

BAH-00653007 IP5-00174657
Master RAJVEER GOVIND UGALE
17-06-2022 3 Y 11 M 16 D (M)
Dr. GYANESHWAR

Patient



SURGERY DETAILS

Date: 2/6/26

Patient Name: Date of Birth: Age:

Gender: male Ward: PCT UHID No.:

Date of Surgery: 2/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Dehnt + dressing LA

Time in: 5 PM

Time Out: 5:30 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Gyaneshwar</u>
2. Anaesthetist	<u>Dr. Kiron</u>
3. Assistant Surgeon
4. OT Technician	<u>Vijay</u>
5. Circulating Nurse	<u>Bonnie</u>
6. Assistant Nurse	<u>Bodi</u>

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

[Signature]
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 9639746

Order by: [Signature]

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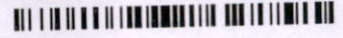
CONSUMABLES OF OT

Technician : Date : 2/6 Time : 4-30 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4.0, 4.5	14	-	Major Pack <i>doop</i>	1	1	Inj Vit.K		
LMA	1	-	Sutures			Cord Clamp		
ECG leads : A/P/N	5	5				Suction Catheter		
HME filter : A/P/N	1	-				Feeding Tube		
Syringes : 10 cc	60	7				Vaccum Suction Set		
05 cc	60	4	Gloves			Surgical Gloves		
02 cc	60	6	6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100			Gauze Pack		
01 cc	2	-				Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	-	Surgical blade	1	1	Surgical Blade # 20		
IV set	1	-	NG tube			Koochies (S) NS 500ml	1	1
RL	1	-	Cautery pencil			<i>Ataloxer</i>	5	2
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies			<i>Beloxet</i>	1	-
Mini Spire	1	1	Ointments Neosprin	1	1	Cuticle 15x30	2	-
			Suction Catheter			10x10	2	1
Fentanyl	1	1	Cap, Mask	5	5	ECG leads	6	6
Morphine			Gauze Pack	7	7	Big P/N	1	1
Ketamine			Mop Pack	3	0	Complim 15x30	2	2
Propofol	2	2	Steristrip					
Rocuronium	1	-	Underpad					
Glycopyrolate	1	-	Draw sheet	1	1			
Myopyrolate Neo	2	-	Abgel					
Ondansetron	1	-	Foleys catheter					
Pencan 25g/ Spinal Needle 22	1	-	Urobag					
Bupivacaine 0.25%	2	-	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics <i>Oman (P)</i>	1	-	Bandage (4) (6)	2	2			
<i>etc 2 NASAL</i>	1	1	Tegaderm			<i>AS may (91)</i>	1	-
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg	1	-	Double J Stent			<i>NASAL Anmol</i>		
Supridol : 100mg			Vaccum Suction set			<i>15 20, 22</i>	1	1
Justin : 12.5 mg / 25mg / 100mg	1	-	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	1	1			
<i>Gauze</i>	2	-	Microshield	1	-			
<i>VACUM SET</i>	1	-	Cotton Balls					
<i>COMPLIM</i>	1	-	Latex Gloves	5	5			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician
 Order No. : 9639748 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174657 Admit Date : 02-Jun-2026 Admit Time : 03:43 PM UHID : BAH-00653007

Patient Details :

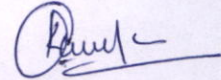
Patient Name : Master RAJVEER GOVIND UGALE Age : 3 Y 11 M 16 D
Guardian : Mr GOVIND BALASAHEB UGALE DOB : 17-06-2022
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : #SATEPHAL Yedshi Osmanabad Maharashtra Phone No : 9022309641/ 9022038676
INDIA 413405 E-mail : NOMAILID@GMAIL.COM

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 GOVIND BALASAHEB UGALE Relationship : Father
Contact Address : #SATEPHAL Yedshi Osmanabad Maharashtra Phone No : 9022309641 / 9022038676
INDIA 413405


Signature

Doctor Details :

Doctor Name : Dr. GYANESHWAR Specialisation : PLASTIC SURGERY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

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

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

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/22	3:50 pm	ER	01	Sagar

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/5	IV Placement	①	9535	Samshey
2/6	PAC of head	①		[Signature]

ANY OTHER INFORMATION

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.....

