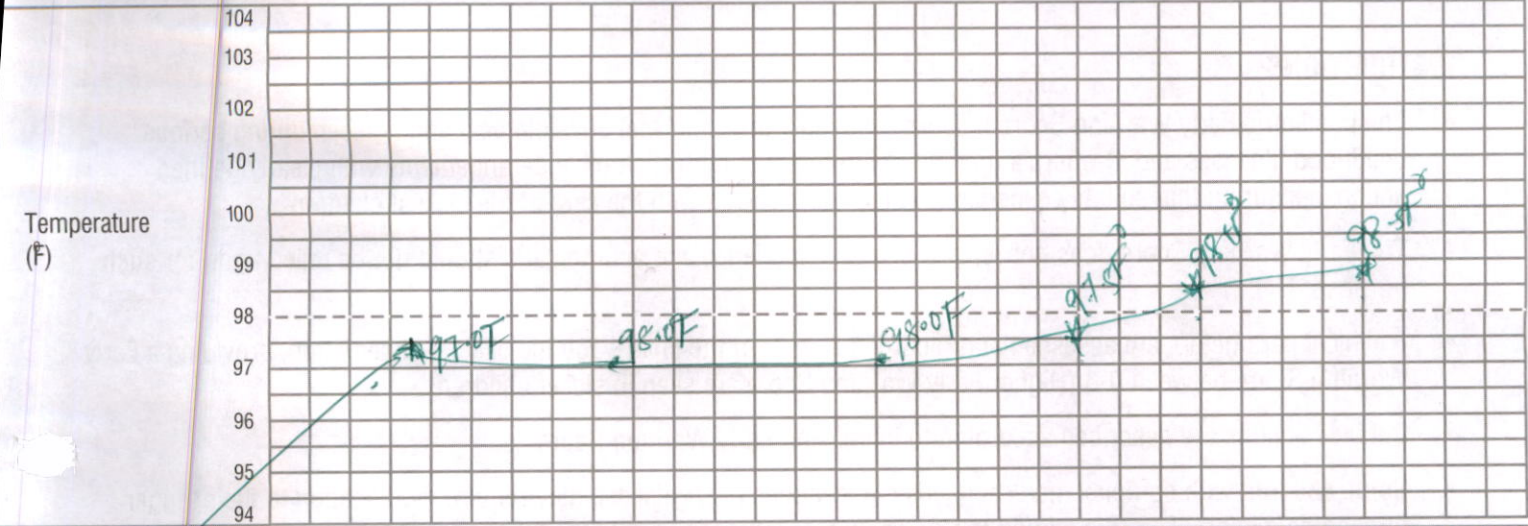
Children's Observation &
 Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10 AM 12 PM 6 PM 9 PM 12 AM 3 AM 6 AM
 Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%)
 Conscious Level Normal / Altered
 GCS * (15/15) (15/15) (15/15) (15/15) (15/15) (15/15)

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

ACTIONS
 NB: Scores 3 should be recorded overleaf
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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- Following a Early Warning Score assessment, senior help may be required

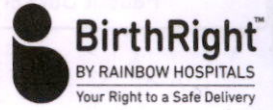
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CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 23 D (M)
 Dr. MAINAK DEB



4/6/24



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis 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	140									0	Yare	
	12:00 am					✓					0	Yare	
	01:00 am	140				✓					0	Yare	
Total Intake :						Total Output : 52 m-2							
	02:00 am	↓		70ml							0	Yare	
	03:00 am		N	70ml		✓					0	Yare	
	04:00 am	↓	P	70ml							0	Yare	
	05:00 am			70ml							0	Yare	
	06:00 am	↑	0	70ml							0	Yare	
	07:00 am			70ml							0	Yare	
Total Intake :						Total Output : 51 m-3							
Total 24 hrs. Intake		350ml											
Total 24 hrs. Output		53 m-3											

FLUID CHART

24 ml Drain

Sheet No. : (2)

