

**ACT BILLING**

VIH-00205649 IP-00060243  
Master LAKSHITH POREDDY  
19-03-2018 8 Y 2 M 17 D (M)  
Dr. JYOTI BOTHERA

Name: \_\_\_\_\_  
UHII: \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept: pediatrics

Date of Admission: 5/6/26 Time: 5:57pm Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: 113 Ward: 1st floor Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
5/6/26	@ 7:00pm	ER	113	<i>[Signature]</i>
6/6/26	12:20pm	1st floor	OT	<i>[Signature]</i>
6/6/26	2:45pm	OT	113	<i>[Signature]</i>

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
5/6/26	Iv Placement	1	3087520	<i>[Signature]</i>
5/6/26	PAC	1	3087270	<i>[Signature]</i>
<i>Cross checked by Saluja 6/6 @ 4:40pm</i>				

**ANY OTHER INFORMATION**

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward <i>Saluja 6/6 @ 4:40pm.</i>	Billing Assistant	Billing Supervisor
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VIH-00205649 IP-00060243  
Master LAKSHITH POREDDY  
19-03-2018 8 Y 2 M 18 D  
Dr. JYOTI BOTHRA



### SURGERY DETAILS

Date : 6/6/26  
 Patient Name: Mast. Lakshith. P Date of Birth: 19/3/18 Age: 8yrs  
 Gender: Male Ward: 09 UHID No.: 205649  
 Date of Surgery: 6/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
 Name of the Surgery : (2) High ligation of sac

Time in : 1:20pm Time Out : 2:10pm

	NAME	AMOUNT
1. Surgeon	Dr. Jyoti Bothra	OT-charges
2. Anaesthetist	Dr. Madhav	
3. Assistant Surgeon		
4. OT Technician	Tech. Rakesh	
5. Circulating Nurse	Sr. Mani	
6. Assistant Nurse	Sr. Bharani	

- Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3087517/16

Order by: Rotary



# CONSUMABLES

OF OT <sup>1</sup>  
High Ligation

VIH-00205649 IP-00060243 Age : .....

Master LAKSHITH POREDDY

19-03-2018 8 Y 2 M 18 D

Dr. JYOTI BOTHRA



Time : 06/06/20

Circulating Staff : Mamika Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit. K		
LMA			Sutures 2437	1		Cord Clamp		
ECG leads : A/P/N			9915	1		Suction Catheter		
HME filter : A/P/N				2		Feeding Tube		
Syringe 10 cc		5	Photo gown	2		Vaccum Suction Set		
05 cc		4	Gloves PFB	2		Surgical Gloves		
02 cc			Sgl-6	1		Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade 15 no	1		Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		2/1	Koochies					
O <sub>2</sub> mask (A)		1	Ointments					
midax		1	Suction Catheter					
Fentanyl vein-o-line (com)		1	Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol		2	Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel Allesorb					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%		2	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Jyoti Bothra Anaesthesiologist Dr. Madhav Nurse Dr. Bhavani OT Technician  
 Order No. : 3087503 Ordered by : Ratan

**INPATIENT ISSUES AGAINST ORDERS**



<b>IP No</b>	IP-00060243	<b>Ward</b>	N 1F-FIRST FLOOR
<b>Patient Name</b>	Master LAKSHITH POREDDY	<b>Bed Name</b>	TSH 113
<b>Age/Sex</b>	8 Y 2 M 18 D / Male	<b>Order No</b>	0003087503
<b>Date</b>	06/06/2026 14:38	<b>Prescription No</b>	PRIP-1290116
<b>Payor</b>	HDFC ERGO GENERAL INSURANCE CO LTD	<b>Dispensed Date</b>	06/06/2026 15:21
<b>UHID</b>	VIH-00205649		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	2	60.23	120.46
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	5	28.13	140.65
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
5	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
6	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	7	10.00	70.00
7	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
8	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
9	JUSTIN SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
10	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	2	69.10	138.20
11	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
12	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
13	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	7219O38	06/30	2	16.14	32.28
14	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
15	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
16	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
17	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
18	SURGICAL BLADE 15	Surgeon	GENERAL	160625	05/30	1	7.67	7.67
19	UNDERPADS 60X90 BUTTERFLY			40RW40CS15	03/28	1	140.00	140.00
20	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D010315	03/31	1	464.00	464.00
21	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J C1		TT5035	04/30	1	663.00	663.00
22	VICRYL RAPIDE 5-0 9915W	ETHICON SUTURES-J&J C1		AW6665	04/30	1	885.00	885.00
<b>Total :</b>							<b>4,512.60</b>	<b>5,473.27</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Pa ✓	30600 1-
Nov ✓	- 5229
Dec ✓	- 1000 1-
Jan ✓	- 1000 1-
Feb ✓	- 1700 1-
D:ct (850 x 2) ✓	- 1600
MAR ✓	
<u>July</u>	- 5906
	<hr/>
	41,719

