INSURANCE COPY

Name	Master K MUDITH	**UHID**	VIH-00206301
Father/Guardian	Mr K H K SHIVA PRASAD	**Age/Gender**	17 Y 4 M 17 D/Male
Address	HNO-1-1-144 BHAVANI NAGAR ,NEAR ANUTEX SHOW ROOM, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060499	**Admission Date**	27-06-2026
Ref Doctor		**Discharge Date**	28-06-2026

DISCHARGE SUMMARY

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

Diagnosis: Adenotonsillitis

S/P- Coblation assisted adenoidectomy + tonsillectomy under GA done on 27.06.2026.

History: Master K MUDITH is a 17 Y 4 M 17 D boy presented with history of recurrent inability to breath, mouth breathing, recurrent cold and cough, frequent waking spells. For the above complaints, he was admitted at Rainbow Children's Hospital for surgery.

Examination: He was afebrile, maintaining saturations at room air and hemodynamically stable. Heart rate was 80/min, blood pressure 110/70 mmHg and respiratory rate - 20/min. Grade-III Tonsils + Grade-III adenoids present.

Weight on admission : 89.2 kgs.

Management: He was admitted in the ward.

Name	Master K MUDITH	UHID	VIH-00206301

Procedure : Coblation assisted adenoidectomy + tonsillectomy under GA done on 27.06.2026

Findings:
- Grade-3 tonsils
- Grade-3 adenoids

Operative Notes :
- Child placed in rose position, mouth gag applied and secured to bipod stan.
- Coblation assisted adenoidectomy done.
- Coblation assisted tonsillectomy done.
- Hemostasis ensured.

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. Tablet Taxim-O (200mg), 1 tablet, 12^{th} hourly (after food) for 7 days.
3. Tablet Calpol (500mg) 1 tablet, 12^{th} hourly (after food) for 5 days.
4. Syrup Mucaine gel, 5ml, 8^{th} hourly for 7 days.
5. Syrup Relent Plus, 5ml once daily for 7 days.
6. Syrup Bevon, 5ml once daily for 1 month.
7. Nasivion Nasal Spray, 1 puff in each nostril, 12^{th} hourly for 7 days.
8. Nasoclear nasal spray, 1 puff in each nostril, 8^{th} hourly for 7 days.
9. Kindly consult Dr. Dr. Vidyasagar Dumpala, Consultant ENT Surgeon, after 7 days in OPD with prior appointment.

Name	Master K MUDITH	UHID	VIH002D6301

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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 : K. Pratima

Signature : Pratima 27/6/26

Relationship with patient : Mother

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

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ACTIVITY RI

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Name: ---------

UHID No : -----

----- Consultant : ---------- Dept : LR2

Date of Admission : 27/6/26 Time : 8:31 Am Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	9:45Am	LR2	OT	
27/6/26	12:50 Pm	OT	131	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	EVAC Probe	10:50 AM	11:20 AM	8095172	[illegible]
	Cross checked by [illegible] 28/6/26.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	Iv placement	(1)	309536	
	PAC done	(1)	3095080	
	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.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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Patient Name

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				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery	1	—	—	
11	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	1	—	—	
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	—	—	
26	Intake and Output chart (fluid Chart)	1	—	—	
27	Drug Chart (Regular prescription)	2	—	—	
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	42	—		

Noted by
Benvilca
28/6
@Sam

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

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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-00060499 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:31 AM **UHID** : VIH-00206301

Patient Details :

Patient Name	: Master K MUDITH	**Age**	: 17 Y 4 M 17 D
Guardian	: Mr K H K SHIVA PRASAD	**DOB**	: 10-02-2009
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-1-1-144 BHAVANI NAGAR ,NEAR ANUTEX SHOW ROOM Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9391012397
		E-mail	: NA@GMAIL.COM

mission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr K H K SHIVA PRASAD **Relationship** : Father

Contact Address : HNO-1-1-144 BHAVANI NAGAR ,NEAR ANUTEX SHOW ROOM Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9391012397 / 9849272909

Signature

ıctor Details :

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

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

wt:- 89.4kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master- mudith Age : 17 Gender: ☑ Male ☐ Female

Date : 27/6/26 Time of Arrival : 8:26Am

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: 98.6F PR: 79b/m BP: 115/68(88) RR: 20b/m SpO2: 99%

Chief Complaints: patient come for surgery Adenotonsillectomy

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:30Am

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 @ 8:30Am

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/6/26 Time of arrival : 8:31Am

Chief Complaints: patient come for surgery Adeno tonsillectomy _ RBS: .....

