Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 13-05-26

Patient Name: D Nithya AARADHYA Date of Birth: 19-07-2021 Age: 4Y

Gender: F Ward : P. OT UHID No.: BAH-00510960

Date of Surgery: 13/05/26 ☐ OT-1 ☐ OT-2 ☑ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : COMPREHANSIVE ORAL REHAB

Time in : 9:00Am Time Out : 10:00Am

		NAME	AMOUNT
1.	Surgeon	SRINIVAS.D	D.P.T
2.	Anaesthetist	Dr. Shabna	
3.	Assistant Surgeon		
4.	OT Technician	Vijay	
5.	Circulating Nurse	Bikhi	
6.	Assistant Nurse	Benjamin	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others CRCLBET 9000/- FOR CROWNS

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 960FF93 Order by: Kumar

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

BAH-00510960 IP5-00173757
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

Rainbow Children's Hospital
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CONSUMABLES OF OT

Dental

Date : 13/5 3252

Circulating staff ......

Technician : ......

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Ba...
ET tube (4.0 (4.5) 5.0	1+1+1	1	Major Pack Drape	1	1	Inj Vit.K
LMA 2	01		Sutures			Cord Clamp
ECG leads : A / (P) / N	05	3+2				Suction Cathete...
HME filter : A / (P) / N	01	1				Feeding Tube
Syringes : 10 cc	20	8	Gloves PF 6, 6.5 (7) (7.5) 2+2+2+2	1+1		Vaccum Sucti...
05 cc	20	6				Surgical Glov...
02 cc	10	4				Gauze Pack
01 cc	8	—				Syringe 1ml
Cautery plate : A / (P) / N	01	—	Surgical blade			Surgical Bla...
IV set	01	1	NG tube			Koochies (S...
RL	01	1	Cautery pencil			NS 5...
NS : 10ml / (100ml) / (500ml) / 1000ml	1+1	1+1	Koochies			26 g n...
	01	0	Ointments			Bar...
	01	1	Suction Catheter	8/8	8/8	10x ...
	01	1	Cap, Mask	4	3	
Fentanyl	01	1	Gauze Pack N			
Morphine			Mop Pack			
Ketamine			Steristrip			
Propofol	03	2	Underpad	1	1	
Rocuronium	01	—	Draw sheet	1	0	
Glycopyrolate	01	1	Abgel			
Myopyrolate 1pred	02	2	Foleys catheter			
Ondansetron	01	—	Urobag			
Pencan 25g/ Spinal Needle 22			Chest Drainage Catheter			O...
Bupivacaine 0.25%	01	—	Romodrain bag			N...
Bupivacaine 0.25%(Heavy)			Bandage			O2 m...
Antibiotics			Tegaderm			
Supcm	01	1	Ioban			
Suppositories			Double J Stent			
Anamol : 80mg / 250mg / 170 mg			Vaccum Suction set	1		
Supridol : 100mg			Plastic Bed Sheet	1	1	
Justin : (12.5 mg) / 25mg / 100mg	01	1	Betadine Solution	—		
Tab. Misoprost : 200mg			Microshield	1	1	
Sury 10ml/(10 cm)	1+1	1	Cotton Balls	1	1	
Gauze + gloves set	5+4	—	Latex Gloves	10p	10	
Dexa + Tranexa	1+1	0	Ramdione Scrub			
IV cannula 22, 24	1+1	—	Saral			
Q. site splint 13	1+1+1	—				

Surgeon

Anaesthesiologist

Nurse

Order No. : 9605836

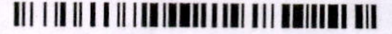
Doc. No. : RCHBH/ FRM / GENERAL / 125

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173757 **Admit Date** : 13-May-2026 **Admit Time** : 07:36 AM **UHID** : BAH-00510960

Patient Details :

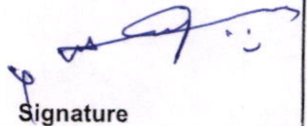
Patient Name	: Baby D NITHYA AARADHYA	**Age**	: 4 Y 9 M 24 D
Guardian	: D S VEDAVYAS	**DOB**	: 19-07-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 2-97/3/1,GANGARAM, CHANDANAGAR MADEENAGUDA Hyderabad Telangana INDIA 500049	**Phone No**	: 9963871700
		E-mail	: na123@gmail.com