8229  
411

ADMISSION SHEET

Registration Details :



Admission No : IP-00060243

Admit Date : 05-Jun-2026

Admit Time : 05:57 PM UHID : VIH-00205649

Patient Details :

Patient Name : Master LAKSHITH POREDDY

Age : 8 Y 2 M 17 D

Guardian : Mr SRINIVAS

DOB : 19-03-2018

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : Adilabad h no 9-80/1, teachers colony  
Adilabad Adilabad Telangana INDIA 504001

Phone No : 9885577174/ 9885577174

E-mail : Srinivasaporeddy1986@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 SRINIVAS

Relationship : Father

Contact Address :

Phone No : 9885577174 / 7659067174

*Srinivas*  
Signature

Doctor Details :

Doctor Name : Dr. JYOTI BOTHRA

Specialisation : PEDIATRIC SURGERY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : HDFC ERGO GENERAL INSURANCE  
CO LTD

Patient Name : Mast. LAKSHITH POREDDY UHID : VIH-00205649 IPD : IP-00060243 Gender : Male Age : 8 Y 2 M 17 D

VIH-00205649 IP-00060243  
 Master LAKSHITH POREDDY  
 19-03-2018 8 Y 2 M 17 D (M)  
 Dr. JYOTI BOTHRA



wt - 29.7kg  
 ht - 131cm



**EMERGENCY ROOM TRIAGE FORM**

Patient's Name : Mast - Lakshith Age : 8 yrs Gender:  Male  Female

Date : 5/6/20 Time of Arrival : 5:54pm

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: 98.6°F PR: 120b/m BP: 113/67(a2) RR: 26b/m SpO<sub>2</sub>: 99%

Chief Complaints: Left high ligation of Sac

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<b>INITIAL PHYSIOLOGICAL STATUS</b> <input type="checkbox"/> Stable <input type="checkbox"/> Unstable: <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 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

Sonika  
 Signature of Parent / Guardian  
 Triage Completion Time : 5:54pm

**Communicable Disease Triage Screening**

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

- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
- Have you had cough or a rash in the past 2 weeks  Yes  No
- 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

- 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: .....
- 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 : Suvarna  
 Date & Time : 5/6/20 @ 5:54pm

Signature of Triage Nurse : [Signature]

1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960

Patient Name : Mast. LAKSHITH POREDDY UHID : VIH-00205649 IPD : IP-00060243 Gender : Male Age : 8 Y 2 M 17 D

VIH-00205649 IP-00060243  
 Master LAKSHITH POREDDY  
 19-03-2018 8 Y 2 M 17 D (M)  
 Dr. JYOTI BOTHRA




**NOTHING INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 5/6/2018 Time of arrival : 5:55pm  
 Chief Complaints : left high ligation of sac RBS: -  
 Height : 131cm Weight : 29.7kg 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 -

