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ACTIVITY RECORD FOR BILLING

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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

UHID No : ---------- onsultant : ---------- Dept : ----------

Date of Admission : -- 27/6/26 ime : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ~~left OT~~ Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6	9Am	ER	OT	
27/6/26	12pm	OT	ICU	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. sneha	28/6	30958944	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
28/6/26	GRBS - 116mg/dl.	26021757.	
	ECG.	26-010297	
		0	
	Free T4, TG, TSH	26021777	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	coblator charges	9:35AM	10:05AM	3095106.	[signature]
	Cross Checked by [signature] 28/6/26				
~~27/6~~	~~Cardiac monitor~~	~~11pm~~		~~3095369~~	~~[signature]~~
28/6	cardiac monitor	6AM	9AM	3095583	[signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	IV placement	(1)	3095372	
	PAC done	(1)	3095067	(1)
	PAC 3095 Cross checked by [illegible] 28/6/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	28/6/26 @5AM		

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
18-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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SURGERY DETAILS

Date : 27/6/26

Patient Name: Mr. Banoth mokshith Date of Birth: ..... Age: 7year

Gender: male Ward : O-T UHID No.: 201838

Date of Surgery: 27/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Adenotonsillectomy + Bil Grommet under GA

Time in : 9:30Am Time Out : 10:15AM

	NAME	AMOUNT
1. Surgeon	: Dr. VidyaSagar Dumpala	O-T charges
2. Anaesthetist	: Dr. Himabindu	Cobulate charge.
3. Assistant Surgeon	: -	9.35am to 10.05am
4. OT Technician	: Br. Rakesh / Vaishnavi	309506
5. Circulating Nurse	: Sr. Vanitha / Asha	
6. Assistant Nurse	: Sr. Ruby	

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: 309503 / 309504 Order by: Jyothi / Sheepa.

INSURANCE COPY

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Name	Master BANOTH MOKSHITH	**UHID**	VIH-00201838
Father/Guardian	Mr BANOTH YAKUB	**Age/Gender**	7 Y 2 M 11 D/Male
Address	MOULALI, Moula Ali, Hyderabad, Telangana, INDIA, 500040		
IP No	IP-00060498	**Admission Date**	27-06-2026
Ref Doctor	SELF	**Discharge Date**	28-06-2026

DISCHARGE SUMMARY

Consultant: Dr. VIDYASAGAR DUMPALA
MBBS, DNB
CONSULTANT ENT SURGEON
APMC - 47166

Diagnosis: Adenotonsillitis with bilateral serous otitis media

S/P- Bilateral myringotomy + grommet insertion with coblation assisted adenoidectomy + tonsillectomy under GA done on 27.06.2026.

History: Master BANOTH MOKSHITH is a 7 Y 2 M 11 D boy presented with history of recurrent nose block, inability to breath, mouth breathing, recurrent cold and cough, frequent waking spells with ear pain and ear blocks. For the above complaints, he was admitted at Rainbow Children's Hospital for surgery.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. Heart rate was 110/min, blood pressure 100/70 mmHg and respiratory rate - 20/min. Grade-III Tonsils + Grade-IV Adenoids + Both TM bulging with fluid in middle ears.

Weight on admission : 26.9 kgs.

Management: He was admitted in the ward.

Name	Master BANOTH MOKSHITH	UHID	VIH-00201838

Procedure : Bilateral myringotomy + grommet insertion with coblation assisted adenoidectomy + tonsillectomy under GA done on 27.06.2026.

Operative Notes :

- Child placed in Rose position, mouth gag applied and secured to bipod stand.
- Coblation assisted adenoidectomy done.
- Coblation assisted tonsillectomy done.
- Hemostasis achieved.
- Bilateral endoscopic myringotomy done.
- Grommet placed.
- Thick mucus present both middle ears.

Post Operative notes : Post operative period was uneventful. He was started orally on liquid feeds which he accepted and tolerated well and he is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:

1. Diet as advised.
2. Syrup Taxim-O (5ml=100mg), 5ml, 12^{th} hourly for 7 days (Refrigerate after reconstitution).
3. Syrup Calpol (5ml=250mg) 5ml, 8^{th} hourly for 5 days.
4. Syrup Mucaine gel, 3ml, 8^{th} hourly for 7 days.
5. Syrup Relent Plus, 2.5ml, 12^{th} hourly for 7 days.
6. Nasivion-P Nasal spray, 1 puff in each nostril, 12^{th} hourly for 7 days.
7. Nasoclear saline spray, 1 puff in each nostril, 8^{th} hourly for 7 days.
8. Syrup Bevon, 5ml once daily for 1 month.
9. Kindly consult Dr. Vidyasagar Dumpala, Consultant ENT Surgeon, after 7 days in OPD with prior appointment.

