


ACTIVITY RECORD FOR BILLING

VIH-00205382 IP-00060393
Master LINGAMPALLY MANVIK
26-01-2016 10 Y 4 M 23 D (M)

Name: - Dr. Neha Jain
UHID No:  Consultant: ----- Dept: perinatal

Date of Admission: 18/6/26 Time: 8:21 am Date of Discharge: ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	10 am	CR	OT	<i>Shr.</i>
18/6/26	4:20 pm	OT	Room (10)	<i>Wib</i>

Cross Consultation Visit

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

SURGERY DETAILS

Date : 18/6/26

Patient Name: Master Lingampally Manvik Date of Birth: 26-01-2016 Age: 10yrs

Gender: Male Ward: OT UHID No.: 205382

Date of Surgery: 18/06/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : SEPTOPLASTY + TURBINOPLASTY + BILATERAL CONCHA BULLOSA EXCISION + COBLATION ADENOIDECTOMY ↓ GA.

Time in : 11 am

Time Out : 2:30 pm

	NAME	AMOUNT
1. Surgeon	Dr. Neha Jain / Dr. Videswaran	OT charges
2. Anaesthetist	Dr. Brenda	
3. Assistant Surgeon	-	Coblator charges
4. OT Technician	Br. Rakesh	11:10am - 12:10am
5. Circulating Nurse	Sr. Bhavani / Sr. Meghana	3091741
6. Assistant Nurse	Sr. Manimala / Sr. Varitha	

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

Signature of the Surgeon: *Neha* 18/6/26

Signature of Circulating Nurse: *Megha*

Order No: 3091736 / 37 / 38

Order by: *Reby F*



3091736/37/38

CONSUMABLES OF OT

VIH-00205382 IP-00060393
 Master LINGAMPALLY MANVIK
 28-01-2016 10 Y 4 M 23 D (M)
 Dr. Neha Jain



Age :

 ime :

Circulating Staff : Dr. Azad Technician : Raksh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube RAE 6.5	1	1	Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N	3	3	2305		1	Suction Catheter		
HME filter : A/P/N	1	1	2402		1	Feeding Tube		
Syringe 10 cc	3	3				Vaccum Suction Set		
05 cc	2	2	Gloves 6(S) + 6(L/2(PF))		12	Surgical Gloves		
02 cc	2	2	8(PF)		1	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		
Cautery Plate : A/P/N	1	1	Surgical blade 15 NO		1	Surgical Blade # 20		
IV set	1	1	NG tube 6 NO		2	Koochies (S)		
RL	1	1	Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml	1	1	Koochies			Ibalon nasal Pack	2	
Relipra	1	1	Ointments Soframycin		1			
Dexamethasone	1	1	Suction Catheter 8 NO		1			
Fentanyl Riocamic	2	2	Cap. Mask		1	Batroclot	1	
Morphine Arday (2)	1	1	Gauze Pack		2			
Ketamine midazolam	1	1	Mop Pack			Proctogown	4	
Propofol	2	2	Steristrip					
Rocuronium	1	1	Underpad			Turbinoplasty bomb	1	
Glycopyrolate	1	1	Draw Sheet			[Reflex ultra]	1	
Myopyrolate	1	1	Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag			Evacprobe (NEW)	1	
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage 6 inch		2	box jelly	1	
Acquimeatin (1:20)	1	1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent Allesomb		1	Nasivion nasal drops	1	
Supridol 100 mg	1	1	Vaccum Suction set		32			
Justin : 12.5 mg/25 mg/ 100 mg	1	1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		1			
Omast(A)	1	1	Microshield					
26 1/2 Needle	1	1	Cotton Balls					
3 way 10cm	1	1	Latex Gloves		10			
High pressure ext	2	2	Ramdone Scrub					
xander	1	1	Saral					

Surgeon Dr. Neha Jain / Dr. Vidya D. D. Bhande Anaesthesiologist Dr. Bhande Nurse Manimala Vanitha OT Technician Raksh

Order No. : 3017631 / 3091772 Ordered by : Manimala



RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060393	Ward	N 0 GF-EMERGENCY
Patient Name	Master LINGAMPALLY MANVIK	Bed Name	ER 101
Age/Sex	10 Y 4 M 23 D / Male	Order No	0003091772
Date	18/06/2026 16:32	Prescription No	PRIP-1291913
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	Dispensed Date	18/06/2026 16:33
UHID	VIH-00205382		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AEQUIMENTIN INJ 1.2GM	AEQUITAS HEALTHCARE PVT LTD		G362608B	12/27	1	150.22	150.22
2	AIRWAY-2 80 MM	ROMSONS		2601044	12/30	1	288.00	288.00
3	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
4	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	NA00395A	04/27	1	10.87	10.87
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	3	28.13	84.39
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26030294	02/31	2	449.00	898.00
10	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
11	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
12	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	2	69.10	138.20
13	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
14	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
15	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	36464M	08/29	1	3.09	3.094
16	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261790	02/29	1	93.94	93.94
17	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2K251841	10/28	1	105.22	105.22
18	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
19	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172406	10/27	1	1,195.00	1,195.00
20	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
21	RAE ORAL WITH CUFF TUBE-6.5	RUSCH		40E24B2231	01/29	1	1,480.00	1,480.00
22	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252093	11/27	1	737.08	737.08
23	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	4	69.39	277.56
24	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
25	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
26	Xamdex 100 Mcg/1Ml Inj	Abbott Healthcare Pvt. Ltd.	H	GFL0004	02/27	1	847.05	847.05