<p><b>RISK FOR FALL:</b></p> <p><input type="checkbox"/> If patient is &lt; 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is &gt; 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li>Escort while ambulating <input type="checkbox"/></li> <li>Assist Patient <input type="checkbox"/></li> <li>Educate patient and family on fall precautions/prevention <input checked="" type="checkbox"/></li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Mobility Problem <input type="checkbox"/></li> <li>Walking Problem <input type="checkbox"/></li> <li>Developmental Delay <input type="checkbox"/></li> <li>Musculoskeletal Congenital Abnormality <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Underweight <input type="checkbox"/></li> <li>Overweight <input type="checkbox"/></li> <li>Feeding Problem <input type="checkbox"/></li> <li>Special diet <input type="checkbox"/></li> <li>Special feeding method <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p>
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**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 : 5:58pm

Patient Name : Mast. LAKSHITH POREDDY UHID : VIH-00205649 IPD : IP-00060243 Gender : Male Age : 8 Y 2 M 17 D

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

Time	Nursing Notes
5:50 PM	⇒ patient come to ER
5:54 PM	⇒ vital's checked and Recorded
5:52 PM	⇒ Dr. vishwaja seen the patient & Advised Admission
5:57 PM	⇒ Admission done
6:30 PM	⇒ ZV cannulation done & Sample collected and send to lab
7:00 PM	⇒ Patient Shift to ward

Samples collected by: Sr. Hemq

Time: @ 6:30 PM

Samples sent by: Sr. Rajyalaxmi

Time: @ 6:35 PM

**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 120b/m BP: 113/62(70) FT: 73sec	Shift - out from ER to: 113
RR: 26b/m SPO <sub>2</sub> : 99%	Time of Shift - out: 5/6/26 @ 7:00 PM
GCS: - Temperature: 98°F	Handover given to: Sr. Manisha
Pain Score: -	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

ZV cannulation done

Name of the Nurse : Anitha

Signature of the Nurse : 

Date & Time : 5/6/26 @ 7:00 PM



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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

VIH-00205649

IP-00060243

Master LAKSHITH POREDDY

19-03-2018 8 Y 2 M 17 D (M)

Dr. JYOTI BOTHRA





### Pediatric Multiorgan History & Physical Examination

Name : lakshith poredy Age/Sex \_\_\_\_\_  
Information given by: mother, father Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

clo swelling in (L) scrotal region  
since 1 month.

#### History of present illness :

child presented with clo swelling in  
left scrotal region since 1 month  
↓

on evaluation - (L) hydrocele +  
hernia (fluid hernia)

L/E - Testis +T  
↓

admitted for (L) high ligation of sac.

17/03/2018



### Pediatric Multiorgan History & Physical Examination

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO n sign/symptom

**Birth & Neonatal History:**

\_\_\_\_\_

Term / LSCC (cord around neck) / perinatal asphyxia / admission for Jaundice

\_\_\_\_\_

\_\_\_\_\_



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

\_\_\_\_\_

} class III

**Developmental History :**

Appropriate for age in all 4 domains

\_\_\_\_\_

\_\_\_\_\_

**Immunization History :**

Unvaccinated upto date

\_\_\_\_\_

\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

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

Weight (kgs) 29.9 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.6°F Pulse Rate : 120/min B.P. 113/67 SPO2 99%

Resp. rate and type of breathing : 26/min

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊕ Swelling in left scrotal area

Allergies (if any) : =

#### Respiratory System :

Inspection (any s/o distress) : B/L symmetrical chest movements

Air entry & breath sounds : RAE ⊕

Any addes sounds : NO.

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

#### Cardiovascular System :

Inspection of procordium : ⊖

Heart Sounds : S1S2 ⊕

Any murmur : NO

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

#### Per Abdomen :

Inspection ⊖

Palpation : SOFT

Ausculation : Bs ⊕

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

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



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

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

Cranial Nerves : Intact

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power 4/5 all limbs

Co-ordinator : \_\_\_\_\_

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

Involuntary Movements : NO

Reflexes : +

DTR +2

Superficials:

Plantars flexor.

Sensory System : +

Bladder / Bowel : NO incontinence

#### Clinical Summary & Diagnostic:

(LH) Hydrocele + hernia (fluid hernia)

↓  
admitted for (left) high ligation of sac.



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment : To treat current condition.

**Planned Labs:**

PAC - done  
 CBP.

