VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

SURGERY DETAILS

Date : 9/6/26

Patient Name: Master Minde Grishneshwar Date of Birth: 15-05-2019 Age: 7yrs.

Gender: Male Ward : OT UHID No.: VIH-00157848 IP26-00006545

Date of Surgery: 9/06/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Excision

Time in : 8:30am Time Out : 9am

	NAME	AMOUNT
1. Surgeon	: Dr. Swapna Palakurthy	
2. Anaesthetist	: Dr. Ayeesha	
3. Assistant Surgeon	:	
4. OT Technician	: Sr. Saraswathi	
5. Circulating Nurse	: Sr. Pufa, Sr. Natasha	
6. Assistant Nurse	: Sr. Archana.	

Master MINDE GRISHNESHWAR (7 Y 0 M 25 D/ M)
TISSUE
NINV00215
HN26009570020

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon   Signature of Circulating Nurse

Order No: 26-000020549.1   Order by: Archana 9/6/26 @ 9:26 Am,

Docu. No. : RCH /FRM / GENERAL / 114

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

Excision of warts.

CONSUMABLES OF OT

Circulating staff : Puja Technician : Saraswathi Date : 9-06-2026 Time :

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / (P) / N		03
HME filter : A / P / N		
Syringes : 10 cc		02
05 cc		02
02 cc		02
01 cc		
Cautery plate : A / (P) / N		01
IV set		
RL		
NS : 10ml / 100ml / 500ml / 1000ml		01
O2 mask [P]		01
Fentanyl		01
Morphine		
Ketamine		
Propofol		02
Rocuronium		
Glycopyrolate		01
Myopyrolate		
~~Ondansetron~~ Midaz		01
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		01
Bupivacaine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		02
Tab. Misoprost : 200mg		

Surgical Disposables	Qty Issued	Qty Used
Major Pack		
Sutures		
Gloves		
Encore 6½		02
Surgical blade 11 no		01
NG tube		
Cautery pencil		01
Koochies		
Ointments		
Suction Catheter		
Cap, Mask	10+10	
Gauze Pack 7.5		02
Mop Pack		
Steristrip		
Underpad		01
Draw sheet		
Abgel		
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
~~Ioban~~ Silver Nitrate		01
Double J Stent		
Vaccum Suction set		01
Plastic Bed Sheet		
Betadine Solution		01
Microshield		01
Cotton Balls		01
Latex Gloves		10
Ramdione Scrub		
~~Sarel~~ 1cc		01

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		
Cord Clamp		
Suction Catheter		
Feeding Tube		
Vaccum Suction Set		
Surgical Gloves		
Gauze Pack		
Syringe 1ml / 2ml		
Surgical Blade # 20		
Koochies (S)		

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000205493 / 492 Ordered by : Archana 9/6/26 @ 9:54pm

Doc. No. : RCH / FRM / GENERAL / 125

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: VIH-00157848	**Name**	: Master MINDE GRISHNESHWAR
Age / Sex	: 7 Y 0 M 25 D / Male	**Doctor**	: SWAPNA PALAKURTHY
Adm/Reg Date/Time	: 09/06/2026 05:59	**Payor**	: HDFC ERGO GENERAL INSURANCE CO LTD
Order Date	: 09/06/2026 09:53	**Ordernumber**	: 26-0000205493
Visit ID	: IP26-00006545	**Ward/Bed No**	: 4F -OT / PDA-412

Patient Address : H.NO :- 3-82 , KODAKONDLA (V) , GAJWEL (M) , SIDDIPET (DIST), Kodakandla, Medak, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
3	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Dispensed
4	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
5	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
8	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
9	THEMIPYRRNOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
10	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

SWAPNA PALAKURTHY

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Printed Date/Time : 09/06/2026 10:00 Printed By : SUNKARI SANGEETHA