Height : — Weight : 89.2 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 family

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

Time of Initial assessment completed by ER Nurse : 8:35Am

Patient Name : Mast. K MUDITH UHID : VIH-00206301 IPD : IP-00060499 Gender : Male Age : 17 Y 4 M 17 D

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

Time	Nursing Notes
8:26Am	✱ patient came to ER
8:30Am	✱ vital Checked & Recorded
8:34 Am	✱ Doctor seen the patient Adviced Admission
8:38Am	✱ Admission Process done
	✱ IV placement done
	✱ last feed :- 8:00 pm
	✱ last water :- 8:00 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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 79b/M BP: 113/66(76) CFT: 3sec	Shift - out from ER to: OT
RR: 19b/M SPO_2 : 100%	Time of Shift - out: 27/6/26 @ 9:48Am
GCS: 15/15 Temperature : 98.2°F	Handover given to: Sr. Jyothi
Pain Score: 0	(Nurse's Name) By - Sr. Nagamani
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sr. nagamani Signature of the Nurse :

Date & Time : 27/6/26 @ 9:48Am

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206301 IP-00060499 Master K MUDITH 10-02-2009 17 Y 4 M 17 D (M) Dr. VIDYASAGAR DUMPALA	27/6/26 @ 8:30 Pm	27/6/26 @ 9:45 Am
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Surgery
From Unit ER	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
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. Nagmani	Dr. Prashanthi

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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SURGERY DETAILS

Date : 27/6/26

Patient Name: Master. K. Mudith Date of Birth: 10/2/2009 Age: 17yos

Gender: Male Ward : OT UHID No.: 0206301

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. + CA.

Time in : 10.40 Am Time Out : 11:30 Am

		NAME	AMOUNT
1.	Surgeon	DR. Vidya Sagar.	Cobulator charges
2.	Anaesthetist	DR. Himabindu.	3095172 Order No
3.	Assistant Surgeon	DR	10:50 Am to 11:20 Am
4.	OT Technician	BR Rakesh	
5.	Circulating Nurse	SR Jyothi	
6.	Assistant Nurse	SR Vanitha	

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: 3095157 Order by: SR Jyothi.

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Patient Name: _____ _____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Name : mudith Age/Sex 17y/male

Information given by: Mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o mouth breathing & snoring.

History of present illness :

c/o mouth breathing & Snoring.

↓

Adenotonsillar hypertrophy

plated for sx → Adenotonsillectomy.

NPO — 8pm-solids
8am liquids.

No H/o cold, cough, fever.

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

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

H/o Epileptic seizures : 5-6yrs.
↓
last episode 2 weeks back.

Birth & Neonatal History:

Term baby | 3kg | NVD.
CIAB, NO NICU Admission.

Birth & Socio Economic History:

About Father : } Nil
About Mother :
Any additional Information :

Developmental History :

Developmental achieved as per Age in all 4 domain

Immunization History :

Immunised as per Age.

(P.T.O.)

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 89.2 kgs (Centile _____)

On Examination :

Temperature : 97.1 F Pulse Rate : 76b/m B.P. 115/68 SPO2 99%

Resp.rate and type of breathing :

Rash (e)

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds : BILATERAL

Any addes sounds : (e)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2(+)

Any murmur : (e)

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

Per Abdomen :

Inspection (H)

Palpation : P/A: soft

Ausculation :

Spine : (N) External Genitelia : (N)

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

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

PAC-done

Noted by Sr. Kiran (?) 28/6/26 @ 9:20 Am

Planned Management

- N/P/O
- Cannulate the child.
- Shift to OT on call.
- monitor vitals
- Inj (?) (80)

Signature of the Doctor: ....