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.....

.....

.....

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Patient :

OPERATION THEATER NOTES

Patient's Name : Age : Gender : Male Female

UHID No.: Weight : Height :

Surgeon : Asst. Surgeon :

Anesthetist : OT Nurse: OT Technician:

Pre-Operative Diagnosis:

Surgical Procedure : *Debrnt + dressing - l ha*

Indications for Surgery : *BURNS. → Post debrnt + VAE dressing*

Date : Start Time : End Time :

Pre Operative Preparations:
.....
.....
.....
.....

Post Operative Diagnosis:
.....

Peri-Operative Complications:
.....
.....

Operation Notes: *of l ha, VAE dressing removed.*
- Row area over base / (H, l hyn / (H, area / Area
- Wound Infected is debrnt.
- Debrnt done
- Hyn thymn clamp done with NS
- dry dressing done

Patient Stic

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POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

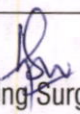
When to Start Mobilization:

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: 2/6/26 Time:

Note: Plan of care will be readjusted if necessary.



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Gyaneshwar Date : 02/06/26
 Type of Admission: OPD ER Referral (if referral, Doctor's Name:
 Start Time of Assessment: 3pm Weight: 12 kg
 Allergic History: —

Chief Complaints: Itch & sores, scabs, burning
Debridement + Collagen
application + VAC dressing
under GA
done (4 times)

Pediatric Assessment Triangle

A Appearance - TICLS
 B
 C Circulation Normal
 Abnormal
 — Pallor
 — Cyanosis
 — Mottling
 — Bleeding

Breathing
 ↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Initial Physiological Status: Stable Unstable
 — Life Threatening
 — Non Life Threatening
 Any urgent interventions needed: Yes No
 If Yes

Significant Past History: Hot water spillage on 03/04/26, 12pm
 Medication History: Sp. Lincolid, Neosporin ointment, physio gel ointment
 Relevant Investigations: 18/5/26 - Swab culture sensitivity: Klebsiella pneumoniae.

Primary Assessment

Airway Open
 Maintainable
 Not Maintainable

Any urgent interventions needed: Yes No
 If Yes

Breathing Rate: 24/min SpO₂ on FiO₂ 98% on RA
 Rhythm:
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry:
 Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 120/min

CFT Central
 Peripheral

Any urgent interventions needed: Yes No

If Yes*

BP: mmHg

Pulse Volume: Central
 Peripheral

If in Shock: Compensated
 Hypotensive

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

Murmurs: Yes No

Liver Span:

ECG:

Any Signs of Heart Failure: Yes No



Disability

GCS: AVPU:

Pupils: Responsive Non-Responsive
Size Right
 Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes

Exposure



Temp.: 98°F

Any Rash: Yes No,

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes

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

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

Treatment Planned: 8pm solids

1. NPO 1pm liquids
2. PAC
3. infused peptole (minor)
— Dressing

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

Final Diagnosis with possible Differential Diagnosis (If necessary):

Assessment done by
Name of the Doctor: N. Penton

Signature: N. Penton

Date & Time: 02/06/20, 3pm

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor:

Signature:

Date & Time:

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DRUG CHART

Date of Admission: 2/6/20 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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REGULAR PRESCRIPTIONS

Weight. 12.5..... 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:																						
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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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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: 01

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	Syp. Linezolid 5ml/100mg	5ml	PO	124		<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: N. Prathap Kumar N. Pr...