Admission Details :

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

Contact Details :

Name	: D S VEDAVYAS	**Relationship**	: Father
Contact Address	: H NO 2-97/3/1,GANGARAM, CHANDANAGAR MADEENAGUDA Hyderabad Telangana INDIA 500049	**Phone No**	: 9963871700 / 9052229520



Signature

Doctor Details :

Doctor Name	: Dr. SRINIVAS NAMINENI	**Specialisation**	: DENTAL
erral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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ACTIVITY RECORD FOR BILLING

BAH-00510960 IP5-00173757
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

Name : ____________________

UHID No. : ______ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : _________ Time: _________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : _______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5	8Am	ER	OT	Annel
13/5		OT	Postop	Berli
13/5	11	PCSA	Billing	[illegible]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/05	CBP	8536	Samshey

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/05	IV Placement	1	5647	Sanjay
	PAC	1	5655	

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00510960 IP5-00173757
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	C/S/B ... doctor	
	Dental caries	
		plan
	O/E	
	child conscious	1) oral rehydration
	...	2) NPO
	... good	3) IVF DNS.
	HR - 110/m	
	S1S2 (+)	4) CBP
	RR - 22/m	
	B/L NVBS	
	P/A - Soft	
	CNS - NAD	
	N/B Annual 13/5/26	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00510960 IP5-00173757
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OPERATION THEATER NOTES

Patient's Name : BABY. D. NITHYA Age : 4Y Gender : ☐ Male ☑ Female

UHID No.: BAH-00510960 Weight : .... Height : ....

Surgeon : DR Srinivas	Asst. Surgeon :

Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis:

Surgical Procedure :
COMPREHENSIVE ORAL REHAB.

Indications for Surgery :
DENTAL CARIES.

Date : 13/5/26	Start Time : 9:20Am	End Time : 9:55Am

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:
U/G G.A WITH NTI
RADIOGRAPHS EXPOSED.
- SS CROWN INSERTIONS on 84,74,64
- RESTORATIONS on 54,55,85,65,75

ANAESTHESIA UNEVENTFUL.

- SOFT FOOD | GENTLE BRUSHING - FOR 3 DAYS

- REVIEW AFTER 3 DAYS.

Rx SYRUP ~~[illegible]~~ IBUGESIC - PLUS

4 ML 1 - 1 - 1 x 3 DAYS.

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Name of the Surgeon: SRINIVAS. N

Signature of the Surgeon: [signature]

Date & Time: 13/5/26 10 AM

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DRUG CHART

Date of Admission: 13/5/22 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 / 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 ....

BAH-00510960
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

REGULAR PRESCRIPTIONS

Weight. 15 kg Ward. ....

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

DRUG :				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				

BAH-00510960 [illegible]
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

Weight. 15 kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/5/26	9:40am	Inj PARACETAMOL	225mg	IV	[signature]	Benis Renu

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

BAH-00510960 IP5-00173757
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

I.V. FLUIDS CHART

Weight. 15 kg 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
13/5	7am	DNS	IV	50	[signature]				
13/5	9:45 am	RINGER LACTATE	IV	150ml/hr	[signature]	[signature] [signature]	13/5	[signature]	[signature] [signature]

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

BAH-00510960 IP5-00173757
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

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 : Akhila [signature]

Date & Time : 13/5/26 @ 8am

Nurse Name & Signature: Anne [signature]

Date & Time : 13/5/26 8 Am

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

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RESULT SHEET

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

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

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

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POST-SURGICAL CARE PLAN FORM

Procedure Done: COMPREHENSIVE ORAL REHAB.

Post-Surgical Diagnosis: DENTAL CARIES.

Post-Operative Monitoring Parameters /Frequency:

—

Wound Care:

—

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

—

When to Start Mobilization:

—

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

Treating Surgeon
(Signature & Stamp)

Date: 13/5/26 Time: 11am

Note: Plan of care will be readjusted if necessary.

