FDH-00034104 IP5-00174955
Baby SATHURA MAHATI
19-01-2025 1 Y 4 M 22 D (F)
Dr. MANISH GUPTA

78642

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

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SURGERY DETAILS

Date : 10/6

Patient Name: Baby - S. mahati Date of Birth: 19/6/25 Age: 1Y

Gender: F Ward : P.O.I UHID No.: 34104

Date of Surgery: 10/6 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Coblata Assisted ~~Adenoidectomy~~ done

Time in : 11.30 Am Time Out : 12.10 noon

		NAME	AMOUNT
1.	Surgeon	: Dr. Manish Gupta	
2.	Anaesthetist	: Dr. Tejaswini	
3.	Assistant Surgeon	: -	
4.	OT Technician	: Bapu	
5.	Circulating Nurse	: Divya	
6.	Assistant Nurse	: Suman	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblator → 965256

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 965255 Order by: Bobi

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

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ADENO OT-3

CONSUMABLES OF OT

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Circulating staff ..... Technician : ..... Date : ..... Time : 10:30 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.0 3.5 4.0	1+1+1	01	Major Pack	1	1	Inj Vit.K		
LMA	01	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5+1	05				Suction Catheter		
HME filter : A / P / N	1+1	01				Feeding Tube		
Syringes : 10 cc	10	04				Vaccum Suction Set		
05 cc	10	04	Gloves 6.0 6.5 7.0 7.5	2+2+2	2	Surgical Gloves		
02 cc	10	04			2+2	Gauze Pack		
01 cc	01	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01+1	—	Surgical blade			Surgical Blade # 20		
IV set	01	01	NG tube 6 No	2	2	Koochies (S)		
RL	01	01	Cautery pencil			Ns 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1+1+1+1+1		Koochies			Saulon	1	1
Minispica	01	01	Ointments			Lock, 5cc	2	0
O2 Mask (P)	01	01	Suction Catheter			Adrenalin	3	3
Fentanyl	01	01	Cap, Mask	5/5	5/5	Nalon Nasal	1	1
Morphine			Gauze Pack (N)	2	2			
Ketamine			Mop Pack	1	—			
Propofol	02	01	Steristrip					
Rocuronium	01	—	Underpad	1	1+1			
Glycopyrolate	01	01	Draw sheet	1	1	Gauze + gloves	4+4	—
Myopyrolate 1 No	02	01	Abgel			Dexart Tranexa	1+1	1+0
Ondansetron	01	—	Foleys catheter			Dexmed 50	01	—
Pencan 25g/ Spinal Needle 22	01	—	Urobag			Prolin + 50cc	1+1	—
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			Gsit + Splint (1,3)	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Coff roll (4,6)	1+1	—
Antibiotics IVPM	01	01	Bandage			Duoderm	01	—
Avg Goo	01	01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg	1+1+1	—	Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	01	—	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Vaccum Set	01	01	Microshield	1	1			
IV Canula (22,24)	1+1	—	Cotton Balls					
O.A [000,00,0]	1+1+1	—	Latex Gloves	10P	10P			
N.A [12,16]	1+1	—	Ramdione Scrub					
8ways 10 + 100 cm	1+1	0+1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9651404 Ordered by : .....

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

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174955 **Admit Date** : 10-Jun-2026 **Admit Time** : 08:29 AM **UHID** : FDH-00034104

Patient Details :

Patient Name	: Baby SATHURA MAHATI	**Age**	: 1 Y 4 M 22 D
Guardian	: Mr SATHURA ANIL KUMAR GOUD	**DOB**	: 19-01-2025 03:44 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 4-4-/A/B-V99/A/A/2, AB COLONY, AB GARDEN VILLAS, Shadnagar Mahabubnagar Telangana INDIA 509216	**Phone No**	: 6304943392/ 7731929397
		E-mail	: ANIL.SATTUR@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name : Mr SATHURA ANIL KUMAR GOUD **Relationship** : Father

Contact Address : 4-4-/A/B-V99/A/A/2, AB COLONY, AB GARDEN VILLAS, Shadnagar Mahabubnagar Telangana INDIA 509216 **Phone No** : 6304943392

S. Anil Kumar
Signature

Doctor Details :

Doctor Name : Dr. MANISH GUPTA **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ FDH-00034104 IPS-00174955
Baby SATHURA MAHATI
19-01-2025 1 Y 4 M 22 D (F)
Dr. MANISH GUPTA

Consultant: _____ Dept : _____

Date of Admission: __ Date of Discharge : _____ Time: _____

Room / Bed No : ____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	9:05Am	ER	OT	Pooja
10/6	1:55pm	OT	236	Singh

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr: Faisal Nahdi	11/06/26	965206	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/06	CBP	58463.	Isuf

D/C

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/06/26	iv placement	1	50887	Ismail
	PAC OP Basis			
11/06/26	NHA	(1)	965260S	

ANY OTHER INFORMATION

Date : 11/06/2026 Time : @ 10AM Prepared By : —

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Harsha	2nd floor	—	—

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PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00034104 IP5-00174955
Baby SATHURA MAHATI
19-01-2026 1 Y 4 M 22 D (F)
Dr. MANISH GUPTA

Patient Name: S. Mahati

UHID ID: _____

Department: _____

Consultant: _____

FDH-00034104 IP5-00174955
Baby SATHURA MAHATI
19-01-2025 1 Y 4 M 22 D (F)
Dr. MANISH GUPTA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Mouth breathing
Snoring
Recurrent URI
Not gaining wt
} since 6 months.

History of present illness :

Child presented with above mentioned complaints.

↓

Xray Nasopharynx → Grade IV Adenoids.

↓

Advised → Coblation assisted Adenoidectomy.

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Pediatric Multiorgan ...tory & Physical Examination

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

Birth & Neonatal History:

LSCS | 2.8kg | NO H/O NICU stay.
(N) transition.

Birth & Socio Economic History:

About Father :
About Mother : Upper middle class.
Any additional Information :

Developmental History :

(N)

Immunization History :

Vaccination upto date

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____(Centile _____)
7.57 Kg

On Examination :

Temperature : 98F Pulse Rate : 112/min B.P. 92/56 (73) SPO2 98% on RA

Resp.rate and type of breathing : RR = 24/min

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

NIL

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BI LAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, NT

Ausculation :

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ (N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System : (N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Endoscopic Adenoidectomy & Coblation.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP on cannulation

Planned Management

NPO to continue

Sx @ 10:30am.

IV fluids.

NJB
Remarks
10/6/25

DR. MANISH KUMAR GUPTA
Registration No: 13686

Signature of the Doctor: Ramya

Name of the Doctor: Dr. RAMYA

Date & Time: 10/6/25 8:30am

Signature of the Consultant:

Name of the Consultant: Dr. Manish Gupta

Date & Time:

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OPERATION THEATER NOTES

Patient's Name : B. Sathura Mahati Age : 1.7 Gender : ☐ Male ☑ Female

UHID No.: 34104 Weight : 7.28 kgs Height : ——

Surgeon : Dr Manish Gupta	Asst. Surgeon : ——	
Anesthetist : Dr. Tejaswini	OT Nurse: Suman	OT Technician: Sipiska

Pre-Operative Diagnosis: Adenoid Hypertrophy

Surgical Procedure :

Coblation Assisted Adenoidectomy

Indications for Surgery :

Adenoid Hypertrophy

Date : 10/6/26	Start Time : 11.40 Am	End Time : 12.10 Noon

Pre Operative Preparations:

Adenoid Hypertrophy

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: I/p GA C oral Endotracheal intubation

Coblation Assisted Adenoidectomy done

Post-op Instructions

① NBM till further orders as advised by Anaesthetist

② Inj Augmentin 30 mg/kg/IV BD

③ Inj PCM 15 mg/kg/IV TID

④ Otrivin-P nasal drops 2 drops in each nostril BD

DR. MANISH KUMAR GUPTA
Registration No: 13686

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	

Name of the Surgeon: Dr. Manish Gupta

Signature of the Surgeon: DR. MANISH KUMAR GUPTA Registration No: 13686

Date & Time: 10/6/2026 12.40 Pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/1/25 2.30PM.	Seen by Resident : Dr Sahithi	
	Dx/s - Adenoid hypertrophy post coblation ~~of~~ adenoidectomy	
	O/E Cried ~~asleep~~ alert, afebrile Hemodynamically stable ~~Res~~ Chest clear. c/o 1 ep. of bleeding from nose	Plan 1. Continue medications as charted 2. Encourage orally 3. Add BOTROCLOT nasal Solution Sahithi
	A/C	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name : Dr Faisal N Date : 11/06 Time : 8:30am

Diagnosis : Adenoid hypertrophy.

Hospital :

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

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

S/P Adenoidectomy c̄ coablation

Signature:

Findings and Recommendations :

Child is afebrile
mild nasal bleed (+)
throat pain mild
Oral intake - soft diet
Fair
hemodynamically stable
O/E : child is alert
active
vitals - stable
ENT - clear
- mild Nasal bleed (+)

Plan

Clinically well.
No fever
No vomiting.
Accepting orally.

Can be discharged from medical side

Consultant :

Name : M Faisal Signature : DR. FAISAL B NAHDI Registration No: 66228 Date & Time : 11/6. (8:40am)

Doc. No. : RCH / FRM / CLINICAL / 049

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RESULT SHEET

Date	10/6/26					
Time	8.41					
Hb	12.9					
PCV	38					
RBC	5.13					
WBC	14.54					
N/L	25.8/67.9					
Platelets	456					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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ION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: OT

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. RAMYA

Date & Time : 10/6/26; 8:30am

Nurse Name & Signature: Renuka

Date & Time : 10/6/26 @ 8:40 Am.

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DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 .....

19-01-2025 1 Y 4 M 22 D (F)
Dr. MANISH GUPTA

REGULAR PRESCRIPTIONS Weight. 7.57kg Ward. .....

DRUG : Inj AUGMENTIN

Dose	Route	Frequency	Start Date
230mg	IV	8 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Dr Sahithi

Additional Instructions: @ 30 mg/kg/dose

Date/Time	10/6	11/6
6am	X	Dipa
2pm	X	
10pm	Dipa Sahithi	

Daily Doctor's Endorsement by a Sign

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date
100mg	IV	8 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: @ 15 mg/kg/dose

Date/Time	10/6	11/6
6am	X	Dipa
2pm	X	
10pm	Dipa Sahithi	

Daily Doctor's Endorsement by a Sign

DRUG : OTRIVIN-P

Dose	Route	Frequency	Start Date
~~Nas~~	Nasal	12 hrly	10/6

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: 2 drops each nostril

Date/Time	10/6	11/6
10am	X	
10pm	Dipa Sahithi	

Daily Doctor's Endorsement by a Sign

DRUG : BOTROCIOT drops

Dose	Route	Frequency	Start Date
	Nasal	BD.	10/6

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: 2 drops each nostril

Date/Time	10/6
10am	X
10pm	Dipa Sahithi

Daily Doctor's Endorsement by a Sign

Weight. 7.57 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	11:35AM	Inj DEXAMETHASONE	0.7mg	IV		Suma / DIVYA
10/6/26	11:45AM	Inj PARACETAMOL	70mg	IV		Suma / DIVYA
10/6/26	11.50AM	Inj AUGMENTIN	210mg	IV		Suma / DIVYA

19-01-2026

Dr. MANISH GUPTA

IP5-0017495S

FDH-0003410

Baby SATHIYA

I.V. FLUIDS CHART

Weight. 2.57kg. 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
10/6/26		DNS (2/3rd maintenance)	IV	21			Not Covered		
10/6/26	11:40PM	RINGER LACTATE	IV	75			10/6/26		

Signature .....

VERIFIED BY : Name .....

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Dr. MANISH GUPTA

No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : ..... Time:		2.30pm	6pm	10pm	2AM	6AM
Doctor / Nurse / Family Concern?						
Temperature (F)	104					
	103					
	102					
	101					
	100					
	99					
	98					
	97					
	96					
	95					
	94					
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190					
	180					
	170					
	160					
	150					
	140					
	130					
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
Heart Rate (Number)		103	117	108	106	104
Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
Resp Rate (Number)		23	24	28	30	20
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)		99%	98%	97%	100%	99%
Conscious Level: Normal / Altered		C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

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)

FDH-00034104 IP5-00174955
Baby SATHURA MAHATI (F)
19-01-2025 1 Y 4 M 22 D
Dr. MANISH GUPTA

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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.

Date	Time	Nature of Fluid	Intake Route: Mouth	Intake Route: I.V	Intake Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
10/6?	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	H_2O									0	Anjl
Total Intake :						Total Output :						
10/6?	02:00 pm		milk								0	Anjl
	03:00 pm									✓	0	Harika
	04:00 pm	n/o									0	Harika
	05:00 pm	IVF	milk.				Np				0	Harika
	06:00 pm	P									0	Harika
	07:00 pm									✓	0	Harika
Total Intake : Good						Total Output : M-0 U-2						
11/6?	08:00 pm										0	[signature]
	09:00 pm		milk							✓	0	[signature]
	10:00 pm	NO									0	[signature]
	11:00 pm	IVF	+dys				Pg			✓	0	[signature]
	12:00 am		Feeds								0	[signature]
	01:00 am										0	[signature]
Total Intake :						Total Output : M-0 U-2						
11/6?	02:00 am										0	[signature]
	03:00 am		milk							✓	0	[signature]
	04:00 am	NA					Pg				0	[signature]
	05:00 am									✓	0	[signature]
	06:00 am										0	[signature]
	07:00 am											[signature]
Total Intake :						Total Output : M-0 U-2						

Total 24 hrs. Intake	Good	Total 24 hrs. Output	M-0 U-6.

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

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FLUID CHART

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Sheet No. : 11/6

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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**	

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: S. Mahati Age: 1y 4m Sex: F UHID.No: FDH-00034104

Date: 6/6/26. Time: 4:40pm. Proposed Operation: Adenoid hypertrophy

Diagnosis: Adenoidectomy.

B.P / CRT: <3sec H.R: 98. Weight: 7.28kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	12.9	Glucose:		Protein:		HIV:		X-Ray:	
PCV:	38	Urea:		Alb:		HBS Ag:		ECG:	
WBC:	14,540	Creat:		Total Bill:		HCV:		2D Echo:	
Plate:	4.56	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: Nil.

Medical History: CVS: Snoring (+) | CSCS | 2.8kgs | NO NICU admission.

RESP:

CNS:

Renal: Nil

Hepatic / GE:

Others:

Diabetes: Nil. (N) Transition: Unmunised till date.

Physical Activity: active.

Past Anaesthetic History: Nil.

Physical Exam: Could not assess.

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: BAE (+) Clr

Heart: S1S2 (+)

CNS: active.

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site: 22G/RA Spine Exam for regional: (N).

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☑ GA-ETT ☐ LMA accessible (N)

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

4:30AM → 6:30AM → 8:30AM → 10:30AM → Sx

Signature: ..... Name: Dr. Akhila. K

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No
Fasting Status: confirmed

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 126/min B.P / CRT: 91/58 mmHg SpO_2: 100% R.R: 25/min Last Feed: 6:50 Am breastmilk

Pre-OP Diagnosis: Adenoid Hypertrophy. Operation: Adenoidectomy Date:

Surgeon: Dr. Manish Gupta Anaesthesiologist: Dr. Tejasuini Technician: Bapu.

TIME	11:30	12pm	12:30pm
N_2O /AIR /O_2 LPM	0.8L/min		
HALO /ISO /SEVO	3.5%		
Drugs:			
PROPOFOL	20mg + 10mg		
ROCURONIUM	4mg		
FENTANYL	20mcg		
DEXAMETHASONE	0.7mg		
PARACETAMOL	70mg		
NEOSTIGMINE		0.3mg	
GLYCOPYROLATE		70mcg	
FiO_2 / SaO_2	100	100	100
$ETCO_2$	38	38	38
ECG	SR	SR	SR
Temperature	36.5	36.8	37
Urine Output			

Antibiotic: Inj AUGMENTIN 210mg
IV/Suppository
Blood Loss
NOTES

Fluids / Blood: RINGER LACTATE 75ml/hr

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240; plotted: HR ~120, systolic ~80–100, diastolic ~40–60)

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

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

Position: ROSE
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 11:30Am
OP Start: 11:45AM
OP End: 12pm
Leave OR: 12:10pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 3.5 at .... cm
☐ Oral ☑ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☑ Drug: ROCURONIUM

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 1
Difficulty Why? —

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Tejasuini
Signature of the Doctor: [signature]

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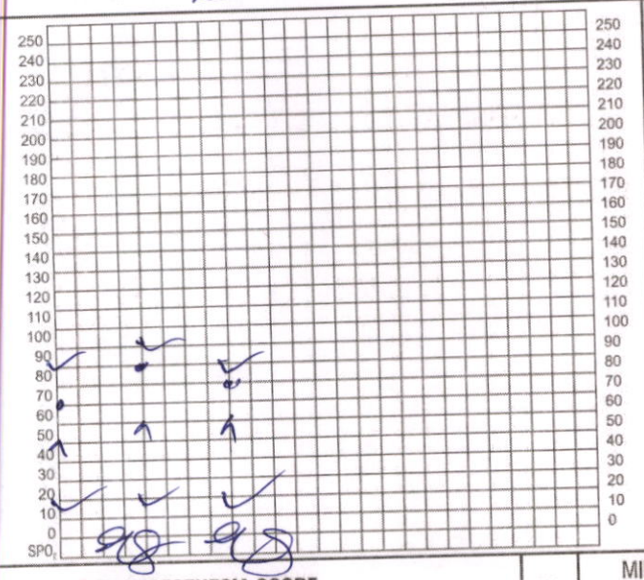
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Divya Time Received : 12:15pm Time Discharged : 2pm



IV Cannula Site : 22G

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	1	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2		
	TOTAL	8	8	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	12:15pm	5/10	—	Divya

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

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

Anaesthesiologist Name : Dr SHILPA
Anaesthesiologist Signature: .....
Date & Time: 10/6/25 @ 2pm

PACU Nurse Name : Divya
PACU Nurse Signature: .....
Date & Time: 10/6/25 @ 2pm

Transferred to Unit by (PACU): 2.30
Date & Time: 10/6/25 @ 2pm

Patient Sticker

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ient of Anaesthesiology

IRAL ANALGESIA RECORD

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

al /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

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

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

omposition : .....

issues :

.....

.....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Adenoidectomy

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Manish Gupta

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 can be achieved by infusing weak solutions of local anaesthetics and 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 ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others laryngospasm, bronchospasm

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☐ Regional Anaesthesia ☑ General Anaesthesia ☐ Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
Signature: S. Anil Kumar
Name: S. Anil Kumar
Relationship with patient: father
Date & Time: 6/6/26 @ 4.45pm

Witness:
Signature:
Name: Teena
Date & Time: 6/6/26 @ 4 pm

Doctor (who is taking consent):
Signature: Name: Dr. Archana Date 6/6/26 Time: 4:45pm

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

పేరు: ..... తేదీ & సమయం: .....

FDH-00034104 IP5-00174955
Baby SATHURA MAHATI
19-01-2025 1 Y 4 M 22 D (F)
Dr. MANISH GUPTA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/6/26 Time: 2 pm

Weight: 7.576gs Centile: <5th

Height: 73 cms Centile: 5th

Inference: underweight Child

RDA: - Calories: 1200 kcal/d Protein: 20g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, Outside foods

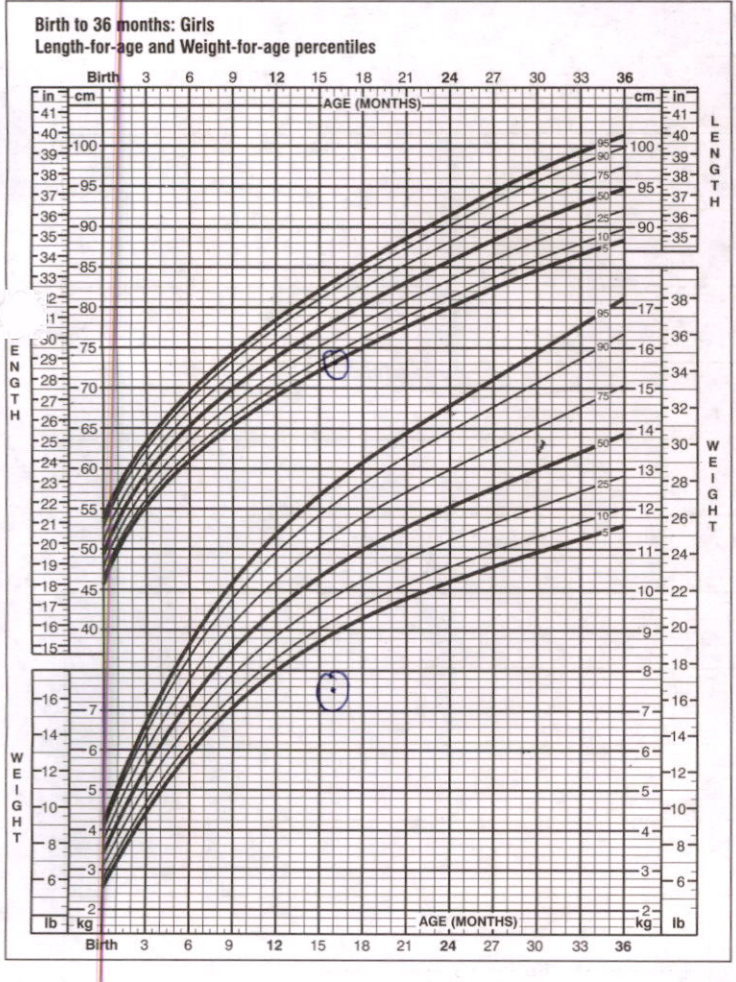
Food Allergies: Nil Veg/Non-veg Non-veg

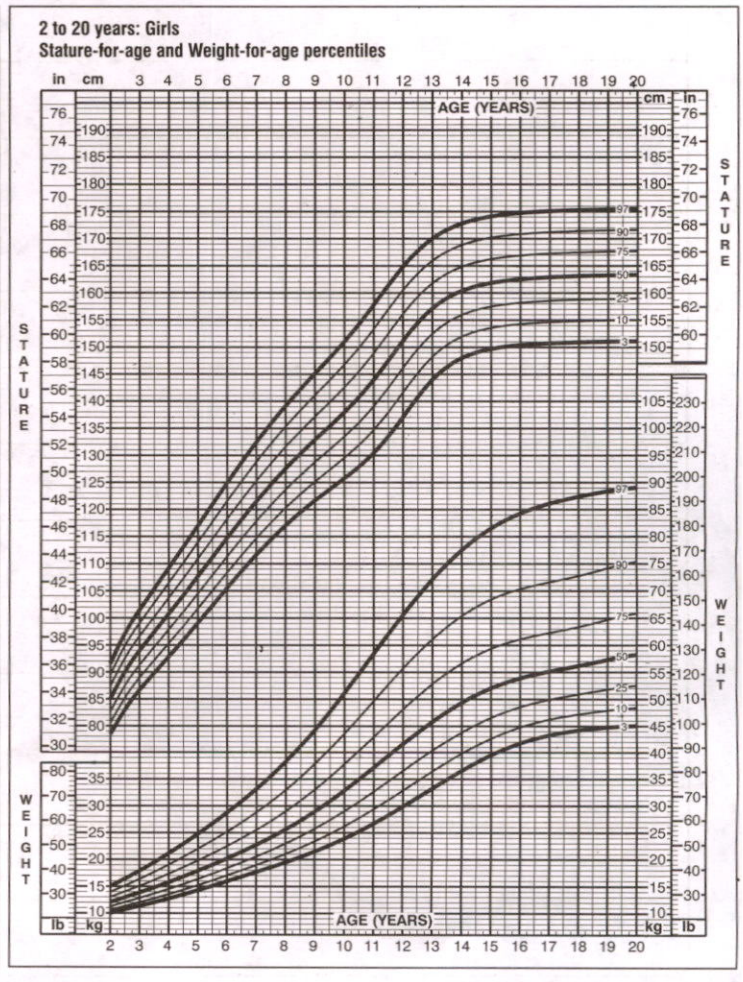
Diagnosis: Adenoidectomy & coblation

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: S. Anil Kumar

GROWTH CHART (GIRLS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

11/6/26 9 am	Child is stable. Intake is fair. Continue soft diet