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: VIH-00157848	**Name**	: Master MINDE GRISHNESHWAR
Age / Sex	: 7 Y 0 M 25 D / Male	**Doctor**	: SWAPNA PALAKURTHY
Adm/Reg Date/Time	: 09/06/2026 05:59	**Payor**	: HDFC ERGO GENERAL INSURANCE CO LTD
Order Date	: 09/06/2026 09:53	**Ordernumber**	: 26-0000205492
Visit ID	: IP26-00006545	**Ward/Bed No**	: 4F -OT / PDA-412

Patient Address : H.NO :- 3-82 , KODAKONDLA (V) , GAJWEL (M) , SIDDIPET (DIST), Kodakandla, Medak, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	JUSTIN SUPPOSITORIES 25 MG		1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
2	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
3	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
5	MCT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		2 Nos	Ordered
6	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
7	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Ordered
8	Oxygen Mask With Tubing - PeadROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
9	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
10	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Ordered
11	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
12	MEZOLAM INJ 5 MG 5 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
13	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
14	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Ordered
15	SILVEREX IONIC GEL 20 GM		1 On Application	/ Once Daily	1 Days		1 Nos	Ordered
16	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

SWAPNA PALAKURTHY

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

DISCHARGE SUMMARY

Name	Master MINDE GRISHNESHWAR	UHID	VIH-00157848
Father/Guardian	Mr MR.M KANAKAYYA	Age/Gender	7 Y 0 M 25 D/ Male
Address	H.NO :- 3-82 , KODAKONDLA (V) , GAJWEL (M) , SIDDIPET (DIST), Kodakandla, Medak, Telangana, INDIA, 110005		
IP No	IP26-00006545	Admission Date	09-06-2026
Ref Doctor	Self.		
Discharge Date	09.06.2026		

Dr. SWAPNA PALAKURTHY
MBBS, MS, MCH
CONSULTANT PEDIATRIC SURGEON
69373

DIAGNOSIS	ICD CODE
VERRUCA VULGARIS	

Indication of Procedure : Multiple verruca warts.

History: Master MINDE GRISHNESHWAR, 7 Y 0 M 25 D child presented with history of lesions over hands, fingers and over nose since 2-3 months, used medical management, but in view of no clinical response, child was admitted

Name	Master MINDE GRISHNESHWAR	UHID	VIH-00157848
IP No	IP26-00006545	Admission Date	09-06-2026

at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air. Heart rate was 140/min, Blood Pressure - 108/76 mmHg and Respiratory rate - 35 /min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal. Verrucous warts over left hand, fingers and over nose.

Weight on admission: 22.83 kilo grams.

Investigations: Enclosed reports.

Procedure : Excision done on 09.06.2026.

Surgery Notes:
-Sites: Verruca warts over left index and thumb finger, Left nasal cavity, Left arm region.
- Electrocautery excision done
- Post procedure uneventful

Post-Operative Notes: Post operative period was uneventful. Child was initiated on oral feeds gradually which child tolerated well. Child remained hemodynamically stable during the hospital stay and operated site remained healthy. Child is being discharged with the following advice.

Advice:
* Diet as advised.
* Syrup. Taxim - O (Cefixime-5ml/100mg) 5 ml twice daily for 3 days.
* Syrup. P-250 (Paracetamol - 5ml/250mg) 5 ml. thrice daily after food for 2 days.

Name	Master MINDE GRISHNESHWAR	UHID	VIH-00157848
IP No	IP26-00006545	Admission Date	09-06-2026

* T- Bact ointment for local application alternate day for 7 days.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Plan: Alternate day aseptic dressing.

Review consultation with Dr. SWAPNA PALAKURTHY after 1 week in OPD at Himayatnagar with prior appointment **(Review consultation will be charged)**.

Review consultation with Dr. Sneha after 1 week in OPD at Himayatnagar with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .... in a language that I can understand and I acknowledge.

