HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 13-06-26

Patient Name: Master S. Ivaan Srinivas Date of Birth: 26-02-2025 Age: 1yr

Gender: Male Ward : OT UHID No.: HNH-00008252

Date of Surgery: 13-06-26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : TONGUE TIE and LIP TIE RELEASE U/GA

Time in : 9:30 Am Time Out : 10 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Allu Chandana	
2.	Anaesthetist	: Dr. Samir	
3.	Assistant Surgeon	:	
4.	OT Technician	: Br. Arvind	
5.	Circulating Nurse	: Sr. Mahesh / Sr. Sushma	
6.	Assistant Nurse	: Sr. Archana	

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: 26-000020639S Order by: Sushma 13/6/26 @ 10.22 Am.

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

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Tongue Tie Release

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Natasha Technician : Arvind, pallavi Date : 13/6/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
~~LMA~~		1	Sutures			Cord Clamp		
ECG leads : A / (P) / N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves Encore 6½	01		Surgical Gloves		
02 cc		02	P.F (7.0)	01		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / (P) / N		01	Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies					
Midazolam		01	Ointments					
Capnography (P)		01	Suction Catheter					
Fentanyl		01	Cap, Mask	5	5			
Morphine			Gauze Pack 7.5		2			
Ketamine		01	Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
LOX with Adrenaline		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves	6				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00002064100/401 Ordered by : Sushila 13/6/26
10:34 Am

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	: HNH-00008252	**Name**	: Master S. IVAAN SRINIVAS
Age / Sex	: 1 Y 3 M 18 D / Male	**Doctor**	: ALLU CHANDANA
Adm/Reg Date/Time	: 13/06/2026 08:24	**Payor**	: SELFPAY
Order Date	: 13/06/2026 10:33	**Ordernumber**	: 26-0000206400
Visit ID	: IP26-00006574	**Ward/Bed No**	: 4F -OT / PDA-414
Patient Address	: H.NO: 1-8-747/8/3., Nallakunta, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Ordered
2	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
3	NS 100ML ACCULIFE - EH		1 mL	External / 1-2 TIMES A DAY	1 Days		1 mL	Ordered
4	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
5	LOX WITH ADRENALINE INJ 2 % 30 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Ordered
6	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
7	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	Ordered
8	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
9	CAPNOGRAPHY NASAL CANNULA PEAD		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	External / Once Daily	1 Days		6 Nos	Ordered
11	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
12	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
13	THEMIPYRRNOM 0.2MG INJ		1 Nos	Injection / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
14	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
15	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

ALLU CHANDANA

Reg No : 03408

* 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 S. IVAAN SRINIVAS	**UHID**	HNH-00008252
Father/Guardian	Mr S. NIKHILESH	**Age/Gender**	1 Y 3 M 18 D/ Male
Address	H.NO: 1-8-747/8/3., Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006574	**Admission Date**	13-06-2026
Ref Doctor	Self.		
Discharge Date	13.06.2026		

Consultant:
Dr. ALLU CHANDANA
MBBS, MS ENT, DNB, Post doctoral fellowship in Paediatric ENT
03408

DIAGNOSIS	ICD CODE
TONGUE AND LIP TIE RELEASE	

Procedure : TONGUE AND LIP TIE RELEASE UNDER GENERAL ANESTHESIA DONE ON 13.06.2026.

History: Master S. IVAAN SRINIVAS, 1 Y 3 M 18 D child presented with known case of tongue tie came for surgical release and complain of regurgitation after

Name	Master S. IVAAN SRINIVAS	UHID	HNH-00008252
IP No	IP26-00006574	Admission Date	13-06-2026

feeds and associated with gaging while swallowing and associated of cough while feeding prior to admission. For the above complaints child was admitted at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 134 /min and Respiratory rate - 32 /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.

Weight on admission: 12.3 kilo grams.

Investigations: Enclosed reports.

Procedure : TONGUE AND LIP TIE RELEASE UNDER GENERAL ANESTHESIA DONE ON 13.06.2026.

Surgery Notes:
* Under sedation in supine position.
*Local infiltration given in floor of mouth and upper gingival plans.
* Tongue tie and lip tie divided with monopolar.
* Hemostasis secured.
* Procedure uneventful.

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

Advice:

Name	Master S. IVAAN SRINIVAS	**UHID**	HNH-00008252
IP No	IP26-00006574	**Admission Date**	13-06-2026

* Diet as advised.
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 ml thrice daily after food for 5 days.
* Zytee gel for local application thrice daily for 5 days.
* Mucaine gel 2 ml twice daily for 5 days.

Plan:
* Bland diet for 1 week.
* Tongue and lip exercise from tomorrow.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 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.