RAINBOW CHILDREN'S MEDICARE LIMITED**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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP-00060393	Ward	N 1F-FIRST FLOOR
Patient Name	Master LINGAMPALLY MANVIK	Bed Name	SR 106
Age/Sex	10 Y 4 M 23 D / Male	Order No	0003091807
Date	18/06/2026 18:36	Prescription No	PRIP-1291938
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	Dispensed Date	18/06/2026 18:36
UHID	VIH-00205382		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AIRWAY-2 80 MM	ROMSONS		2601044	12/30	1	288.00	288.00
2	THREE WAY EXTENCTION 100 CM -CHIRON		GENERAL	25F05Z	05/30	1	553.13	553.13
Total :							841.13	841.13

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

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

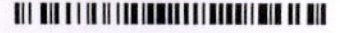
VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060393	Ward	N 0 GF-EMERGENCY
Patient Name	Master LINGAMPALLY MANVIK	Bed Name	ER 101
Age/Sex	10 Y 4 M 23 D / Male	Order No	0003091772
Date	18/06/2026 16:32	Prescription No	PRIP-1291913
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	Dispensed Date	18/06/2026 16:33
UHID	VIH-00205382		

Total : 7,738.35 8,792.04

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

INSURANCE COPY



Name	Master LINGAMPALLY MANVIK	UHID	VIH-00205382
Father/Guardian	Mr L SRINIVASU	Age/Gender	10 Y 4 M 23 D/Male
Address	H NO 31-261, INDIRANAGAR COLONY, KANAJIGUPA, Trimulgherry, SEC-BAD, Trimulgherry, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060393	Admission Date	18-06-2026
Ref Doctor	Self	Discharge Date	19-06-2026

DISCHARGE SUMMARY

Consultant:
Dr. NEHA JAIN
Consultant ENT Surgeon

Diagnosis: DNS / NAR / Adenoid Hypertrophy

Surgical Procedure - Septoplasty + Turbinoplasty + Bilateral concha bullosa excision + Coblation adenoidectomy under GA done on 18.06.2026.

History: Master LINGAMPALLY MANVIK is a 10 Y 4 M 23 D boy presented with history of mouth breathing and snoring and recurrent nasal bleeding. For the above complaints, he was admitted at Rainbow Children's Hospital for surgery.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. Heart rate was 80/min, blood pressure 110/70 mmHg and respiratory rate - 20/min. Adenoid hypertrophy with Bilateral HIT present.

Weight on admission : 56.6 kgs.

Management: He was admitted in the ward.

Name

Master LINGAMPALLY
MANVIK

UHID

VIH-00205382

Procedure : Septoplasty + Turbinoplasty + Bilateral concha bullosa excision + Coblation adenoidectomy under GA done on 18.06.2026.

Operative Notes :

- Under general anesthesia
- Coblation assisted adenoidectomy done
- Freers incision given, mucoperichondrial and mucoperiosteal flaps elevated
- Septoplasty done.
- Bilateral turbinoplasty and bilateral concha bullosa excision done.
- Freer's incision sutured. Haemostasis achieved.
- 8cm Ivalon packs placed in both nasal cavities

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. Soft diet as advised.
2. Tablet Fuzim (250mg), 1 tablet 12th hourly for 10 days.
3. Tablet Chymoral forte, 1 tablet 8th hourly for 7 days.
4. Tablet Pan (20mg), 1 tablet 12th hourly for 10 days.
5. Tablet MVT, 1 tablet once daily for 5 days
6. Tablet. Hifenac - P, 1 tablet 12th hourly for 5 days.
7. Tablet. L- Mountus, 1 tablet once daily at bed time for 10 days.
8. Kindly consult Dr. Neha Jain, Consultant ENT Surgeon, after 7 days in OPD with prior appointment.

Name

Master LINGAMPALLY
MANVIK

UHID



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 :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by : Dr. Vishwaja
DEO :Kalyan

Registrar/Resident/C.M.O

Dr. NEHA JAIN
Consultant ENT Surgeon

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. 040-42462200, Ext 2000,2001,2002,



PatientName : Master LINGAMPALLY MANVIK
Age/Gender : 10 Y 4 M 23 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060393
Admit Date : 18-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 08:46
BLOOD GROUP	O		
RH (D) TYPE	POSITIVE		

Dr. SRUJANA SHYAMALA, MD, DNB
 Consultant Pathologist, Reg No : 39356

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET



Registration Details :

Admission No : IP-00060393

Admit Date : 18-Jun-2026

Admit Time : 08:21 AM UHID : VIH-00205382

Patient Details :

Patient Name : Master LINGAMPALLY MANVIK

Age : 10 Y 4 M 23 D

Guardian : Mr L SRINIVASU

DOB : 26-01-2016

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : H NO 31-261, INDIRANAGAR COLONY,
KANAJIGUPA, Trimulgherry, SEC-BAD
Trimulgherry Hyderabad Telangana INDIA
500015

Phone No : 7799099898/ 9908651332

E-mail : na@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr L SRINIVASU

Relationship : S/O

Contact Address : H NO 31-261, INDIRANAGAR COLONY,
KANAJIGUPA, Trimulgherry, SEC-BAD
Trimulgherry Hyderabad Telangana INDIA
500015

Phone No : 7799099898



Signature

Doctor Details :

Doctor Name : Dr. Neha Jain

Specialisation : EAR NOSE AND THROAT

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : HEALTHINDIA INSURANCE TPA
SERVICES PVT LTD

VIH-00205382 IP-00060393
 Master LINGAMPALLY MANVIK
 26-01-2016 10 Y 4 M 23 D (M)
 Dr. Neha Jain




NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/6/26 Time of arrival : 8:09 AM coblation Adenoidectomy & GA
 Chief Complaints: Septoplasty + Turbinoplasty, BL concha Bullosa excision RBS: _____
 Height : 127cm Weight : 56.6kg 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?) _____
 Time of Initial assessment completed by ER Nurse : 8:12 AM

Patient Name : Mast. LINGAMPALLY MANVIK UHID : VIH-00205382 IPD : IP-00060393 Gender : Male Age : 10 Y 4 M 23 D

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

Time	Nursing Notes
8:05 AM	→ Patient come to ER
8:08 AM	→ vital's checked and recorded
8:12 AM	→ Dr. Shrikar seen the patient & advised admission
8:21 AM	→ Admission done
8:40 AM	→ Last Food - 7:30 PM Last water - 7:40 AM
8:00 AM	→ IV placement done, Sample collected & send to Lab.
9:55 AM	→ Patient shifted to OT.

