Patient Sticker

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

Shekhar 11/06/26.

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80547
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SURGERY DETAILS

Date : 10/6/26

Patient Name: Mr. Kanishk Date of Birth: ..... Age: .....

Gender: Male Ward : P-OT UHID No.: .....

Date of Surgery: ..... ☐ OT -1 ☐ OT -2 ☐ OT -3 ☑ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Adenotonsillectomy & Coblation

Time in : 5:50pm Time Out : 6:30pm

		NAME	AMOUNT
1.	Surgeon	: Dr L N Murthy	.....
2.	Anaesthetist	: Dr. Aishwarya	.....
3.	Assistant Surgeon	:	.....
4.	OT Technician	: Vijay	.....
5.	Circulating Nurse	: Bobi	.....
6.	Assistant Nurse	: Bikki	.....

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblator → 965827

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 965826 Order by: Bobi

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

VIH-00140994
Master PELLI KANISHK 4 Y 6 M 19 D (M)
22-11-2021
Dr. P L N MURTHY

1669

ADENO

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CONSUMABLES OF OT

Circulating staff : .... Technician : .... Date : .... 4.30 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.5, 5, 5.5	1+1+1	1	Major Pack	1	1	Inj Vit.K		
LMA 2, 2½	01+1	—	Sutures			Cord Clamp		
ECG leads : A / (P) / N	05	3				Suction Catheter		
HME filter : A / (P) / N	01	1				Feeding Tube		
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	4	Gloves PF7	2	2	Surgical Gloves		
02 cc	10	2				Gauze Pack		
01 cc	05	—				Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	01	0	Surgical blade			Surgical Blade # 20		
IV set	01	1	NG tube (B)	2	2	Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	1	1
NS : (10ml) / (100ml) / 500ml / (1000ml)	4+1+1	1+1	Koochies P-XL	1	1	10cc	2	1
Mini spike	01	1	Ointments			Savlon	1	1
O2 Mask (P)	01	—	Suction Catheter			Inj. Adrenal	3	3
Fentanyl	01	1	Cap, Mask	5/5	5/5			
Morphine			Gauze Pack N	2	2			
Ketamine			Mop Pack	1	1			
Propofol	02	2	Steristrip					
Rocuronium	01	1	Underpad					
Glycopyrolate	01	0	Draw sheet					
Myopyrolate	01	1	Abgel					
Ondansetron	01	1	Foleys catheter			gauze + gloves	4+4	—
Pencan 25g/ Spinal Needle 22	01	0	Urobag			Dexa + Dexamed	1+1	1+0
Bupivacaine 0.25%	01	0	Chest Drainage Catheter			Tranexa	01	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Povidine 10cc	1+1	—
Antibiotics Inj	01	1	Bandage					
Aug 600	01	1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / (25mg) / 100mg	1+1	1	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Vaccum set	01	1	Microshield	1	1			
3 ways 10 + 100cm	1+1	1	Cotton Balls					
O.A (0,1)	1+1		Latex Gloves	10P	5P			
N.A (20, 22, 24)	1+1+1	—	Ramdione Scrub					
IV Cannula (22, 24)	1+1	—	Saral					

Surgeon | Anaesthesiologist | Nurse | OT Technician

Order No. 9651839 | Ordered by : ....

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

inbow ildren's spital | BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

7:55pm

ESTIMATION SLIP

Reco[illegible]

80547

ate : 30/May/25 UHID / IP No. : VIH-00140991 Sl No.

ame of Patient : Mast Pelli Kanishk Age: 4y Gender: M

ather's / Husband's Name : Mr. P. Praveen Corporate / Occupation : Infoblox Technical Support

ddress : ____ Phone : 9535742712 Email: ____

rocedure / Plan : Adenotonsillectomy c Coblation

ODE OF PAYMENT : ☐ SELF ☐ TPA : ____ ☐ GIPSA: FHPL / NIA OTHERS

ARIFF INFORMATION : (Dr. Pvr [illegible] wallay)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	✓	✓	x	✓						
Doctor's Fee				1 day	NA					
L. Tax				1K Reg						

