



SURGERY DETAILS

20542

Date : 02/06/26

Patient Name: Master Allam viansh Date of Birth: 17-09-2022 Age: 3y 8m

Gender: Male Ward: P. OT UHID No.: MAH-00369830

Date of Surgery: 02/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Single stage Hypospadiac Repair (Mathieu's repair)

Time in : 11:20 pm

Time Out : 1:50 pm

NAME

AMOUNT

	NAME	AMOUNT
1. Surgeon	<u>Dr Mainak Deb</u>	<u>Surgeon - 105090</u>
2. Anaesthetist	<u>Dr. Subramanyam</u>	<u>Asst Surgeon - 10509</u>
3. Assistant Surgeon	<u>-</u>	<u>Anaesthetist - 31527 31527</u>
4. OT Technician	<u>Sirisha</u>	<u>Asst Anaesthetist - 10509</u>
5. Circulating Nurse	<u>Alam</u>	<u>OT Consumables - 2500</u>
6. Assistant Nurse	<u>Thejas</u>	<u>CSL Charges - 3153</u> <u>OT Charges - 36300</u>

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: 9639601

Order by: Alam

12/22

12/22/20

Mr. Alan... [faded text]

12/22/20

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HYPOSPYAIUS
REPAIR - STAPLE
STAGE
CONSUMABLES OF OT



Circulating staff : Technician : Date : 2/11/2021 Time : 10:30 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (4.5, 5.0)	1	1	Major Pack Drape	1	1	Inj Vit.K Piddle 26	1	
LMA	2	0	Sutures proline. 5.0	2	1	Cord Clamp		
ECG leads : A/P/N	5	3	vicryl 6.0	2	1	Suction Catheter		
HME filter : A/P/N	0	1	PDS 7.0, 6.0	2	1	Feeding Tube		
Syringes : 10 cc	10	0	9915	2	1	Vaccum Suction Set		
05 cc	10	0	Gloves 6.6, 7.7, 7.7	2+2+2		Surgical Gloves		
02 cc	10	0	PF 6.6, 7.7, 7.7	2+2+2	2	Gauze Pack		
01 cc	5	0			1+1+1	Syringe 1ml / 2ml		
Cautery plate : A/P/N	0	1	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	0	0	NG tube 7 NO	1	1	Koochies (S)		
RL	0	0	Cautery pencil	1	1	P/S 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	5	1	Koochies M	1	1	transofix	1	1
allopurinol	0	0	Ointments			Jelly	1	1
valeryl	0	1	Suction Catheter			10cc + 5cc + 2cc	2+2+2	1
Fentanyl	0	0	Cap, Mask	5	5	Dermi Marke	1	1
Morphine			Gauze Pack	5	4	INT. AUGMENTIN	1	1
Ketamine			Mop Pack	1	1	INT. AMICACIN 600mg	1	1
Propofol	0	0	Steristrip			26 G Needle	1	1
Rocuronium	0	1	Underpad					
Glycopyrolate	0	1	Draw sheet					
Myopyrolate	0	1	Abgel teg adarm with pad					
Ondansetron	0	1	Foleys catheter	2	1			
Pencan 25g/ Spinal Needle 22	0	0	Urobag	1	1			
Bupivacaine 0.25%	0	0	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
IV pcm	0	1	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 2.5 mg / 25mg / 100mg	0	0	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
3 small 10cm x 100 cm	1	1	Microshield	1	1			
Gauze + glove	5	5	Cotton Balls	1	1			
Dress + Trance	1	1	Latex Gloves	10	10			
IV Canna	1	1	Ramdone Scrub					
D. 2.5	1	1	Saral					

Surgeon : Anaesthesiologist : Nurse : Alan OT Technician :
 Order No. : 91639330 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

4:00 pm to 4:20 pm

Pre-approved

ESTIMATION SLIP

80542 PU-71

Date: 30/ May/2018
 UHID / IP No.: MA1100369830
 SI No.:
 Name of Patient: Mad Allen Vianah Age: 31/80 Gender: M
 Father's / Husband's Name: Mr. Prabhakar Corporate / Occupation: Bosch Global
 Address: Phone: 9493888782 Email: S. Prabhakar
 Procedure / Plan: Single stage Hypopyelitis Repair - 2 day

MODE OF PAYMENT: SELF TPA: MA / Prabhakar GIPSA: OTHERS

CARIF INFORMATION: Dr. Hanish Jayaraman

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	11700/day									
Doctor's Fee			15200/day			NA				
L. Tax										
PARTICULARS										
Surgeon's / Anesthetists's Fee / O.T. Charges			AMOUNT (₹) 140195 + 50980 + 12100/hr							
O.T. Consumables			9500/-							
Instrument Charges			Not Covered by TPA / Insurance company							
Pharmacy, Consumables & Investigations			As per actual - Not Included in Estimation							
Equipment Charges	Monitor :		Oxygen :				Infusion pump / Syringe pump :			
	Ventilator :	Conventional :	HFO-SLE 5000 :				HFO Sensormedix :			
	Phototherapy :	Single Surface :	Double Surface :				Triple Surface :			
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.			As per actual - Not Included in Estimation							
Package										
Others										
Initial Minimum Deposit			R. 15,000/-							

MARKS: 090.45k/20/3H. 3.15L/2.75L (OT Alk. 1000)

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- Proportional difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm.
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PV Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

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

Signature of the Client: Prabhakar
 Signatory Relationship: Prabhakar
 Signature of the Financial Counselor: [Signature]

ACTIVITY RECORD FOR BILLING

Name : Allam Vioosh.

