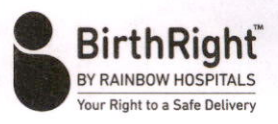


BAH-00599714 IP5-00174407
 Master KRISHIV THEERTHALA (BABY)
 30-01-2024 2 Y 3 M 27 D (M)
 Dr. ALISHA BABBAR



SURGERY DETAILS

KRISHIV THEERTHALA

Date : 28/05/26

Patient Name: ~~KRISHIV THEERTHALA~~ Date of Birth: 30-01-2024 Age: 2 Y

Gender: male Ward: P.O. UHID No.: 699714

Date of Surgery: 28/05/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : UGI Endoscopy (+) foreign body Removal

Time in : 1:05 AM Time Out : 1:45 AM

	NAME	AMOUNT
1. Surgeon	Dr. Alisha B	
2. Anaesthetist	Dr. Aditi	
3. Assistant Surgeon		
4. OT Technician	Prashant	
5. Circulating Nurse	Biksha	
6. Assistant Nurse	Benjamin	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Endoscopy - 9630400
 Basket - 9630400

Alisha
 Signature of the Surgeon

Biksha
 Signature of Circulating Nurse

Order No: 9630400

Order by: *Biksha*



CONSUMABLES OF OT

Circulating staff : Technician : Date : 28/5/26 Time : 1 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3-0 14	4	4	Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		5				Suction Catheter		
HME filter : A/P/N		1				Feeding Tube		
Syringes : 10 cc		3				Vaccum Suction Set		
05 cc		3	Gloves			Surgical Gloves		
02 cc		0	PF 7.6		21	Gauze Pack		
01 cc		—				Syringe 1ml / 2ml		
Cautery plate : A/P/N		—	Surgical blade			Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		1	Cautery pencil			Protogown		1
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			500ml NS		1
mini pipe		1	Ointments			20cc		1
			Suction Catheter			5cc		1
Fentanyl		1	Cap, Mask			Flask		
Morphine			Gauze Pack (10)		1			
Ketamine			Mop Pack		1			
Propofol		2	Steristrip					
Rocuronium Atracurium		1	Underpad		1			
Glycopyrolate		1	Draw sheet					
Myopyrolate Neo		1	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1			
Justin 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		1			
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield		0			
			Cotton Balls					
			Latex Gloves		100			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

Prashant
OT Technician

Order No. : 9630472

Ordered by : [Signature]

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174407 Admit Date : 27-May-2026 Admit Time : 11:12 PM UHID : BAH-00599714

Patient Details :

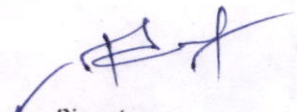
Patient Name : Master KRISHIV THEERTHALA (BABY OF MOUNIKA) Age : 2 Y 3 M 27 D
Guardian : Mr SAGAR THEERTHALA DOB : 30-01-2024
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO - 1-120, Kammampalli Karimnagar Phone No : 9701898987 / 7396349743
Telangana INDIA 505184 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 402 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 402 Admission Type : First Visit

Contact Details :

Name : Mr SAGAR THEERTHALA Relationship : Father
Contact Address : H NO - 1-120, Kammampalli Karimnagar Phone No : 9701898987 / 7396349743
Telangana INDIA 505184


Signature

Doctor Details :

Doctor Name : Dr. ALISHA BABBAR Specialisation : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

BAH-00599714 IP5-00174407
Master KRISHIV THEERTHALA (BABY
30-01-2024 2 Y 3 M 27 D (M)
Dr. AJISHA BABBAR

Illitant : _____ Dept : _____

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/05/26	11:40pm	EP	OT	Arjes
28/5/26	3AM	OT	201	[Signature]

Cross Consultation Visit

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



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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00599714 IP5-00174407
Master KRISHIV THEERTHALA (BABY
30-01-2024 2 Y 3 M 27 D (M)
Dr. ALISHA BABBAR



Patient Name:

Krishiv

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : Krishiv Age/Sex 2y 4M
Information given by: _____ Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

alleged H/O - accidental ingestion of foreign body

History of present illness :

alleged H/O - accidental ingestion of foreign body (magnet) @ 8:15 pm @ home.
↓
vomiting - 1 episode

child was seen in local hospital
as X-ray - showed - @ level of esophagus
↓
plan: for endoscopic removal

NPO - 5:30 pm
11q - 8:15 pm



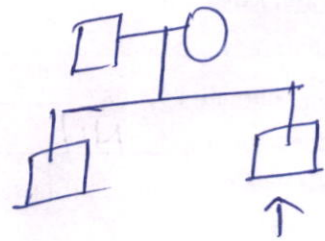
Pediatric Multiorgan History & Physical Examination

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

Nil

Birth & Neonatal History:

2nd in birth order.
Non-chausyous malleage.



Birth & Socio Economic History:

About Father : } ⊖
About Mother : }
Any additional Information : }

Developmental History :

Normal.

Immunization History :

- full date



Pediatric History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 12kg (Centile _____)

On Examination :

Temperature : 98.4^oF Pulse Rate : 90/min B.P. 100/60 ^(AS) SP02 98%
Resp. rate and type of breathing : 26/min, Normal
vesicular

Rash - Nil breath sounds

Lymphadenopathy - Nil

Oedema : - Nil

Allergies (if any): Nil

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : Bilaterally air entry (+)

Any added sounds : Nil / Clear

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

Cardiovascular System :

Inspection of precordium : Normal

Heart Sounds : S1, (+)

Any murmur : Nil / S1S2

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

Per Abdomen :

Inspection Normal

Palpation : Normal

Auscultation : Bowel sound / Soft, NT

Spine : Nil (+) External Genitalia : _____

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

BAH-00599714 IPS-00174407
Master KRISHIV THEERTHALA (BABY)
30-01-2024 2 Y 3 M 27 D (M)
Dr. AJISHA BABBAR



& Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : awake

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

Normal

DTR

Superficials: Normal

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

foreign body ingestion
Now plan for Endoscopic removal

BAH-00599714 IP5-00174407
Master KRISHIV THEERTHALA (BABY)
30-01-2024 2 Y 3 M 27 D (M)
Dr. ALISHA BABBAR



Pediatric History & Physical Examination

Preventive aspects of the treatment: Prevention of

Desired goals of the treatment: H. Stability

Planned Labs:

CBP

Planned Management

NIPO
IV fluids
PAC
Shift to OT
NIB
27/5/26

Signature of the Doctor: Pavani
Name of the Doctor: Pavani D
Date & Time: 27/5/26
11:30 PM

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Alisha
Date & Time: 28/05/26

BAH-00599714 IP5-00174407
Master KRISHIV THEERTHALA (BABY)
30-01-2024 2 Y 3 M 28 D (M)
Dr. ALISHA BABBAR



OPERATION THEATER NOTES

Patient's Name : KRISHIV Age : 2Y Gender : Male Female

UHID No.: Weight : 12 kg Height :

Surgeon : <u>Dr. Alisha B</u>		Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:	
Pre-Operative Diagnosis: <u>Foreign body ingestion</u>			
Surgical Procedure : <u>Endoscopy (+) foreign body removal</u>			
Indications for Surgery : <u>Esophageal impaction</u>			
Date : <u>28-5-2026</u>	Start Time :	End Time :	
Pre Operative Preparations: <u>NPO</u>			
Post Operative Diagnosis: <u>(magnet) foreign body impaction</u>			
Peri-Operative Complications: <u>X</u>			
Operation Notes: <u>UGIE by Dr Alisha</u> <u>E -> Triangular foreign body (+) in upper esophagus.</u> <u>Removed with basket.</u> <u>upper esophagus edema (+), minor erosions (+), food (+) in stomach.</u> <u>Inj Buscopan given for easier removal.</u>			

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 Master KRISHIV THEERTHALA (BABY)
 30-01-2024 2 Y 3 M 28 D (M)
 Dr. ALISHA BABBAR