Name	Master BANOTH MOKSHITH	UHID	VIH-00201888

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To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of Emergency for increasing breathing difficulty, dullness or high fever, Contact 040-42462200 Extn: 2010 (or) 7337357870.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : B. Yadav

Signature :

Relationship with patient : Father

This summary has been explained by :

Summary prepared by : Dr. Vishwaja
DEO : MD Younus Pasha

Dr. Vishwaja

Registrar/Resident/C.M.O

Dr. VIDYASAGAR DUMPALA
MBBS, DNB
CONSULTANT ENT SURGEON
APMC - 47166

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00201838 IP-00060498
Patient Name : Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 12 D (M)
Dr. VIDYASAGAR DUMPALA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	2	—	—	
5	In-patient Medical Record	3	—	—	
6	Doctors Progress Sheets	1	—	—	
7	Nurses Progress notes	2	—	—	
8	Consultation Sheets	01	—	—	
9	General Consent for Treatment	1	—	—	
	Conset for Surgery	1	—	—	
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk	1	—	—	
14	Consent for Restraint	1	—	—	
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	—	—	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	—	—	
21	Pre Operative checklist	1	—	—	
22	Surgical safety Checklist	1	—	—	
23	Operation Theatre notes	1	—	—	
24	Nurses Clinical Presentation				
25	TPR & BP chart	1	—	—	
	Intake and Output chart (fluid Chart)	1	—	—	
	Drug Chart (Regular prescription)	3	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	others	12	—	—	
	Total No. of Pages	43			

Noted By Remarks 28/6 @8am

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060498 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:12 AM **UHID** : VIH-00201838

Patient Details :

Patient Name	: Master BANOTH MOKSHITH	**Age**	: 7 Y 2 M 11 D
Guardian	: Mr BANOTH YAKUB	**DOB**	: 16-04-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: MOULALI Moula Ali Hyderabad Telangana INDIA 500040	**Phone No**	: 8897415356
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr BANOTH YAKUB **Relationship** : S/O

Contact Address : MOULALI Moula Ali Hyderabad Telangana INDIA 500040 **Phone No** : 8897415356 / 8125115356

Signature

Doctor Details :

Doctor Name : Dr. VIDYASAGAR DUMPALA **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : VIDAL HEALTH INSURANCE TPAPVT LTD

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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wt:- 26.2 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master. Mokshith Age : 8Y Gender: ☐ Male ☐ Female

Date : 27/6/26 Time of Arrival : 8:11 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: 98.2°F PR: 112/M BP: 102/71(81) RR: 19b/M SpO: 99%

Chief Complaints: patient come for surgery Adenotonsillectomy + myringotomy

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ 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 : 8:15 Am

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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 27/6/26 @ 8:15 Am

Patient Name : M... H MOKSHITH UHID : VIH-00201838 IPD : IP-00060498 Gender : Male Age : 7 Y

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/6/26 Time of arrival : 8:16 Am

Chief Complaints: patient come for surgery Adeno tonsillectomy + myringotomy RBS: —

Height : — Weight : 26.2 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: "0" 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 fam?ly

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 (sister)

Time of Initial assessment completed by ER Nurse : 8:20 Am

Patient Name : Mast. BANOTH MOKSHITH UHID : VIH-00201838 IPD : IP-00060498 Gender : Male Age : 7 Y 2 M 11 D

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

Time	Nursing Notes
8:11 Am	✱ patient Come to ER
8:15 Am	✱ vital Checked & Recorded
8:19 Am	✱ Doctor seen the patient Adviced Admission
8:22 Am	✱ Admission Process done
8:37 Am	✱ Iv placement done
	✱ last food :- 9:00pm
	✱ last water:- 12:00 Am
	✱ patient shifted to OT

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			N;11		

Condition of patient at time of shift - out :		Details of Shift - out
HR: 196/M	BP: 101/66(70) CFT: 3 2sec	Shift - out from ER to: OT
RR: 196/M	SPO_2 : 100%	Time of Shift - out: 27/11/26 @ 9Am
GCS: 15/15	Temperature : 98.4°F	Handover given to: Sr. Ruby
Pain Score: 0		(Nurse's Name) By. Nagman
Repeat RBS (if applicable) —		