UHID No. : _____ Consultant: _____ Dept : _____

MAH-00369830 IP5-00174632
Master ALLAM VIANSH
17-09-2022 3 Y 8 M 16 D (M)
Dr. HARISH JAYARAM

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/16/26	9:00 AM	ER	OT	Keeleti
9/16	2:40 PM	OT	121	Quish

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
2/6	IV Placement	①	8803	Sandy
	PAC Done on	OP Basis	—	
2/6	NHA	①	463484	

~~Anja~~
~~03/06/26~~

ANY OTHER INFORMATION

D/G

Date: 04/06/26

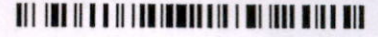
Time: 10am

Prepared By: K-Strauss

<p>Staff Nurse</p> <p>K-Strauss</p>	<p>Shift / Ward</p> <p>General Ward - 7 121</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174632 **Admit Date** : 02-Jun-2026 **Admit Time** : 08:24 AM **UHID** : MAH-00369830

Patient Details :

Patient Name : Master ALLAM VIANSH	Age : 3 Y 8 M 16 D
Guardian : Mr ALLAM PURUSHOTHAM	DOB : 17-09-2022
Gender : Male	Religion :
Occupation :	Martial Status : Single
Address (H) : 2-127, KESHARAJUPALLI VILLAGE, THIPPARTHY MANDAL, Nalgonda Nalgonda Telangana INDIA 508001	Phone No : 9493888782/ 9666267185
	E-mail : PURUSHOTHAM531@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX
Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name : Mr ALLAM PURUSHOTHAM **Relationship** : Father
Contact Address : 2-127, KESHARAJUPALLI VILLAGE,
THIPPARTHY MANDAL, Nalgonda Nalgonda
Telangana INDIA 508001 **Phone No** : 9493888782

L. A. Purushotham

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 : MEDI ASSIST INSURANCE TPA PVT LTD



Rainbow[®] Children's Hospital

It takes a lot to treat the little.


PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Allam vianst

UHID ID: MAH-00369830
 IP5-00174632

Department: Master ALLAM VIANSH
 17-09-2022 3 Y 8 M 16 D (M)

Consultant: Dr. HARISH JAYARAM



MAH-00369830 IP5-00174632
Master ALLAM VIANSI 3 Y 8 M 16 D (M)
17-09-2022
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

_____ case of Distal penile hypospadias

_____ Plan of single stage hypospadias repair

History of present illness :

_____ No Hb fever, cough/cold.

_____ H/o febrile seizure 1 episode at 16 months of age

_____ congenital ptosis (+).



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / NVD / IAB / No NICU stay
B.Wt - 3 Kg (development)

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Development - normal for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)

Weight (kgs)) 15.27 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 100/min B.P. 102/53 ⁽⁶¹⁾ SPO2 98% R/A

Resp.rate and type of breathing : 25/min

Rash _____ -

Lymphadenopathy _____ -

Oedema : _____ -

Allergies (if any): _____ -

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____ B/L Whea

Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____ S1 S2

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : _____ Soft

Spine : _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

MAH-00388830
Master ALLAM VIANSH IPS-00174632
17-09-2022 3 Y 8 M 16 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan mot. y & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____ *Alert*

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

*Distal penile Hypospadias → Surgery → Single Stage
Hypospadias repair*



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Resolution of symptoms.
Re of infection

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP

Planned Management

1. NPO.
 2. PAC-Done
 3. WF DNS
 4. Single Stage Hypospadias
Repair to day
10:30am
- NIB
remuda
2/6/26

Signature of the Doctor: N.P.

Name of the Doctor: N. Prathish

Date & Time: 02/06/26 8:20
am

Signature of the Consultant: Dr. Harish Jayaram

Name of the Consultant: Dr. Harish Jayaram

Date & Time: 2/6/26 10 AM

DR. HARISH JAYARAM
Registration No: 66254

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)

- Single stage Hypospadias repair
-

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- 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)
① Resolution of symptoms	-Nil-

- 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:

- Bleeding, infection, need for re-surgery
- Urethrocutaneous fistula

I authorize Dr. Harish Jayaram and his / her team to perform the procedural sedation upon the patient / myself.

- 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.
- 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: A. Purushothaman
 Name: A. Purushothaman
 Relationship with patient: Father
 Date & Time: 2/6/20 10:45 am

Witness:

Signature: G. Anusha
 Name: G. Anusha
 Date & Time: 2/6/20 10:45 am

Doctor (who is taking consent):

Signature: [Signature] Name: A. Nikhita Date: 2/6/20 Time: 10:45 am

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

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నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. 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

3. 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.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవస్థ 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:

Patient S



OPERATION THEATER NOTES

Patient's Name : Master Allam Viansk Age : 3y Gender : Male Female
UHID No. : MAH-00369830 Weight : Height :

Surgeon : Asst. Surgeon :

Anesthetist : Dr. Tejaswini OT Nurse : Thejas OT Technician : Sirisha

Pre-Operative Diagnosis: Hypospadias

Surgical Procedure :
Smjth staji hypospadiar-repan (Mathren's repan)

Indications for Surgery :
Hypospadi-

Date : 02/06/26 Start Time : 11:40 am End Time :

Pre Operative Preparations:
5-f- betach.