Name	Master MINDE GRISHNESHWAR	UHID	VIH-00157848
IP No	IP26-00006545	Admission Date	09-06-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally /** **Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Rainbow Children's Medicare Ltd.* Himayathnagar 500029 Hyderabad

Pranav

Registrar/Resident/C.M.O

Dr. SWAPNA PALAKURTHY
MBBS, MS, MCH
CONSULTANT PEDIATRIC SURGEON
69373

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion	0			
12	Consent for chemotherapy	0			
13	Consent for high risk	0			
14	Consent for Restraint	0			
15	LAMA consent	0			
16	Consent for special procedure / Sedation	0			
17	Consent for Formula feed	0			
18	Consent for MTP	0			
19	Consent for Radiological Investigations	0			
20	Consent for HIV test	0			
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam	0			
23	Medication Reconciliation	0			
24	Emergency Triage record	0			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	0			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	0			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	0			
36	Consent for Admission in PICU / NICU	0			
37	The Humpty dumpty scale	0			
38	Braden Q Scale	0			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds	0			
41	Gastro monitoring chart	0			
42	Rch ED doctors note	0			
43	BP Monitoring chart	1			
44	RBS monitoring chart	0			
	Total No. of Pages				

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

Signature and Date : pooja 9/6/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

OPERATION THEATER NOTES

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

Patient .... Age : .... Gender : ....

UHID .... I.P.No. : .... Weight : ....

Surgeon :	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure : Excision

Indications for Surgery : Multiple verruca warts

Date : 9/6/26	Start Time : 8:30Am	End Time : 9Am

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

1 verruca warts over (Lt) index & thumb
2 (Lt) Nasal cavity
3 (Lt) Arm. region

- Electrocautery Excision done
- post procedure uneventfull.

(P.T.O)

POST - OPERATIVE ORDERS :

- Npo till 3 hrs
- Syp. Tamjin (5ml/100mg) | po | BD — 5ml — 5ml x 3 days
- Syp P-250mg | po | TID — 5ml — 5ml — 5ml x 2 days
- RCA 1 week / SOS.

- T-Bact ointment for LA.
- Alternate day H/D.

- Dr. Sneha name referred

[signature]

[signature]
....

Consultant Surgeon's Name | Consultant Surgeon's Signature

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna Palakurthy
Asst. Surgeon : ....
Anaesthetist : Dr. Samir, Dr. Ayesha
Scrub Nurse : Sr. Archana

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR (M)
15-05-2019 7 Y 0 M 25 D
Dr. SWAPNA PALAKURTHY

Age : 7Yrs Gender : Male
Name : ....
Date : 9/6/26 In-time : 8:30 Am Out-time : 9Am

Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 8:30 am

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No (L) hand (L) nostril
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☐ Yes ☐ No

Does Patient have a:

- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☐ No ☑ NA
- Blood Units Reserved ☐ Yes ☐ No ☑ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☐ No ☑ NA

Signature : Samir

Name : ....

Before Skin Incision ➢ ➢

TIME OUT Time: 8:40am

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☑ Yes ☐ No ☐ NA

Signature : Pujа

Name : ....

Before Patient Leaves Operating Room

SIGN OUT Time: 9am

Nurse Verbally Confirms with the Team:

- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☑ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : [signature]

Name : ....

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00157848 IP26-00006545 Master MINDE GRISHNESHWAR 15-05-2019 7 Y 0 M 25 D (M) Dr. SWAPNA PALAKURTHY	9/6/26 @ 5:59 Am	9/6/26 @ 9:10 Am
	Transfer Ordered by Dr. Samir Dr. Ayesha	**Reason for Transfer** observatory
From Unit OT	**To Unit** pre - post	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films** —	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S Puja.	Dr Samir Dr. Ayesha

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

Patient Name : .... Gender: ☐ Male ☐ Female Age : ....

UHID No : .... Date : ....

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

....

.... Electrocautery Snieurs ....

.... upon ....

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

.... - Recurrence ....

.... - Infection ....

.... - Bleeding ....

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: ....

Consentee :

Signature : ....

Name : ....