Review consultation with Dr. ALLU CHANDANA after 2 weeks 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

Name	Master S. IVAAN SRINIVAS	UHID	HNH-00008252
IP No	IP26-00006574	Admission Date	13-06-2026

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.

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 LIMITED * HYDERABAD

Registrar/Resident/C.M.O

Dr. ALLU CHANDANA
MBBS, MS ENT, DNB, Post doctoral fellowship in Paediatric ENT
03408

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
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	1			
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)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	0			
34	Nutritional review chart	0			
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	0			
40	PICU bed formula Dilution feeds	0			
41	Gastro monitoring chart				
42	Rch ED doctors note	0			
43	BP Monitoring chart	1			
44	RBS monitoring chart	1			
	Total No. of Pages	23			

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

Signature and Date: 15/6/26

(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

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 : IP26-00006574 **Admit Date** : 13-Jun-2026 **Admit Time** : 08:24 AM **UHID** : HNH-00008252

Patient Details :

Patient Name	: Master S. IVAAN SRINIVAS	**Age**	: 1 Y 3 M 18 D
Guardian	: Mr S. NIKHILESH	**DOB**	: 26-02-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO: 1-8-747/8/3. Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 9573799444/ 9014988084
		E-mail	: SARANGANIKHILESH@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 S. NIKHILESH **Relationship** : Father

Contact Address : H.NO: 1-8-747/8/3. Nallakunta Hyderabad Telangana INDIA 500044 **Phone No** : 9014988084 / 9573799444

Signature

Doctor Details :

Doctor Name : Dr. ALLU CHANDANA **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 36000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY BILLING

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Name: -- ----------

UHID 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
13/6/26	9:20 Am	ER	OT	
13/6/26	10:05 AM	OT	MICU	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/6	CBP	9744	

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2026 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/1	IV placent	.	6389	SQ

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

n Srinivas

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- K/c/o of tongue tie came for Surgical release.
- c/o regurgitation after feeds / 5d

History of present illness :

- Child presents with H/o regurgitate after feeds & a/w gagging sensation while swallowing. & a/w cough while feeding.
- No h/o fever
- No loose stools / vomiting
- No h/o cough / cold.

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father : Not Significant

About Mother :

Any additional Information :

Developmental History : Appropriate

Immunization History : Up to date.

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Anthropometry

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

Weight (kgs) 12.3kg. (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate: 134/min Description _____

B.P. _____ SPO2 99%. at _____

Resp. rate and type of breathing : _____

Rash No tongue tie (+)

Lymphadenopathy No

Oedema : No

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AC (+)

Any addes sounds : AIVBS (+).

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+)

Any murmur : No.

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

Per Abdomen :

Inspection _____

Palpation : Soft, Not distended

Ausculation : No organomyal.

Spine: _____ External Genitelia : _____

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

Central Nervous System : WNL

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Tongue tie/ Lip Came for Surgical Release.

_____

_____

_____

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

PAC done
↓
CBP

Planned Management :

- Secure Cannula
- NPO from Night (midnight) 3AM
  Sx @ 930AM.
- W/H. IV fluids DNS. @ 30ml/h. (2/3)
- Monitor vitals.

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

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
25-02-2026 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

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:				

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

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
25-02-2026 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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				

26-02-2025 | 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
25-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Master S. IVAAN SRINIVAS
HNH-00008252 IP26-00006574

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
13/6/2	9Am	IV fluids DNS	IV	30 ml/h	Af	W/H	13/6	Af	

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

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: ..........E.R.......... Shifted to: ..........O.T..........

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. Anusha..........

Date & Time : ....13/6/26 @ 8 Am..........

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

Date & Time : ....13/6/26 @ 8:02 AM..........

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

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

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
25-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

	Date & Time of Admission	Date & Time of Transfer Order
	13/6/26 @ 8:24Am	13/6/26 @ 9:20pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Anusha	Admn –
From Unit	**To Unit**	**Information to Attendant**
ER	07	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
29		Yes ☐ ~~No~~ ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
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 Jyoti / Jyoti	Dr. Anusha

Patient & Clinical Records Received by : Sandhya 13/6/26 @ 9:20 am

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

OPERATION THEATER NOTES

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Patient's Name : ..... Age : 1yr ..... Gender : .....

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

Surgeon : Dr. Chandana	Asst. Surgeon :
Anesthetist : Dr - SAMIR	OT Nurse :

Surgical Procedure : Tongue and lip tie Release IGA.

Indications for Surgery :

Date : 13/6/26	Start Time : 9:30 Am	End Time : 10 Am

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

1 Sedation in supine position.
Local infiltration given in floor of mouth and upper gingival sulcus
Tongue tie and lip tie divided with monopolar.
Hemostasis secured. procedure uneventful.

