

# SURGERY DETAILS

Date : 10/6/20

Sl.No.

Patient Name : ..... Age : ..... Sex : .....

KOH-00290508 IP2-00056507  
 Master PUNEETH VIHAAN PULLURU  
 22-11-2019 6 Y 6 M 19 D (M)  
 Dr. LAVANYA KANNAIYAN



UHID No. : ..... IP No. : .....

Date of Surgery : 10/6/20 OT:  OT 1  OT 2  OT 3

Name of the Surgery : Excision of Cyst - deCA

Specimen sended to lab.

Time in : 12:20 pm

Time Out : 12:55 pm

<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon : <u>Dr. Lavanya</u>	.....
2. Anaesthetist : <u>Dr. Usha</u>	.....
3. Asst. Surgeon : .....	.....
4. OT Technician : <u>Sr. Harsh</u>	.....
5. Circulating Nurse : <u>Sr. Anitha</u>	.....
6. Asst. Nurse : <u>Sr. Bidya</u>	.....

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon [Signature]

Signature of the Circulating Nurse [Signature]

Order No. : 94491/94492 Order by : [Signature]



# OPERATIVE SHEET

Date: 15/11/11  
 Patient Name: [Name]  
 Ref No: [Ref No]  
 Site of Surgery: [Site]  
 Nature of the Surgery: [Nature]

Surgeon: [Name]  
 Anesthetist: [Name]

NAME	AMOUNT
1. Surgeon: [Name]	[Amount]
2. Anesthetist: [Name]	[Amount]
3. Asst Surgeon: [Name]	[Amount]
4. OT Technician: [Name]	[Amount]
5. Circulating Nurse: [Name]	[Amount]
6. Asst Nurse: [Name]	[Amount]

Signature of Surgeon: [Signature]  
 Signature of Anesthetist: [Signature]



# CONSUMABLES OF OT

Circulating staff : ..... Technician : Dr. Hanu Date : 10/6/26 Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
<del>LMA</del> <u>Igel 2 NO</u>		<u>01</u>	Sutures			Cord Clamp		
ECG leads : A / P / N		<u>03</u>	<u>monocryl 5-0</u>		<u>01</u>	Suction Catheter		
HME filter : A / P / N		<u>01</u>	<u>4833</u>			Feeding Tube		
Syringes : 10 cc		<u>05</u>				Vaccum Suction Set		
05 cc		<u>05</u>	Gloves		<u>02</u>	Surgical Gloves		
02 cc		<u>05</u>	<u>PFS 4 6 1/2</u>		<u>02</u>	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<u>01</u>	Cautery pencil					
NS : 10ml / 100ml ( <u>500ml</u> ) 1000ml		<u>01</u>	Koochies			<u>pool gown</u>		<u>02</u>
<u>Prof. lox 2%</u>		<u>01</u>	Ointments			<u>Scalprein 20G</u>		<u>01</u>
<u>midazolam</u>		<u>01</u>	Suction Catheter		<u>01</u>			
Fentanyl		<u>01</u>	Cap, Mask		<u>01</u>			
Morphine			Gauze Pack		<u>02</u>			
Ketamine			Mop Pack		<u>01</u>			
Propofol		<u>02</u>	Steristrip		<u>01</u>			
Rocuronium			Underpad		<u>01</u>			
Glycopyrolate		<u>01</u>	<u>Alles</u>					
Myopyrolate			Draw sheet					
Ondansetron		<u>01</u>	Abgel					
Pencan 25g/ Spinal Needle 22			Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter					
Antibiotics			Romodrain bag					
<u>Atropine</u>		<u>01</u>	Bandage					
Suppositories			Tegaderm					
Anamol : 80mg / 250mg / 170 mg			loban					
Supridol : 100mg			Double J Stent					
Justin : 12.5mg / 25mg / 100mg		<u>01</u>	Vaccum Suction set		<u>02</u>			
Tab. Misoprost : 200mg			Plastic Bed Sheet		<u>01</u>			
<u>capnography O2 mask P</u>		<u>01</u>	Betadine Solution					
<u>Aequimuntin 60mg</u>		<u>01</u>	Microshield					
<u>Aequimuntin 300mg</u>		<u>01</u>	Cotton Balls					
<u>O2 Mask P</u>		<u>01</u>	Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon : Lavanya Anaesthesiologist : Aritha Nurse : Rishi OT Technician : Hanu