Date & Time : ....

Witness :

Signature : ....

Name : ....

Date & Time : ....

Patient Attendant :

Signature : ....[signature]....................

Name : MINDE KANAKAPAH.

Relationship with Patient: FATHER

Date & Time : 9-6-2026 @ 8:27am.

Doctor (who is taking the consent) :

Signature : ....[signature]....................

Name : Dr. Swapna Palakurthy

Date & Time : ....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mast Minde Grishneshwar Age : 7y Gender : Male ☐ Female ☑

UHID NO: VIH-15784P Surgeon Name: Dr Swapna Palakurthy

Anaesthesiologist : Dr Ramu Unayalt

Operative procedure planned : Wart excision.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid 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 mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : O2 supplementation

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / (my patient) Master. MINDE GRISHNESHWAR the above mentioned operation / Diagnostic / Therapeutic procedures Wart excision

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

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

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [signature]

Name : MENDE. KANAKAIAH

Relationship with Patient: FATHER

Date & Time : 09-06-2016, 8.00 Am

Witness :

Signature : ....

Name : ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Rani Unayalk

Date & Time : 9/6 at 8Am

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006545 **Admit Date** : 09-Jun-2026 **Admit Time** : 05:59 AM **UHID** : VIH-00157848

Patient Details :

Patient Name	: Master MINDE GRISHNESHWAR	**Age**	: 7 Y 0 M 25 D
Guardian	: Mr MR.M KANAKAYYA	**DOB**	: 15-05-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO :- 3-82 , KODAKONDLA (V) , GAJWEL (M) , SIDDIPET (DIST) Kodakandla Medak Telangana INDIA 110005	**Phone No**	: 9550941044
		E-mail	: KANNI111213@GMAIL.COM

Admission Details :

Bed Type	: DAY CARE	**Bed No**	: ER01	**Ward Name**	: GF -EMERGENCY
Room No	: ER01	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr MR.M KANAKAYYA	**Relationship**	: Father
Contact Address	: H.NO :- 3-82 , KODAKONDLA (V) , GAJWEL (M) , SIDDIPET (DIST) Kodakandla Medak Telangana INDIA 110005	**Phone No**	: 9550941044

Signature

Doctor Details :

Doctor Name	: Dr. SWAPNA PALAKURTHY	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 14000.00
Payment Mode	: DC/CC Card	**Payor Name**	: HDFC ERGO GENERAL INSURANCE CO LTD

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

RESULT SHEET

Date	9/6/26					
Time	7 AM					
Hb	13.4					
PCV	38.2					
RBC	4.97					
WBC	10.84					
N/L	48.8					
Platelets	350					
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.,) : ....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mast. MINDE GRISHNESHWAR Age: 7y Sex: MALE UHID.No : VIH-157848

Date: 8/6 Time: 12pm. Proposed Operation: Veruca Vulgaris excision.

Diagnosis: Veruccan Valgaris.

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

Laboratory Data:

Hgb: 13.4	Glucose:	Protein:	HIV:	X-Ray:
PCV: 38.2	Urea:	Alb:	HBS Ag:	ECG:
WBC: 10840	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.5lakhs	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: NKDA.

Medical History: CVS : No significant medical history.

RESP : (L) thumb & middle finger Diabetes :

CNS : (L) ARM (L) Nose.

Renal :

Hepatic / GE : / Physical Activity: active.

Others : Birth FT/LSCS/CIAB/Immunised. No apparent dev. delay.

Past Anaesthetic History:

Physical Exam: alert.

Airway: MP (1) 2 3 4 Mouth Opening: adequate Mentohyoid Distance: 3FB Neck: (N) Teeth: crooked. NLT

Lungs : BAE (+) clear

Heart: S1+S2+ NMo.

CNS:

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site : peripheral Spine Exam for regional :

Anaesthetic Plan: ☑ **MAC** ☐ **REGIONAL** ☐ **GA-ETT** ☐ **LMA**

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
- nil -	

Pre-Operative Instructions: 12am food/milk

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours ONLY WATER
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

....