Samples collected by: } Sr. Swagathi Q. Time: 8:55 AM
 Samples sent by: } Sr. Shantha Kumari Time: 9:00 AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 82 bpm - BP: 112/62 (85) CFT: 2 sec. RR: 22 bpm - SPO ₂ : 99% GCS: 4, 5, 6 Temperature: 98.8° F Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: OT Time of Shift - out: 18/6/26 @ 9:55 Handover given to: Sr. Vanitha (Nurse's Name) by Sr Swagathi

Tick as applicable: MLC LAMA BROUGHT DEAD

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

Name of the Nurse: Swagathi Q. Signature of the Nurse: [Signature]
 Date & Time: 18/6/26 @ 9:55 AM



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Septoplasty + Turbinoplasty + Adenoidectomy
Arrival Time: 4:20 pm **Mode of Arrival:** Struture **Admitting From:** ER OPD Direct

Allergy / Adverse Reaction Nil **Body Weight:** 56.6 Kg
Height: 147 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>yes</u>	<u>Nil</u>	<u>Nil</u>

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: 56.6 kgs Length: 147 cm Head Circumference (< 2 years):
 Temp.: 98.6 °F HR: 85 bpm RR: 20 bpm BP: 118/69/88

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

Fall Risk Assessment: Yes No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain **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: Nil (Date/Time):

Social History: Lives With Family

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 mother, father

Nurse's Name: Benonika Date: 18/6/25 Time: 4:40pm Signature: *Benonika*

PATIENT TRANSFER FORM

VIH-00205382 IP-00060393
Master LINGAMPALLY MANVIK
26-01-2016 10 Y 4 M 23 D (M)
Dr. Neha Jain



	Date & Time of Admission 18/6/26 @ 8:21 AM	Date & Time of Transfer Order 18/6/26 @ 10 AM
Treating Consultant name	Transfer Ordered by DR. prashantli	Reason for Transfer for admission
From Unit ER	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? opfile given to

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	— pill —	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No


Name & Signature of Person who is Transferring shanthi / shu	Name of Person Ordered Transfer DR. prashantli
---	---

Patient & Clinical Records Received by :
[Signature]
Date & Time of Patient Received : 18/6/26 @ 9:00 AM

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

- Unavailable Bed Nurse not Available Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00205382 IP-00060393 Master LINGAMPALLY MANVIK 28-01-2016 10 Y 4 M 23 D (M) Dr. Neha Jain 		Date & Time of Admission 18/6/26 @ 8:21 AM	Date & Time of Transfer Order 18/6/26 @ 4:20 pm
		Transfer Ordered by Dr. Brenda	Reason for Transfer Post operative Care
From Unit OT	To Unit Room (106)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Oxygen Mask	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Neha Jain			
Name & Signature of Person who is Transferring Dr. Prasanna		Name of Person Ordered Transfer Dr. Brenda	
Patient & Clinical Records Received by : Dr. Bernika			
Date & Time of Patient Received : 18/6/26 @ 4:20 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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00205382 IP-00060393
Master LINGAMPALLY MANVIK
26-01-2016 10 Y 4 M 23 D (M)
Dr. Neha Jain

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : L. Manvik. Age/Sex 10Y/male

Information given by: mother. Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o mouth breathing & snoring.
c/o Nasal bleeding onset: 1 year ago.

History of present illness :

child has c/o B/L nasal bleeding onset: 1 year ago.

c/o mouth Breathing (+)
snoring (+).



referred for sx

NPO
Solids: 7:30pm
Liquids: 7:30am.

Septhoplasty + turbinoplasty + B/L cloncha Bullectomy
Excision + ablation Adenoidectomy.

NO-H/O w/d, cough, fever.

28/05/26

CT PNS :

mid deviated nasal septum with nasal spur noted towards
right side.

- left inferior turbinate hypertrophy.
mucosal thickening is noted in left sphenoid sinus.



Pediatric Multiorgan history & Physical Examination

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

K/c/o Hypothyroidism @ the age of 8 months.

28/05/26

Hb 12.1

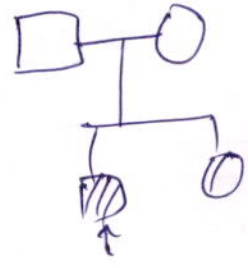
WBC \rightarrow 10.80 PT \rightarrow 17.0

N/L \rightarrow 50/39 INR \rightarrow 1.2

PLT \rightarrow 3.75 APTT \rightarrow 40.0

Birth & Neonatal History:

Term / Bwt: 2.3 kgs / Yes.
CIAB.



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : claw toe

Developmental History :

Development as per Age in all 4 domains.

