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DISCHARGE SUMMARY

Name	Master BACHU ARSHIVV	**UHID**	FDH-00024644
Father/Guardian	Mr BACHU ARUN KUMAR	**Age/Gender**	2 Y 0 M 16 D/ Male
Address	gachibowli, Gachibowli, Hyderabad, Telangana, INDIA, 500032		
IP No	IP25-00020705	**Admission Date**	29-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

Consultant:
Dr Mukta Subhash Waghmare
MBBS, DNB, MCH
FMAS (Pediatric Surgeon)
Consultant Pediatric Surgeon & Urologist
Reg. No: 08964

DIAGNOSIS
TONGUE TIE AND UPEER LIP TIE

Procedure: Tongue tie and Upper lip tie release done on 29.04.2026.

History: Master. BACHU ARSHIVV, 2 Y 0 M 16 Days, old male child, presented with history of Tongue tie and Upper lip tie release prior to admission. For the above complaints child was admitted at Rainbow Children's Hospital - Financial district for surgical management.

Examination: Child was afebrile(98*F), maintaining saturations(99%) at room air & hemodynamically stable. Heart rate was 114/min, Blood pressure - 99/76mmHg and Respiratory Rate - 26/min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdome soft with no organomegaly. Examination of other systems was normal.

Weight on admission : 10.7 kilo grams.

Name	Master BACHU ARSHIVV	**UHID**	EDH-00024644
IP No	IP25-00020705	**Admission Date**	29-05-2026

Investigations: Enclosed reports.

Indication for surgery : Tongue tie and Upper lip tie.

Surgical Procedure : Tongue tie and Upper lip tie release.

Surgery Notes:
- Tongue tie & Upper lip tie release done.

Post - Operative Notes: Post operative period was uneventful. Child was initiated on oral feeds gradually which child tolerated well. Child remained hemodynamically stable during the hospital stay and operated site remained healthy. Child is being discharged with the following advice.

Advice:
* Zytee gel for local application thrice daily (10 minutes before food).
* Syrup. Ibugesic, 3.5ml Thrice daily for 2 days.
* Syrup. Bevon 5ml once daily after food for 15 days.
* Syrup. Ibugesic 4.5 ml twice daily for 2 days.

Review consultation with Dr. MUKTA SUBHASH WAGHMARE, after 3 days on 02.05.2026 in OPD at Financial District with prior appointment **(Review consultation will be charged).**

Follow up immediately in Emergency Room if high grade fever, vomiting, bleeding from operative site or severe pain occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I

Name	Master BACHU ARSHIVV	**UHID**	EDH-00024644
IP No	IP25-00020705	**Admission Date**	29-05-2026

acknowledge.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/D.M.O/Resident

Consultant:
Dr Mukta Subhash Waghmare
MBBS, DNB, MCH
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SURGERY DETAILS

Date : 29/5/26

Patient Name: Mast. Bachu Arshivv Date of Birth: Age: 2Y

Gender: M Ward : OT UHID No.: FDH-0024644

Date of Surgery: 29/5/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Upper lip + Tongue tie Release.

Time in : 10:15 Am Time Out : 10:30 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Mukta	
2.	Anaesthetist	: Dr. Mohan	
3.	Assistant Surgeon	: "	
4.	OT Technician	: Br. Prasanth	
5.	Circulating Nurse	: Br. Subhadeep	
6.	Assistant Nurse	: Br. Rajini	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 581791/792 Order by: Madhuvani B

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

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MAC TONGUE TIE

CONSUMABLES OF OT

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Circulating staff :..... Technician : Prashanth Date : 29/05/2026 Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves 6½ to	2	2	Surgical Gloves		
02 cc		01				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 15		1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil		1			
NS : 10ml / 100ml / 500ml / 1000ml		02	Koochies					
MEZOLAM		01	Ointments					
CARDIOGRAPHY (P)		01	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		2			
Ketamine			Mop Pack					
Propofol		01	Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon
Order No 51782 NSG
Doc. No. : RCH / FRM / GENERAL / 125

Anaesthesiologist DR. MOHAN. 581794 (TEDY) Ordered by : Amar

Nurse Raji Ni

OT Technician

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020705 **Admit Date** : 29-May-2026 **Admit Time** : 07:30 AM **UHID** : FDH-00024644

Patient Details :

Patient Name	: Master BACHU ARSHIVV	**Age**	: 2 Y 0 M 16 D
Guardian	: Mr BACHU ARUN KUMAR	**DOB**	: 13-05-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: gachibowli Gachibowli Hyderabad Telangana INDIA 500032	**Phone No**	: 8897908686
		E-mail	: 8897908686@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : POST-OP-01 **Ward Name** : 4F -OT

Room No : POST-OP-01 **Admission Type** : First Visit

Contact Details :

Name : Mr BACHU ARUN KUMAR **Relationship** : S/O

Contact Address : gachibowli Gachibowli Hyderabad Telangana INDIA 500032 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. MUKTA SUBHASH WAGHMARE **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name: ----------

UHID No : ---------- IP No : ------ FDH-00024644 IP25-00020705 Master BACHU ARSHIVV 13-05-2024 2 Y 0 M 16 D (M) Dr. MUKTA SUBHASH WAGHMARE ---------- Dept : ----------

Date of Admission : ---------- T scharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/2026.	9.30 A.M.	E R.	U T.	A. Roy.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
29/5/26	CBP,	18829.	A. Roy.
	ORBS = 88. Mg/dL.	18828.	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/5/26.	IV Placement.	(1)	81714.	A-Roy,
27/5/26	PAC DONE IN OP BASIS.		443969.	A Roy.