**Planned Management**

- 1) NPO from 6:30 AM morning
- 2) Shift to OT. 7pm on call

NPO for solids from 6:30 morning  
liquids from 10 AM morning } Tomorrow.

Noted by  
Dr. Hema  
5/6/26 @ 6:10 PM

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Vishwaja

Date & Time: 5/6/26 6pm

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Jyoti Bothera

Date & Time: .....



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>6/6/26</u>	Sp 2 of 2 of clo @ high ligation of sac Stable	
	<u>Adv</u> X PCM 300mg before discharge	
	R	Noted by Alcausha 6/6/26 @ 4 PM



**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Master LAKSHITH POREDDY

**Age :** 8 Y 2 M 17 D

**IP No:** IP-00060243

**Sex:** Male

**Consultant:** Dr. JYOTI BOTHRA

**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 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:.....) *Srinivas*

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:

*Srinivas*

Name: *Srinivas*

Relationship: *Father*

Date: *5/6/26*

Time: *5:57pm*

Witness Name: *Ekam*

Witness Signature:

Patient Address:

Adilabad h no 9-80/1, teachers colony  
Adilabad Adilabad Telangana INDIA  
504001

**OPERATION THEATER NOTES**

<b>Patient's Name : Master LAKSHITH POREDDY</b>	<b>Age : 8 Y 2 M 18 D</b>	<b>Gender : Male</b>
<b>UHID : VIH-00205649</b>	<b>I.P. NO. 00060243</b>	<b>WEIGHT : 29.7 Kg</b>
<b>Surgeon : Dr.. JYOTI BOTHRA</b>	<b>Asst surgeon : Dr</b>	
<b>Anaesthetist : Dr Madhav</b>	<b>OT Nurse : S/N</b>	
<b>Surgical Procedure :.Left High ligation of sac</b>		
<b>Indications for Surgery : Left Hydrocele</b>		
<b>Anaesthesia -GA</b>		
<b>OPERATIVE NOTES:</b> <b>Findings: Left fluid filled processus vaginalis</b> <b>Procedure notes:</b> - Left mid inguinal lower crease incision - EOA opened - Sac delineated from vas and vessels and divided, omentum as content-reduced - Proximal end ligated and transfixed - Incision closed in layers		
<b>DISCHARGE ORDERS:</b> 1. Diet as advised. 2. Remove dressing after 3 days and daily bath 3. Syp. Crocin-DS (5ml/240mg) 5ml BD for 2 days and then SOS for pain/fever > 100°F (maximum 6th hourly). 4. Kindly consult Dr. Jyoti Bothra, Consultant Pediatric Surgeon & Urologist, after 1 week in OPD with prior appointment & do follow up with Dr k. Shiva Kumar(This consultation will be charged).		

**Consultants Surgeon's Name**

Dr. JYOTI BOTHRA

**Date :**

6/6/26

**Consultant Surgeon's Signature**

**Time :**

2:30pm

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Master lakshith Ponreddy Age: 6y 2m Sex: m UHID.No: VH-00205649  
 Date: 5/6/26 Time: 4:15pm Proposed Operation: left high ligation of sac  
 Diagnosis: left hydrocele  
 B.P / CRT: 113/69 mm Hg H.R: 120bpm Weight: 29.7kg 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: .....	Stress/Anglo: .....
PT: .....	K: .....	LDH: .....	T3: .....	Other: .....
PTT: .....	Ca++: .....	Alk phos: .....	T4: .....	
INR: .....	Mg++: .....	Amylase: .....	TSH: .....	
	Cl-: .....	SGOT/SGPT: .....		

Allergies: NEKA.

Medical History: CVS: PT, LSCS, Bwt: 2.5kgs, CIAB, No ICU admissions  
 RESP: Diabetes: Development - (N) & Vaccinated till date.  
 CNS: Development - (N) & Vaccinated till date.  
 Renal: nil significant.  
 Hepatic / GE: Physical Activity: Active child.  
 Others: Active child.

Past Anaesthetic History: nil

**Physical Exam:**

Airway: M 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact  
 Lungs: B/L AE (P) clear  
 Heart: S1S2 (P)  
 CNS: NAD.