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

12. 1982-1983

1982-1983

1982-1983

**ACTIVITY RECORD FOR BILLING**

KOH-00290508 IP2-00056507  
Master PUNEETH VIHAAN PULLURU  
22-11-2019 6 Y 6 M 19 D (M)  
Dr. LAVANYA KANNAIYAN



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
10/6/26	12:05 PM	ER	OT	<i>[Signature]</i>
10/6/26	1:20 PM	OT	SCU	<i>Rishi Laxmi</i>
10/6/26	5:32 PM	SCU-I	310	<i>Laxmi Laxmi</i>

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
10/6/26	Dr Cannulation	1	944464	[Signature]
10/6/26	D.A.C (top back)	1	213143	[Signature]
In ER cross check done by Ujjwala @ 10/6/26				
10/6/26	Cyst Excision done by Dr Lavanya	(1)	944491 944492	[Signature]
10/6/26	N.H.A	(1)	944587	Laxmi
cross checked by Raji 11/10/26				

**ANY OTHER INFORMATION**

op file given to parents  
 ✓ G. Sridhar

Date: 10/6/26

Time: 11:30 am

Prepared By: [Signature]

Staff Nurse check by Ujjwala 10/6/26	Shift / Ward ER to OT. to SCU-I Laxmi Sandhya	Billing Assistant	Billing Supervisor
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Ref.No. F/IN/PR/10



**Rainbow<sup>®</sup>  
Children's  
Hospital**

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

KOH-00290508 IP2-00056507  
Master PUNEETH VIHAAN PULLURU  
22-11-2019 6 Y 6 M 19 D (M)  
Dr. LAVANYA KANNAIYAN



Patient Name : PUNEETH

Patient ID# : \_\_\_\_\_

Consultant : Dr. LAVANYA

Final Diagnosis : DERMOID CYST

Pediatric Multiorgan History & Physical Examination

Name : PUNEETH Age/Sex 6yr/6m

Informant Mother Reliability fair

Chief Presenting Complaints & Duration (Chronologically):

CS of swelling noticed behind  
Right Ear noticed 2yr ago:  
CS pain.

History of present illness :

o/e => 1x1cm, cystic swelling,  
post auricular region.

Sys :- Dermoid cyst (R) post  
auricular.

plm => Excise cyst



Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cm) : \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 21.39 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98.1°F Pulse Rate: 109/min . Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 98% at \_\_\_\_\_

Resp. rate and type of breathing : regular, ⊕ for age

Rash \_\_\_\_\_

Lymphadenopathy | ⊕

Oedema : \_\_\_\_\_

**Respiratory system :**

Inspection (any s/o distress) : ⊕

Air entry & breath sounds : 914 E.H., no added

Any addes sounds : scnds

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

**Cardiovascular System :**

Inspection of procordium : ⊕

Heart Sounds : S1S2 (+)

Any murmur : \_\_\_\_\_

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) \_\_\_\_\_

**Per Abdomen :**

Inspection ⊕

Palpation : Soft, non tender

Ausculation : no splenomegaly

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

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

**Pediatric Multiorgan History & Physical Examination**

**Central Nervous System :**

Level of Consciousness : AVPU/GCS Score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor System :**

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_ (N)