Name of the Doctor: Dr. Prashanth

Date & Time: 27/6/26

Signature of the Consultant: ....

Name of the Consultant: ....

Date & Time: ....

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 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 : (N)

Tone: (N) Power (R) 5/5 (L) 5/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (-)

Reflexes :

DTR Nrt **Superficials:** Nrt

Plantars flexors

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Adenotonsillar tonsillar hypertrophy.

Posted for Sr—Adenotonsillectomy.

(P.T.O.)

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Adenotonsillectomy

Arrival Time: 12:50pm Mode of Arrival: wheel chair Admitting From: ☐ ER ☐ OPD ☐ Direct OT

Allergy / Adverse Reaction Nil

Body Weight: 89.41 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

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: 89.41kg Length: — Head Circumference (< 2 years): —

Temp.: 98.6°F HR: 90 b/m RR: 19 b/m BP: 102 |62 (49) mmHg

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 08 (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: ..... Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain — Location — Frequency — Duration —

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: ..... (Date/Time): .....

Social History: Lives With ..... parents .....

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

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 ..... parents .....

Nurse's Name: ..... Anelties ..... Date: 24/6/26 Time: @ 1.20pm Signature

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 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 2pm		
	A/U - Adenotonsillitis	
	S/p - coblation assisted	adenoidectomy + tonsillectomy
	U GA on	27/6/26.
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/s - BAE (+)	
	P/A - soft	
		Plan
	1)	soft diet
	2)	Tab Taxim
	3)	Tab PCM
	4)	Syp mucaine gel
	5)	Syp Relent plus
	6)	Syp Bevon
	7)	Nasivion nasal spray
	8)	Nasoclear drops
		Noted By manisha 27/6/26 @ 2pm

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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 K MUDITH
10-02-2009 17 Y 4 M 17 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:

Section	Item						
BACKGROUND	Date / Shift	27/6/26 M	27/6/26 M	27/6 M	27/6/26 E	27/6 Night	
	Medical Condition (Any special condition to be noted):	Nil	Nill	Nil	Nil	Nil	
	Diet:	NPO	NBM	Cold & liquid	Cold liquid	Soft 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	98.4F	98.2F	98.4F	98.6F	
	Res:	20b/m	22 B/M	19 b/m	24b/m	20b/m	
	SpO_2:	99%	100%	99%	99%	99%.	
	Pulse:	79b/m	84 B/M	82 b/m	99b/m	85b/m	
	BP:	115/68(Rs)	116/69mmHg	112/69mmHg	114/78		
	LOC:	Concious	Concious	Conscious	conscious	conscious	
	Fall Risk Score:	9	9	9	9	9	
	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	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	Nil	Nill	Nil	Nil	Nil	
	Critical Lab Test / Values:	Nil	Nill	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	Nill	Nil	Nil	Nil	
	Handed Over By Name :	Nagmani	Br/Arif	Anitha	Manisha	Bhavanika	
	Signature / ID :	A000414	020264	[illegible]	MF900145	B018727	
	Date:	27/6/26	27/6/26	27/6	27/6/26	28/6	
	Time:	@ 9:45Am	@ 12:50Pm	@ 2pm	@8pm	@	
	Taken Over By Name :		Anitha	manisha	Bhavanika	File Send to Billing	
	Signature / ID :		[illegible]	MF900145	B018727		
	Date:		27/6	27/6/26	27/6		
	Time:		@2pm	@2pm	@8pm		

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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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:							

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 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.....
- ☐ 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	2pm	Ensure Safety		→ Side Rails kept up	→ Prevent from fall Risk	Patient is Stable	Anitha 27/6 @2pm
Afternoon	2pm	→ Relieve pain & discomfort		→ Provided Analgesics and cold diet	Reduce pain	Patient is stable	Manjula 27/6 @2pm
Night		→ maintain good Nutritional status		→ To oral Intake is good	Provided soft diet	Patient is stable	Beronika 27/6 @5am
		Discharge Note		Doctor came for rounds and advise for early morning discharge.			