- 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	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine					
5/6/20	08:00 am										0	Divya		
	09:00 am										0	Divya		
	10:00 am	PL	sonf	2ml							0	Divya		
	11:00 am		sonf	2ml							0	Divya		
	12:00 pm		sonf	2ml					250ml		0	Divya		
	01:00 pm		sonf	2ml							0	Divya		
Total Intake :				EPI - 35ml		Total Output :								
5/6/20	02:00 pm										0	Divya		
	03:00 pm										0	Divya		
	04:00 pm	H ₂ O	H ₂ O	2ml			NP	350ml	5ml		0	Divya		
	05:00 pm		H ₂ O	2ml							0	Divya		
	06:00 pm		H ₂ O	2ml							0	Divya		
	07:00 pm	IV fluid	H ₂ O	2ml				70ml	145ml		0	Divya		
Total Intake :				EPI - 42ml		Total Output :								
	08:00 pm		H ₂ O	2ml							0	Yuv		
	09:00 pm			2ml							0	Yuv		
	10:00 pm		H ₂ O	2ml			NP	Nil	100ml		0	Yuv		
	11:00 pm			2ml							0	Yuv		
	12:00 am		H ₂ O	2ml							0	Yuv		
	01:00 am		H ₂ O	2ml				Nil	80ml		0	Yuv		
Total Intake :				EPI - 42ml		Total Output :								
	02:00 am			2ml							0	Yuv		
	03:00 am		H ₂ O	2ml							0	Yuv		
	04:00 am			2ml				Nil	100ml		0	Yuv		
	05:00 am		H ₂ O	2ml							0	Yuv		
	06:00 am			2ml							0	Yuv		
	07:00 am		H ₂ O	2ml					Nil	200ml		0	Yuv	
Total Intake :				EPI - 42ml		Total Output :								
Total 24 hrs. Intake		H ₂ O				EPI - 161ml		Total 24 hrs. Output						

FLUID CHART

6/6/26

Sheet No. : 3

- All measurements in ml.
- 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			NG	Diarrhoea	Output			IV Site Thrombo- phlebitis Score	Sign. Nurse
			Mouth	I.V	epidural			Vomit	Drainage	Urine		
	08:00 am				7ml						0	Jellu
	09:00 am	H ₂ O			7ml						0	Jellu
	10:00 am				7ml		✓				0	Jellu
	11:00 am				7ml						0	Jellu
	12:00 pm	H ₂ O			7ml		✓	nil		220ml	0	Jellu
	01:00 pm				7ml						0	Jellu
Total Intake :			Epi - 42ml			Total Output :			U - 220ml M - 2			
	02:00 pm				7ml						0	Jellu
	03:00 pm	H ₂ O			7ml						0	Jellu
	04:00 pm				5ml		✓	nil		200ml	0	Jellu
	05:00 pm	H ₂ O			5ml					200ml	0	Jellu
	06:00 pm				5ml						0	Jellu
	07:00 pm				5ml						0	Jellu
Total Intake :			Epi - 34ml			Total Output :			U - 400ml M - 1			
	08:00 pm				5ml			nil		100ml	0	Suman
	09:00 pm	H ₂ O			5ml						0	Suman
	10:00 pm				5ml		✓				0	Suman
	11:00 pm				5ml			nil		130ml	0	Suman
	12:00 am	H ₂ O			5ml						0	Suman
	01:00 am				5ml						0	Suman
Total Intake :			Epi - 30ml			Total Output :			U - 270ml M - 0			
	02:00 am				5ml						0	Suman
	03:00 am	H ₂ O			5ml					100ml	0	Suman
	04:00 am				5ml		✓	nil			0	Suman
	05:00 am				5ml						0	Suman
	06:00 am	H ₂ O			5ml						0	Suman
	07:00 am				5ml			nil		60ml	0	Suman
Total Intake :			Epi - 30ml			Total Output :			U - 160ml M - 0			

Total 24 hrs. Intake	Epi - 136ml Drain - 10ml	Total 24 hrs. Output	U - 1050ml M - 3
-----------------------------	-----------------------------	-----------------------------	------------------