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials :**

Plantars \_\_\_\_\_

**Sensory System :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic :**

DERMOID CYST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		CSTB Reg
10/6 3:30pm	Δ - Denno! d Cyst (post Excision of Cyst)	
	Child - awake/alert conscious accepting orally well	Advice 1) CST ↓ if orally accepting well decrease fluid to (1/2 maint)
	O/E	shift to room
	EIS CWS PIA	
	vital stable	
	noted by Laxmi 10/6/26 @ 5pm	

AK  
10/6



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/10/2019	Sts Reg	
	No issues.	
	No pain	pls
		- Discharge
	Admitted by parent	

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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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
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

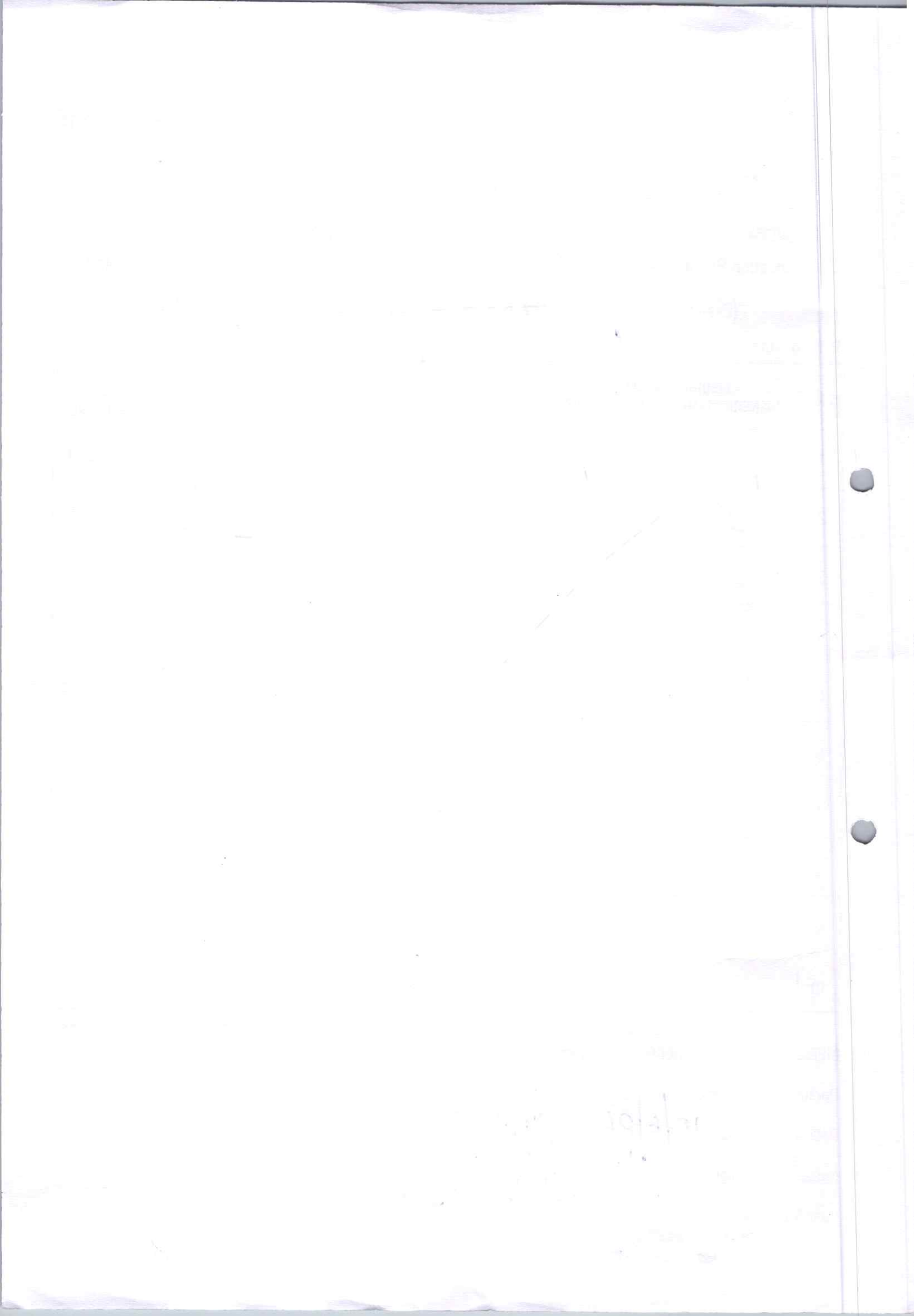
Doctor Name & Signature : ..... [Signature] .....