Post Operative Diagnosis:
Hypospadi-

Peri-Operative Complications:
Nil

Operation Notes: findniye
- Narrow urethral plate
- Sub-coronal meatus . Meatus - normal
- SPL \approx 7cm
- No Penoscrotal transposition -
- No chordee present
- B/L testes - descended .

Procedure

- A 'U' shaped ^{flap} incision is made proximal to native meatus.
- Length extended to planned tip of meatus
- 8Fr IFT is placed through native meatus
- A perimeatal based flap is raised. Tubularization of the neo-urethra is done by flipping the flap medially toward urethral flap plate.
- Dorsal dartos flap is used as a second layer coverage on neo urethra.
- Glans wings are mobilized & clamped done.

Amount of Blood Loss: $\leq 1\text{ml}$

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:


- Nil -

Peri-Operative Complications:

- Nil -

- Dorsal preputial skin is divided in midline to create Byar's flaps
- Flaps rotated ventrally & approximated in midline to provide tension free coverage of ventral penile skin defect.
- Hemostasis secured

Name of the Surgeon: Dr. Mainak Deb

Signature of the Surgeon: 

Date & Time: 2/6/26
11:00 am

Patient Stic

Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

Procedure Done: Single stage Hypospadias repair (Mathieu's repair)

Post-Surgical Diagnosis: Hypospadias

Post-Operative Monitoring Parameters /Frequency:

TPR every 15 min for 1st hr

Wound Care:

Dressing

Drain /Special Lines/Catheters:

FFx IFT placed inside
No monitoring every 4th hrly

Special Patient Positioning and Requirements:

Nil

Nutritional Instructions:

Full feeds as soon as child is fully awake

When to Start Mobilization:

As soon as possible

Special Referrals:

Nil

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

Nil

Treating Surgeon
(Signature & Stamp)

Dr. Manish

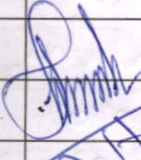
Date: 7/6/26 Time:

Note: Plan of care will be readjusted if necessary.

AH-00369830 IP5-00174632
aster ALLAM VIANSH
7-09-2022 3 Y 8 M 16 D (M)
r. HARISH JAYARAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>e/s/B Dr. Harish</u>
2/6/26, 5:18pm	POD - (0)	
	Afebrile	<u>Adv</u>
	Vitals stable	1) Full feeds.
	P/A - soft.	
	L/E - dressing intact	
	U.O - adequate.	
 2/6/26 8pm		Malika Dr. Malika 2/6/26 5:18pm
	DR. HARISH JAYARAM Registration No: 66254	
		Noted by Sourabh

MAH-00369830 IP5-00174632
 Master ALLAM VIANSI 3 Y 8 M 16 D (M)
 17-09-2022
 Dr. HARISH JAYARAM

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7:40 AM	<p><u>C/S/B Dr. Malika.</u></p> <p>POD - (1)</p>	
		<p><u>Adv</u></p>
	<p>Afebrile Vitals stable</p>	<p>1) Full feeds.</p>
	<p>P/A - soft Dressing - intact Urine Output - adequate.</p>	
<p><i>[Signature]</i> Dr. Harish Jayaram 3/6/26 7:40 AM</p>		<p>Malika Dr. Malika 3/6/26 7:40 AM</p>
	<p>DR. HARISH JAYARAM Registration No: 68254</p>	<p><u>C/S/B Dr. Harish</u></p>
<p>3/6/26 5:00 PM</p>	<p><u>POD - 1</u></p> <p>Afebrile Vitals - stable P/A - soft Dressing - intact</p>	<p><u>Adv</u></p> <p>1) Full feeds as tolerated</p>

MAH-00369830 IP5-00174632
 Master ALLAM VIANSH
 17-09-2022 3 Y 8 M 16 D (M)
 Dr. HARISH JAYARAM



RESULT SHEET

Date	2/6/26				
Time	8:42				
Hb	12.5				
PCV	37.5				
RBC	5.02				
WBC	9.9				
N/L	7.54/38				
Platelets	390				
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					

MAH-00369830 IP5-00174632
 Master ALLAM VIANSH
 17-09-2022 3 Y 8 M 16 D (M)
 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: 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						<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 : V. Praveen Kumar

Date & Time : 02/08/26, 8:20am

Nurse Name & Signature: Renuka

Date & Time : 02/08/26, 8:30am

MAH-00369830 IP5-00174632
 Master ALLAM VIANSH 3 Y 8 M 16 D (M)
 17-09-2022
 Dr. HARISH JAYARAM



DRUG CHART

Date of Admission: 2/8/22 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 **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



REGULAR PRESCRIPTIONS

Weight. ... 15.27kg Ward.

DRUG : Inj AUGMENTIN				Date/Time	2/6/26 4/6
Dose	Route	Frequency	Start Date		
450mg	iv	Q8H	2/6/26	6AM X prau prau 10AM prau prau 2PM prau prau 6PM prau prau 10PM prau prau 2AM prau prau 6AM prau prau	
Name & Signature of the Doctor Starting the Drugs:				Dr. Nikhil	
Additional Instructions:				10PM prau prau 12AM prau prau 6AM prau prau	
Daily Doctor's Endorsement by a Sign				Dr. Nikhil	
DRUG : Inj AMIKACIN				Date/Time	2/6/26 3/6
Dose	Route	Frequency	Start Date		
225mg	iv	Q24H	2/6/26	5PM prau prau 11PM prau prau	
Name & Signature of the Doctor Starting the Drugs:				Dr. Nikhil	
Additional Instructions:				5PM prau prau 11PM prau prau	
Daily Doctor's Endorsement by a Sign				Dr. Nikhil	
DRUG : Inj PARACETMOL				Date/Time	2/6/26 4/6
Dose	Route	Frequency	Start Date		
200mg	iv	Q8H	2/6/26	6AM X prau prau 11:30 AM prau prau 2PM prau prau 6:30 PM prau prau 10PM prau prau 12AM prau prau 6AM prau prau	
Name & Signature of the Doctor Starting the Drugs:				Dr. Nikhil	
Additional Instructions:				10PM prau prau 12AM prau prau 6AM prau prau	
Daily Doctor's Endorsement by a Sign				Dr. Nikhil	
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					