Pregnant:  Yes  No  NA Venous Access Site: accessible Spine Exam for regional: lumbal space not felt.

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

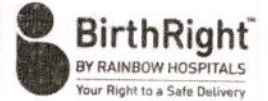
CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**  
 1. DVT Prophylaxis :  
 2. NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right\}$  Explained.  
 3. Informed Consent:  Standard  High Risk  
 4. Post Operative Pain Management:  Discussed with Patient  
 5. Other Instructions: CBP after cannulation.

Signature: B. Brunda Name: Dr. Brunda



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 115/min B.P / CRT: 89/64 SpO<sub>2</sub>: 100% R.R: 22/min Last Feed: 7 hr

Pre-OP Diagnosis: (H) Hydrocele Operation: (H) High ligation of sac Date: 6/6/20

Surgeon: Dr. Jyoti Bothra Anaesthesiologist: Dr. MP/Dr. MH Technician: Ralcehi

TIME	N <sub>2</sub> O / AIR / O <sub>2</sub> LPM	HALO / SO / SEVO	Drugs	Antibiotics	Suppository	Blood Loss	NOTES
11:20 pm			PROPOFOL 100mg IV				Vyshanika
11:25 pm			MIDAZOLAM 1mg IV				
11:30 pm			FENTANYL 40mcg IV				Diclofenac 25mg PR
11:35 pm			PARACETAMOL 400mg IV				
	FiO <sub>2</sub> / SaO <sub>2</sub>						
	ETCO <sub>2</sub>						
	ECG						
	Temperature						
	Urine Output						

LAB Values

ABG

CRP

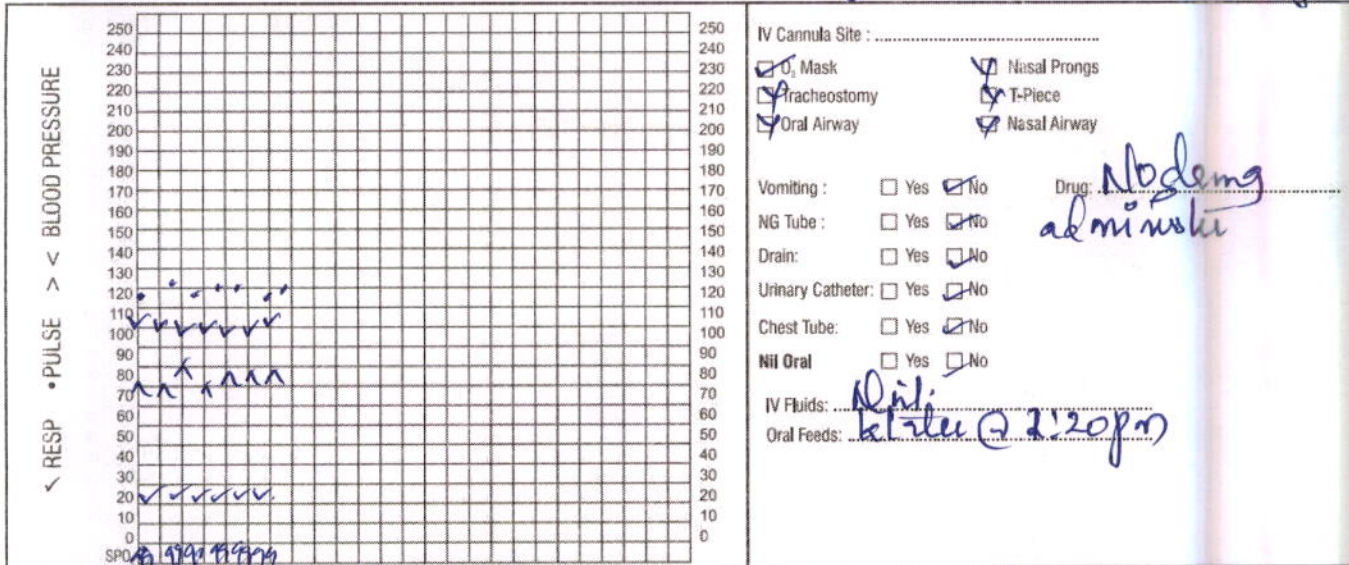
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>UL</u> <input checked="" type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>-3 leads</u> <input checked="" type="checkbox"/> Temp Site: <u>lum</u> <input checked="" type="checkbox"/> FiO <sub>2</sub> Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	<b>Temp:</b> <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other <b>Times:</b> Anaes Start: <u>11:20 pm</u> OP Start: <u>11:30 pm</u> OP End: <u>12:10 pm</u> Leave OR: <b>Anaesthesia:</b> <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional <b>Line (Size &amp; Location)</b> <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>20g Rail</u> <input type="checkbox"/> IV:	<b>Induction</b> <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Nasal ETT# ..... at ..... cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# ..... Attempts: ..... Difficulty Why? ..... <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	<b>Regional:</b> Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Caudal Others: Position: <u>left lateral decubitus</u> Site: <u>sacral hiatus</u> Needle Size: <u>27g</u> Depth: Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin ..... cm Drug Name & Conc: <u>0.25% Bupivacaine</u> Bolus: <u>1 dose</u> Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Ramesh</u> Signature of the Doctor: <u>[Signature]</u>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : S. Prabhona Time Received : 2:15pm Time Discharged : 2:40pm