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 9AM	<p>C/S/B - Gastro Team</p> <p>Accidental foreign body ingestion (magnet) s/p. Endoscopic removal in esophagus</p> <hr/> <p>No further complaints. No difficulty defecation</p>	<p><u>Plan</u></p>
	<p>o/e - Hemodynamically stable. chest-clear P/A - soft</p>	<p>1x Allow orally → liquids → soft diet → Normal diet.</p> <p>2x Monitor vitals</p>
	<p><i>[Signature]</i></p>	<p>3x Plan to taper & stop IV fluids. if accepted orally well.</p> <p><i>[Signature]</i> Dr. Kumar</p>

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 Master KRISHIV THEERTHALA (BABY)
 30-01-2024 2 Y 3 M 28 D (M)
 Dr. ALISHA BABBAR



PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
<p>28/01/26 5PM</p>	<p>CIC/B - Gastro Team Accidental FB ingestion EPR - Endoscopic removal</p>	
	<p>No further complaint o/e Hemodynamically stable chest - clear P/A - soft acceptingly orally</p>	<p>Plan ex Drugs as per chart ex stop IV fluids ex monitor vitals</p>
		<p> Dr. Kunal</p>

BAH-00599714 IP5-00174407
Master KRISHIV THEERTHALA (BABY)
30-01-2024 2 Y 3 M 27 D (M)
Dr. ALISHA BASSAR

Patient




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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	27/5/26				
Time	11 pm				
Hb	11.3				
PCV	34.9				
RBC	4.71				
WBC	11.07				
N/L	32/46				
Platelets	292				
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					

Kaichee
Patient Stick

BAH-00599714 IP5-00174407
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30-01-2024 2 Y 3 M 27 D (M)
Dr. ALISHA BABBAR



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MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: OT'

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<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 : Pawan V.

Date & Time : 22/5/26 8:11:20P

Nurse Name & Signature: Renuka

Date & Time : 22/5/26 11:30P



DRUG CHART

Date of Admission: 27/6/24 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR**
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES**
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 - 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name

BAH-00599714 IP5-00174407
 Master KRISHIV THEERTHALA (BABY)
 30-01-2024 2 Y 3 M 28 D (M)
 Dr. ALISHA BABBAR

28/5/26

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: <u>10 AM</u>	<u>1:50 PM</u>	<u>6 PM</u>	<u>10 PM</u>	<u>2 AM</u>	<u>3 AM</u>
Doctor / Nurse / Family Concern?						
Temperature (F)	99.5 F	97.5 F	97.5 F	98.5 F	98.5 F	99.5 F
Heart Rate (bpm)	105	108	108	103	109	96
Blood Pressure (mmHg) *	60 (75)	60 (81)	70 (61)	60	70	58
Heart Rate (Number)	105b/m	110b/m	112b/m	118b/m	122b/m	122b/m
Resp. Rate (bpm)	22	24	22	26	28	26
Resp Rate (Number)	22b/m	24b/m	22b/m	26b/m	28b/m	26b/m
Resp Mod/ Severe Distress None / Mild	—	—	—	—	—	—
Receiving O ₂ (l/min)	RIA	RIA	RIA	RIA	RA	RA
O ₂ Saturations (%)	100%	98%	97%	100%	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	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	<u>AB</u>	<u>AB</u>	<u>AB</u>	<u>AB</u>	<u>AB</u>	<u>AB</u>
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: Scores 3 should be recorded overleaf						

* 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 I s there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

BAH-00599714 IP5-00174407
 Master KRISHIV THEERTHALA (BABY)
 30-01-2024 2 Y 3 M 28 D (M)
 Dr. ALISHA BABBAR



ic. No. : RCH/ FRM / CLINICAL 126

28/5/26

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 4 AM 6 AM 10 AM

Doctor / Nurse / Family Concern?

Temperature (F)	104		
	103		
	102		
	101		
	100	OT	
	99		*98.9F
	98		*98.6F
	97		
	96		
	94		

Heart Rate (bpm) and Blood Pressure (mmHg) *	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110		
	90		
80		102	
70		74	
60		54	
50			
Note: BP does not score in early warning scoring			
Heart Rate (Number)		104b/m	108b/m

esp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	Resp Rate (Number)		24b/m	26b/m

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal / Altered
 GCS *

TOTAL SCORE		
Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	N	N

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

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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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Stn

BAH-00599714 IP5-00174407
Master KRISHIV THEERTHALA (BABY)
30-01-2024 2 Y 3 M 27 D (M)
Dr. ALISHA BABBAR



FLUID CHART

28/5/26

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.