Docu. No. : RCHBH /FRM / CLINICAL / 106

BAH-00510960 IP5-00173757
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 13/5/26

To Be Filled In By Assigned Nurse :

Department : P.OT   Duration of Procedure : 30min

Name of Surgeon : Dr. Srinivas   Date of Admission : 13/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic :	[signature]
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : .... Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ ~~No~~	[signature]
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	[signature]
4.	Name of doctor or staff administering the antibiotic : Dr. Srinivas Date & Time of antibiotic administration : 13/5/26 at N/A Date & Time procedure started : 13/5/26 at 9:30 Am	[signature]

- 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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

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FLUID CHART

Sheet No. : ......1......

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
13/5	08:00 am		NPO									
	09:00 am			150ml							0	
	10:00 am	RL		150ml							0	[signature]
	11:00 am		venflon								0	
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Patient Sticker

FLUID CHART

Sheet No. : ....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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

BAH-00510960 IP5-00173757
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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

UHID.No: BAH-00510960

Name: D. Nithya Aaradhya Age: 4y 9m Sex: F

Date: 11/5/26 Time: 4:20pm Proposed Operation:

Diagnosis: Decayed Teeth ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

BP / CRT: <3sec H.R: 98/min Weight: 15.0kg

Laboratory Data:

Hgb: PCV: WBC: Plate: PT: PTT: INR:

Glucose: Urea: Creat: Na: K: Ca++: Mg++: Cl-:

Protein: Alb: Total Bill: Dir. Bill: LDH: Alk phos: Amylase: SGOT/SGPT:

HIV: HBS Ag: HCV: Blood group: T3 T4 TSH

X-Ray: ECG: 2D Echo: Stress/Anglo: Other:

Allergies: NKDA.

NVD / 37 weeks / 2.24kg / No NICU adm

Medical History: CVS: Diabetes:

RESP: on Budecort inhaler 4 puffs a day. Vaccines upto date

PITT HOPKINS Syndrome delayed milestones

CNS: Physical Activity: walking

Renal:

Hepatic / GE:

Others:

Past Anaesthetic History: — MRI ↓ sedation @ 1 year - (uneventful)

Physical Exam: Mentohyoid Distance:

Airway: MP 1 2 3 4 Mouth Opening: Neck: (N) Teeth: All teeth intact

Lungs: BAE (+), clear

Heart: $S_1 S_2$ (+)

CNS: Moving All 4 limbs. Venous Access Site: accessible

Pregnant: ☐ Yes ☐ No ☑ NA regional: (N).

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

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

CURRENT MEDICATIONS	DOSAGE
Budecort Inhaler	4 puffs ✓

Pre-Operative Instructions:

1. DVT Prophylaxis: Coconut
2. NIL ORAL → Water / ORS 2 → Others 6 Hours
3. Informed Consent: ☐ Standard explained
4. Post Operative Pain Management
5. Other Instructions:
   - CBP on DV C...

Signature: [signature] Name: Dr. K. Sri Sirup.

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

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: ☑ Patient Identified

Fasting Status: adequate

H.R: 139

☑ Consent Present

B.P / CRT: 91/52

SpO_2: 100

☑ Chart Reviewed

Pre-OP Diagnosis: Dental Caries

R.R: 20

Surgeon: Dr Srinivas Namineni

Operation: Oral Rehabilitation

Last Feed: >6h

Anaesthesiologist: Dr RC / Dr Shabna / Dr Pradeep

Date: 13/5/2025

Technician: Vijay

TIME	9			10
N_2O /AIR /O_2 LPM	1:1			
HALO/ISO/SEVO	MAC 1			
Drugs:				
Inj MIDAZ	0.6			
FENTANYL	15mcg			
PROPOFOL	30 + 20 + 10			
ATRACURIUM	7.5mg			
PARACETAMOL	225mg			
FIO_2 / SaO_2	100	100		
$ETCO_2$	33	36		
ECG	SR	SR		
Temperature	34	35		
Urine Output				
Fluids / Blood: RINGER LACTATE	100ml/hr			

Antibiotic

Suppository

Blood Loss

NOTES

ABG

LAB Values

GRBS

Others

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

Position: Supine

☑ Pressure Points ... hand 22G

Eye Care:
☐ Oint
☑ Tape

Temp:
☐ HM...
☐ C...
Warmer
Warmer
Wool

...hesia Care

...on)

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☑ Nasal
ETT# 5 @ 15 cm
☐ Oral ☑ Nasal ☐ Cuff — Flexo metallic
☐ Tracheostomy ☐ Topical
☐ Drug: ATRACURIUM 7.5mg
☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: 1
Difficulty Why?