Signature: [signature] Name: Dr. Parmi Vinayak

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

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: adq.
Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed	

H.R: 113 | B.P / CRT: <2sec | SpO_2: 100% | R.R: 18/m | Last Feed: >6 hrs.

Pre-OP Diagnosis: verruca vulgaris | Operation: wart excision | Date :

Surgeon: Dr SP. | Anaesthesiologist: Dr AYESHA / Dr SAMIR | Technician: Saraswati

TIME	830 — 900
N_2O /AIR/ O_2 LPM	~~~
HALO /SO /SEVO	MAC 08 ~
Drugs:	
MIDAZOLAM	1mg iv
FENTANYL	40mcg. iv
PROPOFOL	40 + 20mg iv
FIO_2 / SaO_2	100 100 100
$ETCO_2$	~~~
ECG	SR SR SR
Temperature	
Urine Output	
Fluids / Blood: ½ NS.	80ml/hr

Antibiotic: —

Suppository: DICLOFENAC 25mg.

Blood Loss: —

NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240); Tourniquet on Time; Tourniquet off Time; Throat Pack In; Throat Pack Out

Heart rate plotted at ~120 (• • • • • •); × at ~100 (× × × × × ×); × SpO2

LAB Values: ABG / GRBS / Others

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

Position: supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☑ Other sheets

Times:
Anaes Start: 830
OP Start: ↓
OP End: ...
Leave OR: 9am

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

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

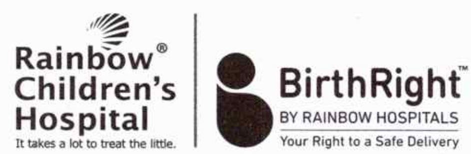
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

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

Regional: (struck through)
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ 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 Samir
Signature of the Doctor: [signature]

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: pre-post 9:30 Am 10:30 Am .... Time Received: 9:10 Am .... Time Discharged: ....

✓ RESP •PULSE ^ > < BLOOD PRESSURE (chart, scale 0–250; SPO₂)

IV Cannula Site: Right

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

Vomiting: ☐ Yes ☑ No Drug: ....
NG Tube: ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: D.N.S ½
Oral Feeds: yes

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	**SCORING INTERPRETATION**
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		0	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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		8	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/6/26	10:20Am	0	No pain	[signature]

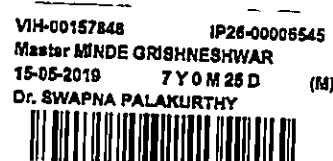
Pain Tool Used: ☐ N PASS ☐ FLACC ☑ Wong Baker ☐ NPS

Anaesthesiologist Name: ....
Anaesthesiologist Signature: [signature]
Date & Time: ....

PACU Nurse Name: pooja
PACU Nurse Signature: pooja
Date & Time: 9/6/26 @ 10:30Am

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): ....
Date & Time: ....



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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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 : ....

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

wt - 22.83 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : master. Grishneshwar Age : 7yr Gender: ☑ Male ☐ Female

Date : 9/6/26 Time of Arrival : 6 Am

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97°F PR: 140 b/m BP: 108/76 (87) mmHg RR: SpO₂: 97%

Chief Complaints: c/o: lesions since 2-3 months, Incission and drainage

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance ☑ Normal ☐ Sick Looking **Circulation / Colour** ☑ Normal ☐ Abnormal ☐ Bleeding	**Work of Breathing** ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☐ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : ....

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ **Not applicable**

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: ....

2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

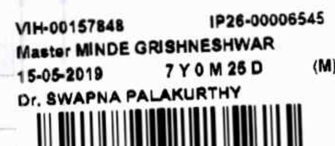
☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Bhargavi Signature of Triage Nurse : (B)

Date & Time : 9/6/26 @ 6:12 Am

Docu. No. : RCH /FRM / CLINICAL / 085



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 9/6/26 Time of arrival : 6:14 Am

Chief Complaints: c/o. le sions spnce 2-3 months RBS: ....