Date & Time : ..... 10/6/26 @ 11:30am .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time : ..... 10/6/26 @ 11:30am .....

Docu. No. : RCH / FRM / GENERAL / 090



KOH-00290508 IP2-00056507  
 Master PUNEETH VIHAAN PULLURU  
 22-11-2019 6 Y 6 M 19 D (M)  
 Dr. LAVANYA KANNAIYAN



# DRUG CHART

Date of Admission: ..... 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)

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

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

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

VERIFIED BY : Name .....

REGULAR PRESCRIPTIONS

Weight. 21.3 Ward. 8W



DRUG : ENT PANTOPRAZOLE				Date	10/10/16															
				Time	10/10/16															
Dose	Route	Frequency	Start Date																	
20mg	IV	OD	10/16	6am	12pm	6pm	11/16													
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ. AMOXICILLIN CLAVULANATE				Date	10/16															
				Time	10/16															
Dose	Route	Frequency	Start Date																	
600mg	IV	8th	10/16	6am	12pm	6pm	11/16													
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ. PARACETAMOL				Date	10/16															
				Time	10/16															
Dose	Route	Frequency	Start Date																	
300mg	IV	6th	10/16	12am	6am	12pm	6pm	11/16												
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date																
				Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a 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	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.

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	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
10/6/20	12:20 pm	IWI. AUGMENTIN (AMOXICILLIN + CLAVULANATE)	600mg	ZV	[Signature]	[Initials]
10/6/20	12:20 pm	IWI. PARACETAMOL	300mg	ZV	[Signature]	[Initials]
10/6/20	3:55 pm	DICLOFENAC supp.	25mg	PR	[Signature]	[Initials]

Signature  
VERIFIED BY: [Signature]



Patient Sticker  
*Pineeth Vihaan pulluru*  
*6y6m*

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: *10/6/26* Time: *4pm*

Weight: *21.39kg* Centile: *3rd Centile*

Height: ..... Centile: .....

Inference: *Nourished*

RDA: ..... Calories: *1600 cal/day* Protein: *40gm/day*

Diet Recommendations: *soft diet*

Re-Assesment: .....