Weight: 15.2kg Ward:



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	10:59a	1g AUGMENTIN	450 mg	iv	[Signature]	Teena Thejas
2/6/26	10:59a	1g AMIKACIN	225 mg	iv	[Signature]	Teena prejal Alam
2/6/26	11:20AM	Sup. DICLOFENAC	12.5mg	PR	[Signature]	Sirisha
3/6/26	11:30AM	DULCOLAX suppository	10mg	PR	[Signature]	Sonca Seelaras

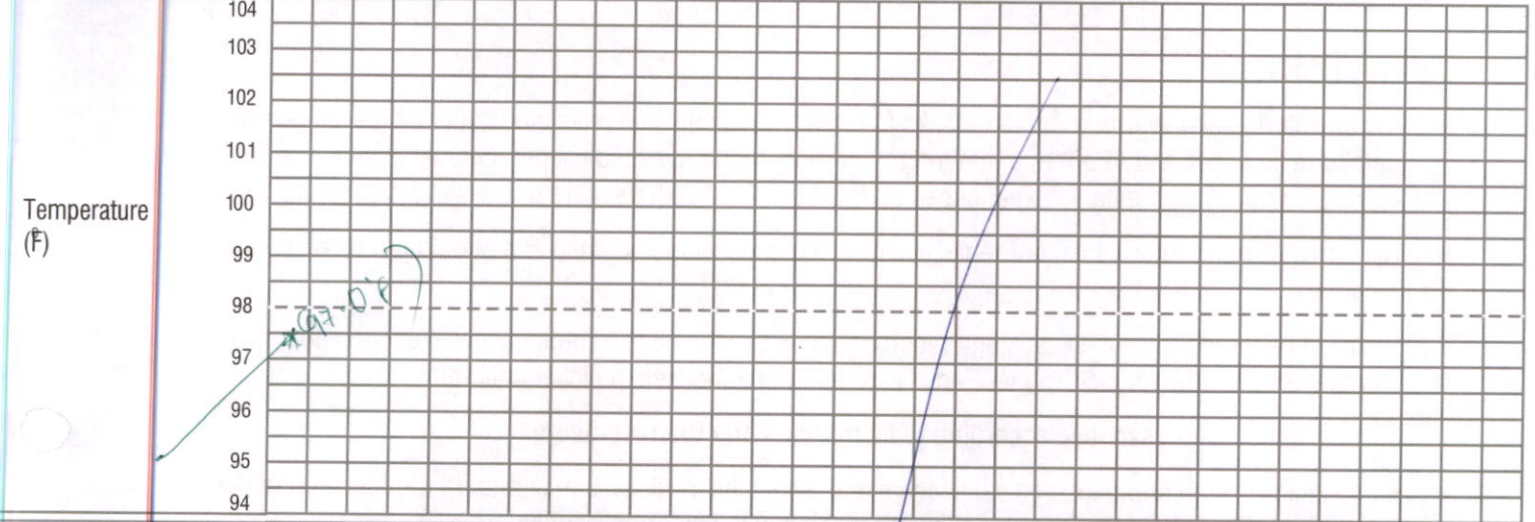
Verified By: Name Signatire



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 04/06 Time: 6 am

Doctor / Nurse / Family Concern? 6 am



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Handwritten: 110/55 (110/55)

Heart Rate (Number) 113 bpm

Resp. Rate (bpm) (Over 1 Minute) *

Handwritten: 24 bpm

Resp Rate (Number) 24 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) RA
 O₂ Saturations (%) 100%

Conscious Level Normal Altered

GCS * 15

TOTAL SCORE
 Number of shaded boxes |
 Pain Score |
 Observer's Initials |

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
 - Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6/2020	Time: 6 PM	10 PM	9 AM	
Doctor / Nurse / Family Concern?				
Temperature (F)	104			
	103			
	102			
	101			
Heart Rate (bpm)	190			
	180			
	170			
	160			
Blood Pressure (mmHg) *	130			
	120			
	110			
	100			
Heart Rate (Number)	110	96	98	99
	100			
	90			
	80			
Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
Resp Rate (Number)	28	26	21	21
	20			
	10			
	Resp Mod/ Severe Distress None / Mild			
Receiving O ₂ (l/min) O ₂ Saturations (%)				
Conscious Level Normal / Altered				
GCS *				
TOTAL SCORE				
Number of shaded boxes				
Pain Score				
Observer's Initials				

ACTIONS	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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IP5-00174632
 MAH-00369830
 Master ALLAM VI ANSH
 17-09-2022 3 Y 8 M 16 D (M)
 Dr. HARISH JAYARAM