Immunization History :

Immunized as per Age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 56.6 kgs (Centile _____)

On Examination :

Temperature : 98.2 f Pulse Rate : 87 b/m B.P. 114/62 SPO2 98%
Resp. rate and type of breathing : 18 B/m

Rash _____
Lymphadenopathy _____
Oedema : ⊖
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : ⊖
Air entry & breath sounds : B/LACE ⊕
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 : PLA: soft
Ausculation : ⊖
Spine : ⊖ External Genitelia : ⊖
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/5

Cranial Nerves : (N)

Motor System:

Nutrition : g (N) Power (2) (1)

Tone: g (N) g/r g/r

Co-ordinator : g (N) g/r g/r

Posture : g (N)

Involuntary Movements : g (N)

Reflexes :

DTR + W Superficials: int
Plantars g g/r

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

epididitis for evacuation
↓
pointed for sx
Septoplasty + Turbinoplasty + B/l choanal atresia excision +
coblation Adenoidectomy.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

Blood grouping.

Planned Management

- NPO


- Shift to OT on call.

- Cannulate the child.

- monitor vitals

- Inform (S.O.)

noted by - Swagatika D-18/6/26 @ 9:19am

Signature of the Doctor: 

Name of the Doctor: Dr. Prabhakar

Date & Time: 18/6/26

Signature of the Consultant: 

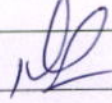
Name of the Consultant: Dr. NEHA JAIN

Date & Time: 18/6/26 3PM

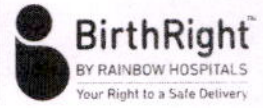
VIH-00205382 IP-00060393
Master LINGAMPALLY MANVIK
26-01-2016 10 Y 4 M 23 D (M)
Dr. Neha Jain



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 5 PM	c/s/a	Dr. Neha Jain
		<u>POD - 0</u>
	No fresh complaints pt. c/c/c.	
	vitals stable.	
	No active ant. & post nasal bleed.	
		<u>6</u> ① CST.
		 (Dr. Neha Jain)
		Noted by Benuka 18/6 @ 8pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Master L. Manvik Gender: Male Female Age : 10y
 UHID No : 205382 Date : 18/6/26

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)

SEPTOPLASTY + TURBINOPLASTY + B/L CONCHA BULLOSA EXCISION
+ COABLATION ADENOIDECTOMY upon L. MANVIK
 (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

My signature on this form indicates that

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

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

Consentee :

Signature : [Signature]
 Name :
 Date & Time :

Patient Attendant :

Signature : [Signature]
 Name : L. SRINIVAS
 Relationship with Patient : FATHER
 Date & Time : 18/6/26 11:00AM

Witness :

Signature : [Signature]
 Name : L. DEEPA DEVI
 Date & Time : 18/6/26 11:00 AM

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. NEHA JAIN
 Date & Time : 18/6/26 11AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Master: L. Manvik Age : 10 yr Gender : Male Female

UHID NO: VH-00205282 Surgeon Name: Dr. Nema Jalw.

Anaesthesiologist : Dr. Vinetha

Operative procedure planned : SEPTOPLASTY + TURBINOPLASTY + BILCONCHA BULLOSA EXCISION + COBLATION ADENOIDECTOMY.

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 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 mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : DESATURATION, 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 Master L. Manvik the above mentioned operation / Diagnostic / Therapeutic procedures SEPTOPLASTY + TURBINOPLASTY + BILCONCHA BULLOSA EXCISION + COBLATION ADENOIDECTOMY.

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 : LS

Name : L. SRINIVAS

Relationship with Patient: FATHER

Date & Time : 17/6/26

Witness :

Signature : LS

Name : L. DEEPA DEVI

Date & Time : 17/6/26

Doctor (who is taking the consent) :

Signature : M

Name : DR. M. VINAYATHA

Date & Time : 17/06/26

- Bilateral Turbinoplasty & Bilateral Concha Bullosa Excision done.
- Fric's incision sutured. Haemostasis achieved.
- 8 cm Gyalon packs placed in both nasal cavities.
- Post-op period uneventful.


ADVICE

- ① Not to blow / sniff the nose.
- ② 30° head end elevation
- ③ Ice cold compresses on eyes / cheek / nose.
- ④ soft diet.

TREATMENT

- ① T. FUZIM - 250 mg BD x 10d.
- ② ~~T. ACTMIN FORTE TID x 5d~~
- ③ T. CUMORAL FORTE TID x 7d
- ④ T. PAM - 20mg BD x 10d
- ⑤ T. MVT - OD x 10d.
- ⑥ T. HIFENAL - P BD x 5d.
- ⑦ T. L-MOHTUS H/L x 10d.

Name of the Surgeon: Dr. NEHA JAIN

Signature of the Surgeon: 

Date & Time: 18/6/26 3PM



Age: 10y Gender: M



SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Neha Jain
 Asst. Surgeon: _____
 Anaesthetist: Dr. Brinda
 Scrub Nurse: Mamunala Sr. Lavitha

Date: 18/6/26 In-time: 11:00 AM Out-time: 2:30 PM

Procedure Name: Septoplasty + Turbino

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>11 AM</u>
Patient Has Confirmed	
Identity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Marked <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Anaesthesia Safety Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse Oximeter on Patient & Functioning <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does Patient have a:	
Known Allergy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Signature: <u>Dr. Brinda</u>	
Name: <u>Dr. Brinda</u> <u>18/6/26</u>	

TIME OUT	Time: <u>11:00 AM</u>
Confirm all team members have introduced themselves by Name and Role <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm <u>Master L. Manvik</u>	
Correct Patient (Check ID Band) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site <input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure <u>Septoplasty +</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events <u>Turbino</u>	
Surgeon Reviews: <u>B/L Concha Bullosa Excision + Adenoidectomy</u>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>2hr: 1.2ml Bldg</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Team Reviews: <u>1.2ml dazoxyspasm</u>	
Are There Any Patient-specific Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Nursing Team Reviews: <u>yes</u>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is Essential Imaging Displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: <u>Shanku</u>	
Name: <u>Shanku</u>	