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T. Charges		
O.T. Consumables	→ In pkg	Subject to approval by TPA / Insurance Company
Instrument Charges	→ 8500/-	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations (Coblator)	→ 7500/- Coblator	As per actual - Not Included in Estimation

Equipment Charges						
Monitor :		Oxygen :		Infusion pump / Syringe pump :		
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.	enf ey. As per actual - Not Included in Estimation
Package PPN E02	Pvt 51,500/-
Others	
Initial Minimum Deposit	→ Rs. 15,000/- final dues clearance

ARKS:

Ever when(?) 2.7k / not covered / self purchase

The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.

The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.

OT Adv 5000/

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.

Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. # room aft 8a/2pm @ 12hr cycle

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.

RAL Diet/EPICKED/DAC/RRC

For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.

During Non-working hours of O.T (8:00 PM ot 7:00AM), 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 9am to 6pm

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.

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 ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

P. Praveen have attended the Financial Counseling desk and understood the expected costs and other conditions pplicable. 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

Obaidullah

on page-5	Father	[signature]
Signature of the Client	Signatory Relationship	Signature of the Financial Counselor

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00174989 **Admit Date** : 10-Jun-2026 **Admit Time** : 03:23 PM **UHID** : VIH-00140994

Patient Details :

Patient Name	: Master PELLI KANISHK	**Age**	: 4 Y 6 M 19 D
Guardian	: Mr PELLI PRAVEEN KUMAR	**DOB**	: 22-11-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: HNO 5-226,CHANDRANAGAR, Chintal Hyderabad Telangana INDIA 500054	**Phone No**	: 8297889007/ 9535742712
		E-mail	: PPELLI@INFOBLOX.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 402 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 402 **Admission Type** : First Visit

Contact Details :

Name : Mr PELLI PRAVEEN KUMAR **Relationship** : Father

Contact Address : HNO 5-226,CHANDRANAGAR, Chintal Hyderabad Telangana INDIA 500054 **Phone No** : 8297889007 / 9535742712

P Praveen Kumar

Signature

Doctor Details :

Doctor Name	: Dr. P V L N MURTHY	**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 : FAMILY HEALTH PLAN INSURANCE TPA LTD

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/5/26	4:20 pm	ER	OT	
10/5/26	9 PM	OT	339	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/06/26	CBP	58607	Israel

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 PAC (Op Base)	1	51539	Ismail

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00140994 IPS-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

Patient Name: Ikan

UHID ID: _____

Department: _____

Consultant: _____

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Mouth breathing
Snoring
Recurrent UTI
} since 6 months - 1 yr

History of present illness :

X ray Adenoids – Grade IV

Planned for Adenotonsillectomy & Coblation under GA

No fever, cold, cough, vomitys, loose stools.

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term | 3kg | NO NICU stay
LSCS

Birth & Socio Economic History:

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

Developmental History :

(N) development

Immunization History :

Vaccination full done

(P.T.O.)

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17-03kg (Centile _____)

On Examination :

Temperature : 98 Pulse Rate : 118/min B.P. 85/57(64) SPO2 98% on RA

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

Rash Nil

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

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

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.,)

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ (N)

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____ (N)

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____ (N)

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Grade IV

_____

_____

_____

_____

(P.T.O.)

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

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
- Surgery @ 5:30pm.
- IV fluids.

N/B
Renuka
10/6/26

Signature of the Doctor: Ramya
Name of the Doctor: Dr: RAMYA
Date & Time: 10/6/26 ; 3:40pm

Signature of the Consultant:
Name of the Consultant: DVLN
Date & Time:

Dr. P.V.L.N. MURTHY
Reg. No: 47257

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

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OPERATION THEATER NOTES

Patient's Name : Mst pelli kanishk Age : 4y Gender : ☑ Male ☐ Female

UHID No.: VIH-00140994 Weight : 17kg Height : ....