Height : .... Weight : 29.83 kg BMI : .... Head Circumference (<2 years) ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: .... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character .... ☐ Location .... ☐ Frequency .... ☐ Duration ....

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☑ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With famely

Siblings in household ☐ Yes ☐ No (if yes How Many?) ....

Time of Initial assessment completed by ER Nurse : [illegible] @ 6:16 Am

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
6:18Am	- Assess the pt condetion
	- monetore the vitals
	- IV placemnt Done
	- Smple colleted

Samples collected by: Jyothi Time: 6:30am

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 140b/m BP: 108/76 CFT:	Shift - out from ER to: OT
RR: 20b/m SPO$_2$: 97%	Time of Shift - out: 7:30Am
GCS: 15/15 Temperature : 97°F	Handover given to: .... (Nurse's Name)
Pain Score: —	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement Done

Name of the Nurse : Bhargavi Signature of the Nurse : (B)

Date & Time : 9/6/26 @ 6:10Am

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

ACTIVI... NG

Name: --

UHID No : --------------- IP No : ------------------ Consultant : ------------------------ Dept : pediatric

Date of Admission : 9/6/26 Time : ------------- Date of Discharge : ---------------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	7:30 Am	ER	OT	Bhargavi/pooja
9/6/26		OT		

Cross Consultation Visit

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

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

INVESTIGATIONS

Date	Investigations	Order No.	Sign
9/6/26	CBP	9565	[signature]

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

MEDICAL EQUIPMENT (WARD & ICU)

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

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
9/6/26	Iv placement	01	5467	[illegible]
	PAC op Basic	(1)	OCS26 -	
	Done		0011 8895	

ANY OTHER INFORMATION

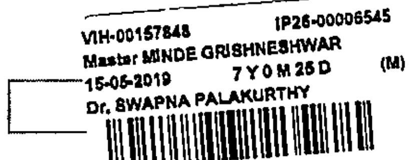
Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6		
	Post Excision	
		Plc
	Pain (1)	1) D/C Today & F/Up after 1 week
	No other issue	
		2) Strict ASD alternate day
	Child alert	
	Vitals stable	3) Syp Toxim / Syp P-250 } x 3 days
		4) Monitor Vitals
		[signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00157848 IP26-00006545 Master MINDE GRISHNESHWAR (M) 15-05-2019 7 Y 0 M 25 D Dr. SWAPNA PALAKURTHY	9/6/26 @ 5:59 Am	9/6/26 @ 7:30 Am
	Transfer Ordered by Dr. prashanthe	**Reason for Transfer** Admission
From Unit ER	**To Unit** OT	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 25/-	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	BCV — (1)	
2.	DNS — (1)	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. prashanthe

Patient & Clinical Records Received by : Ranjeeta

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

MEDICATION RECONCILIATION FORM

Drug Allergies: ......Nil...... ☑ 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 : ......Dr. prashanth P......

Date & Time : ......9/6/26 @ 6:10Am......

Nurse Name & Signature: ......Bhargavi......

Date & Time : ......9/6/26 @ 6:15 Am......

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

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

Patient Name : Grisneshwar.

Patient ID# :

Consultant : Dr. Swapna

Final Diagnosis : Verruca Vulgaris

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 26 D (M)
Dr. SWAPNA PALAKURTHY

Pediatric Multiorgan History & Physical Examination

Name : GRISHNESHWAR Age/Sex 7

Informant FATHER Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

c/o- papules over nose, Nailbed, lip x

History of present illness:

c/o lesions since 2-3 months.

- gradually progressive
- not subsided > Rx c Imiquimod.
- not a/w itching/redness
- spread to multiple regions

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History : Antenatal – uneventful.
FT LSCS (Reason not known) Bwt 3.3kg.
CIAB, NO NICU admission; DBF within 2hrs
D/s on D3.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :
Goes to 2nd std.
Good scholastic performance.