take in 6-45cc/kg/hr



FLUID CHART

Sheet No. : 14

7/6/20

- 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	NG	Diarrhoea	^{60ml} SPC Vomit	Drainage	Urine			
	08:00 am			5ml				Nil			0	Wah
	09:00 am	H ₂ O		5ml							0	Wah
	10:00 am			5ml							0	Wah
	11:00 am			5ml						115ml	0	Wah
	12:00 pm			5ml							0	Wah
	01:00 pm			5ml				Nil			0	Wah
Total Intake :			70ml - 30ml		Total Output : 0' 118ml							
	02:00 pm			5ml							0	Syok
	03:00 pm	H ₂ O		5ml						240ml	0	Syok
	04:00 pm			5ml							0	Syok
	05:00 pm			5ml							0	Syok
	06:00 pm	H ₂ O		5ml				Nil		250ml	0	Syok
	07:00 pm			5ml							0	Syok
Total Intake :			30ml		Total Output : 490ml							
	08:00 pm			5ml							0	Syok
	09:00 pm	H ₂ O		5ml				10ml		220ml	0	Syok
	10:00 pm			5ml							0	Syok
	11:00 pm			5ml							0	Syok
	12:00 am	H ₂ O		5ml							0	Syok
	01:00 am			5ml				5ml		150ml	0	Syok
Total Intake :			30ml		Total Output : 370ml							
	02:00 am			5ml							0	Syok
	03:00 am	H ₂ O		5ml							0	Syok
	04:00 am			5ml							0	Syok
	05:00 am			5ml							0	Syok
	06:00 am	H ₂ O		5ml						25ml	0	Syok
	07:00 am			5ml							0	Syok
Total Intake :			30ml		Total Output : 75ml							

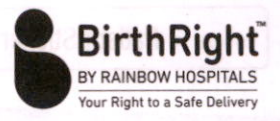
Total 24 hrs. Intake	Drain - 5ml EPIDURAL - 120ml	Total 24 hrs. Output	41053 ml - 4
-----------------------------	---	-----------------------------	---------------------

SPC - 15ml

Total: - 1.48cc/kg/hr



8/6/26



FLUID CHART

Sheet No. : (5)

- All measurements in ml.
- 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										0	Jyoti	
	09:00 am	H ₂ O									0	Jyoti	
	10:00 am										0	Jyoti	
	11:00 am	H ₂ O							100ml		0	Jyoti	
	12:00 pm										0	Jyoti	
	01:00 pm	H ₂ O									0	Jyoti	
Total Intake :						Total Output : U - 110ml m - 1							
	02:00 pm										0	Jyoti	
	03:00 pm	H ₂ O									0	Jyoti	
	04:00 pm								225ml		0	Jyoti	
	05:00 pm										0	Jyoti	
	06:00 pm	H ₂ O							250ml		0	Jyoti	
	07:00 pm										0	Jyoti	
Total Intake :						Total Output : U - 525ml m - 2							
	08:00 pm	H ₂ O									0	Durga	
	09:00 pm										0	Durga	
	10:00 pm	H ₂ O							153ml		0	Durga	
	11:00 pm										0	Durga	
	12:00 am	H ₂ O									0	Durga	
	01:00 am										0	Durga	
Total Intake :						Total Output : U - 15ml m - 0							
	02:00 am	H ₂ O									0	Durga	
	03:00 am								100ml		0	Durga	
	04:00 am	H ₂ O									0	Durga	
	05:00 am										0	Durga	
	06:00 am	H ₂ O									0	Durga	
	07:00 am								75ml		0	Durga	
Total Intake :						Total Output : U - 125ml m -							
Total 24 hrs. Intake						Total 24 hrs. Output							

TC - 1.33cc/kg/d

FLUID CHART

9/6/25

Sheet No. : (6)

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.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G						0	Wishu
	08:00 am						/				0	Wishu
	09:00 am	H2O									0	Wishu
	10:00 am										0	Wishu
	11:00 am										0	Wishu
	12:00 pm	H2O					/		150ml		0	Wishu
	01:00 pm										0	Wishu
Total Intake :					Total Output : U: 150ml						m: 2	
	02:00 pm										0	Wishu
	03:00 pm	H2O					/				0	Wishu
	04:00 pm								100ml		0	Wishu
	05:00 pm	H2O									0	Wishu
	06:00 pm						/				0	Wishu
	07:00 pm	H2O									0	Wishu
Total Intake :					Total Output : U: 100ml						m: 2	
	08:00 pm								155ml		0	Durga
	09:00 pm	H2O					/				0	Durga
	10:00 pm										0	Durga
	11:00 pm	H2O					/				0	Durga
	12:00 am								200ml		0	Durga
	01:00 am	H2O					/				0	Durga
Total Intake :					Total Output : U: 200ml						m: -	
	02:00 am	H2O					/				0	Durga
	03:00 am										0	Durga
	04:00 am	H2O					/		100ml		0	Durga
	05:00 am										0	Durga
	06:00 am	H2O					/				0	Durga
	07:00 am										0	Durga
Total Intake :					Total Output : U: 105ml						m: 0	