Surgeon : PV LN Murthy	Asst. Surgeon :	
Anesthetist : Dr Subramanyam	OT Nurse: Bobby Bimal	OT Technician: Subha
Pre-Operative Diagnosis: Chr. Adenotonsillitis		
Surgical Procedure : Adeno tonsillectomy c̄ Coblation		
Indications for Surgery :		
Date : 10/6/26	Start Time : 5:57 pm	End Time : 6:20 pm
Pre Operative Preparations:		
Post Operative Diagnosis:		
Peri-Operative Complications:		
Operation Notes: Adeno tonsillectomy c̄ Coblation		

Doc. No. : RCHBH/ FRM / CLINICAL / 099 (P.T.O.)

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

1 Syp. AUGMENTIN DDS 5ml 2 times - 2 wks

2 Syp. OXZAL-M 5ml 2 times - 2 wks

3 Syp. CROCIN DS 5ml TID 2 wks

4 T. TRANEXA 500mg 1/2 tab BID - 2 wks

5 Salt water gargle TID 2 wks

Name of the Surgeon: Dr. Murthy

Signature of the Surgeon: Dr. P.V.R. MURTHY Reg. No. 47264

Date & Time: 10/8/26 6pm

VIH-00140994 IP5-00174989
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22-11-2021 4 Y 6 M 20 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/06 4:00pm	c/s/B Resident	
	J: chronic adeno tonsillitis	Plan
		① continue medication
	s/p Adenotonsillectomy & coblation	② monitor for bleeding
	child is doing well no bleeding; vomit lost op	③ vitals to monitor 6th hrly
	encourage soft diet	④ can be DC'd
	Hemo dynamically stable	Soheb
	O/E	
	child is alert, active vitals stable	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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22-11-2021 4 Y 6 M 20 D (M)
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CROSS CONSULTATION FORM

Doctor Name : Dr. Annapoorna. T Date : 11/6/26 Time : 11.30 am

Diagnosis : Chr Adenotonsillitis

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 Adenotonsillectomy C Coablation

Signature:

Findings and Recommendations :

child is afebrile
doing well
mild throat pain ④.
Bleeding for nose - mild
no vomits post op
Hemodynamically stable

O/E
Vitals stable
ENT clear

Plan.
① Syp AUGMENTIN DSC BD
② SYP XYZAL M OD
③ Syp CROCIN DS
④ T. TRANEXA 500mg ½ tab. BID.
⑤ NASOCLEAR DROPS.

R/A 2 week ☺ ENT Surgeon

Signature : Dr. Tadavarthy Annapoorna Reg. No: 53054 Date & Time : 11:30 A 11/6/26.

CLINICAL / 049

VIH-00140994 IP5-00174989
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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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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MEDICATION RECONCILIATION FORM

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

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

Shifting From: GR 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 ; 3:45 pm.

Nurse Name & Signature: Renuc

Date & Time : 10/6/26 & 3:50 PM

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

				Date/Time
DRUG : TAB. TRANEXA				10/6
Dose	Route	Frequency	Start Dt.	
1 tab	PO	BD	10/06	[illegible] ✓
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan				
Additional Instructions: 1 tab = 500mg Give 1/2 tab				[illegible]
Daily Doctor's Endorsement by a Sign				
DRUG : TAB. LANZOL-JR				11/6
Dose	Route	Frequency	Start Dt.	
15mg	PO	OD	10/06	
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan				[illegible]
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
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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:				

Signat

VERIFIED BY : Name

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

REGULAR PRESCRIPTIONS

Weight. 17kg Ward. ....