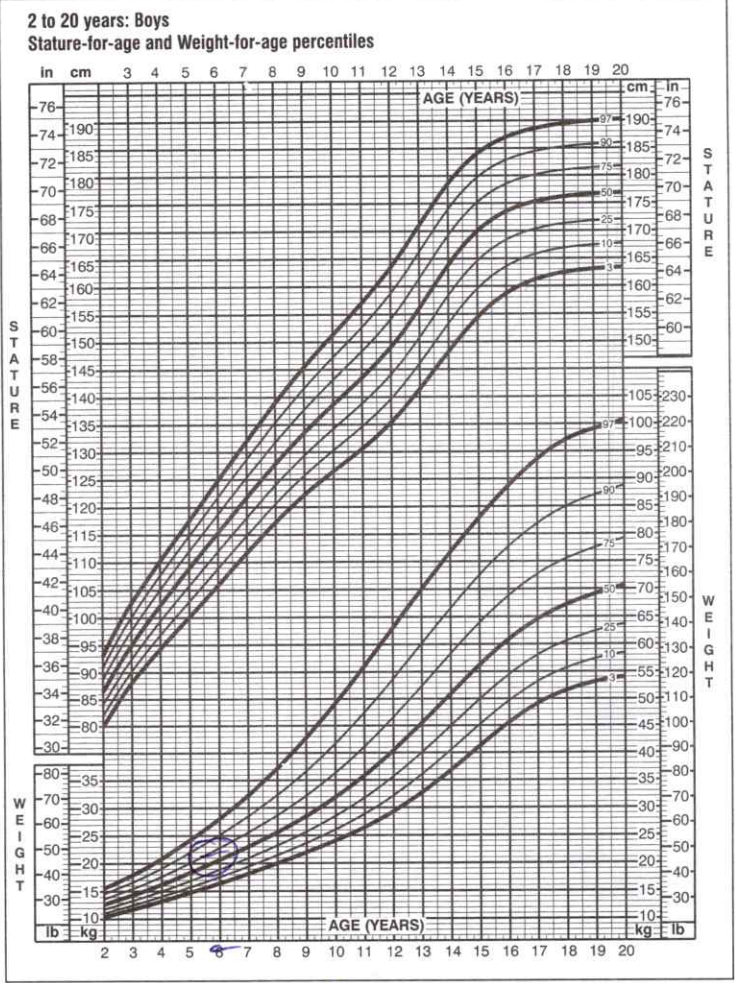
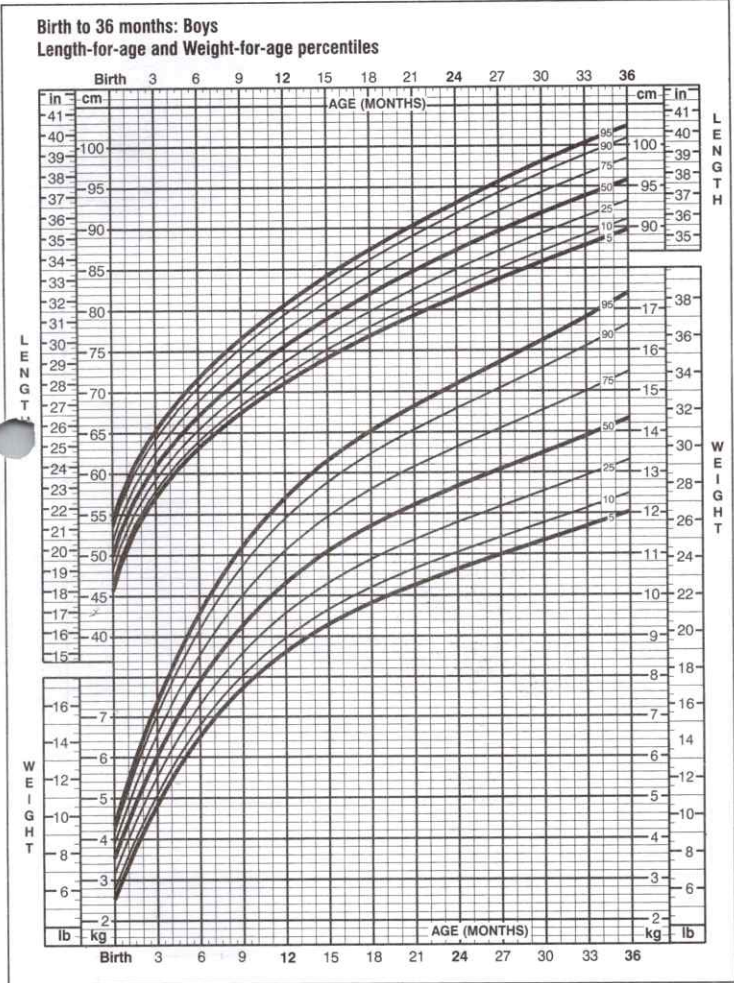
Food Allergies: *No allergies* Veg/Non-veg .....

Diagnosis: *Dermoid cyst*

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: *Pineeth*

## GROWTH CHART (BOYS)



Dietician's Name: *Jachni*

Dietician's Signature: *[Signature]*