Doc. No. : RCH/ FRM / CLINICAL / 125

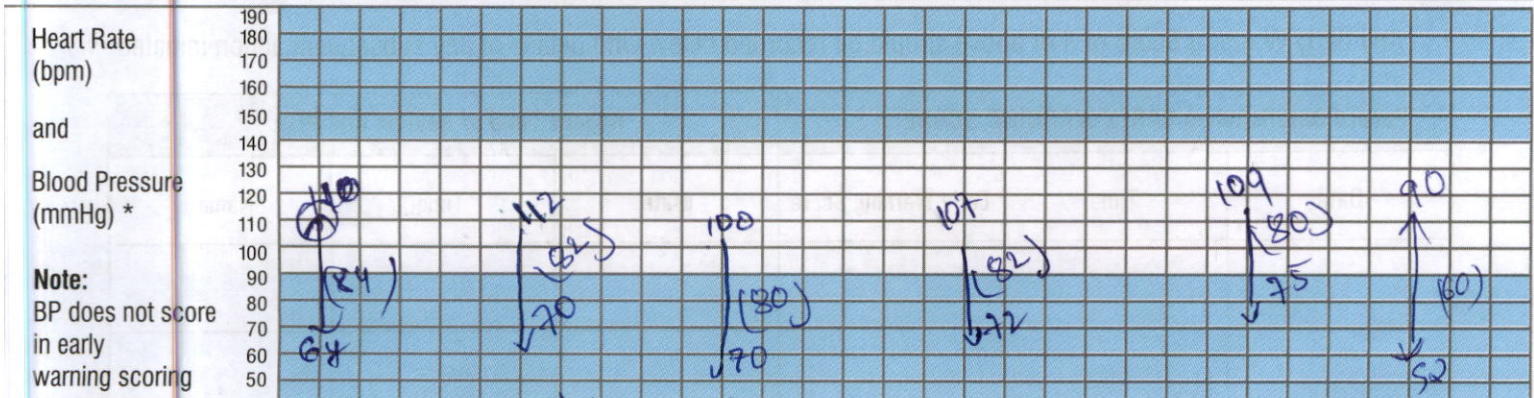
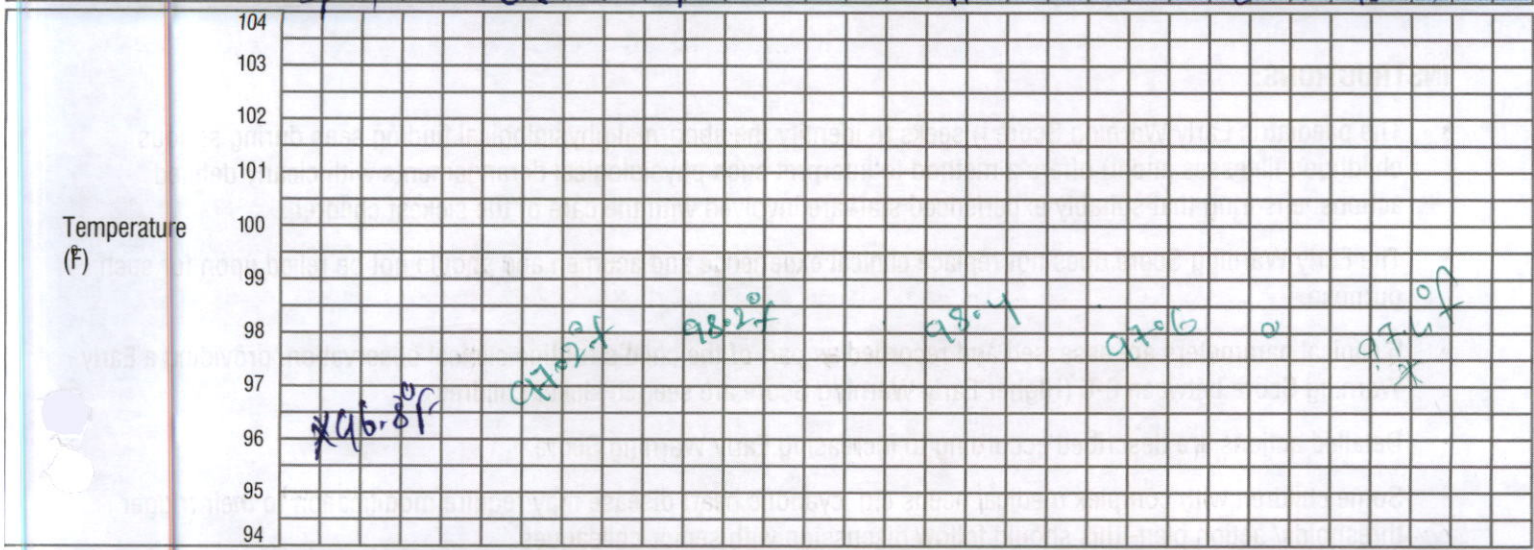
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/5/20 Time: _____

Doctor / Nurse / Family Concern? SpM GPM bpm gpm GAM 10AM



Heart Rate (Number) 110b/m 112b/m 100b/m 107b/m 109b/m 98b/m



Resp Rate (Number) 28 28 28 28 28 28

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98% 99% 99% 99% 100%

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1 1 1 1 1

Pain Score 0 0 0 0 0 0

Observer's Initials O O O O O O

- ACTIONS**
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R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. : ①

- 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 Thrombo-phlebitis 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	H ₂ O									0		
	03:00 pm	H ₂ O									0		
	04:00 pm	No IVP								150ml	0		
	05:00 pm	IVP									0		
	06:00 pm	IVP									0		
	07:00 pm	IVP									0		
Total Intake :						Total Output :							
	08:00 pm									200ml	0		
	09:00 pm										0		
	10:00 pm	No IVP									0		
	11:00 pm	IVP									0		
	12:00 am									200ml	0		
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0		
	03:00 am										0		
	04:00 am	No IVP								200ml	0		
	05:00 am	IVP									0		
	06:00 am										0		
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output **750ml**