POST - OPERATIVE ORDERS :

- NPO until fully awake
- Syp. PCM ~~240mg/5ml~~ 3.5ml — 3.5ml — 3.5ml
- ZYTEE gel for L/A.
- MUCAINE gel 2ml —— 2ml

5 days

- Bland diet - 1 week
- tongue and lip exercises from tomorrow

Dr. Chandana

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 13/6/26 Time : 10:00 am

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Allu Chandana
Asst. Surgeon : —
Anaesthetist : Dr. Sanjiv
Scrub Nurse : Sr. Archana

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

Age : 1yr Gender : M
Name : Tongue Tie Release
Date : 13/6/26 In-time : 9.30 Am Out-time : 10 Am

Rainbow® Children's Hospital
BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Before Induction of Anaesthesia

SIGN IN Time: 9.20 am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- 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 : Dr. Sanjiv
Name :

Before Skin Incision

TIME OUT Time: 9.30 Am

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 : Sanjiv
Name : Sandhya, 13/6/26 @ 9:30 Am

Before Patient Leaves Operating Room

SIGN OUT Time: 10 Am

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 :
Name : Dr. Chandana

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

	Date & Time of Admission	Date & Time of Transfer Order
	13/6/26 @ 8:24 Am	13/6/26 @ 10:05 Am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Samir	Observation
From Unit	To Unit	Information to Attendant
OT	Pre-Post	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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sandhya 13/6/26 @ 10:5 Pm.	Dr. Samir.

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : IVAAN SRINIVAS Gender: ☑ Male ☐ Female Age : 1yr 3months

UHID No : Date : 13/6/26

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)

TONGUE TIE AND LIP TIE RELEASE LGA.

upon

(Name of the Patient) IVAAN SRINIVAS

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.

BLEEDING, LARYNGOSPASM

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 :

Patient Attendant :

Signature :

Name : S. Nikhilesh

Relationship with Patient: Father

Date & Time :

Witness :

Signature :

Name : Dr. Divya Reddy

Date & Time : 9:20AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Chandana

Date & Time : 13/6/26, 9:30am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Rainbow® Children's Hospital — It takes a lot to treat the little. | BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: Master. IVAAN. SRINIVAS Age: 1yr 3m Sex: Male UHID.No: HNH-008252

Date: 12/06/2024 Time: 5:10 pm Proposed Operation: Tongue Tie Release & Lip Tie Release

Diagnosis: Tongue Tie & Lip Tie

B.P / CRT: .... H.R: .... Weight: 12.5 kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: NKDA

Medical History: CVS: Baby has complaints of regurgitation after feed with H/o gags & coughing.

RESP: Diabetes:

CNS:

Renal: NAD

Hepatic / GE: Physical Activity:

Others: Baby: Term / CIAB / No NICU Admission / Milestones Regular

Past Anaesthetic History: Nil

Physical Exam: Active

Airway: MP 1 2 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: No loose teeth

Lungs: BLAE(+),

Heart: S1 S2(+)

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

Pre-Operative Instructions:

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

Adv: 1. CBP while Cannulation.

Signature: [signature] Name: Dr. Sanjiv

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

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
25-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

ANAESTHESIA CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

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

H.R: 130/m	B.P / CRT: <2sec	SpO_2: 99%.	R.R: 20/m	Last Feed: 7hrs

Pre-OP Diagnosis: Bowel RE Operation: release. Date : 13/6

Surgeon: Dr Chandana Anaesthesiologist: Dr Sanvi Technician: Gulam/Amin

TIME 930 1500

N_2O /AIR/O LPM NP 2L/min >>

HALO /SO /SEVO

Drugs: GLYCOPYRROLATE 120MCG IV
PROPOFOL 20 + 30mg intermittently
KETAMINE 75MG IV
NIMESULIDE 0.4mg/kg IV

FIO_2 / SaO_2 100 100

$ETCO_2$

ECG SR SR

Temperature

Urine Output

Fluids Blood

Antibiotic —

Suppository —

Blood Loss —

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

Child on spontaneous.
Shifted to PACU in stable forms

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: ..... (L) LL
☐ Art Site: .....
☑ EKG Lead 3 lead
☐ 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 Shells

Times:
Anaes Start: 930AM
OP Start: .....
OP End: .....
Leave OR: 10 am

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 24G (L) LL
☐ 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 nasal prongs

Regional:
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 Sanvi
Signature of the Doctor : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Master. Ivaan Srinivas Age : 4yr 3mo Gender : Male ☑ Female ☐

UHID NO: ..... Surgeon Name: Dr. Alka Chandana

Anaesthesiologist : Dr. Samir

Operative procedure planned : Tongue Tie & Lip Tie Release

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 : .....