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 ACTIVITY	1	2	2	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 = 2 Dyspnea or limited breathing = 1 Apneic = 0 RESPIRATION	2	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 CIRCULATION	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR	2	2	2	2	2	
TOTAL	9	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/6/20	2:15 pm	0 score	-	<u>[Signature]</u>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : Dr. Himel Bhatia / Dr. Mohan  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: 6/6/20 @ 2:15pm  
 PACU Nurse Name : S. Prabhona  
 PACU Nurse Signature: [Signature]  
 Date & Time: 6/6/20 @ 2:15pm

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

Transferred to Unit by (PACU): S. Prabhona  
 Date & Time: 6/6/20 @ 2:15pm



VIH-00205649 IP-00060243  
 Maater LAKSHITH POREDDY  
 19-03-2018 8 Y 2 M 17 D (M)  
 Dr. JYOTI BOTHRA



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

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 7 9 11 1 3 5 7

Doctor / Nurse / Family Concern? pm pm pm Am Am Am Am

5/6/20

Temperature (°F)	104						
	103						
	102						
	101						
	100	98.6	98.8	99.0	99.1	99.2	99.3
	99						
	98						
	97						
	96						
	95						
	94						

Heart Rate (bpm)	190						
	180						
	170						
	160						
	150						
	140						
Blood Pressure (mmHg) *	130						
	120						
	110						
	100						
	90						
	80						
	70						
	60						
	50						
Heart Rate (Number)		102	101	99	87	101	113

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
Resp Rate (Number)		27	26	25	22	23	22

Resp Distress	Mod/ Severe						
	None / Mild	N	N	N	N	N	N
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)		99	98	98	99	98	99
Conscious Level	Normal	N	N	N	N	N	N
	Altered						
GCS *		15	15	15	15	15	15

<b>TOTAL SCORE</b>							
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		W	P	S	S	S	S