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

Regional:
Extremity
☐ Spinal ☐ Epidural ☐ Caudal
Specify:
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. SHABNA
Signature of the Doctor: [signature]

BAH-00510960 IP5-00173757
Baby D NITHYA AARADHYA
19-07-2021 4 Y 9 M 24 D (F)
Dr. SRINIVAS NAMINENI

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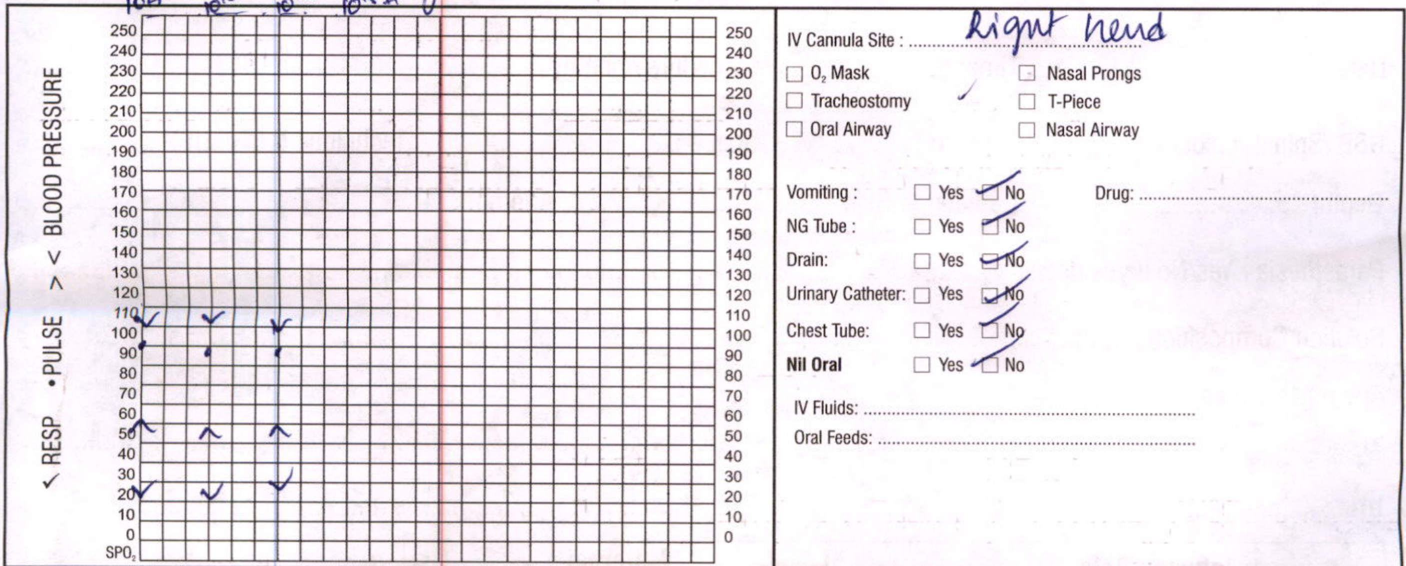
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sr. Meghni Time Received: 10 Am Time Discharged: ....



IV Cannula Site: Right hand

- ☐ O_2 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: ....
Oral Feeds: ....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	2			A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2			
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	1	1	2			
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2			
		TOTAL	8	9	10			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
13/5	10 Am	0		Meghni

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

Anaesthesiologist Name: NIKITA
Anaesthesiologist Signature: Nik
Date & Time: 13/5/26 at 10:35 Am

PACU Nurse Name: Meghni
PACU Nurse Signature: Meghni
Date & Time: 13/5/26 at 10 Am.

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

Transferred to Unit by (PACU): Billing
Date & Time: 13/5/26

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

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

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 : ....