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement done

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

Date & Time : 27/11/26 @ 9Am

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00201838 IP-00060498 Master BANOTH MOKSHITH 18-04-2019 7 Y 2 M 11 D (M) Dr. VIDYASAGAR DUMPALA	27/6/26 @8.12 am	27/6/26 @ 12pm
	Transfer Ordered by Dr. Himabindu	Reason for Transfer post op care
From Unit OT	To Unit 130	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 26	Number of Imaging Films Nil	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.	O2 mask	1
2.	~~Nil~~	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Ruby. P	Dr. Himabindu

Patient & Clinical Records Received by : Anitha

Date & Time of Patient Received : 27/6/26 @ 12:10 pm

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00201838 IP-00060498 Master BANOTH MOKSHITH 16-04-2019 7 Y 2 M 11 D (M) Dr. VIDYASAGAR DUMPALA	27/6/26 08:12A	27/6/26 @ 9AM
	Transfer Ordered by Dr Prashanthji	Reason for Transfer Admission
From Unit LR	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ? apron given

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
Sr Laxman	Dr Prashanthji

Patient & Clinical Records Received by : Ruby.P

Date & Time of Patient Received : 27/6/26 9AM

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

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Adenotonsillectomy

Arrival Time: 12:10pm Mode of Arrival: wheel chair Admitting From: ☐ ER ☐ OPD ☐ Direct ☑ OT

Allergy / Adverse Reaction NO

Body Weight: 26.2 Kg

Height: ..... cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	NO

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 26.2kg Length: — Head Circumference (< 2 years): Nil

Temp.: 98.3°F HR: 107b/M RR: 23 b/m BP: 105/63 (Au)

Pain Score: 0 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain Nil Location Nil Frequency Nil Duration Nil

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
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... family .....

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..... 01 .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother .....

Nurse's Name: ..... Asitha ..... Date: ..... 27/6/26 ..... Time: ..... 12:30pm ..... Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Name : Banoth mokshith Age/Sex 6 4 | male.

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o Nasal Blockade
& recurrent URTI : 9 months.

History of present illness :

c/o Nasal blockade & recurrent URTI : 9 months.

also snoring & mouth breathing.

posted for Sx
Adenotonsillectomy + myringotomy + Grommet insertion.

NPO
- Solids 9:00pm
- liquids 9:00pm.

No H/o cold, cough, fever.

Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

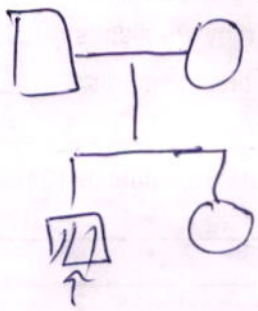
Pediatric Multiorgan History & Physical Examination

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

Not significant.

Birth & Neonatal History:

FT/LSCS/ 2.5kg / CTAB/ NO NICU. Admission.



Birth & Socio Economic History:

About Father : clay III

About Mother :

Any additional Information :

Developmental History :

Developmental (N)

Immunization History :

Immunised as per Age.

(P.T.O.)

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 26.9 kgs. (Centile _____)

On Examination :

Temperature : 97.5 F Pulse Rate : 100 b/m B.P. 116/78 mmHg SPO2 _____

Resp.rate and type of breathing : _____

Rash (N)

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (N)

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

Any addes sounds : (N)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (N)

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

Per Abdomen :

Inspection (N)

Palpation : P/A soft

Ausculation : (N)

Spine : (N) External Genitelia : (N)

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

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :
Tone: Power (R) (L)
Co-ordinator : (N) 5/5 5/5
Posture :
Involuntary Movements : (-)

Reflexes :

DTR

Superficials:

Plantars flexor.

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Adenotonsillar hypertrophy
↓
posted for Sp - Adenotonsillectomy tympanotomy
Grommet + GA.

(P.T.O.)

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP
Coagulation profile } done outside.

PAC done ✓

Planned Management

- NPO
- Cannulate the child.
- Shift to OT on call.
- monitor vitals
- Inform (201)

Noted by sr. sister [illegible]
22/6/26 @ 8:40 pm

Signature of the Doctor: [signature]

Name of the Doctor: Dr. Prashanth

Date & Time: 22/6/26

Signature of the Consultant: [signature]

Name of the Consultant: Dr. D. Vidyasagar

Date & Time: 27/6/26 9.20 am.