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

DRUG : SYP. AUGMENTIN-DDS				Date / Time	11/6
Dose	Route	Frequency	Start Date		
5 ml	PO	BD	10/06	10AM	
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan					
Additional Instructions:				10PM	
Daily Doctor's Endorsement by a Sign					

DRUG : SYP. XYZAL-M				Date / Time	10/6
Dose	Route	Frequency	Start Date		
5 ml	PO	BD	10/06	10AM	✓
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan					
Additional Instructions:				10PM	Prathi
					Satya
Daily Doctor's Endorsement by a Sign					

DRUG : SYP. CROCIN-DS				Date / Time	11/6
Dose	Route	Frequency	Start Date		
6 ml	PO	TID	10/06	6AM	Prathi Satya
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan				2PM	
Additional Instructions:				10PM	
Daily Doctor's Endorsement by a Sign					

Dr. P V L N MURTHY

VIH-001409984 IPS-0017498

Weight. 17 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	5:55PM	Inj DEXAMETHASONE	1.6mg	IV		
10/6/26	6PM	Inj PARACETAMOL	240mg	IV		
10/6/26	6PM	Inj AUGMENTIN	495mg	IV		
10/6/26	5:50PM	Supp DICLOFENAC	12.5mg	PR		

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

I.V. FLUIDS CHART

Weight. 17kg 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. (During NPO)	IV	40	[signature]	Not connected			
10/6/26	5:50pm	RINGER LACTATE	IV	160	[signature]	[signature] [signature]	10/6/26	[signature]	[signature] [signature]

Signature .....

VERIFIED BY : Name .....

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 20 D (M)
Dr. P V L N MURTHY

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ....10/6.... Time:	11pm	6am
Doctor / Nurse / Family Concern?		
Temperature (°F) (104 – 94)	97.9°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50)	100/68	106/62
Note: BP does not score in early warning scoring		
Heart Rate (Number)	109 bHm	107
Resp. Rate (bpm) (Over 1 Minute) * (70 – 10)		
Resp Rate (Number)	22br/m	24br/m
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	99.1	99%
Conscious Level — Normal		
Conscious Level — Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

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)

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Dr. P V L N MURTHY

FLUID CHART

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Sheet No. : 1

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: 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	RL	N	160ml	–	–	–	–	–	–	0	
9/6	06:00 pm	RL	Po	160ml	–	–	–	–	–	–	0	
	07:00 pm	~~water~~	–	–	–	–	–	–	–	–	0	
Total Intake :						**Total Output :**						
	08:00 pm										0	
	09:00 pm		juice								0	
10/6	10:00 pm		Idly				NP				0	
	11:00 pm										0	Salty
	12:00 am		H2O								0	
	01:00 am										0	
Total Intake :						**Total Output :** M - 0 U - 2						
	02:00 am		H2O								0	
	03:00 am										0	
11/6	04:00 am						NP				0	Salty
	05:00 am										0	
	06:00 am		milk								0	
	07:00 am										0	
Total Intake :						**Total Output :** M - 0 U - 1						

Total 24 hrs. Intake		Total 24 hrs. Output	M. 0 U - 3

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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**	

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Adenotonsillectomy

Anaesthesiologist: Dr. Shalini Surgeon: Dr. PVLN

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 Desaturation, Bronchospasm, Laryngospasm

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: P. Praveen Kumar
Name: P. Praveen Kumar
Relationship with patient: Son
Date & Time: 9/6/2026 5:37 pm

Witness:

Signature: P. Mounica
Name: P. MOUNICA
Date & Time: 9/6/2026 5:37 pm

Doctor (who is taking consent):

Signature: Name: Dr. SHAND Date 9/6/2026 Time: 5:36 p

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.

రీజనల్ 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: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

[redacted] Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

Name: Pelli Kanishk Age: 4 Sex: Male UHID.No : VIH.00140994

Date: 9/6/2026 Time: 5:26pm Proposed Operation: Adenotonsillectomy

Diagnosis: Grade IV adenoid.

B.P / CRT: 90/60 mmHg H.R: 110/min Weight: 16.5kg ASA Physical Status: ☒1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: nil

Medical History: CVS : Term ILSCS | 3kg | CIAB | No NICU admn.

RESP : nil significant. Diabetes :

CNS :

Renal :

Hepatic / GE :

Physical Activity: active, eating well.