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			40ml							0	Nika	
	04:00 am			40ml							0	Nika	
	05:00 am	DNS		40ml							0	Nika	
	06:00 am			40ml							0	Nika	
	07:00 am			40ml							0	Nika	
Total Intake :						Total Output :							

Total 24 hrs. Intake **200ml**

Total 24 hrs. Output **1-0-0-1**

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 Dr. ALISHA BABBAR

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 Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	↑	juice	40ml							0	Barnes
	09:00 am	↑	water	40ml					✓		0	Barnes
	10:00 am	IVF		—							0	Barnes
	11:00 am	D/S		40ml							0	Barnes
	12:00 pm	↓		40ml							0	Barnes
	01:00 pm	↓		40ml							0	Barnes
Total Intake :			200ml			Total Output : M-6 U-1						
	02:00 pm	↑		—							0	Barnes
	03:00 pm	↑		—							0	Barnes
	04:00 pm	IVF		40ml					✓		0	Barnes
	05:00 pm	D/S		40ml					✓		0	Barnes
	06:00 pm	↓		40ml							0	Barnes
	07:00 pm	↓		—							0	Barnes
Total Intake :			120ml			Total Output : M-0 U-2						
	08:00 pm	↑	juice	—							0	Scott
	09:00 pm	↑	water	—					✓		0	Scott
	10:00 pm	↑		—							0	Scott
	11:00 pm	↑		—							0	Scott
	12:00 am	↑		—					✓		0	Scott
	01:00 am	↑		—							0	Scott
Total Intake :			—			Total Output : M-0 U-2						
	02:00 am	↑		—							0	Scott
	03:00 am	↑		—					✓		0	Scott
	04:00 am	IVF		—							0	Scott
	05:00 am	IVF		—							0	Scott
	06:00 am	↓		—					✓		0	Scott
	07:00 am	↓		—							0	Scott
Total Intake :			—			Total Output : M-0 U-2						
Total 24 hrs. Intake			320ml			Total 24 hrs. Output						M-0 U-7



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: *accidental ingestion of foreign body*
 Anaesthesiologist: *Dr. Aditi* Surgeon: *Dr. Alisha Babbar*

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, BRADYCARDIA, 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: *[Signature]*
 Name: *T. Sagar*
 Relationship with patient: *FATHER*
 Date & Time: *22/5/24 11:53*

Witness:

Signature: *[Signature]*
 Name: *Mounika*
 Date & Time: *22/5/24 11:59 AM*

Doctor (who is taking consent):

Signature: *[Signature]* Name: *Dr. Aditi W*
 Date: *22/5/24* Time: *17:59*

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 శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ 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 నార్మల్ టెక్ 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.
 లిజనల్ 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, శాస్త్రాధిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ 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:

Patient

BAH-00599714 IP5-00174407
 Master KRISHIV THEERTHALA (BABY)
 30-01-2024 2 Y 3 M 28 D (M)
 Dr. ALISHA BABBAR




BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)




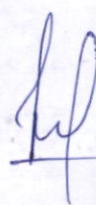
To Be Filled In By Assigned Nurse :

Date : 28/5/24

Department : P.O.T. Duration of Procedure : 1 hr

Name of Surgeon : Dr. Alisha Date of Admission :

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>DR - Amoxicillin</u>	
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : <u>Nil</u> Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : <u>Dr. Alisha</u> Date & Time of antibiotic administration : <u>Nil</u> Date & Time procedure started : <u>Nil</u>	

- 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

BAH-00599714 IP5-00174407
Master KRISHIV THEERTHALA (BABY)
30-01-2024 2 Y 3 M 28 D (M)
Pat Dr. ALISHA BABBAR



POST-SURGICAL CARE PLAN FORM

Procedure Done: VGI Endoscopy (+) Foreign Body Removal

Post-Surgical Diagnosis: foreign body esophagus

Post-Operative Monitoring Parameters / Frequency:

Heart rate, Resp. rate q 4 hourly

Wound Care:

Drain /Special Lines/Catheters:

X

Special Patient Positioning and Requirements:

X

Nutritional Instructions:

liquids from 8 am.