SIGN OUT	Time: <u>2:30 PM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: <u>Dr. Neha Jain</u>	
Name: <u>Dr. Neha Jain</u>	



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 18/6/26

To Be Filled In By Assigned Nurse:

Department: Emergency Duration of Procedure: 3 hrs 30 mins
 Name of Surgeon: Dr. Neha Jain Date of Admission: 18/6/26

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

		Staff Signature
1.	Antibiotic given prior to surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic:	
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Tympanic (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: Date & Time of antibiotic administration: Date & Time procedure started: <u>18/6/26 @ 11:00 AM</u>	

- 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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

VIH-00205382

Name: Macter L Manvik Age: 10 yr Sex: Male UHID.No: VIH-00205382

Date: 11/08/26 Time: Proposed Operation: Septoplasty + Turbinoplasty +
EPL concha Bullosa excision +
lobectomy + Adenoidectomy.

Diagnosis: epistaxis for evaluation.

B.P / CRT: H.R: Weight: 58 kg ASA Physical Status: 1 2 3 4 5

11/08

Hgb: 13
PCV: 29.8
WBC: 9000
Plate: 4.35L
PT: 15.4
PTT: 34.1
INR: 1.04

EMH-242
Laboratory Data:
Glucose: Protein:
Urea: Alb:
Creat: Total Bill:
Na: Dir. Bill:
K: LDH:
Ca++: Alk phos:
Mg++: Amylase:
Cl-: SGOT/SGPT:

HIV:
HBS Ag: NR
HCV:
Blood group:
T3: 1.30
T4: 7.40
TSH: 2.53

X-Ray: BNL
ECG: BNL
2D Echo:
Stress/Angio:
Other:

Allergies: NEKA

CT PNS - mild deviated nasal septum & nasal spur noted towards inferior turbinate - hypertrophy
Mucosal thickening is noted in inferior sphenoid sinus

Medical History: CVS: Mouth Breathing (+) Diabetes: (-)
Snoring (+)

RESP:

CNS:

Renal: cp Nasal bleeding R/L on ti off :: 4 yrs of age Physical Activity: Active.

Hepatic / GE: cp Hypothyroidism :: age of 8 months.

Others:

Past Anaesthetic History: - Nil

Physical Exam: Airway: MP 1 (2) 3 4 Mouth Opening: 2F Mentohyoid Distance: (W) Neck: (W) Teeth: Intact

Lungs: R/L clear (+), clean.

Heart: 4/6 (+)

CNS: Active child.

Pregnant: Yes No N/A Venous Access Site: accliv Spine Exam for regional: (W)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No parents

CURRENT MEDICATIONS	DOSAGE
T. THYROXINE	12.5 mcg.

- Pre-Operative Instructions:
- DVT Prophylaxis:
 - NIL ORAL: Water / ORS 2 Hours / Others 6 hours (explained)
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: Blood grouping

Signature: [Signature] Name: DR. M. VINETHA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No

Physical Status: Patient Identified

Fasting Status: Adequate

Consent Present Chart Reviewed

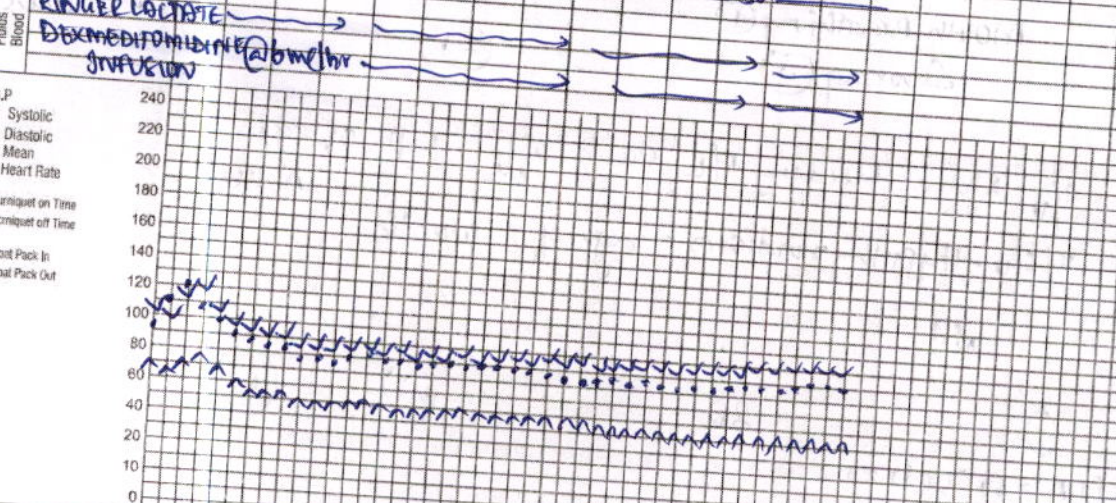
H.R: 92 bpm B.P / CRT: 102/60 mmHg SpO₂: 96% on RA R.R: 16/min

Pre-OP Diagnosis: Epistaxis for Evaluation Last Feed: last night

Surgeon: Dr. Neha Jain Operation: Colation adenoidectomy + septoplasty + turbinate resection + BL concha bullosa excision Date: 18/1/26

Anesthesiologist: Dr. Brunda Technician: Rakesh

TIME	N ₂ O	O ₂	HALO / SO / BEV	Drugs
11:30	100	100	NSP	1mg
11:35	100	100	NSP	2mg IV
11:40	100	100	NSP	100 mcg IV
11:45	100	100	NSP	100 mg IV
11:50	100	100	NSP	6mg IV
11:55	100	100	NSP	20mg IV
12:00	100	100	NSP	20mg IV
12:05	100	100	NSP	
12:10	100	100	NSP	
12:15	100	100	NSP	
12:20	100	100	NSP	
12:25	100	100	NSP	
12:30	100	100	NSP	
12:35	100	100	NSP	
12:40	100	100	NSP	
12:45	100	100	NSP	
12:50	100	100	NSP	
12:55	100	100	NSP	
13:00	100	100	NSP	