Others :

Past Anaesthetic History: (-)

Physical Exam:

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

Lungs : Clear clean

Heart: S1 S2 N

CNS: GCS-full

Pregnant: ☐ Yes ☐ No ☒NA Venous Access Site : good Spine Exam for regional : not clear

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

(6) CBC on cannulation

Signature: Name: Mshubna

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

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: 100/min B.P / CRT: 97/60mmHg SpO₂: 100% R.R: 18/min Last Feed: 7 6

Pre-OP Diagnosis: Adenotonsillar Hypertrophy Operation: Adenotonsillectomy Date 10/6/26

Surgeon: Dr. P.V.L.N. Murthy Anaesthesiologist Dr. Tejaswini Technician: Vijay

TIME	5:45	6	6:30
N_2O /AIR /O_2 LPM	0.8L/min		
HALO /ISO /SEVO	3%		
Drugs:			
MIDAZOLAM	0.6mg		
FENTANYL	30mcg		
PROPOFOL	30mg + 20mg		
ROCURONIUM	7mg		
DEXAMETHASONE	1.6mg		
PARACETAMOL	240mg		
MYOPYROLATE	1.5ml		
FiO_2 / SaO_2	100. 100		
$ETCO_2$	38 38		
ECG	SR SR		
Temperature			
Urine Output			
Fluids / Blood: RINGER LACTATE	170ml/hr		

Antibiotic: Inj AUGMENTIN 495mg

Suppository: Sup DICLOFENAC 12.5mg

Blood Loss

NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240)

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: DUL
☑ Art Site: ....
☑ EKG Lead 3 leads
☑ Temp Site skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: ROF
☑ 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: 5:50pm
OP Start: 6pm
OP End: 6:20pm
Leave OR: 6:30pm

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# 4.5 at 15 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. Tejaswini
Signature of the Doctor: [signature]

Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

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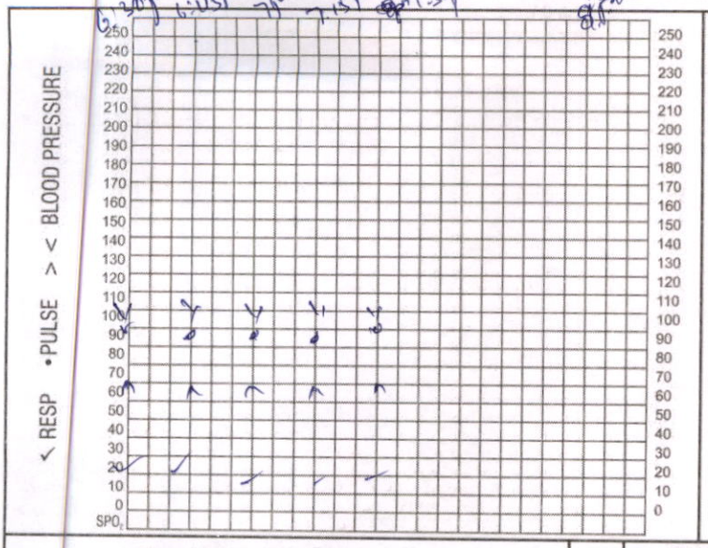
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : 6:30pm 6:45pm 7:15pm 8:15pm 8:45pm

Time Received : 6:30 pm

Time Discharged : 9pm



IV Cannula Site : 24G

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

Vomiting : ☐ Yes ☑ No Drug: NO

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☐ Yes ☑ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☐ No

IV Fluids: NO

Oral Feeds: Allowed

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				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				
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				
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	2				
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2				
		TOTAL	8	9				

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	7:30 pm	0	U/A	

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. Tejasvini

Anaesthesiologist Signature:

Date & Time: 10/6/26 9pm

PACU Nurse Name :

PACU Nurse Signature:

Date & Time: 10/6/26 9pm

Transferred to Unit by (PACU): 339

Date & Time: 10/6/26 9pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Time : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00140994 IP5-00174989 Master PELLI KANISHK 22-11-2021 4 Y 6 M 19 D (M) Dr. P V L N MURTHY	10/5/26 @ 3:42 PM	10/5/26 4:20 PM
	Transfer Ordered by Dr - Ramya	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File — 20 —	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what? ..... Diaper	Patient shifted with ID band: Yes ☒ No ☐ If No: .....
Number of Imaging Films NO		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	medium Gown	1
2.	"XL" Large Diaper	1
3.	EVAC	1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NR - Renuka	Dr. Ramya