When to Start Mobilization:

Immediate

Special Referrals:

X

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

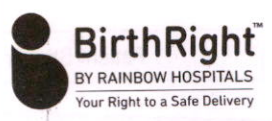
Alisha
Treating Surgeon
(Signature & Stamp)

Date: 28/5/26 Time: 1:30 am

Note: Plan of care will be readjusted if necessary.

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00599714
 Master KRISHIV THEERTHALA (BABY)
 30-01-2024 2 Y 3 M 27 D (M)
 Dr. ALISHA BABBAR



Name: KRISHIV Age: 2Y 3M Sex: M UHID.No: _____

Date: 27/01/26 Time: 11:55 Proposed Operation: Endoscopic removal of foreign body

Diagnosis: Accidental ingestion of Mucron

B.P / CRT: 101/61 H.R: 94/min Weight: 12.1 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: NO Known allergy

Medical History: CVS: — Normal deli
 RESP: — Diabetes: — CFAB
 CNS: — Birth wt 3.1
 Renal: — No
 Hepatic / GE: — Physical Activity: Active

Past Anaesthetic History: —

Physical Exam:

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

Lungs: AKDSB

Heart: S1 S2

CNS: WAD

Pregnant: Yes No NA Venous Access Site: RUL Spine Exam for regional: (2)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
—	—
—	—
—	—
—	—

Pre-Operative Instructions:

- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - NIL ORAL Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

CBC, IV cannulation

Signature: Ashish Name: Ashish N



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 94/min B.P./CRT: C3sec SpO₂: 97 on room R.R.: 16 Last Feed: >6h

Pre-OP Diagnosis: Magnet ingestion Operation: Keratin body removal Date: 28/5/24

Surgeon: Dr. Alisha Anaesthesiologist: Dr. Aditi Technician: Prasanna

TIME	N ₂ O / AIR / LRM	HALO / SO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
	<u>FIO₂ 0.2</u>	<u>MAC 1.2</u>	<u>INT PENICILIN 20mg</u> <u>INT MIDAZ 0.5mg</u> <u>INT PROPOFOL 25 Flo Hom 6</u> <u>INT ATRACURUM 5mg</u>				
	<u>FIO₂ / SaO₂</u>	<u>ETCO₂</u>	<u>ECG</u>				
	<u>Temperature</u>	<u>Urine Output</u>					
Fluids	<u>IV RL 120ml/hr</u>						

Stomach decompressed by N/S tube

LAB Values

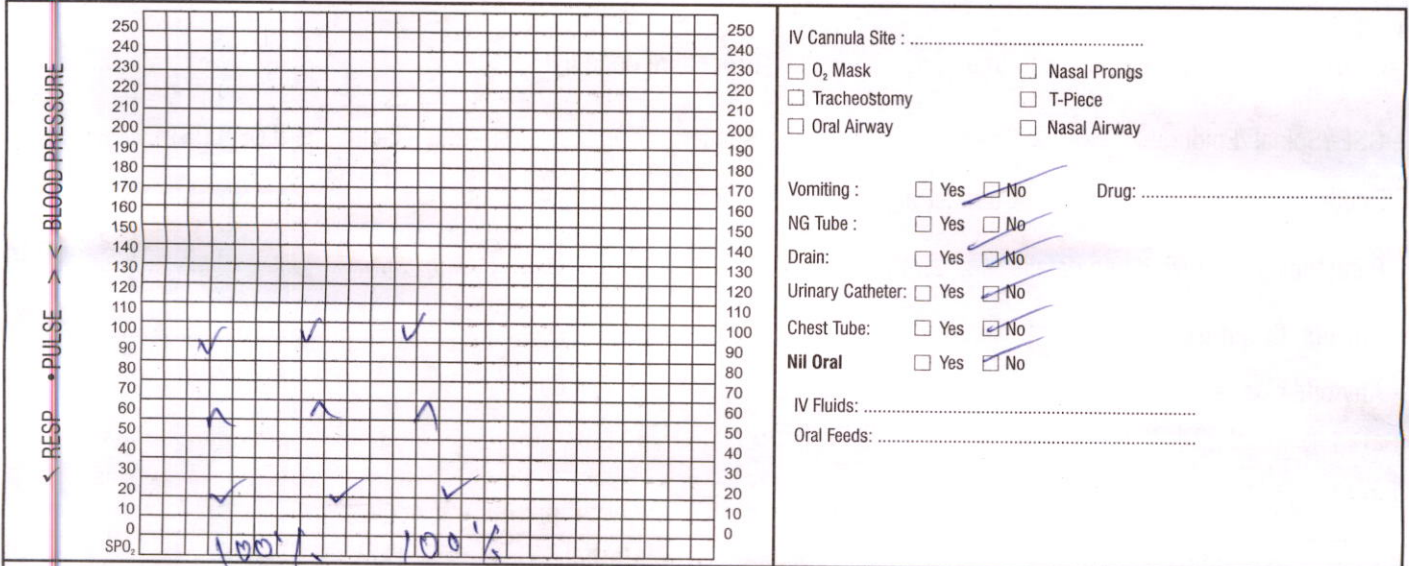
ABG
GRBS
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>ROZ</u> <input checked="" type="checkbox"/> Cuff Site: <input checked="" type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>3 lead skin</u> <input checked="" type="checkbox"/> Temp Site: <u>skin</u> <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input checked="" type="checkbox"/> Nerve Stimulator Position: <u>Left lateral</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input checked="" type="checkbox"/> Gint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>1:05 AM</u> OP Start: <u>1:16 AM</u> OP End: <u>1:46 AM</u> Leave OR: <u>1:45 AM</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input checked="" type="checkbox"/> CVP: <input checked="" type="checkbox"/> ART: <u>ROZ</u> <input checked="" type="checkbox"/> IV: <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input checked="" type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>3.5</u> at <u>11</u> cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input checked="" type="checkbox"/> Drug: <u>Atracurium</u> <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>2</u> Attempts: <u>1</u> Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin: cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Aditi</u> Signature of the Doctor: <u>Aditi</u>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sravani Time Received : Time Discharged :



IV Cannula Site :

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain : Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	1	1	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	1	1	2		
TOTAL		8	8	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/5	02:20	0/10	nil	[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name : Dr. Alisha
 Anaesthesiologist Signature: [Signature]
 Date & Time: 28/5/2024
 PACU Nurse Name : Sravani
 PACU Nurse Signature: [Signature]
 Date & Time: 28/5/2024