Antibiotic
 Augmentin 1.2gm
 Suppository
 Diclofenac 100mg/ple
 Ramipril 100mg ple.
 Blood Loss

NOTES

LAB Values

ABG
 GIBS
 Others

- Equipment Checked and Functional
- BP
- Cuff Site: Left ul
- Art Site: Left ul
- EKG Lead: 2 lead skin
- Temp Site
- FIO₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Supine
- Pressure Points Checked
- Eye Care:
 - Oint
 - Tape
 - Padding
 - Awake

Temp: HME Fluid Warmer

Ring Film OH Warmer

Hugger's Cotton Wool

Other

Times:
 Anaes Start: 11 AM

OP Start: 11:20 AM

OP End: 12:30 PM

Leave OR: 2:30 PM

Anaesthesia: GA

GA Monitored Anaesthesia Care

Regional

Line (Size & Location)
 CVP
 ART
 IV 22G Rt ul
 IV
 IV

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 6.5 at 19 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Rocuronium Tube

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 3 Attempts: 1

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:
 Extremity Specify: South Pole APE

Spinal Epidural Caudal

Others: Tube

Position: Supine

Site: South Pole APE

Needle Size: _____ Depth: _____

Parasthesia Yes No

Catheter at skin _____ cm

Drug Name & Conc: _____

Bolus: _____

Infusion: _____

Block Level: _____

Comments: _____

Transportation to
 PACU ICU Other

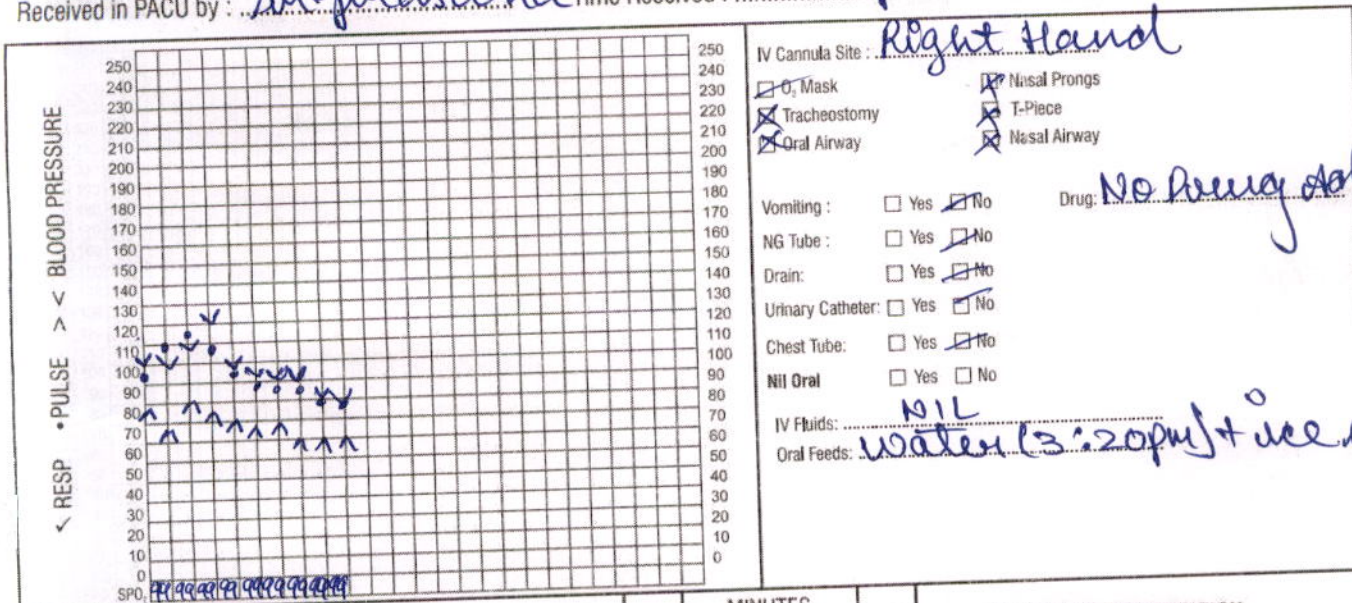
Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Brunda

Signature of the Doctor: B Brunda

POST-ANAESTHESIA NIT RECORD

Received in PACU by: Sm. prasanna Time Received: 2:35 PM Time Discharged: 4:20 pm



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
18/6/26	3:00pm	0	_____	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Brunda
 Anaesthesiologist Signature: [Signature]
 Date & Time: _____
 PACU Nurse Name: Sm. Vanitha
 PACU Nurse Signature: [Signature]
 Date & Time: 18/6/26 @