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
27/6/26 12:21pm		
	DM – Adenotonsillitis – Adenotonsillectomy c̄	
		Myringotomy + grommet insertion
	O/E	
	Child active	
	Afebrile	
	Vitals stable	
	CVS-S1S2(+)	
	B/L RAE(+)	
	P/A soft	
		Plan
	1)	Above orders
	2)	CST.
	Dr Vishnu	Noted by Anitha 27/6 12:21pm

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16-04-2019 7 Y 2 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCH /FRM / CLINICAL / 088

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 12 D (M)
Dr. VIDYASAGAR DUMPALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 11pm.	S/B Resident	
	Dx/s - Adenotonsillitis - Myringotomy + grommet insertion.	Adenotonsillectomy +
	c/o Bradycardia ↓ with HR 65-75/min.	c/o ↳ oral intake
	O/E child active Fontanelle Vitals stable CVS - S1S2 (+) R/S - BAE (+) P/A - soft	
		Plan
		1) IV fluids. DNS - 250ml
		2) Monitor Vitals.
12:40 Am.	c/o persisting Bradycardia clinically - NO issues child stable	
		Adv
		1) RBS → 116mg/dl
		2) ECG
		↓↓
		~~Abnormal~~.
		3) continue monitoring Vitals

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16-04-2019 7 Y 2 M 12 D (M)
Dr. VIDYASAGAR DUMPALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 6:30 pm	D/w Dr. Vidyasagar SR	
	Informed case and	
	~~persistent~~ Bradycardia - 65-75/min.	
	~~over night~~	
		Adv
Dr. Vishwas		1) General pediatrician consultation.
		2) Continuous monitoring

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16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Adenotonsillectomy

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: —

Post OP Day: —

		27/6/26 M	27/6/26 M	27/6	27/6 E	28/6 N	
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:	NPO	NBM	cold & liquid	Cooked food	⑤ diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6°F	98.4F	97.6°F	98.1°F	
	Res:	22b/m	22b/m	22b/m	22 b/m	23 b/m	
	SpO_2:	99.1%	99%	98.1%	99%	99.1%	
	Pulse:	92b/m	98bpm	98 b/m	97 b/m	92 b/m	
	BP:	102/71(81)	100/60 mmHg	102/62 mmHg	102/62 mmHg	108/60	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	14	14	14	14	14	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	—	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	Nil	—	Nil	Nil	⑤ diet	
	Critical Lab Test / Values:	Nil	—	Nil	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	Dependent	dependent	
Post Operative Procedure Special Orders:		Nil	NBM soft diet from night	cold & liquid diet	cold & liquid diet	Nil	
Handed Over By Name :		Nagmani	Sr. Ruby.p	Anitha	Anitha	Vaishnavi	
Signature / ID :							
Date:		27/6/26	27/6/26	27/6	27/6	28/6/26	
Time:		9AM	@12pm	@2pm	@3pm	@5AM	
Taken Over By Name :		Ruby.p	Anitha	Anitha	Vaishnavi	File send & Billing	
Signature / ID :							
Date:		27/6/26	27/6	27/6	27/6/26		
Time:		9AM	@12pm	@2pm	@2pm		

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

NURSING CARE RECORD

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Date: 27/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify..... Nil
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	1pm	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided by cold & liquit diet	→ patient is Stable	Anitha 27/6 @2pm
Afternoon	4pm	→ Maintain Aseptic Technique		→ To maintained Aseptic Technique	→ To prevent infection	→ patient is Stable	Anitha 27/6 @8pm
Night	11pm	Maintain Fluid Balance - Ensure Safety	11:10 pm	- Maintained i/p/o/p chart - provided side rails	- To prevent dehydration Discharge Notes Doctor came for Rounds Patient is stable & Adviced Discharge.	- patient is stable	Vaishnavi 28/6/26 @5AM

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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Doctor Name : Dr. Sneha

Date : 28/6/26 Hour : ....

Hospital : ....

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☑ Non Urgent (within 24 hrs.)

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Date 28/6 Time : 9AM By : ....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosi

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 12 D (M)
Dr. VIDYASAGAR DUMPALA

Signature: M.D.