ANY OTHER INFORMATION

Date : 29/5/26 Time : Prepared By : Anand

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ankush.	OT.		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/B ⊘ Mobility	
29/5		
7:30AM	D: Cam for Upper lip & Tongue Tie release.	
	-Last food - 9:30PM	
	- Last liquid - 9:30PM	
	O/E	
	H.stable Clear	
	Alert/active	① NPO
	HR-110/min	
	RR-32/min	② IVF
	BP - 86/52	
	SpO2 -100%	③ Inj Xone Stat
	RS - clear.	
		④ Shift to OT.
		⑤ CBP.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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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: ER Shifted to: OT

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Mohd Mohsin

Date & Time : 29/5/26

Nurse Name & Signature: Thabitha

Date & Time : 29/5/26 @ 7AM

Docu. No. : RCH / FRM / GENERAL / 090

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DRUG CHART

Date of Admission: 29/05/24 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 .....

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Dr. MUKTA SUBHASH WAGHMARE

REGULAR PRESCRIPTIONS

Weight. 10.7 kg. Ward. .....

DRUG : Inj. PARACETAMOL | Date / Time

Dose	Route	Frequency	Start Date
150mg	IV	8H	29/5

Name & Signature of the Doctor Starting the Drugs: Mch

Additional Instructions: (Post Sx)

Daily Doctor's Endorsement by a Sign

DRUG : Inj. PANTOPRAZOLE | Date / Time

Dose	Route	Frequency	Start Date
40mg	IV	OD	29/5

Name & Signature of the Doctor Starting the Drugs: Mch

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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 : | Date / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

DRUG :	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.
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
29/5	7:45AM	INJ. CEFTRIAXONE	500mg	IV	MS	Ameya RUPALI

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

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Dr. MUKTA SUBHASH WAGHMARE

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/5	7:30AM	DNS	IV	40	MM	A.Roy	29/5/26		(illegible) Accy

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

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last food :- 9:30 pm
last liquid :- 9:30 pm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : M/. Arshiv Age : 2 4 Gender: ☑ Male ☐ Female

Date : 29/5/26 Time of Arrival : 7:20 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: 98F° PR: 146/m BP: 99/76 RR: 30b/m SpO_2: 100%

Chief Complaints: C/O came for upper tip of the tongue tie.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:22 Am

Communicable Disease Triage Screening

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

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

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

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

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Sreenija

Signature of Triage Nurse : .....

Date & Time : 29/5/26 @ 7:21 Am

Docu. No. : RCH /FRM / CLINICAL / 085

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INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/5/26 Time of arrival : 7:20 Am

Chief Complaints: C/O came for upper tip of the tongue RBS: .....

Height : ..... Weight : 10.7kgs BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: ..... 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 Parents

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

Time of Initial assessment completed by ER Nurse : 7:22 Am

(P.T.O.)

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

Time	Nursing Notes
7:30Am	✓ Assess the baby Condition - vital checked and record - inform to doctor - Doctor Mohith seen the pt

Samples collected by: Thabitha Time: 7:50Am

Samples sent by : Rupak. Time: 7:54Am

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:50Am	Inj: Ceftriaxone	I/V	500mg		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 124 b/m BP: 90/54 CFT: 2sec RR: 26 b/m SPO_2 : 98% GCS: 15 Temperature : 98.4°F Pain Score: 0/10 Repeat RBS (if applicable): -	Shift - out from ER to: OT Time of Shift - out: 9.30 A.M Handover given to: ..... (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement

Name of the Nurse : Aneena Signature of the Nurse : A

Date & Time : 29/05/26

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Bachu ARSHIVV Age: 2Year Sex: Male UHID.No :

Date: 28/5/2024 Time: 1:20pm Proposed Operation: upper lip tie & tongue tie release

Diagnosis: upper lip tie & tongue tie

B.P / CRT: ..... H.R: ..... Weight: 10.7kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: NO

Medical History: CVS : NVD/Term/B.wt-2.35kg/CIAB/NICU stay for phototherapy for Neonatal Jaundice -3-4 day

RESP :

CNS : Nothing Significant

Renal : No H/o fever/cold/cough

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: NO

Physical Exam:

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

Lungs : B/L AE (+) clear.

Heart: S1S2

CNS:

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : | Spine Exam for regional :

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 – solids
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

.....

.....

Signature: ..... Name: Dr. S. Mohan .....