Transferred to Unit by (PACU): 201
 Date & Time: 28/5/2024



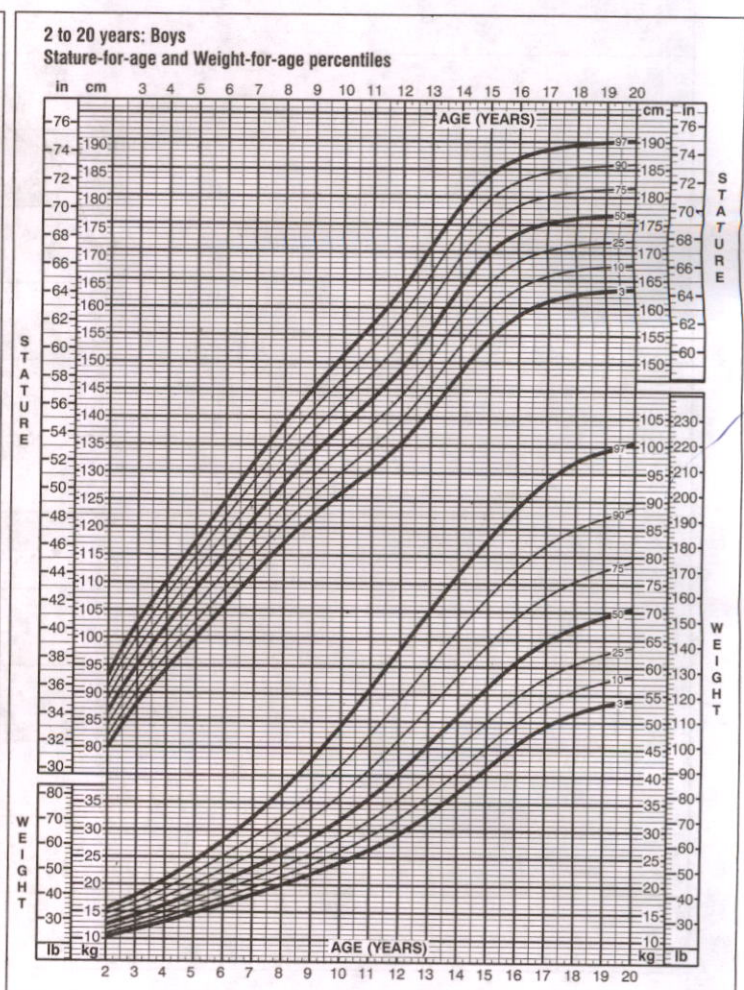
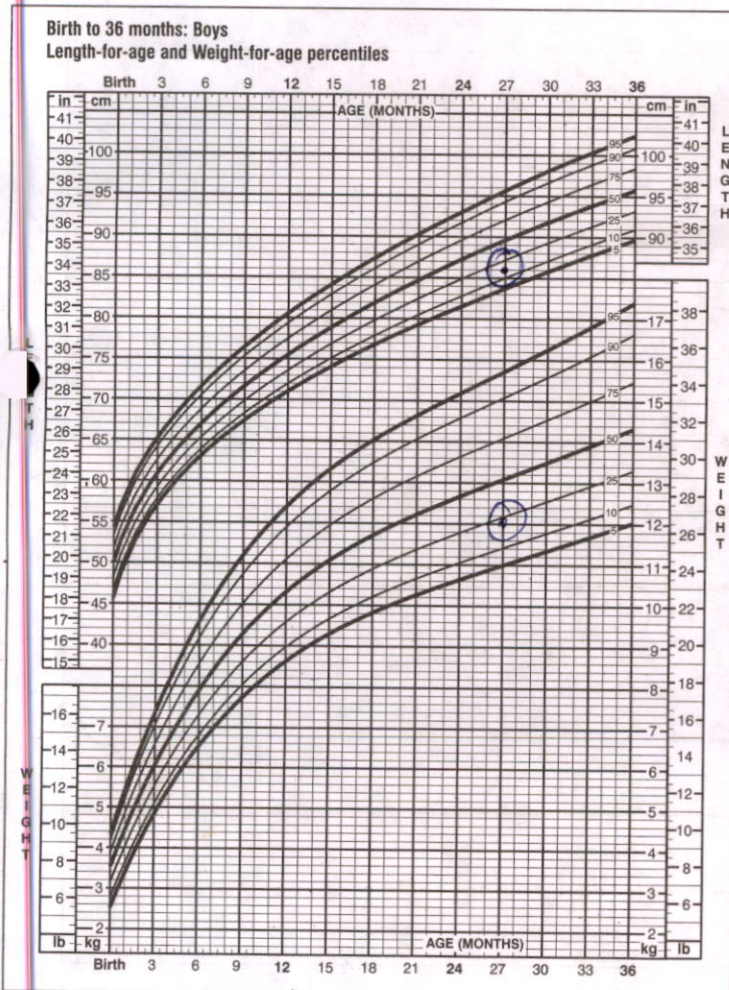
201

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 10am

Weight: 12kgs Centile: >10th
 Height: 86 cms Centile: >10th
 Inference: Underweight child
 RDA: - Calories: 1250 kcal/d Protein: 21g/d
 Diet Recommendations: Soft diet
 Re-Assessment: Avoid spicy, chilled, oilride foods.
 Food Allergies: NO Veg/Non-veg Non-veg
 Diagnosis: Accidental foreign body ingestion
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: [Signature]