Patient Sticker

NURSING CARE RECORD

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

Goals

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

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

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master K MUDITH**	**Age :**	**17 Y 4 M 17 D**
IP No:	**IP-00060499**	**Sex:**	**Male**
Consultant:	**Dr. VIDYASAGAR DUMPALA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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 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.
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: K.H.K. Shiva Prasad
Relationship: Father
Date: 27/6/2026 Time: 08:31 AM
Witness Name:
Witness Signature:

Patient Address:
HNO-1-1-144 BHAVANI NAGAR ,NEAR ANUTEX SHOW ROOM Malkajgiri Hyderabad Telangana INDIA 500047

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PRE - OPERATIVE CHECLK LIST

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

Date: 27/6/26

Patient's Name :..... Age: 17Y4M Gender : ☒ M ☐ F

Blood Group : ..... I.P. No. : 60499

Proposed Surgery : Adenotonsillectomy Surgeon : Dr. Vidyasagar

Anaesthetist : ..... Date & Time of Operation : 27/6/26

Tick appropriate boxes :

To be filled by Nurse Incharge / Senior Nurse :

S.No.	Instructions	YES	NO
1	Weight checked and recorded? 89.2 kg	☒	☐
2	Is the patient fasting for over 6 hours pre-operatively?	☒	☐
3	Check Pre-OP investigations & Results (CBP, Blood Group, BT, CT, PT/APTT, Viral Screening, CXR etc.) Discuss with Registrar / Consultant	☒	☐
4	Enema given / Bowel Preparation	☐	☒
5	Remove all ornaments, etc and sterile gown given	☐	☒
6	Is Blood arranged as required?	☐	☒
7	If Blood has been ordered - is Blood bag read?	☐	☒
8	IV Cannula to be placed / IV fluids if indicated	☒	☐
9	Pre Anaesthetic consultation with anesthesiologist	☒	☐
10	Pre medications given? (Sedative / etc.)	☐	☒
11	Skin Preparation	☐	☒
12	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operation Surgeon only)	☐	☐
13	Other (if any)	☒	☐

NOTE: If any of above is ticked "No" Discuss with the registrar / Consultant immediately

Date: 27/6/26 Time : 8:40 Am

Sr Jyothi
Signature of Nurse in-charge

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Muditha Age : 17yr Gender : Male ☑ Female ☐

UHID NO: 206301 Surgeon Name: Dr. Vidya Sagar

Anaesthesiologist : Dr. M. Vineetha

Operative procedure planned : Adenotonsillectomy

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 : Dehydration, Bronchospasm, 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 Muditha the above mentioned operation / Diagnostic / Therapeutic procedures Adenotonsillectomy.

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 : K.H.K. Shiva Prasad

Relationship with Patient: Father

Date & Time : 23/6/2026 14:00

Witness :

Signature : .....

Name : K.N. Prathima

Date & Time : 23/6/26 14.00

Doctor (who is taking the consent) :

Signature : .....

Name : DR. M. VINEETHA

Date & Time : 23/06/26.

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vidyasagar. D
Asst. Surgeon :
Anaesthetist : Dr. Brunda
Scrub Nurse : Sr. Vanitha

Age : 17y Gender : M
Name : Adenotonsillectomy

Date : 27/6/26 In-time : 10:40 AM Out-time : 11:35 AM

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 10:30 AM

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

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

Signature : B de
Name : Dr. Brunda
27/6/26.

Before Skin Incision ➤ ➤

TIME OUT Time: 10:40 AM

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm K. Muditth
- 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? 20minutes. 5ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Laryngospasm Dead Recovery Delayed.
- 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 : TYO Thi
Name : TYO Thi

Before Patient Leaves Operating Room

SIGN OUT Time: 11:30 AM

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

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature :
Name : DR D. Vidyasagar

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206301 IP-00060499 Master K MUDITH 10-02-2009 17 Y 4 M 17 D (M) Dr. VIDYASAGAR DUMPALA	27/6/26 @ 8:31 AM	27/6/26 @ 12.50pm
	Transfer Ordered by Dr. Brunda	Reason for Transfer Post operative Care
From Unit OT	To Unit 131	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	O2 Mask	1
3.		
4.		
5.		

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

Dr. Vidyasagare. D

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Br. Asif	Dr. Brunda

Patient & Clinical Records Received by :

Sr. Anitha

Date & Time of Patient Received : @ 1pm

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

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OPERATION NOTES

Surgeon : Dr. D. Vidyasagar	Asst. Surgeon :

Pre-Operative Diagnosis: Adenotonsillitis

Surgical Procedure : Coblation Adenotonsillectomy

Indications for Surgery : Grade 3 Tonsils
Grade 3 Adenoids.

Date : 27/6/26	Start Time : 10:40 AM	End Time : 11:30 AM

Post Operative Diagnosis: -do-

Peri-Operative Complications: — NIL

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 tripod stand. Coblation adenotonsillectomy done. Grade 3 Tonsils Grade 3 Adenoids were present. hemostasis achieved.

Post OP Orders:

— NBM till 2 hrs: followed by liquids & icecreams till evening; Soft diet from Night:

— Tab. TAXIM-O 200 mg 1×BD×1Week
— Tab. CALPOL 500 mg 1×BD×5days
— Syp: MUCAINE GEL. 5ml×TID×1Week
— Syp: PELENT 5ml×OD×1Week
— Syp: REVON 5ml×OD×1month.
— Nasivion nasal Spray 1puff×BD×1Week
— Nasoclear nasal Spray 1puff×TID×1Week.

Name of the Surgeon: DR. D. Vidyasagar

Signature of the Surgeon:

Date & Time: 27.6.22, 11.46 AM

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Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
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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: ER Duration of Procedure : 1 hr

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:	Nagaj
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	Anil
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☐ Oral Or ☑ Tympanic (Goal: 36-37°C)	Anil
4.	Name of doctor or staff administering the antibiotic: ..... Date & Time of antibiotic administration: 27/6/26 Date & Time procedure started: 27/6/26 @ 10:40 AM	Anil

- 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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Your Right to a Safe Delivery

Patient Name : master. k. mudith Gender: ~~Male~~ ☐ Female Age : 1 7 Y P S

UHID No : 02063011604999 Date : 27/6/26

Instruction:

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

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

Coblation Adenotonsillectomy.

upon K. MUDITH

(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.

Pain / Bleeding

My signature on this form indicates that

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

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

Consentee :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : Prasad

Name : K.H.K. Shiva Prasad

Relationship with Patient: Father

Date & Time : 10:26, 27/6/2026

Witness :

Signature : Prakrima

Name : K. Prakrima

Date & Time : 27/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : DR D. Vidyasagar

Date & Time : 27/6/26. 10.20 AM

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

I/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9	10	11	12	1	2	3	5	7	9	12	3	6	8
Doctor / Nurse / Family Concern?							pm	pm	pm	pm	Am	Am	Am	Am

Temperature (°F)

2-7-16/26

98.4F 98.4F 98.4F *98.6°F *98.6°F *98.6°F *98.6°F *98.6°F *98.6°F *98.6°F *98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

98 94 96 — 112/76 (88) — 120/78 (92)

Heart Rate (Number)				100	99	98	75	85	90	100
Resp. Rate (bpm) (Over 1 Minute)	22	22	22							
Resp Rate (Number)				26	27	23	28	20	20	20
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	99	99	100	99	98	99	100	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N
GCS *	0	0	0	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	A	A	A	M	M	M	B	B	B	B

Noted by Renuka 28/6 @ 8am

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.

Patient Sticker

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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)

Master K MUDITH 00000499
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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FLUID CHART

Sheet No. : ....

27/6/26

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							
	08:00 am											
	09:00 am											
	10:00 am	RL	NBM	800ml/hr							0	
	11:00 am	RL	NBM	800 ml/hr							0	
	12:00 pm		water@	11:40 AM							0	[signature]
	01:00 pm											
Total Intake :						Total Output :						
27/6/26	02:00 pm		icecream									
	03:00 pm									✓		
	04:00 pm		Ice cream									
	05:00 pm										0	Manisha 27/6/26 @8pm
	06:00 pm		Juice							✓		
	07:00 pm											
Total Intake :						Total Output :						
27/6	08:00 pm		Idly + Water									
	09:00 pm										✓	
	10:00 pm											Vaishnavi 28/6/26 @2Am
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
28/6	02:00 am										✓	
	03:00 am		water									
	04:00 am											Vaishnavi 28/6/26 @8A
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Noted by Benitha 28/6 @8am

Docu. No. : RCH /FRM / CLINICAL / 092

Patient Sticker

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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							
	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**	

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

NPI

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashanthi I

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

Nurse Name & Signature: Sr. Nagmani

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

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 85 Kg Ward .....

DRUG : Syp. BEVOIN

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/6
6 pm	

DRUG : NASIVION-0 NASAL SPRAY

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

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

Additional Instructions: each nostril

Daily Doctor's Endorsement by a Sign

Date / Time	27/6
6 am	/
6 pm	

DRUG : NASOCLEAR NASAL DROPS

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

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

Additional Instructions: each nostril

Daily Doctor's Endorsement by a Sign

Date / Time	27/6
6 am	/
2 pm	
10 pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

VERIFIED BY

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 ....

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

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DRUG CHART

Date of Admission: 2/6/26 Drug Allergies: Nil ☐ 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 .....

VIH-00206301 IP-00060499
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/6	10.45AM	RINGER LACTATE	IV	800ml/HR		Vaishnavi	27/6		Vaishnavi
27/6	11.15AM	RINGER LACTATE	IV	800ml/HR			28/6		

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

VIH-0026501
Master K MUDITH
10-02-2009 17 Y 4 M 17 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	10:45AM	INJ. CEFOTAXIME	1GM	IV	B	Vaishnavi
27/6	11AM	INJ. PARACETAMOL	1GM	IV	B	Vaishnavi
27/6	10:40AM	INJ. DEXAMETHASONE	8MG	IV	B	Vaishnavi
27/6	10:40AM	INJ. TRANEXAMIC ACID	1GM	IV	B	Vaishnavi

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

VIH-00206301 IP-[illegible]
Master K MUDITH
10-02-2009 17 Y 4 M 17 D (M)
Dr. VIDYASAGAR DUMPALA

REGULAR PRESCRIPTIONS

Weight. 89 Kg Ward. .....

DRUG : TAB. CEFIXIME (TAXIM-O)

Dose	Route	Frequency	Start Date
1 tab	PO	12th hourly	25/6

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

Additional Instructions: 5mg/kg/dose
1 tab = 200mg

Daily Doctor's Endorsement by a Sign

Date / Time	27/6
10 am	/
10 pm	ESW

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
500mg (1 tab)	PO	6th hourly	27/6

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

Additional Instructions: 10-15mg/kg/dose
1 tab = 500mg

Daily Doctor's Endorsement by a Sign

Date / Time	27/6
10 am	/
10 pm	ESW

DRUG : SYP. MUCAINE GEL

Dose	Route	Frequency	Start Date
5ml	PO	6th 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	Syp
10 pm	ESW

DRUG : SYP. RHINT PLUS

Dose	Route	Frequency	Start Date
5ml	PO	once daily	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 pm	Syp

ESTIMATION SLIP

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Date : 23/06/26 UHID/IP No.: NEW Sl. No.: 29104

Name of Patient : Mast Mudith Age : 17y Gender : M

Father's / Husband's Name : Mr. Shiva prasad Corporate/Occupation : pvt

Address: Malkajgiri Phone : 9391012397 Email :

Procedure/Plan: Adenotonsillectomy DOS :

MODE OF PAYMENT : ☐ SELF ☑ TPA : NIVA BUPA ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : Dr. Vidya Sagar.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges				1	7	12 Noon to			
Doctor's Fee				1		12	Noon	Billing	
L. Tax				16,400					

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T Charges	1,18,000/-	
O.T Consumables	10,000/-	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/- MRD - 2,500/-
Others	Dict - 1,000/day.	Consultant - 2500/day, Eval probe 27,990/-
Initial Minimum Deposit	15,000/-	

REMARKS :

1. The 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 K.H.K. Shiva Prasad 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.

Prasad — Signature of the Client

Father — Signatory Relationship

Signature of the Financial Counselor