Total 24 hrs. Intake

Total 24 hrs. Output U: 705ml m: 4

Total - 0.979 cc/kg/day

CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 3 M 27 D (M)
 Dr. MAINAK DES



FLUID CHART

Sheet No. :

10/6/26

- All measurements in ml.
- 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6	08:00 am									50ml	0	Sangeetha	
	09:00 am	no	H ₂ O								0	Sangeetha	
	10:00 am	no								30ml	0	Sangeetha	
	11:00 am	fluid	H ₂ O								0	Sangeetha	
	12:00 pm	fluid								115ml	0	Sangeetha	
	01:00 pm		H ₂ O								0	Sangeetha	
Total Intake :						Total Output :						U - 505 ml M-1	
10/6	02:00 pm										0	Sangeetha	
	03:00 pm		H ₂ O								0	Sangeetha	
	04:00 pm	no								125ml	0	Sangeetha	
	05:00 pm	no	H ₂ O								0	Sangeetha	
	06:00 pm	fluid								180ml	0	Sangeetha	
	07:00 pm		H ₂ O							50ml	0	Sangeetha	
Total Intake :						Total Output :						U - 345 ml M-1	
10/6	08:00 pm										0	Sangeetha	
	09:00 pm		H ₂ O							50ml	0	Sangeetha	
	10:00 pm	no									0	Sangeetha	
	11:00 pm	no	H ₂ O							75ml	0	Sangeetha	
	12:00 am	fluid									0	Sangeetha	
	01:00 am	fluid	H ₂ O							100ml	0	Sangeetha	
Total Intake :						Total Output :						M-1 U - 225 ml	
10/6	02:00 am										0	Sangeetha	
	03:00 am		H ₂ O								0	Sangeetha	
	04:00 am	no								100ml	0	Sangeetha	
	05:00 am	fluid	H ₂ O								0	Sangeetha	
	06:00 am										0	Sangeetha	
	07:00 am		H ₂ O							110ml	0	Sangeetha	
Total Intake :						Total Output :						M-0 U - 210 ml	
Total 24 hrs. Intake						Total 24 hrs. Output						M-3 U - 1335 ml	

Patient Sticker

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.
3. 24 hrs. total to be entered in the kardex in RED.

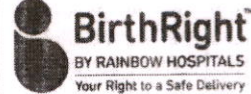
		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake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

Department of Ar
PRE-ANAESTH

CUV-00088302 IP5-00174750
Master VIHAAN NARRAVULA
12-12-2019 6 Y 5 M 24 D (N)
Dr. MAINAK DEB



Name: Vihaan Narravula Age: 6yr Sex: M UHID No: CUV-00088302

Date: 4/6/26 Time: 10 PM Proposed Operation: Transpubic methel

Diagnosis: Traumatic post-methel fracture (VRETRORPLASTY),
fracture repair.

B.P / CRT: 07/67 H.R: 98/nt Weight: 30kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.8</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>37</u>	Urea: <u>22</u>	Alb:	HBS Ag:	ECG:
WBC: <u>5.05</u>	Creat: <u>0.5</u>	Total Bill:	HCV: <u>21/5</u>	2D Echo: <u>NO residual shunt</u>
Plate: <u>3.96 Lk</u>	Na: <u>139</u>	Dir. Bill:	Blood group:	Stress/Angio: <u>NO MR/AR</u>
PT:	K: <u>4.2</u>	LDH:	T3:	Other: <u>NO PAH</u>
PTT:	Ca++:	Alk phos:	T4: <u>Cardiologist Adv.</u>	<u>Ⓝ pulmonary venous return.</u>
INR:	Mg++:	Amylase:	TSH:	<u>To give IV CEFOTAXIM</u>
	Cl-: <u>109</u>	SGOT/SGPT:		<u>1.5gm 30min before op.</u>

Allergies: NKDA

Medical History: CVS: HTA ASD device closure PT/HTA NICU stay → seizure
 RESP: NOVAD surgery in 2025 Diabetes: x 5 days → then di. daged.
 CNS: fever stopped Aspirin last month. Development: normal
 Renal: ⊖ Immuniz: ⊖

Hepatic / GE: ⊖ Physical Activity:

Others: HTA traumatic post-methel trauma & developed fracture in Sept-2025

Past Anaesthetic History: HTA ASD device closure in diagnosed to have CHD.
 Physical Exam: Suprapubic catheter in situ NOV 2025 stage of ASD (L→D)

Airway: MP 1 2 3 4 Mouth Opening: >3F Mentohyoid Distance: Ⓝ Neck: Ⓝ Teeth: Ⓝ
 Lungs: BAED
 Heart: S2@, NO MURM
 CNS: NAND

Pregnant: Yes No NA Venous Access Site: Ⓝ Spine Exam for regional: palpate.