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			
26/06	08:00 am	↑	Orally		/	/					0	Sanku	
	09:00 am	↑			/						0		
	10:00 am	↑			/						0		
	11:00 am	NO IVP			/						0		
	12:00 pm	↓			/	✓				280ml	0		
	01:00 pm	↓			/						0		
Total Intake :						Total Output :							
27/06	02:00 pm	↑			/	/					0	Prinayak	
	03:00 pm	↑			/						0		
	04:00 pm	NO IVP			/						0		
	05:00 pm	↓			/						0		
	06:00 pm	↓			/					50ml	0		
	07:00 pm	↓			/						0		
Total Intake :						Total Output :							
28/06	08:00 pm	↑			/	/					0	Jyoti	
	09:00 pm	↑	epc		/						0		
	10:00 pm	NO IVP	#10		/					150ml	0		
	11:00 pm	IVF		/	red						0		
	12:00 am	↓			/						0		
	01:00 am	↓			/						0		
Total Intake :						Total Output :							
29/06	02:00 am	↑			/	/				150ml	0	Jyoti	
	03:00 am	NO IVP			/						0		
	04:00 am	↑			/						0		
	05:00 am	IVF			/	red					0		
	06:00 am	↓			/					100ml	0		
	07:00 am	↓			/						0		
Total Intake :						Total Output :						530ml	

Total 24 hrs. Intake

Total 24 hrs. Output

MAH-00369830
Master ALLAM VIANSI
17-09-2022 3 Y 8 M 16 D (M)
Dr. HARISH JAYARAM



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Single Stage Hypospadias Repair

Anaesthesiologist: Dr. Tejasvini Surgeon: Dr. Harish Jayaram.

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.

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: A. Puvatharan
Name: A. Puvatharan
Relationship with patient: Father
Date & Time: 1/6/2026 5:23pm.

Witness:
Signature: G. Anusha
Name: G. Anusha
Date & Time: 1/6/2026 5:23pm.

Doctor (who is taking consent):
Signature: [Signature] Name: Dr. Tejasvini Date: 1/6/26 Time: 5:23pm.

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 అవస్థాపక 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 నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

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 సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాక్కులు, 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:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



MAH-00369830 IP5-00174632
Master ALLAM VIANSH
17-09-2022 3 Y 8 M 16 D (M)
Dr. HARISH JAYARAM



Name: Master Allam Viansh Age: 34 8m Sex: male UHID.No: MAH-00369830
Date: 1/06/2026 Time: 5:20pm Proposed Operation: Single stage Hypospadias Repair
Diagnosis: Distal Penile Hypospadias
B.P / CRT: 8sec H.R: 100/min Weight: 15.27 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.5</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>37.5</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>1540</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>3.9</u>	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: NK DPT

Medical History: CVS: -
RESP: URT I ⊕ Diabetes: -
CNS: H/O febrile seizures 1 episode at 16 months
Renal: of age, currently ABT on any medication
Hepatic / GE: - Physical Activity: Active
Others: -

Term / NVD / CIAB / NO NICU stay
B.Wt: 3kg
Development: (N)
immunised till date

Past Anaesthetic History: -

Physical Exam: PTOSIS ⊕ left eye congenitally
Airway: MP 1 2/3/4 Mouth Opening: Adequate Mento-hyoid Distance: 2FB Neck: (N) Teeth: intact
Lungs: BAE ⊕ clear
Heart: S1S2 ⊕
CNS: MMK ⊕
Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

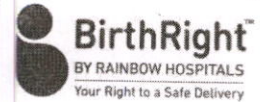
CURRENT MEDICATIONS	DOSE

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

Signature: [Signature] Name: Dr. Tejasini



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

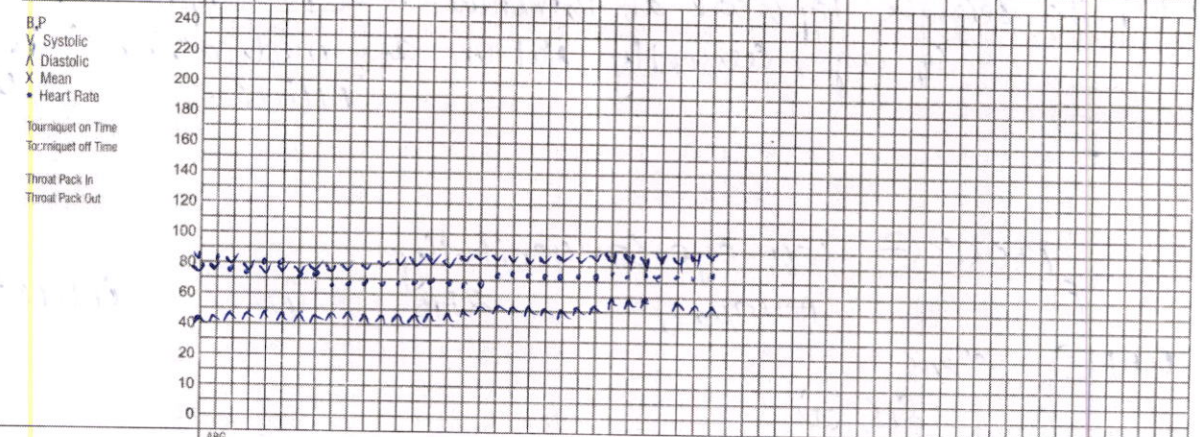
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 100/min B.P / CRT: 90/60mmHg SpO₂: 100-1 R.R: 16/min Last Feed: >6hrs.

Pre-OP Diagnosis: Distal Penile Hypospadias Operation: Hypospadias single stage repair Date: 2/6/2022

Surgeon: Dr. Mainak Deb Anaesthesiologist: Dr. Tejasvini / Dr. M Technician: Sidisha

TIME	11:15	11:45	12:30	1pm	1:30	2
N ₂ O / AIR / O ₂ / LPM	2/1/min					
HALO / SO / SEVO						
Drugs:	<u>MIDAZOLAM 0.7mg</u> <u>FENTANYL 2mcg</u> <u>PROPOFOL 30mg</u> <u>PROPOFOL Infusion 50mcg/kg/min</u>					
Antibiotic	<u>Zin AUGMENTIN 450mg IV</u>					
Suppository	<u>Sup. DICLOFENAC 12.5mg PR</u>					
Blood Loss						
FD ₂ / SaO ₂	100	100	100	100	100	100
ETCO ₂	38	38	38	37	37	37
ECG	SR	SR	SR	SR	SR	SR
Temperature	36.1	36.5	36.6	37	37.3	37.3
Urine Output						
Fluids	<u>RINGER LACTATE 150ml/hr</u> <u>100ml/hr</u> <u>50ml/hr</u>					



LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: UL

Art Site:

EKG Lead: 3 leads

Temp Site: Skin

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 11:20AM

OP Start: 11:40AM

OP End: 1:50pm

Leave OR: 1:50pm

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART: 22G @ UL

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask NASAL PRONGS C ETCO₂

SG

Airway Oral Nasal

ETT# at cm

Oral Nasal Cuff

Tracheostomy Topical

Drug:

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# Attempts:

Difficulty Why?

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position: left lateral

Site:

Needle Size: 22G (R) Depth:

Paresthesia Yes No

Catheter at skin cm

Drug Name & Conc: 0.25%

Botus: BUPIVACAINE

Infusion: 15ml + 15mcg

Block Level: DEEM EDET M IXAE

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

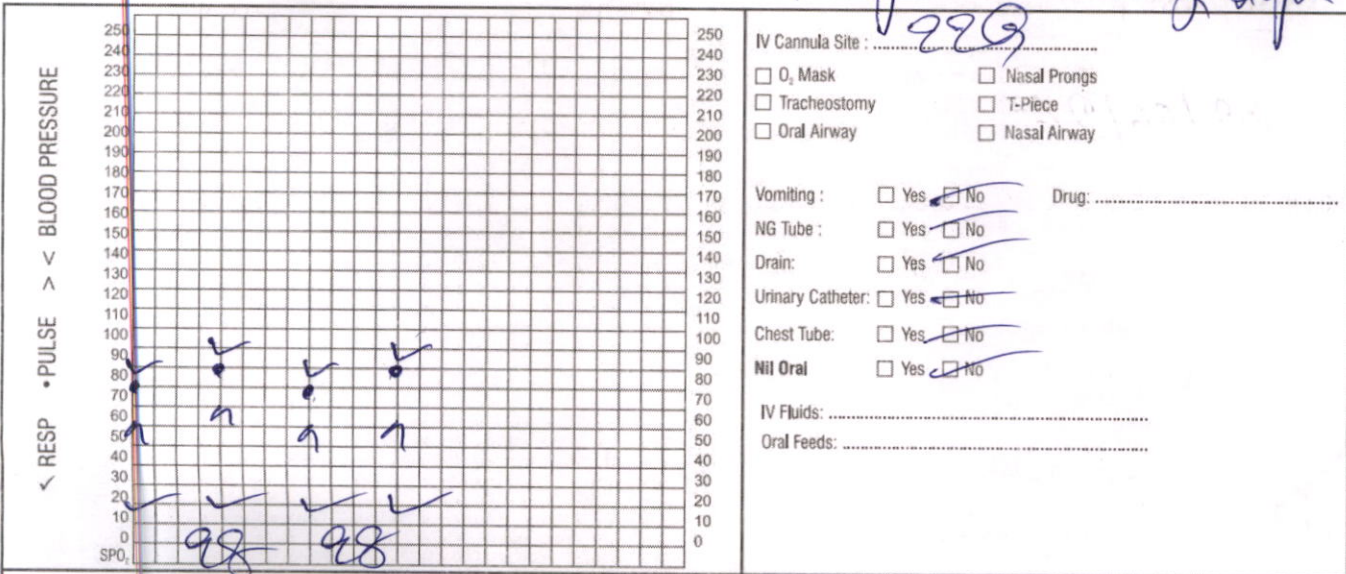
Name of the Doctor: Dr. Tejasvini

Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Durg Time Received : 1:55pm Time Discharged : 2:30pm



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	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	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6	1:55pm	1	—	Durg

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Subinik

Anaesthesiologist Signature: [Signature]

Date & Time: _____

PACU Nurse Name : Durg

PACU Nurse Signature: [Signature]

Date & Time: 2/6/2020

Reassessment Frequency:

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

Transferred to Unit by (PACU): _____

Date & Time: 2/6/2020

Patient Sticker

Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 02/06/26 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		Maternal		FHR	Comments
			Left	Right	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 :



121

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/25 Time: 2pm

Weight: 15.27kgs Centile: >25th

Height: 105cms Centile: >25th

Inference: Well child

RDA: — Calories: 1200kcal/d Protein: 22g/d

Diet Recommendations: SOFT diet

Re-Assessment: Avoid spicy, chilled and outside foods.

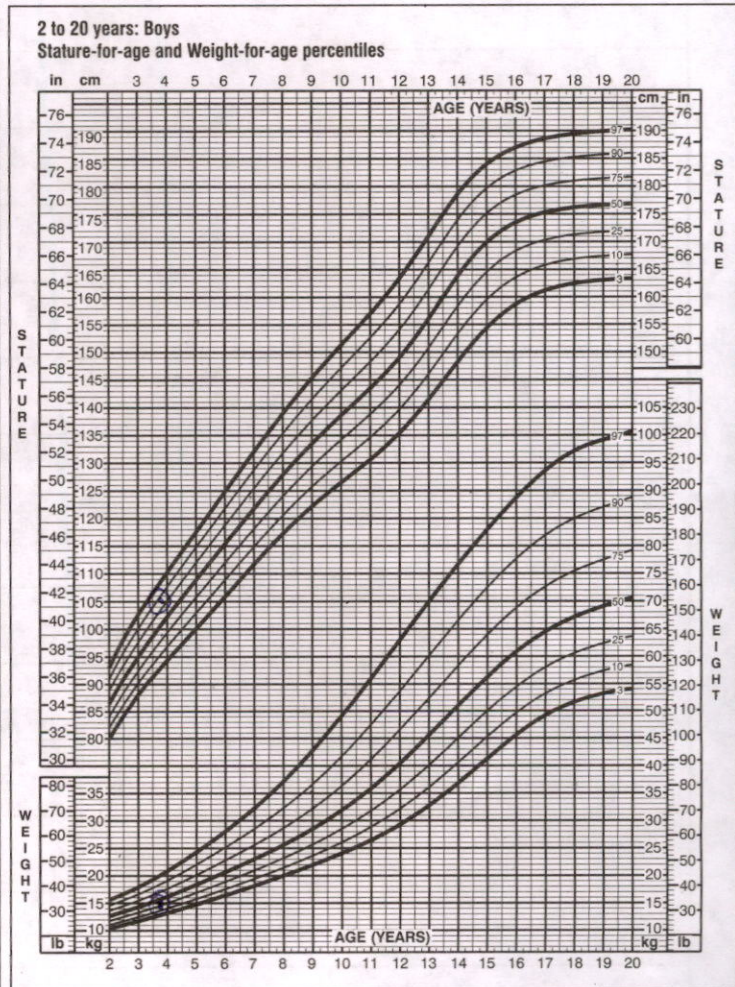
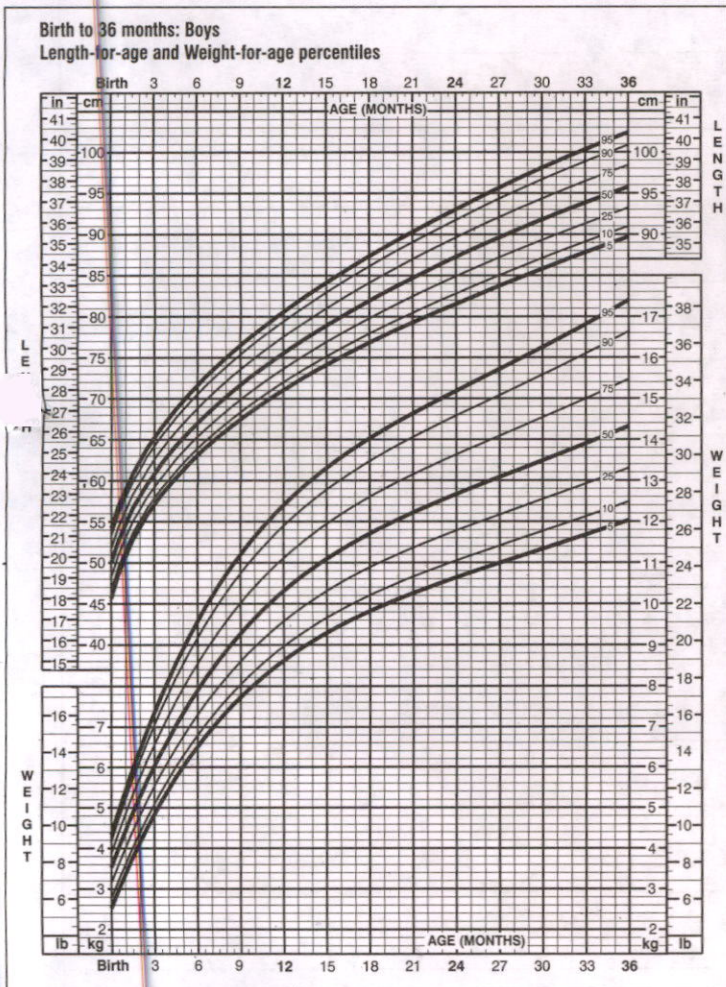
Food Allergies: NO Veg/Non-veg: non-veg

Diagnosis: D.P. Staphylococcal Hypersecretion → single stage hypospadias repair

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: G.A.W.

GROWTH CHART (BOYS)



Dietician's Name: Moulika

Dietician's Signature: Moulika

Daily Notes:

3/6/26
12pm

Child is stable Oral Intake is better
Continue \bar{c} Soft diet. - mandu