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

Transferred to Unit by (PACU): Sm. Vanitha
 Date & Time: 18/6/26 @



CLINICAL / 126

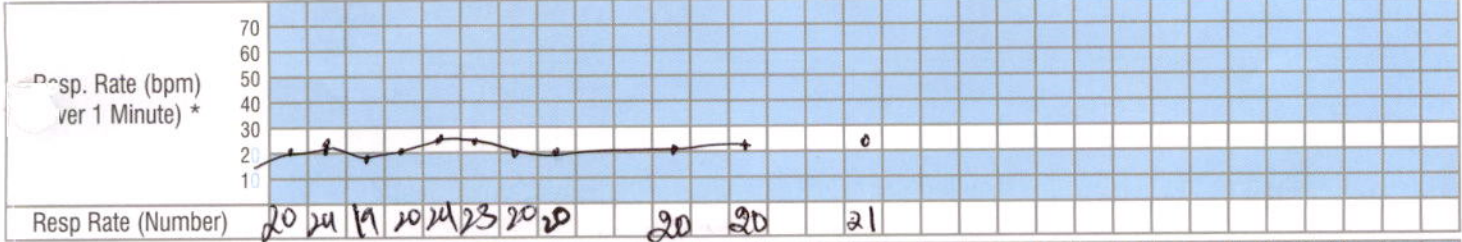
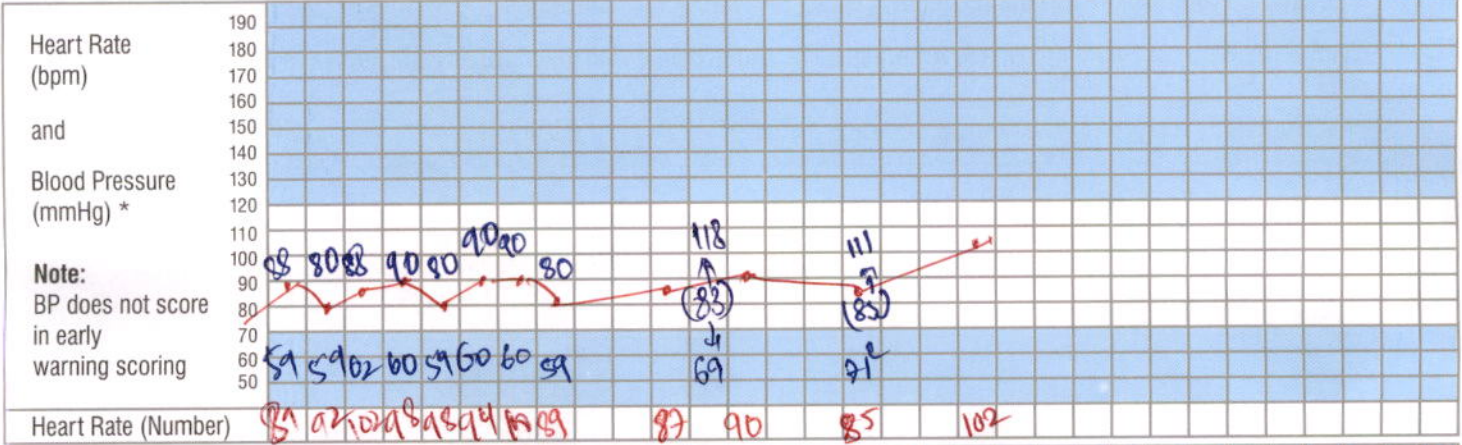
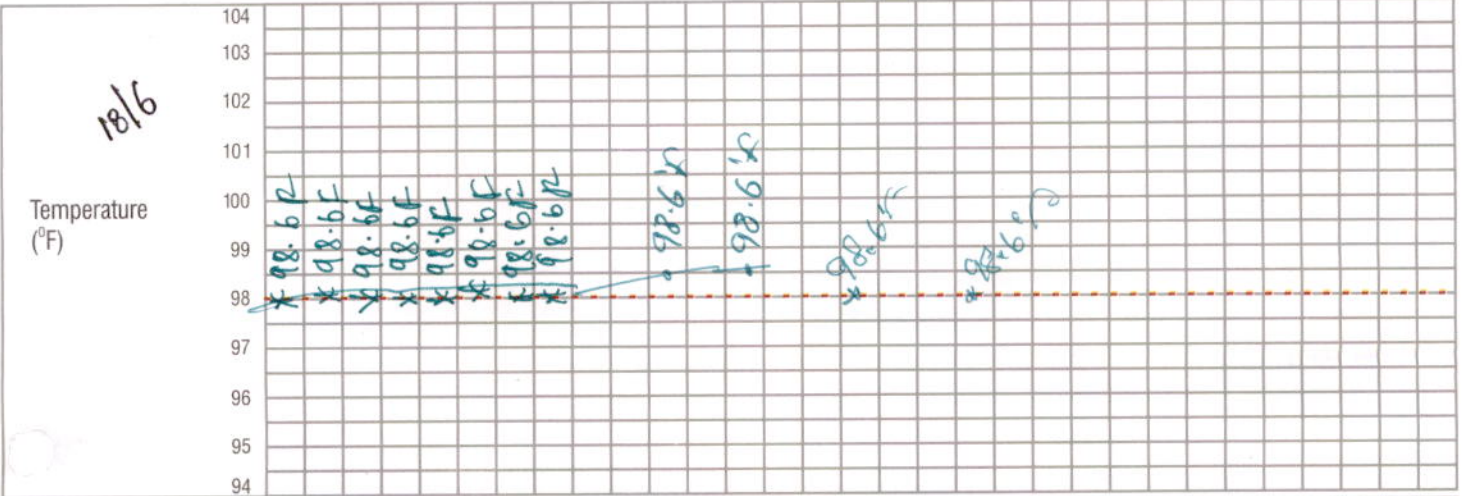
SCHOOL AGE (5-12 years)
 Children's Observation &
 Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: **8 9 10 11 12 1 2 3 4 5 6 8 12 4**

Doctor / Nurse / Family Concern? **PM PM AM AM**



Resp Distress	Mod/ Severe None / Mild								
Receiving O ₂ (l/min)									
O ₂ Saturations (%)		100	100	100	100	100	100	100	100
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15

TOTAL SCORE									
Number of shaded boxes		0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0
Observer's Initials		g	g	g	g	g	B	B	Ska

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.