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

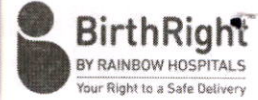
CURRENT MEDICATIONS	DOSAGE
<u>T. NODOLIC</u>	

- Pre-Operative Instructions:**
- DVT Prophylaxis:
 - NIL ORAL: Water / ORS 2 Hours / explained
Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: Collect
→ TO do CBP, RFT, B&T
→ TO receive 15ml/kg PRN

Signature: [Signature] Name: Dr. Anveer



ANAESTHESIA CHART



Pre INDUCTION ASSESSMENT.

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 107 B.P / CRT: 88/44 SpO₂: 100% R.R: 18 Last Feed: sh
 Pre-OP Diagnosis: Stricture urethra Operation: Urethoplasty Date: 5/6/20

Surgeon: Dr. Mainak Deb Anaesthesiologist: Dr. Smita Das Technician: Ramesh

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SO / SEVO	Drugs	Antibiotic	Suppository	Blood Less	Maxe	Attention	Flow	NOTES
8:45 AM	60%		MIDAZOLAM 1mg iv							
9:45 AM			ROPIVACAINE 0.5% 10ml							
10:45 AM			ROPIVACAINE 0.5% 10ml							
11:45 AM			ROPIVACAINE 0.5% 10ml							
12:45 PM			ROPIVACAINE 0.5% 10ml							
1:45 PM			ROPIVACAINE 0.5% 10ml							