Immunization History :
immunised uptodate

VIH-00157848 IP25-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D
Dr. SWAPNA PALAKURTHY (M)

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) ____________ (Centile ____________) Height (cm) : ____________ (Centile ____________)

Weight (kgs) 29.8 (Centile ____________)

On Examination :

Temperature : Afebrile Pulse Rate: 100/min Description ____________

B.P. ____________ SPO2 97% at RA

Resp. rate and type of breathing : NVBD + B/LAE, 28/min

Verrucous lesions

Rash + Nail bed (Thumb & index fingers)

Lymphadenopathy ____________

Oedema : + Nasal alae. + Nostril opening.

Respiratory system :

Inspection (any s/o distress) : NVBS+.

Air entry & breath sounds : B/LAE+

Any addes sounds : ____________

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

Cardiovasclular System :

Inspection of procordium : ____________

Heart Sounds : S1S2+, No murmur

Any murmur : ____________

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

Per Abdomen :

Inspection Soft, NT, no HSM.

Palpation : ____________

Ausculation : ____________

Spine: ____________ External Genitelia : ____________

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

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 26 D (M)
Dr. SWAPNA PALAKURTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition : WNL

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR WNL. **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Verruca Vulgaris
admit for Excision.

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent recurrence.

Desired goals of the treatment :

Removal of warts.

Planned Labs :

CBP

Planned Management :

Excision of Verruca vulgaris

Please fill up the following details

1. Name of the Referring Doctor : ______
2. Name of the Referring Hospital : ______
   (Including the name of City)
3. Contact number of the Referring Doctor : ______
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team ______ on whose name the patient is being referred

Doctor's Signature Name ______ Date ______ Time ______

VIH-00157848 IP26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

DRUG CHART

Date of Admission: 9/6/26 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 / 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:				

VERIFIED BY : Name .... Sign ....

VIH-00157848 1P26-00006545
Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

REGULAR PRESCRIPTIONS Weight. .... Ward. ....

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				

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				

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				

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				

15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

IP26-0006545 VIH-00157848

Weight. .... Ward. ....

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
9/6	9Am.	DICLOFENAC	25 mg	PR	[illegible]	[illegible]

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

Master MINDE GRISHNESHWAR
15-05-2019 7 Y 0 M 25 D (M)
Dr. SWAPNA PALAKURTHY

Master MINDE GRISHNESHWAR
VIH-00157848
IP26-00006545

I.V. FLUIDS CHART

Weight. .... Ward. ....

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
9/06/26	7 Am	IVF @ 65 ml/hr DNS ~~15 ml KCl~~	IV	65 ml/hr	[signature]	[signature]			

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

26-0000205474

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: MASTER MINDE GRISHNESHWAR	Age: 7Y	Gender: M
UHID No: VIH-00157848 IP No: IP26-00006545	Date: 09/6/26	Time: 7:37 Am
Diagnosis: INCISION & DRAINAGE.		

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	one Amp
2.	Morphine Sulphate Inj. 15mg/Ml	-	-
3.	Remifentanil Hydrochloride Inj. 2MG	-	-
4.	Remifentanil Hydrochloride inj. 1MG	-	-

Doctor Name: DRSAMIR Doctor Registration No: 67929

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006545 **Date:** 09/6/26

Aadhaar No. of the Patient (Optional): ....

1.	Name : MASTER MINDE GRISHNESHWAR	Remarks
2.	Complete postal address (with contact number, if any)	H.NO: 3-82 KODAKONDLA SIDDIPET.
3.	Brief description of the illness	INCISION & DRAINAGE.
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
09/6/26	FENTANYL	ONE Amp	[signature]	

Dispensed by (Name & ID No.): Sonia (018442) Signature: Sonia

Received by (Name & ID No.): SAI CHANDU 021153 Signature: [signature]

Time: ....