Patient & Clinical Records Received by : Sumon

Date & Time of Patient Received : 10/5/26 4:27 PM

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

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

VIH-00140994 IP5-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 19 D (M)
Dr. P V L N MURTHY

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 Adeno tonsillectomy & Coblation

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Breathing will improve	—

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Bleeding, change in voice, nasal regurgitation
b. Rec. of Adenoids

1. I authorize Dr. _____ and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize 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.
3. 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: P. Praveen Kumar

Name: P. Praveen Kumar

Relationship with patient: ~~Self~~ FATHER

Date & Time: 10/6/26 @ 4PM

Witness:

Signature: P. Mounica

Name: P. MOUNICA

Date & Time: 10/6/26 @ 4PM

Doctor (who is taking consent):

Signature: ..... Name: PVLN Murthy Date 10/6/26 Time: 4 p.m.

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

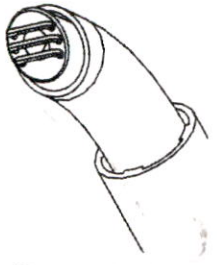
1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్ యొక్క ప్రయోజనాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్ యొక్క ప్రమాదాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్ర	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు



REF EIC5874-01
LOT 2201075
Smith+Nephew
QTY: (1)
EVAC° 70 XTRA HP
WITH INTEGRATED CABLE

3. ఏదైనా శస్త్రచి పోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (ఆదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కో పడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శ కూడా నాకు వివరించబడ్డాయి:

a.	
b.	

UDI
(01) 0 0817470 00459 5 (17) 281021 (10) 2201075
(11) 251021

STERILE R CE 0123 MD

Rx only

2025-10-21 2028-10-21

ArthroCare Corporation
7000 West William Cannon Drive
Austin, TX 78735 USA

EC REP Smith & Nephew Operations B.V.,
Bloemlaan 2, 2132 NP Hoofddorp,
Netherlands

NL18H0000MD_v2

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజ
5. వైద్యం ఒక్ నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ
6. పై వివరా డగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధా

ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛ ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