Fluids	Blood

LAB Values

ABG

GRBS

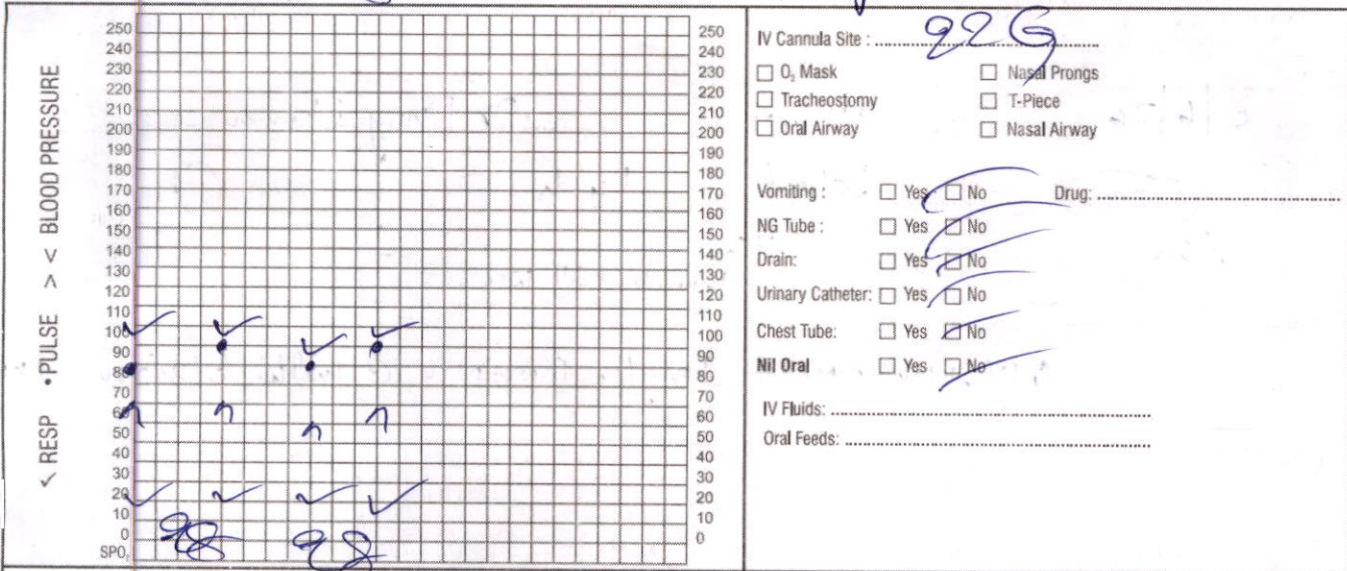
Others

Equipment Checked and Functional
 BP Ru
 Cuff Site: Ru
 Art Site: Med Hex ill
 EKG Lead
 Temp Site
 FIO₂ Monitor
 Agent Monitor
 Pulse Oximeter
 Capnograph
 Ventilator
 Nerve Stimulator
 Position: lithobitus
 Pressure Points Checked
 Eye Care:
 Oint
 Tape
 Padding
 Awake
 Temp:
 HME Fluid Warmer
 Cling Film OH Warmer
 Hugger's Cotton Wool
 Other: Blanket
 Times:
 Anaes Start: 8:50 AM
 OP Start: 9:45 AM
 OP End: 11:45 PM
 Leave OR:
 Anaesthesia:
 GA
 Monitored Anaesthesia Care
 Regional
 Line (Size & Location)
 CVP
 ART
 IV: LUL
 IV:
 IV:
 IV:
 Induction
 IV Inhal
 Pre O₂ RSI
 Others
 Mask SGA
 Airway Oral Nasal
 ETT# 5 at 19 cm
 Oral Nasal Cuff
 Tracheostomy Topical
 Drug: Ketamine
 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: lithobitus
 Site: LUL
 Needle Size: 18 G depth: 2cm
 Parasthesia Yes No
 Catheter at skin 7 cm Transducer 12cm
 Drug Name & Conc: 0.1% Bupivacaine
 Bolus: 10ml 0.1% Bupivacaine with 1mg Fentanyl
 Infusion: 7ml/hr
 Block Level:
 Comments:
 Transportation to
 PACU ICU Other
 Relaxant Reversed Yes No NA
 Name of the Doctor: Dr. Smita Das
 Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : [Signature] Time Received : 1:50pm Time Discharged :



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	ACTIVITY	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	RESPIRATION	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	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	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
5/6	1:50pm	1	←	[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Achilg-h
 Anaesthesiologist Signature : [Signature]
 Date & Time :
 PACU Nurse Name : [Signature]
 PACU Nurse Signature : [Signature]
 Date & Time : 5/6/26

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):
 Date & Time: 5/6/26



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 5/6/26 Time: 9:15AM Procedure done by: Dr. Durga Bhavani

CSE/Spinal/Epidural: (Epidural) Position: Lateral Space: L4-L5 Technique (LOR/LOS): (LOS)

Depth: 2cm Catheter at Skin: 7cm Attempts: 1
tunnelled till 12cm.

Parasthesia: Yes/No if yes details:

Solution Composition: 0.1% BUPIVACAINE + 1mg/cc fentanyl @ Fuchs Elastomeric pump

Any other issues:
 a)
 b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		-Maternal		FHR	Comments
			Left	Right	BP	Pulse		
9:45AM	7ml/hr	0.8% lignocaine + Act 10ml @ 9:30AM			85/43	86		
10:58AM	7ml/hr	1% lignocaine + Act 10ml			102/57	108		
12:40pm	7ml/hr	0.12% Bupivacaine 10ml			114/95	105		
2:30pm	7ml/hr					102		
10:50pm	7ml/hr				104/72	100/min.		comfortable
10:00AM	7ml/hr	-				96		comfortable
2:00pm	7ml/hr	-				98		comfortable
4:30pm	5ml/hr					106		comfortable
9:00pm	5ml/hr					85		comfortable
8:00AM	5ml/hr	-			112/62	82		no complaints

6/6
 Epidural refilled ⇒
 200 ml of
 0.1% Bupivacaine
 + 1mg/ml fentanyl.

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:



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: urethroplasty, stricture repair.

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Mainak Deb.

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 Laryngospasm, Bronchospasm, Deep Numbness

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: Komalika P.

Name: KOMALIKA PARUCHURI

Relationship with patient: MOTHER

Date & Time: 4/6/26 10AM

Witness:

Signature: M. Sreenivasi

Name: M. SREENIVASARAO

Date & Time: 4/6/26 10AM

Doctor (who is taking consent):

Signature: Dr. Anil Name: Dr. Anil Date: 4/6/26 Time: 10AM

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 శిరస్థావం 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, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటలీలు, 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

CONSENT FOR BLOOD TRANSFUSION



JV-00088302 IP5-00174750
 aster VIHAAN NARRAVULA
 2-12-2019 6 Y 5 M 24 D (M)
 MAINAK DEB

Name: Age: Gender: Male Female

UHID.No : Date:

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: *Komala P*

Signature: *[Handwritten Signature]*

Name: *Komala Parochuri*

Name: *DR. DURGA BHAVANI*

Date & Time: *5/6/26 @ 11:45 AM*

Date & Time: *5/6/26 11:45 AM*

Witness

Signature: *[Handwritten Signature]*

Name: *[Handwritten Name]*

Date & Time: *5/6/26 @ 11:46 AM*

IV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 24 D (M)
 MAINAK DEB



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 5/6/26 Time:

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O1182

Blood Bank Issue No: 01182 Date of Collection: 5/6/26 Date of Expiry: 27/6/26

Date & Time of Starting Transfusion: 5/6/26 @ 11:50 AM Planned duration of Transfusion:

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: D. Vya Nurse 2: Ramadevi

Before starting transfusion vitals: Temp: 98.6 HR: 109 RR: 22 BP: 100/62 SpO₂: 98

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
5/6	11:50 AM 15 Min	111	98.6 F	107/59	98	—	—	—	—

20409

CUV-00088302 IP5-00174750
 Master VIHAAN NARRAVULA
 12-12-2019 6 Y 5 M 23 D (M)
 Dr. MAINAK DEB



SURGERY DETAILS

Date: 5/6

Patient Name: Master vihaan Date of Birth: 12-12-19 Age: 6y

Gender: M Ward: P-OT UHID No: 00088302

Date of Surgery: 5/6/24 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: TRANS-PERINEAL URETHROPLASTY

Time in: 8:50 AM Time Out: 1:45 PM

	NAME	AMOUNT
1. Surgeon	<u>Dr Mainak Deb</u>
2. Anaesthetist	<u>Dr. Sreedhara</u>
3. Assistant Surgeon
4. OT Technician	<u>Ramegh</u>
5. Circulating Nurse	<u>Dinge</u>
6. Assistant Nurse	<u>Ramadevi</u>

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 260 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

O
Rh Positive

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: **BAH26-01182**
Blood Group: **O Rh Positive**
Collection Date: 16/May/2026
Expiry Date: 27/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Appropriate Antibod

Issue Label / CrossMatching Report

Patient : **MASTER.VIHAAN NARRAVULA -**
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, MANIK DEB
UHID No. : CUV-00088302 Wd-Bed No.:

Product : LR-PRBC
Blood Group : O Rh Positive
Unit No. : **BAH26-01182**
XMatching Report: Compatible
X-matched by: PILLEM
Issue Dt : 05/Jun/2026
Colln. Dt : 16/May/2026
Exp. Dt : 27/Jun/2026
Issued By : Premalatha

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P. Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 5/6/26 Time: 4:30pm