Report of Findings and Recommendations :

8:30am 28/6/26 H/o adenotonsillectomy yesterday 12:10PM.
H/o bradycardia overnight
- even while awake
SpO2 maintaining 95–98%
RR: no distress/retractions

- no h/o pain
- no h/o dizziness
- restlessness

O/E child alert, calm
PR: 83/min (N) volume
BP: 85/60
lungs: clear
S1 S2 (+) no murmurs / no split

Consultant :

Name : Dr. Sneha Signature : .... Date & Time : 28/6

NOTE : If more space is required use another consultation sheet as continuation

~~sleeping~~ Supine
Standing | BP ______

U.O : ______

adv
To send S.E
F T4 TSH

To send: S.electrolytes ______

~~To~~ F T4 TSH : ______

Rx

1) ~~&~~ allow ambulation
ē soft diet around.

Suresh
APMC 77129

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master BANOTH MOKSHITH**	**Age :**	**7 Y 2 M 11 D**
IP No:	**IP-00060498**	**Sex:**	**Male**
Consultant:	**Dr. VIDYASAGAR DUMPALA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 surance 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 arance. In case of failing the submission, I will pay 200/- Rs.
ceivers 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: SK. Yakub
Relationship: Father
Date: 27/06/26 Time: 08:12 A.M
Wittness Name:
Wittness Signature:

Patient Address:
MOULALI Moula Ali Hyderabad
Telangana INDIA 500040

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Master Banoth Mokshith Age : 8y Gender : Male ☑ Female ☐

UHID NO: VH-00201838 Surgeon Name: Dr- Vidyasagar

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Adeno Tonsillectomy + Myringotomy + Gromet Insertion

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 : Bleeding., laryngospasm

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 Banoth Mokshith the above mentioned operation / Diagnostic / Therapeutic procedures Adeno Tonsillectomy + Myringotomy + Gromet Insertion

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 : .....

Name : B. Yakub

Relationship with Patient: Father

Date & Time : .....

Witness :

Signature : Pavané

Name : B. Pavané

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Bruda

Date & Time : 26/6/26, 3pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MASTER. BANOTH MOKSHITH Gender: ☑ Male ☐ Female Age : 7Y

UHID No : 00201838 Date : 27/06/26

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)

Adenotonsillectomy + Bil Myringotomy + Grommet

upon BANOTH MOKSHITH

(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.

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 : B. Yakub

Relationship with Patient: Father

Date & Time : 27/06/26

Witness :

Signature : Pavani

Name : B. Pavani

Date & Time : 27/06/26

Doctor (who is taking the consent) :

Signature : .....

Name : DR-D.Vidyasagar

Date & Time : 27-6-26. 9.20 AM

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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OPERATION NOTES

Surgeon : Dr. D. Vidyasagar	Asst. Surgeon :
Pre-Operative Diagnosis: Adenotonsillitis + Bil SOM.	
Surgical Procedure : Coblation Adeno-tonsillectomy + Bil Myringotomy + Bil Grommet.	
Indications for Surgery : Grade 3 Tonsils Grade 4 Adenoids Bil. SOM.	
Date : 27/6/26	Start Time : 9:30AM / End Time : 10:15AM.
Post Operative Diagnosis: -do-	
Peri-Operative Complications: —	
Amount of Blood Loss: —	Blood Transfused (in ML) —
Name and Number of Surgical Specimen sent for examination: —	

Operation Notes: Child placed in Rose position, mouth gag applied and secured to bipod stand. Coblation assisted Adenotonsillectomy done. Homostasis acheived.

Bilateral Endoscopic Myringotomy done and Grommet placed. Thick mucous present both middle ears.

(P.T.O.)

Post-OP orders.

NBM for 1hr followed by liquids & icecream / Soft diet from Night

1) Syp: TAXIM-O 5ml BD × 1Week
2) Syp. CALPOL 250mg/5ml 5ml × TID × 5days
3) Syp: MUCAINE GEL 3ml × TID × 1Week
4) Syp: DELENT PLUS 2.5ml × BD × 1Week
5) Nasivion-P nasal Spray 1puff × BD × 1Week
6) Nasoclear Saline Spray 1puff × TID × 1Week
7) Syp: ~~BEO~~ BEVON 5ml × OD × 1month

1/0 1Week

Name of the Surgeon: Dr. D. Vidyasagar

Signature of the Surgeon: [signature]

Date & Time: 27.6.26. 10.15 AM.