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. Ivaan. Srinivas the above mentioned operation / Diagnostic / Therapeutic procedures Tongue Tie & Lip Tie Release

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 : Mr. [illegible] / Mrs. [illegible]

Relationship with Patient: Father / Mother

Date & Time : 12/06/2026 5:15 PM

Witness :

Signature : ....

Name : ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. [illegible]

Date & Time : 12/06/2026 5:15 pm.

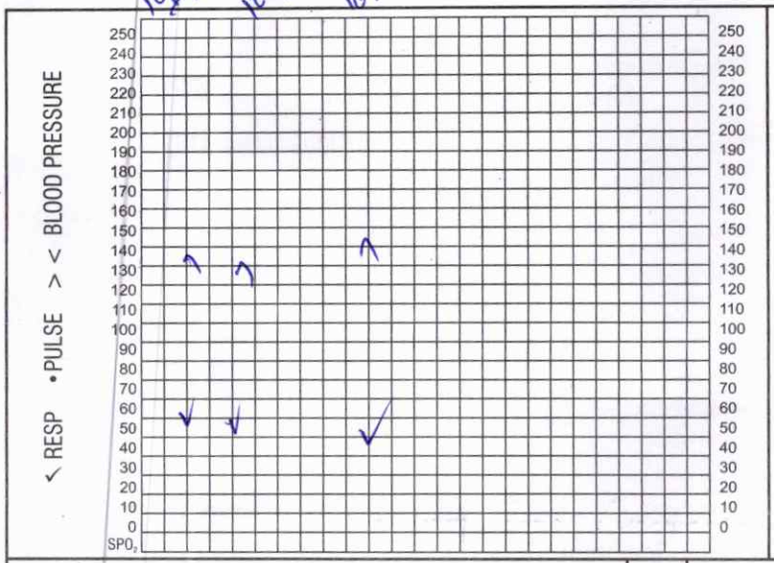
HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 10:30Am 10:43Am Time Discharged : .....



IV Cannula Site : Right leg

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☑ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

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

Drug: .....

IV Fluids: RL 45ml (hr)
Oral Feeds: 0

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
13/6/26	10:10Am	0	NO pain	

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Archana
PACU Nurse Signature: Archana
Date & Time: 13/6/26 @ 10:10Am

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

Transferred to Unit by (P .....
Date & Time: .....

HNH-00008252 IP26-00005574
Master S. IVAAN SRINIVAS
25-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by .....

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
25-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

wt - 12.3 kg

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : S. Ivaan. Srinivas Age : 1y **Gender:** ☑ Male ☐ Female

Date : 13/6/26. Time of Arrival : 7:20pm

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: 134b/m BP: ..... RR: ..... SpO_2: 99%.

Chief Complaints: c/o. Tongue tie came for Surgical release

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ 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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

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 : 13/6/26 @ 7:22pm

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/6/26 Time of arrival : 7:24pm

Chief Complaints: ..... RBS: .....

Height : ..... Weight : 12.3kg 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 family

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

Time of Initial assessment completed by ER Nurse : .....

(P.T.O.)

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

Time	Nursing Notes
7:26pm	Assess the pt Condition monitore the vitals

Samples collected by: Time:

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: ..... BP: ..... CFT:	Shift - out from ER to: OT
RR: ..... SPO_2:	Time of Shift - out: .....
GCS:..... Temperature :	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Bhargavi Signature of the Nurse : .....

Date & Time : 13/6/26 @ 7:28pm

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
28-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	13/6/26					
Time	9:11 AM					
Hb	12.6					
PCV	35.5					
RBC	4.78					
WBC	11.49					
N/L						
Platelets	326					
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.,) : .....

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

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master S. IVAAN SRINIVAS**	**Age :**	**1 Y 3 M 18 D**
IP No:	**IP26-00006574**	**Sex:**	**Male**
Consultant:	**Dr. ALLU CHANDANA**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: S. Nikhilesh

Relationship: Father

Date: 13/06/26 Time: 8AM

Witness Name:

Witness Signature:

Patient Address:

H.NO: 1-8-747/8/3. Nallakunta
Hyderabad Telangana INDIA 500044

HNH-00008252 IP26-00006574
Master S. IVAAN SRINIVAS
26-02-2025 1 Y 3 M 18 D (M)
Dr. ALLU CHANDANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25 of being the guiding light Nurturing Smiles, Shining Bright

BILLING POLICY

Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.

- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaIn the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

S. Nikhilesh

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**