Weight: 30kg's Centile: < 97th

Height: 120 cm Centile: > 50th

Inference: obese child

RDA: - Calories: 1450 Kcal/D Protein: 25gm/D

Diet Recommendations: Normal diet

Re-Assessment: avoid spicy, chilled and outside food

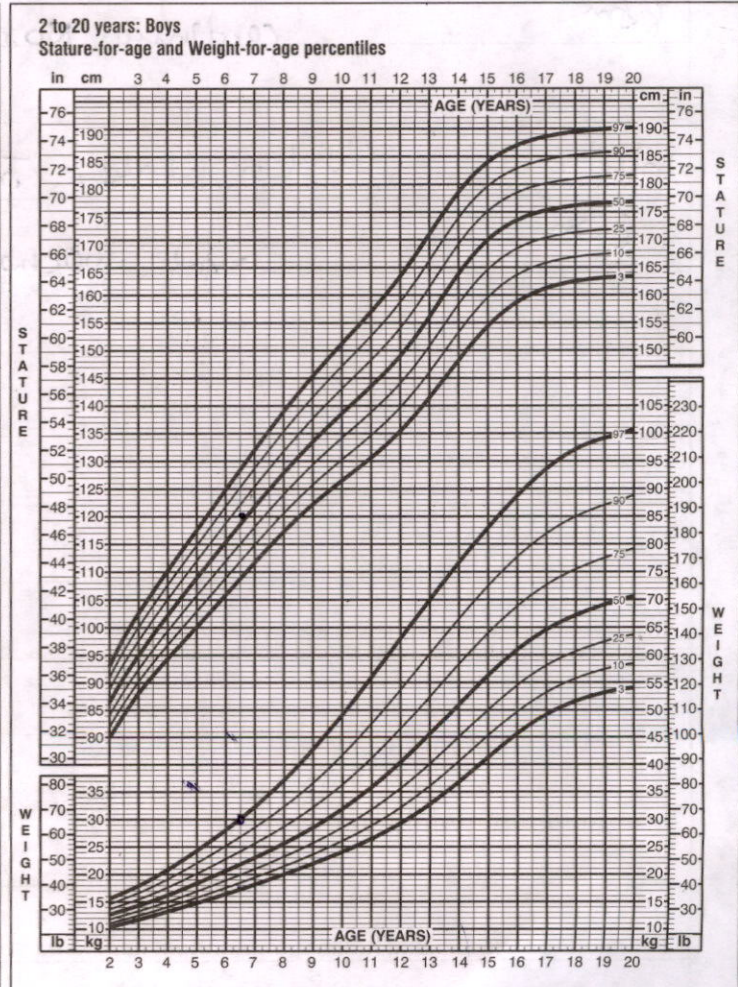
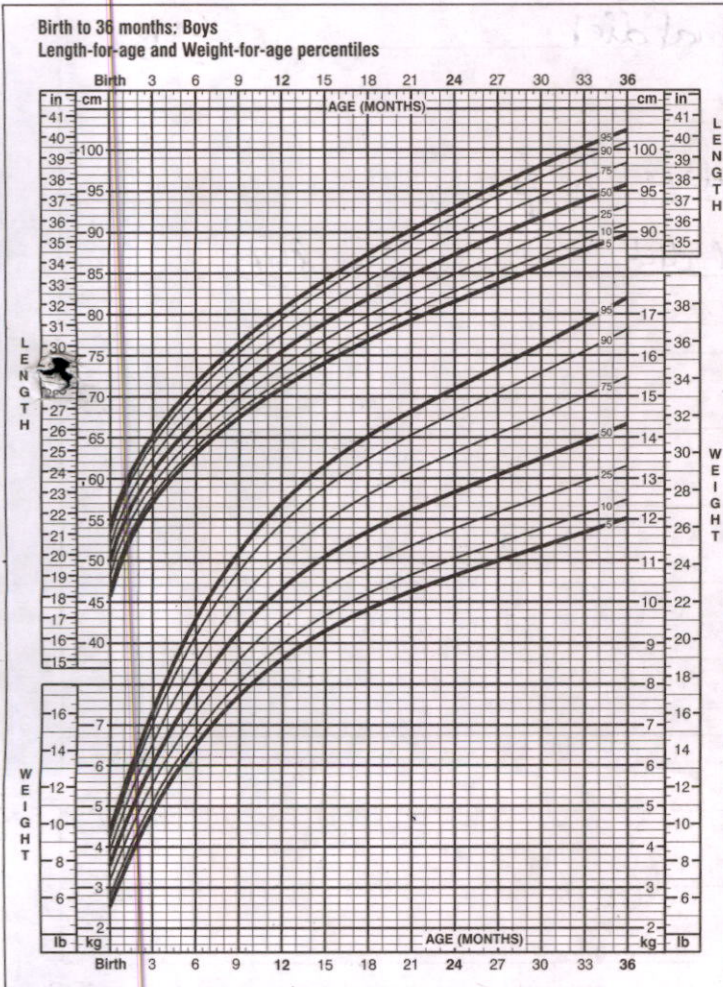
Food Allergies: No Veg/Non-veg: veg

Diagnosis: transpubic umbilical sticture repair

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Kamaku P

GROWTH CHART (BOYS)



Dietician's Name: SHREYA

Dietician's Signature: Saina

6/6/26	child is stable, oral intake is good	10am	continue Normal diet	Sains
7/6/26	child is stable, oral intake is better	9am	continue Normal diet	Sains
8/6/26	child is stable, intake is per	9am	continue Normal diet	Sains
9/6/26	child is stable, oral intake is optimal	8am	continue Normal diet	Sains
10/6/26	child is stable, intake is per	8am	continue Normal diet	Sains