VIH-00201838 IP-00060498
Master BANOTH MOKSHITH
18-04-2019 7 Y 2 M 11 D
Dr. VIDYASAGAR DUMPALA

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Vidyasagar
Asst. Surgeon : ____
Anaesthetist : Dr. Himabindu
Scrub Nurse : Sr. Ruby

Age : 7 Y Gender : M
UHID No. : ____ Surgery Name : Adenotonsillectomy
Date : 27/6/26 In-time : 9:30am Out-time : 10:40am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: ____

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 : ____
Name : Dr Himabindu

Before Skin Incision ➤➤

TIME OUT Time: 9:30am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm , mr. moksith
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure - Adenotonsillectomy ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? oont, 45min, minimal ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☑ No ☐ NA

Nursing Team Reviews: laryngospasm, Bronchospasm
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : ____
Name : Azad

Before Patient Leaves Operating Room

SIGN OUT Time: 10:15am

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-D.Vidyasagar

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 27/6/26

To Be Filled In By Assigned Nurse:

Department: ENT Duration of Procedure : 45min

Name of Surgeon: Dr. vidyasagar Dumpala Date of Admission : 27/6/26

Bundle Care Criteria: (Tick (√) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☐ Yes ☑ No ☐ Single Dose Antibiotic Or ☐ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☐ Yes ☑ No Name of the Antibiotic: Inj. cyotaxime.	RD
2.	Hair Removal ☐ Yes ☑ No If Yes: ☐ Surgical Clipper Department where Hair Removed: ☐ Ward ☐ Operating Room ☐ Other: — Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Rd
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☐ Tympanic (Goal: 36-37°C)	Rd
4.	Name of doctor or staff administering the antibiotic: Dr. Rakesh Date & Time of antibiotic administration: 27/6/26 @ 9:40AM Date & Time procedure started: 27/6/26 @ 9:30AM	Rd

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/6/28 Time: 8 9 10 11 12 1 2 4 6 8 10 11 12 1 8 4 5 6 7 8 9

Doctor / Nurse / Family Concern? pm pm pm pm pm AM AM AM AM AM AM AM AM AM

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

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

BP	100/55	104/65	102/60	100/65		101/81				89/68	92/81				85/68						
	60	61	62	64		72				62-72					60						
Heart Rate (Number)	85	82	98	99	100	101	103	104	75	76	80	76	81	85	76	90	89	94	108		

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

Resp Rate (Number)	22	24	24	25	89	23	24	88	24	22	21	24	25	26	23	24	22	24			
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	M	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	99	99	98	98	99	100	100	99	99	98	99	98	99	99	99	99	100		
Conscious Level: Normal / Altered	✓	✓	✓	✓	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15		
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Observer's Initials	R	R	R	R	A	A	A	A	V	V	V	V	V	V	V	V	V	V	A		

Noted by Anitha 28/6 @9:30

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/6/16	08:00 am		NBM								0	
	09:00 am		NBM	RL 60ml/hr							0	
	10:00 am		NBM								0	
	11:00 am		NBM + sips of water								0	
	12:00 pm		icecream								1	Anetta
	01:00 pm										1	
Total Intake :						Total Output :						
27/6	02:00 pm		icecream								1	
	03:00 pm		coconut water							✓	1	
	04:00 pm		Juice								1	Anetta 27/6 @4pm
	05:00 pm		icecream								1	
	06:00 pm									✓	1	
	07:00 pm										1	
Total Intake :						Total Output :						
27/6	08:00 pm											
	09:00 pm		icecream							✓		
	10:00 pm											
	11:00 pm			60ml								Vaishnavi 28/6/16 @2AM
	12:00 am			60ml								
	01:00 am			60ml								
Total Intake :						Total Output :						
28/6	02:00 am			60ml								
	03:00 am			60ml								
	04:00 am											
	05:00 am											Vaishnavi 28/6/16 @8AM
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output :						

Noted by Anetta 28/6

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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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: ICU 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		Nil				☐ 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 Prashanthi

Date & Time : 27/6/26 @ 8 PM

Nurse Name & Signature:

Date & Time : 27/6/26 @ 8:30 PM

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : NASIVION-P NASAL SPRAY

Dose	Route	Frequency	Start Dt.
1puff	PN	12th hourly	27/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions:

Date / Time	27/6	28/6
6 am	ESW	
6 pm	Gap	

Daily Doctor's Endorsement by a Sign

DRUG : NACLEAR SALINE DROPS

Dose	Route	Frequency	Start Dt.
2drops	PN	8th hourly	27/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: each nostril