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

Patient Sticker

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: 130 bpm	B.P / CRT: 90/66	SpO_2: 99% @RA	R.R:	Last Feed:

Pre-OP Diagnosis: Tongue tie & upper lip tie Operation: Tongue tie Release Date: 29/5/26

Surgeon: Dr. Muthuraj Anaesthesiologist: Dr. Kruthika, MD-Intern Technician: Suresh

TIME	10:15	10:30AM																							
N_2O /AIR /O_2 LPM																									
HALO /SO /SEVO																									
Drugs:																									
Inj- MIDAZOLAM 0.5mg IV																									
Inj- PROPOFOL -20mg+20mg+20mg+10mg																									
FIO_2 / SaO_2	99%	98%																							
$ETCO_2$																									
ECG	SR	SR																							
Temperature																									
Urine Output																									
Fluids																									
Blood																									

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

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

Position: Supine

☐ 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: 10:15AM
OP Start: .....
OP End: .....
Leave OR: 10:30AM

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

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

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

O_2 Nasal prongs 2L/Q

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

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
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. S. Rao
Signature of the Doctor: S

Patient Sticker

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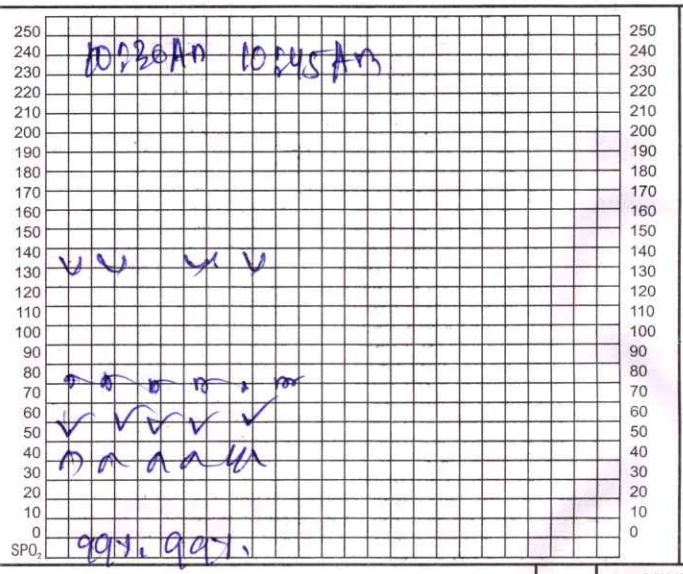
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Br. Subhadeep Time Received : 10:30 Am Time Discharged : .....



IV Cannula Site : (R) Hand

- ☐ 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 : yes

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	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION		1	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR		2	2	2		
	TOTAL		8	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/5/26			As per Axon	

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 : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : Br. Subhadeep

PACU Nurse Signature: .....

Date & Time: 29/5/26

Transferred to Unit by (PACU): .....

Date & Time: .....

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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: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Bachu ARSHIVV Age : 2Year Gender : Male ☑ Female ☐

UHID NO: ..... Surgeon Name: Dr. Hukuta

Anaesthesiologist : Dr. H. Srinivas

Operative procedure planned : Upper lip tie & tongue tie release

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : laryngospasm, Desaturation, O2 support

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 Bachu ARSHIVV the above mentioned operation / Diagnostic / Therapeutic procedures Upper lip tie & tongue tie release

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☑ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

~~Patient~~ / Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: Father

Date & Time : 28/5/2026, 1:20pm

Witness :

Signature : A. Roy

Name : Ankush

Date & Time : 29/5/26 @ 9.30 P.M.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. S. Mohan

Date & Time : 28/5/2026, 1:20pm

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OPERATION THEATER NOTES

FDH-00024644 IP25-00020705
Master BACHU ARSHIVV
13-05-2024 2 Y 0 M 16 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient's Name ..... Age : ..... Gender : .....

UHID.: ..... P.No. : ..... Weight : .....

Surgeon :	Asst. Surgeon : —
Anesthetist : Dr- Usha	OT Nurse : Sr- Ranjini
Surgical Procedure : Tongue tie and upper lip tie release	
Indications for Surgery : Tongue tie and Upper ~~tie~~ lip tie	
Date : 29/5/24	Start Time : 10:15 AM / End Time : 10:30 AM

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

Tongue tie & upper lip tie release done cautery.

POST - OPERATIVE ORDERS :

full diet

- ZYTEE gel 4A 3-4 times/day 1 min before feeds.

- Syp. IBUGESIC 3.5ml TID x 2 day

- Syp. BEVON 5ml OD x 1 day

R/V SOS

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 29/5/26 Time : 10.15pm.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00024644 IP25-00020705 Master BACHU ARSHVV 13-05-2024 2 Y 0 M 16 D (M) Dr. MUKTA SUBHASH WAGHMARE	28/5/26 @ 7:30 am	28/5/26 @ 9.30 A.M.
	Transfer Ordered by DR. Mohith	Reason for Transfer Admission
From Unit GF	To Unit OT.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File -14-	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ OP If yes, what ? File given

Medications / Consumables / Surgicals / Hand over ✓ Nursing

Sl.No.	Item Name	Quantity
1.	DNS, Intrafix	(1)
2.	High pressure	(1)
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Thabitha	DR. Mohith

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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