**ACTIONS**

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

VIH-00205649 IP-00060243  
 Master LAKSHITH POREDDY 8 Y 2 M 17 D (M)  
 19-03-2018  
 Dr. JYOTI BOTHRA



FRM / CLINICAL / 126

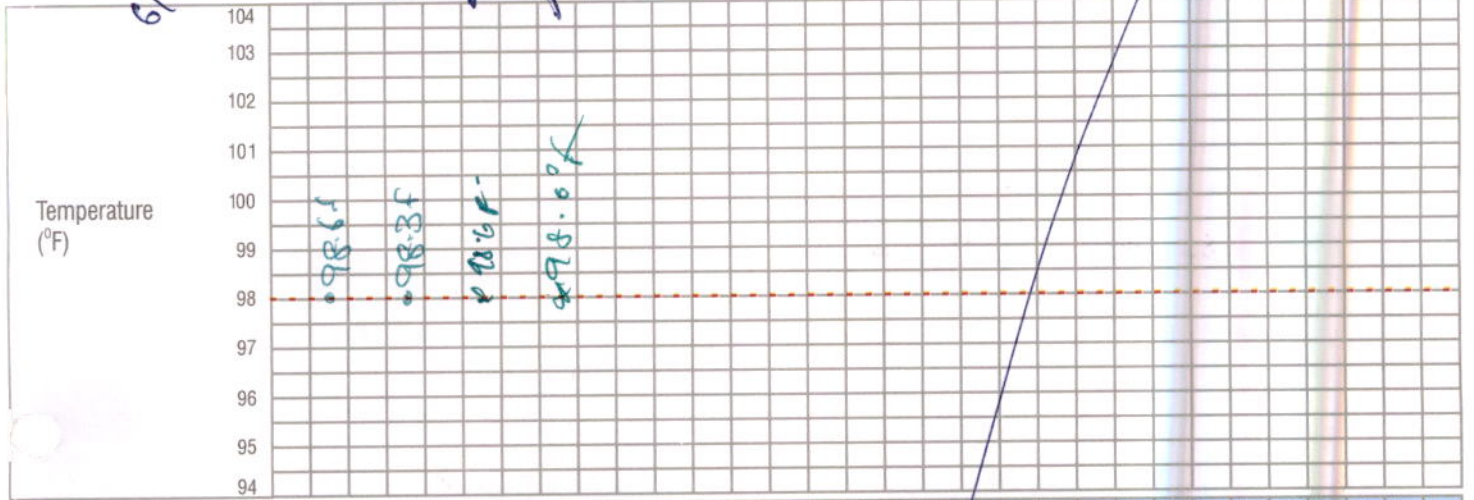
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 9 11 1 3

Doctor / Nurse / Family Concern? AM AM PM PM



Heart Rate (bpm) and Blood Pressure (mmHg) *	9 AM	11 AM	1 PM	3 PM
Heart Rate (Number)	110	112	98	102
Blood Pressure (mmHg)		110/70	110/70	110/70

Resp. Rate (bpm) (Over 1 Minute) *	9 AM	11 AM	1 PM	3 PM
Resp Rate (Number)	20	25	21	25

Resp Distress	Mod/ Severe	None / Mild	9 AM	11 AM	1 PM	3 PM
Receiving O <sub>2</sub> (l/min)			0	0	0	0
O <sub>2</sub> Saturations (%)			98	92	98	95
Conscious Level	Normal	Altered	N	N	N	C
GCS *			15	15	15	15

TOTAL SCORE	9 AM	11 AM	1 PM	3 PM
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	BT	RT	BT	BT

**ACTIONS**

Score 1 : Continue normal observation by staff nurse  
 Score 2 : Shift in charge nurse to be informed and continue hourly observations  
 Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.  
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<b>B</b>	<b>BACK GROUND :</b> 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)
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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205649 IP-00060243  
 Master LAKSHITH POREDDY  
 19-03-2018 8 Y 2 M 17 D (M)  
 Dr. JYOTI BOTHRA



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
5/6/20	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm		Kidney										
	<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm												
	09:00 pm		Mosa. tablet							✓			
	10:00 pm												
	11:00 pm												
	12:00 am									✓			
	01:00 am												
	<b>Total Intake :</b>						<b>Total Output :</b> 2 hrs						
	02:00 am												
	03:00 am									✓			
	04:00 am												
	05:00 am												
	06:00 am		Hand water	65ml						✓			
	07:00 am			65ml						✓			
	<b>Total Intake :</b>						<b>Total Output :</b> 2 hrs						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							
						4 hrs							







**REGULAR PRESCRIPTIONS**

Weight. 29.7 kg Ward. 113



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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

**VARIABLE DOSE**

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/6	11:40 pm	Inj. PARACETAMOL	450mg	ZV	[Signature]	Relish
6/6	11:40 pm	DICLOFENAC Supp.	25mg	PR	[Signature]	Relish mgis

Signature  
VERIFIED BY : ivarjie