*Noted by
 Subin
 19/6
 @ 5PM*

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



①

FLUID CHART

Sheet No. :

18/6/26

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					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
18/6	08:00 am	NBM										
	09:00 am	NBM										
	10:00 am	NBM										
	11:00 am	NBM + RL 500ml/hr								0	[Signature]	
	12:00 pm	NBM + RL 500ml/hr								0		
	01:00 pm	NBM + RL 250ml/hr										0
Total Intake :					Total Output :							
18/6/26	02:00 pm	NBM								0		[Signature]
	03:00 pm	water + ice cream								0		[Signature]
	04:00 pm											
	05:00 pm											
	06:00 pm	water										
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm	Rice										
	10:00 pm	celery										
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
19/6	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							

Noted by
 Subh
 19/6
 @ 5:00



DRUG CHART

Date of Admission: 18/6/26 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

VIH-00205382 IP-00060393
 Master LINGAMPALLY MANVIK
 28-01-2016 10 Y 4 M 23 D (M)
 Dr. Neha Jain

Weight. Ward.



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	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.	
	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
18/6	11 AM	INS. DEXAMETHASONE	6MG	IV	B de	Rakesh Waf.
18/6	11 AM	INS. TRANEXAMIC ACID	840MG	IV	B de	Rakesh Waf.
18/6	11:10 AM	SUPP. TRAMADOL	100MG	PR	B de	Rakesh Waf.
18/6	11:10 AM	SUPP. DICLOFENAC	100MG	PR	B de	Rakesh Waf.
18/6	11:15 AM	INS. AUGMENTIN	1.2GM	IV	B de	Rakesh Waf.
18/6	11:30 AM	INS. PARACETAMOL	1GM	IV	B de	Rakesh Waf.
18/6	10:1 PM	INS. PARACETAMOL	500mg	IV	W	Rakesh Waf.

Signature VERIFIED BY : Name



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : TAB. HIFENAC-P Date/Time 18/6 10/6

Dose	Route	Frequency	Start Dt.
1 tab	PO	12th hourly	18/6

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

Additional Instructions:
 ACECLOFENAC & PARACETAMOL

Daily Doctor's Endorsement by a Sign

DRUG : TAB. L-MONTUS Date/Time 18/6

Dose	Route	Frequency	Start Dt.
2 tab	PO	Bed time	18/6

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

Additional Instructions:
 LEVOCETIZINE + MONTELUKAST

Daily Doctor's Endorsement by a Sign

DRUG : TAB. PANTOPRAZOLE Date/Time 18/6 10/6

Dose	Route	Frequency	Start Dt.
1 tab	PO	12th hourly	18/6

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

Additional Instructions:
 1 tab = 20mg

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

As per doctor order
 June 18/6/16 at 9:10 AM
 As per doctor order
 June 18/6/16 at 9:10 AM
 Signature
 As per doctor order
 June 18/6/16 at 9:10 AM
 VERIFIED BY: at 9:10 AM

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

Signature
Name

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																				

Patient Name : Mast LINGAMPALLY MANVIK UHID : VIH-00205382 IPD : IP-00060393 Gender : Male Age

VIH-00205382 IP-00060393
 Master LINGAMPALLY MANVIK
 26-01-2016 10 Y 4 M 23 D (M)
 Dr. Neha Jain



wt: - 56.6 kg
 Ht: - 147 cm
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master. manvik Age : 10Y
 Date : 18/6/26 Time of Arrival : 8:4 AM

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known
 Source of Information: Parents Others (Specify) _____

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.2°F PR: 81b/M BP: 114/78 RR: 18b/M SpO₂: 98% coblation Adenoidectomy
 Chief Complaints: septoplasty + turbinatelectomy, Bil Concha Bullosa excision

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased	<input type="checkbox"/> Unstable:	
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input type="checkbox"/> Not - Life - Threatening	
Circulation / Colour		<input type="checkbox"/> Life - Threatening	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding			

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 120 min

NOTE: All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.
 * CTAS - Canadian Triage and Acuity Scale
 Signature of Parent / Guardian: [Signature]
 Triage Completion Time: 8:08 AM

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? Yes No
- Have you had cough or a rash in the past 2 weeks? Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : [Signature]
 Date & Time : 18/6/26 @ 8:8 AM

Signature of Triage Nurse : [Signature]



ESTIMATION SLIP

17.11.18

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 12/06/26 UHID/IP No.: V114-205382 Sl. No.: 28883

Name of Patient: Mast L Manuik Age: 10 ys Gender: M

Father's / Husband's Name: Mr L. Srinivasu Corporate/Occupation: put

Address: Alway Phone: 7799099898 / 9908651332 Email:

Procedure/Plan: Septoplasty + Turbinoplasty + Concha Bullosa Excision + Adenoidectomy DOS:

MODE OF PAYMENT: SELF TPA: HEALTHIM GIPSA: OTHER

TARIFF INFORMATION: DR. Nisha Jain

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			1	2	12 Noon		to		
Doctor's Fee			1	2	12 Noon		Billing		
Tax	8,000		13,000	16,500					

PARTICULARS		AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T Charges		2,95,000/-	
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: 4,800/-	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-1,000/-	IPF-1,500/-	MED-2,500/-, Diet-1,000/day
Others	Consultant	2,500/day	5x-D.A 5x/pt
Initial Minimum Deposit	20,000/-	Evac	prob - 27,000/-

- MARKS:**
- 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 / Modes of Procedure (like Laparoscopic, Thoroscopic, etc) / Unilateral to Bilateral Procedure.
 - 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.
 - 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.
 - 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.
 - 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.
 - 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 ICUs.
 - Tariffs are subject to revision.
 - Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

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

Signature of the Client: L. LEEVA DEVI Signatory Relationship: _____ Signature of the Financial Counselor: _____