VIH-00140994 IPS-00174989
Master PELLI KANISHK
22-11-2021 4 Y 6 M 20 D (M)
Dr. P V L N MURTHY

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/6/26 Time: 9:00am

Weight: 17.03 kg's Centile: >50th

Height: 116 cm Centile: >75th

Inference: well child

RDA: Calories: 1350 Kcal/D Protein: 23 gm/D

Diet Recommendations: soft diet

Re-Assesment: avoid spicy and outside foods

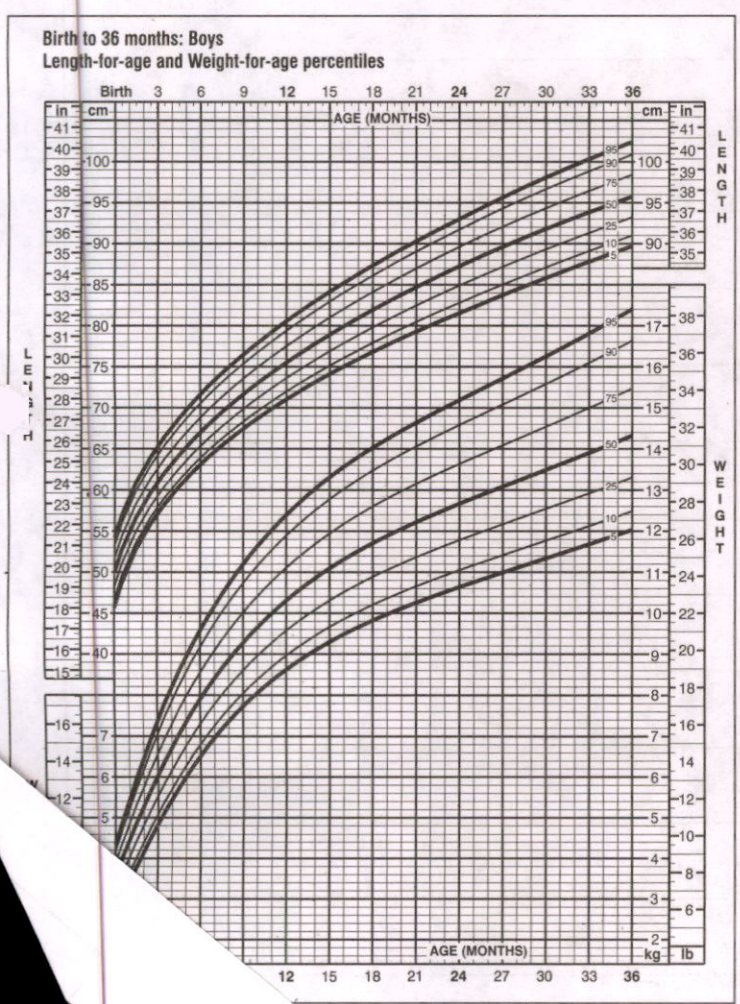
Food Allergies: No Veg/Non-veg Non-veg

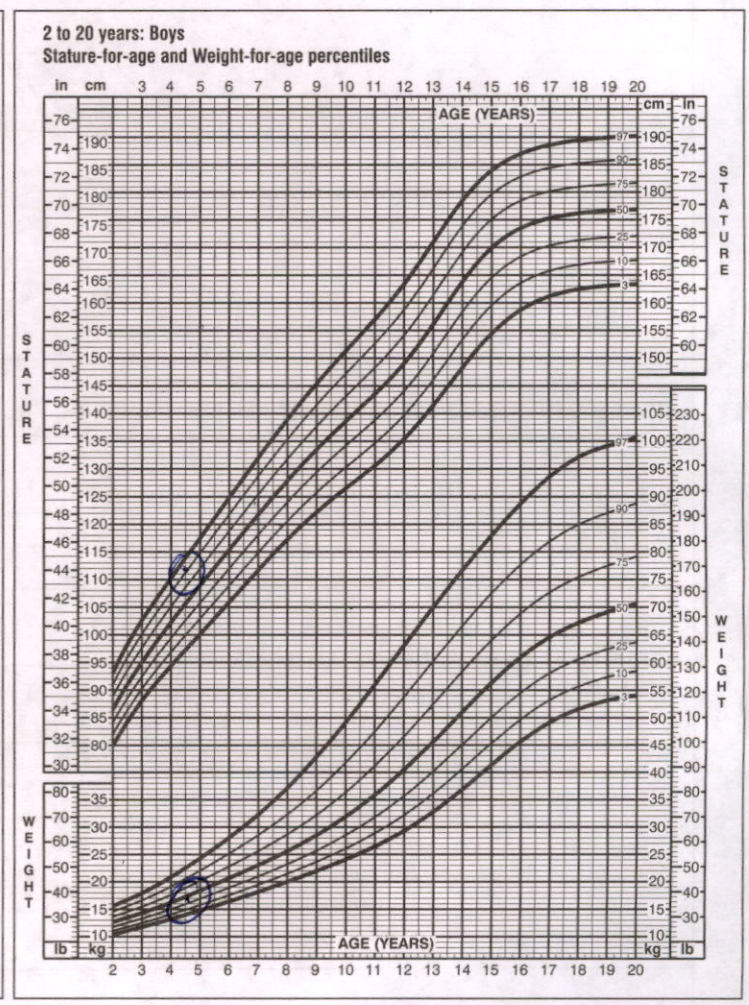
Diagnosis: Adenotonsillectomy

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Mounika

GROWTH CHART (BOYS)





Dietician's Signature Saima

/FRM / CLINICAL / 160 (P.T.O.)

Daily Notes: