

CUV-00116631 IP5-00174420
 Baby RISHIKA MADDU
 09-04-2022 4 Y 1 M 19 D (F)
 Dr. HARISH JAYARAM



SURGERY DETAILS

Date : 28/5/26

Patient Name: Baby Rishika Maddu Date of Birth: 9/7/2022 Age: 4y

Gender: F Ward: O.T UHID No: CUV-00116631

Date of Surgery: 28/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Laparoscopic right inguinal herniotomy

Time in : 8:20 Time Out : 9:40am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Harish Jayaram	
2. Anaesthetist	Dr. Ranichandra	
3. Assistant Surgeon	-	
4. OT Technician	B.P.U.	
5. Circulating Nurse	Rama Devi	
6. Assistant Nurse	Sujata	

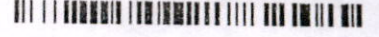
Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon: Signature of Circulating Nurse:

Order No: 8630862 Order by: Suma

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174420 Admit Date : 28-May-2026 Admit Time : 06:56 AM UHID : CUV-00116631

Patient Details :

Patient Name : Baby RISHIKA MADDU Age : 4 Y 1 M 19 D
Guardian : Mr MADDU PRANEETH DOB : 09-04-2022
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO -2301, MY HOME TRIDASA ,
TELLAPUR , Ramachandra puram Sangareddy
Telangana INDIA 502032 Phone No : 9949399758/ 9502725808
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 404 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 404 Admission Type : First Visit

Contact Details :

Name : Mr MADDU PRANEETH Relationship : Father
Contact Address : FLAT NO -2301, MY HOME TRIDASA ,
TELLAPUR , Ramachandra puram Sangareddy
Telangana INDIA 502032 Phone No : 9949399758 / 9502725808

✓ Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM Specialisation : PEDIATRIC SURGERY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Technician : Date : 28/5/26 Time : 8 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4042515	111	01	Major Pack	1	1	Inj Vit.K		
LMA 4212	111	-	Sutures 9915	2	1	Cord Clamp		
ECG leads : A P/N	5	03	2303 2304	2+2	-	Suction Catheter		
HME filter : A P/N	1	01	2437	2	2	Feeding Tube		
Syringes : 10 cc	10	-				Vacuum Suction Set		
05 cc	10	4	Gloves			Surgical Gloves		
02 cc	10	2	6 61 7 71	2+2	111	Gauze Pack		
01 cc	5	-	22 6 6 7 7	2+2	-	Syringe 1ml / 2ml		
Cautery plate : A P/N	1	01	Surgical blade 11+15	111	1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	01	Cautery pencil	1	-	NS 500ml	1	1
NS 10ml / 100ml / 500ml / 1000ml	111	01	Koochies			10cc See	2+2	-
minispike	1	0	Ointments			Jelly		
O2 mask	1	-	Suction Catheter			Theroflex	1	-
Fentanyl	1	01	Cap, Mask	5/5	5/5			
Morphine			Gauze Pack NTR	3+3	2			
Ketamine			Mop Pack	1	-			
Propofol	3	02	Steristrip					
Rocuronium	1	01	Underpad	1	1			
Glycopyrolate	1	01	Draw sheet	1	0			
Myopyrolate + Neo	2	02	Abgel			Adrenaline + Atropine 111	111	111
Ondansetron	1	-	Foleys catheter			Midazolam + Ephedrine 111	111	111
Pencan 25g/ Spinal Needle 22	1	01	Urobag			Toxicard + 10x21 jelly 111	111	111
Bupivacaine 0.25%	1	01	Chest Drainage Catheter			NG + suction	5+5	-
Bupivacaine 0.25%(Heavy)			Romodrain bag			Oral Air way		-
Antibiotics			Bandage			0.1	111	111
IV. pcm	1	01	Tegaderm			Nasal Air way 2022 111		-
Suppositories			loban			50cc + proline	111	-
Anamol : 80mg / 250mg / 170 mg			Double J Stent				111	-
Supridol : 100mg			Vacuum Suction set			DEXMED 50	1	-
Justin : 25 mg / 25mg / 100mg	111	01	Plastic Bed Sheet	1	-	ASite + splint (103)	111	-
Tab. Misoprost : 200mg			Betadine Solution	1	1	transpor	1	1
Zway 10+100cm	111	01	Microshield	1	0	MICROPOX	1	0
GLOVE all + Gauze	4+4	01	Cotton Balls	1	1	duroPOX	1	0
Tranexa + Dexa	111	-	Latex Gloves	SP	10/1			
O2 Mask (P)	1	-	Ramdione Scrub					
IV cannula (22, 24)	111	-	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9630888 Ordered by :

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Dr. HARISH JAYARAM



ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/05/20	7:45 AM	ER	OT	Annab
28/5/20	11:20 AM	OT	Billing	Suman

Cross Consultation Visit

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



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

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Dr. HARISH JAYARAM



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name: Baby Rishika Maddu Age/Sex 4Y / Female

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cf. swelling in (R) groin region : 20 days
before admission

History of present illness :

No child apparently asymptomatic 20 days ago

Parents noticed swelling in (R) groin region.
Insidious onset.

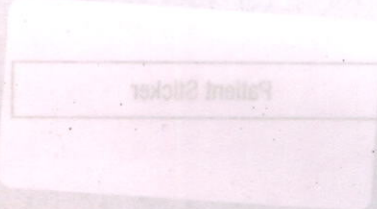
No H/o trauma.

Swelling increasing in size while coughing or
straining for stool

Swelling decreasing in size while child lies down

No c/o fever, vomiting, colicky abdominal
pain.

No c/o burning micturition, bleeding P/R.



Pediatric Multiorgan History & Physical Examination

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

No. of similar complaint in the past —

Birth & Neonatal History:

Full term | EL LSCS | CIAB |
Breast fed till 6mo age.

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Achieved milestones accordingly to age.

Immunization History :

Immunization upto date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 103.5 cm (Centile _____)
Weight (kgs)) 13.5 kg (Centile _____)

On Examination :

Temperature : 98.4 F Pulse Rate : 110 bpm B.P. 97/69 mmHg SPO2 99% RA
Resp. rate and type of breathing : 20 cycles / min

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

Respiratory System :

Inspection (any s/o distress) : No
Air entry & breath sounds : BAE (+)
Any added sounds : No
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : S1 + S2
Any murmur : No
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection soft
Palpation : Reducible swelling (R) groin . Cord impulse (+)
Auscultation : Bc (+)
Spine : (N) External Genitalia : (N)
Relevant data from outside (CT, USG etc.,) _____

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Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutrition : well nourished.

Tone: normal Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : -None-

Reflexes : normal

DTR (N)

Superficials: (N)

Plantars _____

Sensory System :

WNL

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Right Reducible Inguinal Hernia



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : To reduce (R) injured organ swellly

Planned Labs:

CBP
2 W/B
Sam
28/5/26
u.com

Planned Management

Laparoscopic Right
Hemiotomy
Sam
28/5/26
com

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Nikhita
Date & Time: 28/5/26

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Harish
Date & Time: 28/5/26



OPERATION THEATER NOTES

Patient's Name: Baby. Rishika Maddu Age: 4y Gender: Male Female

UHID No.: CUV-00116631 Weight: 13 Kgs Height: —

Surgeon: DR. Harish Jayaram Asst. Surgeon: —

Anesthetist: DR. Ravi OT Nurse: Sujata Rama OT Technician: Bapu

Pre-Operative Diagnosis: RIGHT INGUINAL HERNIA

Surgical Procedure: LAP. RIGHT INGUINAL HERNIOTOMY

Indications for Surgery: RIGHT INGUINAL HERNIA

Date: 28/5/26 Start Time: 8:47AM End Time: 9:20 AM

Pre Operative Preparations: Betadine skin prep.

Post Operative Diagnosis: RIGHT INGUINAL HERNIA

Peri-Operative Complications: None

Operation Notes: Findings → Patent Right deep inguinal ring with omentum as content
→ Left deep inguinal ring closed.
→ Right herniotomy done laparoscopically.

Steps → ① position supine, abdomen painted, draped.
② 5mm supra-umbilical camera port placed & pneumopentoneum created at 10mmHg pressure & 2lit flow.
③ 3 mm working ports in left & right lumbar region

- ④ Peritoneum incised circumferentially around the right deep ring & sac partially excised
- ⑤ Right deep ring closed with vicryl 3-0 purse string suture.
- ⑥ Port sites closed in layers

Amount of Blood Loss: < 1 ml

Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination: —

Peri-Operative Complications:

Advice on discharge

— SYP PARACETAMOL (240 mgs/5ml)
(CROCIN-DS)

3.5 ml Thrice daily x 3 days

— Review on Monday at 9 AM in 4th floor
OT complex for dressing removal

— To report to hospital in case of severe pain,
bleeding from the operated site.

Name of the Surgeon:

D. Harish Jayaram

Signature of the Surgeon:

[Handwritten Signature]

Date & Time:

28/5/26 9.20 AM

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

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

1. Laparoscopic Right Herniotomy
 2. _____

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>- Cure of right inguinal Hernia</u>	<u>- None -</u>

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

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

a. Bleeding, infection & rarely recurrence explained
 b. _____

- 1. I authorize Dr. Harish Jayaram and his / her team to perform the procedural sedation upon the patient / myself.
- 2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- 3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: H. Praveeth
 Name: H. Praveeth
 Relationship with patient: Father
 Date & Time: 28/5/26 08A

Witness:

Signature: Sani
 Name: Sani
 Date & Time: 28/5/26 08A

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Harish Date: 28/5/26 Time: 8 AM.

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు సాధ్యమైనవి నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.	
b.	

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : DR. Harish Jayaram
 Asst. Surgeon :
 Anaesthetist : DR. Ravi
 Scrub Nurse : Srisathy

Patient Name: Baby. Rishika Age: Any Gender: F
 UHID No. CUV-0015531 Surgery Name: R. Lap Hernioplasty
 Date: 22/5/26 In-time: 8:20AM Out-time: 9:50AM

CUV-0015531 IP5-00174420
 Baby RISHIKA MADDU
 09-04-2022 4 Y 1 M 19 D (F)
 Dr. HARISH JAYARAM


Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>8:16AM</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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>Ashwary</u>	
Name : <u>Dr. ASHWARYA A.</u>	

TIME OUT	Time: <u>8:46AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
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 type="checkbox"/> Yes <input checked="" 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>[Signature]</u>	
Name : <u>J. RIMADEVI</u>	

SIGN OUT	Time: <u>9:20AM</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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>[Signature]</u>	

CUV-00116631 IP5-00174420

Baby RISHIKA MADDU
09-04-2022 4 Y 1 M 19 D (F)
Dr. HARISH JAYARAM

Patient SI



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 28/5/26

Department : O.T Duration of Procedure : 1 hrs

Name of Surgeon : DR. Harish Jayaram Date of Admission : 28/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input checked="" type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of the Antibiotic :	
2.	Hair Removal <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes : 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 type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Date & Time of antibiotic administration : Date & Time procedure started : 28/5/26 @ 8:47 AM	

- 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



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Harish Jayaram

Date : 28/5/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

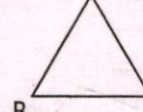
Start Time of Assessment: Weight: 13.4 kg

Allergic History: nil

Chief Complaints:
No swelling right groin region noticed by parents since 2 weeks on/off in nature, Reducible no H/O episode of pain, Increase in size of swelling

Pediatric Assessment Triangle

A Appearance - TICLS



B Breathing Normal Abnormal

- ↑ WOB
- ↓ WOB
- Normal
- Gasping / Apnea

- Pallor
- Cyanosis
- Mottling
- Bleeding

Initial Physiological Status: Stable Unstable

- Life Threatening
- Non Life Threatening

Any urgent interventions needed: Yes No

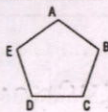
If Yes

Significant Past History: nil

Medication History: nil

Relevant Investigations: USA Abdomen (19/5/26) → Right inguinal hernia with omentum as content

Primary Assessment



Airway Open Maintainable Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing Rate: 24/min SpO₂ on FIO₂ 98% RA

Any urgent interventions needed: Yes No


If Yes

- Rhythm: Regular
- Retractions: Suprasternal ICR SCR
- Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAE ⊕

Palpation Findings (if necessary)

Circulation  HR: 113/min CFT Central Peripheral *lesser* Any urgent interventions needed: Yes No


BP: 103/58 (67) mmHg Murmurs: Yes No

Pulse Volume: Central Peripheral *Good* Liver Span:

If in Shock: Compensated Hypotensive ECG:

Muffled Heart Sound: Yes No Any Signs of Heart Failure: Yes No


Engorged Neck Veins: Yes No

Disability  GCS: 15/15 AVPU: Any urgent interventions needed: Yes No

Pupils: Responsive Non-Responsive Size Right Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure  Temp.: 98.2°F Any rash: Yes No, Any urgent interventions needed: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises If Yes

Describe:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
- Shock - Compensated Hypotensive
- Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

CRP

~~Vitamin D~~

N/S

Shaw

28/5/26

Treatment Planned:

1) NPO to continue

2) IVF D5C @ 40ml/hr

3) Shift to OT

4) laparoscopic hernioplasty

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (if necessary): *Reducible Right Inguinal hernia*

Assessment done by Name of the Doctor: *Sai* Sr. Doctor on Duty (if necessary) Name of the Sr. Doctor:

Signature: *[Signature]* Signature:

Date & Time: *28/5/26* Date & Time:

CUV-00116631 IPS-00174420
Baby RISHIKA MADDU
09-04-2022 4 Y 1 M 19 D (F)
Dr. HARISH JAYARAM

Patient



POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparoscopic Rt. inguinal herniotomy

Post-Surgical Diagnosis: Right inguinal hernia

Post-Operative Monitoring Parameters /Frequency:

vitals Q15H x 1hr

Wound Care:

dressing in situ . watch for drainage .

Drain /Special Lines/Catheters:

-

Special Patient Positioning and Requirements:

-

Nutritional Instructions:

allow orally once fully awake

When to Start Mobilization:

as early as possible once fully awake

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Date: 28/07/16 Time: 9:30am

Treating Surgeon
(Signature & Stamp)

Dr. Parake

Note: Plan of care will be readjusted if necessary.

CUV-00116631 IPS-00174420
 Baby RISHIKA MADDU
 09-04-2022 4 Y 1 M 19 D (F)
 Dr. HARISH JAYARAM



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: 07

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 28/5/26 Sai Inf

Date & Time : 28/5/26 @ 7 AM

Nurse Name & Signature: Shavani B

Date & Time : 28/5/26 @ 7:43 AM



DRUG CHART

Date of Admission: 28/5/26 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



REGULAR PRESCRIPTIONS

Weight. 13.4kg Ward. 05

DRUG : INJ PARACETAMOL				Date Time																
Dose	Route	Frequency	Start Date																	
200mg	IV	Q8H	28/1/26																	
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																				
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																				



I.V. FLUIDS CHART

Weight: 13.4 kg Ward: 2A

Signature

VERIFIED BY Name

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
28/5		IVF. DNS	IV	40ml/hr	Sai				Not Connected
28/5/20	8:30 AM	RINGER LACTATE	IV	130ml/hr	@1mg	[Signature]		[Signature]	[Signature]

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: BABY RISHIKAM Age: 4YIM Sex: ♂ UHID.No: CUV 0011 663
 Date: 27/5/20 Time: 4:29 PM Proposed Operation: RIGHT ENGUINAL HERNIA
 Diagnosis: RIGHT LAPAROSCOPIC HERMIA
 B.P / CRT: 130/80 H.R: 112 Weight: 13kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:
 Hgb: 11.2 Glucose: _____ Protein: _____ HIV: _____ X-Ray: _____
 PCV: _____ Urea: _____ Alb: _____ HBS Ag: _____ ECG: _____
 WBC: 6700 Creat: _____ Total Bill: _____ HCV: _____ 2D Echo: _____
 Plate: 522 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 known allergy

Medical History: CVS: -
 RESP: - no cough, cold fever Diabetes: - CSAB
 CNS: - Birth wt 28
 Renal: - no NCV admission
 Hepatic / GE: - Physical Activity: Active playpit
 Others: -

Past Anaesthetic History: _____
Physical Exam:
 Airway: MP 1 (2) 3 4 Mouth Opening: fully Mentohyoid Distance: (C) Neck: (C) Teeth: no loose teeth
 Lungs: clear
 Heart: S1S2
 CNS: NAD

Pregnant: Yes No NA Venous Access Site: LOL RUL Spine Exam for regional: SPACES WELL FELT
 Anaesthetic Plan: MAC REGIONAL GA-ETT LMA
 Peri-Operative Plan Explained to the Patient: Yes No

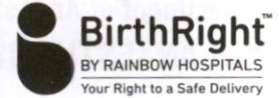
CURRENT MEDICATIONS	DOSAGE
_____	_____
_____	_____
_____	_____
_____	_____

- Pre-Operative Instructions:**
- DVT Prophylaxis: _____
 - NIL ORAL: Water / ORS 2 Hours COCONUT WATER
Others 6 Hours MILK / SOLID FOOD
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: _____

Signature: Aditi Name: Dr Aditi N



ANAESTHESIA CHART



Pre Induction Assessment: 8:20 AM.

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 123/min B.P/CRT: 93/42 SpO₂: 100% R.R: 22/min Last Feed: >6hrs

Pre-OP Diagnosis: Inguinal Hernia Operation: Laparoscopic + herniotomy Date: 28/5/26

Surgeon: Dr. Harish Jayaram Anaesthesiologist: Dr. RC / Dr. AK / Dr. AL Technician: Babu.

TIME	8:20	8:30	8:40 AM	9:00 AM	9:00 AM
N ₂ O (AIR) O ₂ LPM	0.5				
HALO/ISO/SEVO/MAcI					
Drugs:	Inj. MIDAZOLAM 0.9mg Inj. FENTANYL 30mcg Inj. PROPOL 30mg + 20mg Inj. ROCURONIUM 7mg Inj. PARACETAMOL 200mg				
FiO ₂ / SaO ₂	100 / 99	100 / 99	100 / 99	100 / 99	100 / 99
ETCO ₂	46	47	47	48	44
ECG	SR	SR	SR	SR	SR
Temperature	35	35	35	35	35
Urine Output					
Fluids Blood	RC @ 130ml/h				
B.P	120/80				
V Systolic	120				
A Diastolic	80				
X Mean	93				
• Heart Rate	123				
Tourniquet on Time					
Tourniquet off Time					
Throat Pack In					
Throat Pack Out					

LAB Values

ABG

GRBS

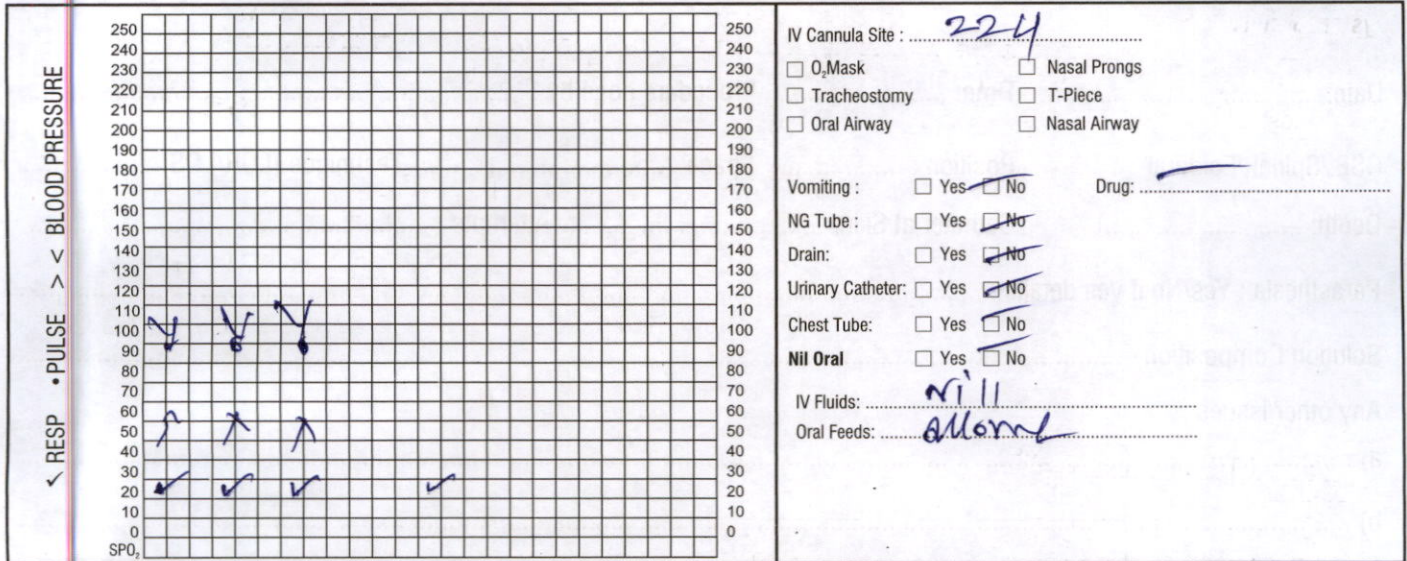
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: OLL <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site: skin <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: supine <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input checked="" type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: 8:20 AM OP Start: 8:35 AM OP End: 9:40 AM Leave OR: Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: OLL 22g <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# 4.5 at 14 cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical Drug: Rocuronium <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# mac2 Attempts: 1 Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Caudal Others: Position: Lateral Site: Sacrocaudal space Needle Size: 20G QB Depth: 2cm. Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin cm Drug Name & Conc: 0.25% Bupivacaine Bolus: 13ml. Infusion: Block Level: Adequate Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: Dr. Anshu Signature of the Doctor:
--	---	---	--



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Suma Time Received: 8:40 AM Time Discharged: 11 AM



IV Cannula Site: 224
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting: Yes No Drug: _____
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral: Yes No
 IV Fluids: nil
 Oral Feeds: allowed

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	1	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		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	1	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	8	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	10:30 AM	02/10	NA	<u>Suma</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name: Dr. Sumith

Anaesthesiologist Signature: _____

Date & Time: 28/5/26

PACU Nurse Name: Suma

PACU Nurse Signature: _____

Date & Time: 28/5/26 at 10:33 AM

Transferred to Unit by (PACU): Suma Datta

Date & Time: 28/5/26 at 11 AM