Date & Time: 02/06/26. 3pm

Nurse Name & Signature: Anush

Date & Time: 2/06/26 4:30pm

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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

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					

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Patient



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: VAC dressing

Anaesthesiologist: Dr. ASHWARYA Surgeon: Dr. GYANESHWAR

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders

Shock Obesity Chronic Obstructive Pulmonary Disease

Others desaturation, laryngospasm.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Komal

Name: Komal Govind Ugaale

Relationship with patient: Mother

Date & Time: 2/6/26

Witness:

Signature: Govind

Name: Govind Ugaale

Date & Time: 2/6/26

Doctor (who is taking consent):

Signature: Ashwarya Name: Dr. ASHWARYA Date 2/6/26 Time: 4:55 PM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపన ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కొటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లీజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటలిలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00653007 IP5-00174657
 Master RAJVEER GOVIND UGALE
 17-06-2022 3 Y 11 M 16 D (M)
 Dr. GYANESHWAR

Name: Rajveer Govind Age: Sex: M UHID.No:
 Date: 2/6/2026 Time: Proposed Operation: VAE Dressing
 Diagnosis: sof - Scald burn
 B.P./CRT: H.R: Weight: 12 Kg 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/Angio:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS:
 RESP: no c/o cold, cough Diabetes:
 CNS:
 Renal:
 Hepatic / GE: Physical Activity: Active
 Others:

Past Anaesthetic History: 3 times VAE dressing; VIE

Physical Exam:
 Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
 Lungs:
 Heart: normal
 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

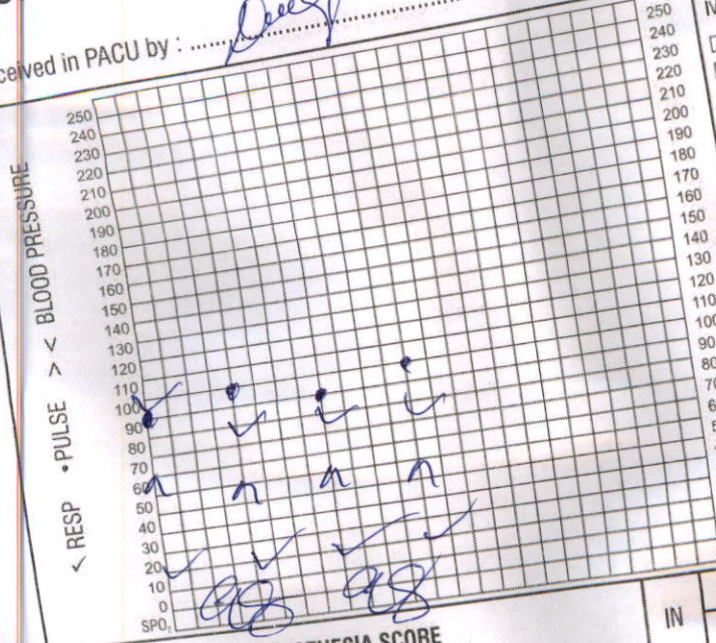
Pre-Operative Instructions:
 1. DVT Prophylaxis:
 2. NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ 9Am - solids
 3. Informed Consent: Standard High Risk 1pm - water
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:

Signature: Ashwarya Name: Dr. Ashwarya

IP5-00174657
 17-06-2022
 Dr. GYANESHWAR
 [Barcode]

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Deef Time Received: 5:30 PM Time Discharged: 6:00 PM



IV Cannula Site: 222
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting: Yes No
 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			OUT
		30	60	90	
Able to move 4 extremities voluntary or on command = 2 = 1 = 0	1	1	1	2	
Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	2	2	2	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	2	2	2	2	
BP ± 20 of Pre Anaesthetic level BP ± 20-50 of Pre Anaesthetic level BP ± 50 of Pre Anaesthetic level	2	2	2	2	
Fully awake Arousable on calling Not responding	1	1	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	2	2	2	2	
TOTAL	8	8	9	10	

SCORING INTERPRETATION
 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:

PAIN ASSESSMENT AND MANAGEMENT

Date	Time	Pain Score	Intervention	Signature
2/6/2022	5:30 PM	1/10		[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Kishor
 Anaesthesiologist Signature: [Signature]
 Date & Time: 2/6/2022
 PACU Nurse Name: [Signature]
 PACU Nurse Signature: [Signature]
 Date & Time: 2/6/2022

Assessment Frequency:
 Every eight hours for all hospitalized patients.
 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 relieving intervention
 d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): [Signature]
 Date & Time: 2/6/2022