Date / Time	27/6	28/6
6 am	ESW	
2 pm	Gap	
10 pm	ESW	

Daily Doctor's Endorsement by a Sign

DRUG : Syp. BEVON

Dose	Route	Frequency	Start Dt.
5ml	PO	Once daily	27/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: MULTIVITAMIN

Date / Time	27/6
6 pm	Gap

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY: N

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

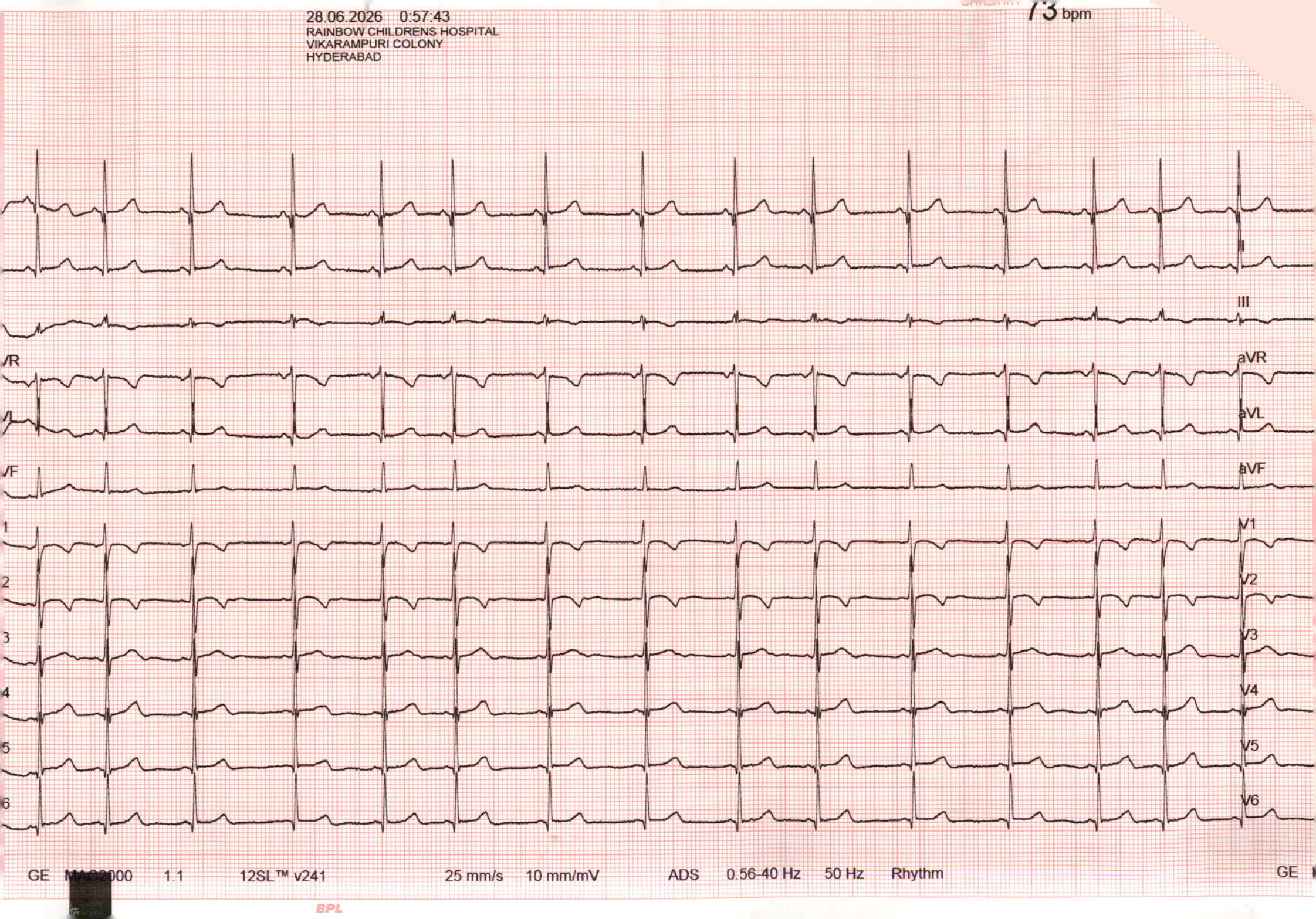
DRUG :				Date ➤ / Time ▼														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

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

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

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

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


28.06.2026 0:57:43
RAINBOW CHILDRENS HOSPITAL
VIKARAMPURI COLONY
HYDERABAD
73 bpm
I
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz Rhythm
GE

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DRUG CHART

Date of Admission: 23/6/26 Drug Allergies: NKA ☐ 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:				

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

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Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

I.V. FLUIDS CHART

Weight. 26.2kg. Ward. .....

		Composition of I.V. Fluid sion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/6/26	9:30AM	RINGER LACTATE	IV	260ml/HR	B		27/6/26	B	
28/6	11:20 pm	DNS (FULL M)	IV.	60ml/hr			28/6/26		

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

VIH-00201838 IP-00060498
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16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

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

	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
~~27~~/6/26	9:30AM	SUPP. DICLOFENAC	25MG	P/R	B dr	Rakesh Nurse
27/6/26	9:40AM	INJ. CEFOTAXIME	1GM	IV	B dr	Rakesh Nurse
27/6/26	9:50AM	INJ. PARACETAMOL	600MG	IV	B dr	Rakesh Nurse
27/6/26	9:30AM	INJ-DEXAMETHASONE	2.5MG	IV	B dr	Rakesh
27/6/26	9:30AM	INJ-TRANEXAMIC ACID	600MG	IV	B dr	Rkt

VERIFIED BY : Name Signature

VIH-00201838 IP-00060456
Master BANOTH MOKSHITH
16-04-2019 7 Y 2 M 11 D (M)
Dr. VIDYASAGAR DUMPALA

REGULAR PRESCRIPTIONS Weight. 26.2kg. Ward. .....

DRUG : SYP. TAXIM-O (CEFIXIME)

Dose	Route	Frequency	Start Date
5ml	PO	12th hourly	27/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: 5ml = 100mg
5mg/kg/dose
x 1 week

Daily Doctor's Endorsement by a Sign

Date	Time		
27/6	10 am		
	10 pm	ESW	

DRUG : SYP. PARACETAMOL

Dose	Route	Frequency	Start Date
5ml	PO	8th hourly	27/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: ~~x 3 days~~
5ml = 240mg
10-15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	Time		
27/6	6 am	ESW	
	2 pm	Gayatri	
	10 pm	ESW	
28/6	6 am	ESW	
	2 pm	Gayatri	

DRUG : SYP MUCAINE GEL

Dose	Route	Frequency	Start Date
3ml	PO	8th hourly	27/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time		
27/6	6 am		
	2 pm	Gayatri	
	10 pm	ESW	
28/6	6 am	ESW	

DRUG : SYP. RELENT PLUS

Dose	Route	Frequency	Start Date
2.5ml	PO	12th hourly	27/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: x 1 week

Daily Doctor's Endorsement by a Sign

Date	Time		
27/6	6 am		
	6 pm	Gayatri	
28/6	6 am	ESW	

ESTIMATION SLIP

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

Date : 23/01/26 UHID/IP No.: VIH - 201838 Sl. No.: 29106

Name of Patient : Mast Banoth Mokshith Age : 8y Gender : M

Father's / Husband's Name : Mr. Yakub Corporate/Occupation :

Address: Phone : 8897415356 Email :

Procedure/Plan: Adenotonsillectomy Myringotomy + grommet DOS :

MODE OF PAYMENT : ☐ SELF ☑ TPA : Vidal ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges	6,000	✓	12 Noon	to					
Doctor's Fee	2000	✓	12 Noon	Billing					
Tax	8,000								

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T Charges	1,66,000/-	
O.T Consumables	8,000/-	Subject to approval by TPA/Insurance Company
Instrument Charges	8,000/-	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations		As per actual – Not Included In Estimation

Equipment Charges				
	Monitor : 1,500/-	Oxygen:	Infusion Pump/Syringe Pump: 900/-	
	Ventilator	Conventional:	HFO-SLE 5000:	HFO-Sensormedix:
	Phototherapy	Single Surface:	Double Surface:	Triple Surface:

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual – Not Included In Estimation
Package	NHA - 1,500/- IPF - 1,500/- MED - 2,500/- Diet - 1,000/day
Others	Consultant 2 Tds/day, Evac probe - 2700/-
Initial Minimum Deposit	25,000/-

REMARKS :

1. Estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I Banoth Yakub have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor