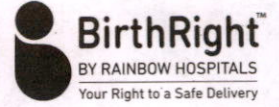


BAH-00656115 IP5-00174654

Master ZOHAN ARIB

05-01-2022 4 Y 4 M 28 D (M)

Patient Sticker Dr. NABEEL ALAM QADRI



SURGERY DETAILS

Date : 2/6/2026

Patient Name: Zohan Arib Date of Birth: 5-1-2022 Age: 4y

Gender: M Ward: P.O.T UHID No.: BAH-00656115

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

Name of the Surgery : Incision & Drainage

Time in : 3:30 pm

Time Out : 4:20 PM

	NAME	AMOUNT
1. Surgeon	Dr. Nabeel	
2. Anaesthetist	Dr. Kran	
3. Assistant Surgeon		
4. OT Technician	Ramesh	
5. Circulating Nurse	Thijes	
6. Assistant Nurse	Alam	

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

Signature of the Surgeon
2/6/26
3:50P

Signature of Circulating Nurse

Order No: 9039612

Order by: Ramadani

Patient Sticker

44.1013
6488

54D
CONSUMABLES OF OT

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating staff : BAH-00656115 Technician : Date : Time : 3:30 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>C4.04.5.50</u>	114	→	Major Pack <u>Draper</u>	1	→	Inj Vit.K		
LMA <u>1 1/2.2</u>	14	→	Sutures			Cord Clamp		
ECG leads : A <u>(P) N</u>	05	→	<u>vic-3.0.4.0.</u>	14	→	Suction Catheter		
HME filter : A <u>(P) N</u>	01	→	<u>9915</u>	1	→	Feeding Tube		
Syringes : 10 cc	16	→				Vaccum Suction Set		
05 cc	10	→	Gloves <u>6.6 1/2 7.7 1/2</u>	242	→	Surgical Gloves		
02 cc	10	→	<u>PA-6.6 1/2 7.7 1/2</u>	242	→	Gauze Pack		
01 cc	5	→				Syringe 1ml / 2ml		
Cautery plate : A <u>(P) N</u>	9	→	Surgical blade <u>11+15</u>	1+1	→	Surgical Blade # 20		
IV set	01	→	NG tube			Koochies (S)		
RL	01	→	Cautery pencil 1	1	→	NS 500ml		
NS : 100ml 100ml 500ml / 1000ml	5+1	→	Koochies			Dransofix		
<u>min spike</u>	01	→	Ointments			Jelly		
<u>Vacuum set</u>	01	→	Suction Catheter			1oz with Adrihe		
Fentanyl	01	→	Cap, Mask <u>N+R</u>	5	→	1cc + 5cc		
Morphine			Gauze Pack	5	→	26 Niddle		
Ketamine			Mop Pack	1	→			
Propofol	03	→	Steristrip					
Rocuronium	01	→	Underpad	1	→			
Glycopyrolate	01	→	Draw sheet	1	→			
Myopyrolate	01	→	Abgel					
Ondansetron	01	→	Foleys catheter			<u>OA-011</u>	14	→
Pencan 25g/ Spinal Needle <u>22</u>	01	→	Urobag			<u>NA 13 20</u>	14	→
Bupivacaine 0.25%	01	→	Chest Drainage Catheter			<u>02 masep</u>	1	→
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage			<u>02 Nagep froms ET Cor</u>	1	→
<u>Suprem</u>	01	→	Tegaderm			<u>(P)</u>		
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	→			
Justin : <u>12.5 mg / 25mg / 100mg</u>	01	→	Plastic Bed Sheet	1	→			
Tab. Misoprost : 200mg			Betadine Solution	1	→			
<u>Swamy 100cm + 100cm</u>	14	→	Microshield	1	→			
<u>Gauze + 4/100cm</u>	1	→	Cotton Balls	1	→			
<u>Deze + 100cm</u>	1+1	→	Latex Gloves	1	→			
<u>Sw Calq. 200cm</u>	14	→	Ramdione Scrub					
<u>Q-nts spl 20/1/3</u>	14	→	Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

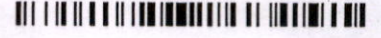
Order No. : 9639722

Ordered by : [Signature]

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174654 Admit Date : 02-Jun-2026 Admit Time : 02:43 PM UHID : BAH-00656115

Patient Details :

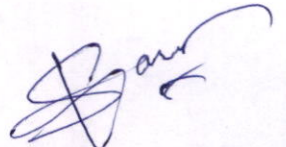
Patient Name : Master ZOHAN ARIB Age : 4 Y 4 M 28 D
Guardian : Mr MOHAMMED ANWAR DOB : 05-01-2022
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 9-5-663, BADRUDDIN COLONY Bidar Phone No : 8660858361/ 8880807888
Gandhiganj Bidar Karnataka INDIA 585403 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 401 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 401 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMED ANWAR Relationship : Father
Contact Address : H NO 9-5-663, BADRUDDIN COLONY Bidar Phone No : 8660858361
Gandhiganj Bidar Karnataka INDIA 585403


Signature

Doctor Details :

Doctor Name : Dr. NABEEL ALAM QADRI Specialisation : PEDIATRIC 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 : _____

UHD No. : _____

BAH-00656115 IP5-00174654
Master ZOHAN ARIB
05-01-2022 4 Y 4 M 28 D (M)
Dr. NABEEL ALAM QADRI



Attendant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	3:10pm	ER	OT	Anneeb

Cross Consultation Visit

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

BAH-00656115 IP5-00174654
 Master ZOHAN ARIB
 05-01-2022 4 Y 4 M 28 D (M)
 Dr. NABEEL ALAM QADRI



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: HED Shifted to: ICU

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 : N. Rastogi, J.M.

Date & Time : 22/6/26, 2pm

Nurse Name & Signature : Aneel

Date & Time : 2/6/26 3/1/26

BAH-00656115 IPS-00174654
 Master ZOHAN ARIB
 05-01-2022 4 Y 4 M 28 D (M)
 Dr. NABEEL ALAM QADRI

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					

BAH-00656115 IP5-00174654
 Master ZOHAN ARIB
 05-01-2022 4 Y 4 M 28 D (M)
 Dr. NABEEL ALAM QADRI



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 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												
	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 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												
	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

Patie



OPERATION THEATER NOTES

Patient's Name : Master ZOHAN ARJIB Age : 4Y Gender : Male Female

UHID No. : BAH-00656115 Weight : Height :

Surgeon : Dr. Nabeel Asst. Surgeon :

Anesthetist : Dr. Leisy OT Nurse : Babs OT Technician : Shirva

Pre-Operative Diagnosis: Necrotic Necrotic L.N (R) inguinal region & (R) upper thigh abscess

Surgical Procedure :
Incision & Drainage

Indications for Surgery :
Necrotic L.N (R) inguinal region & (R) upper thigh abscess

Date : 2/6/26 Start Time : 3:30pm End Time : 4pm

Pre Operative Preparations:

ST- betadine

Post Operative Diagnosis:

Peri-Operative Complications:

Nil

Operation Notes:

Findings

- Necrotic lymphnode (R) inguinal region
- Abscess noted (R) proximal thigh region
- ± low pus drained
- Incision & drainage done. ± low pus drained,

pus sent for

- ① Culture sensitivity
- ② Histopathology
- ③ Comprehensive TB panel

Procedure:-

- ① (Cruciate) Incision made on the highest point of fluctuant swelling. \bar{c} 11 no blade.
- ② Loculations in cavity broken
- ③ \approx 10ml pus drained
- ④ ASD done.

Amount of Blood Loss: \approx 1ml

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Nil

Peri-Operative Complications:

Nil

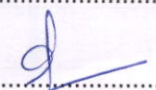
DAY CARE

① Symp AUGMENTIN[®] (Amox 200) 5ml PO / ~~BD~~ Twice daily, for 5 days

② Symp CROLIN DS (5ml = 240mg) 3ml PO / Three daily for 5 days

Review after 3 days in OT at 8:30am & Dr. Nabeel for dressing change.

Name of the Surgeon: Dr Nabeel.

Signature of the Surgeon: 

Date & Time: 2/6/24

3:45pm

DRUG CHART

Date of Admission: 21/12 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-00656115
 Master ZOHAN ARIB IP5-00174654
 05-01-2022 4 Y 4 M 28 D (M)
 Dr. NABEEL ALAM QADRI

Weight 10 kg Ward

Date	Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

DRUG :

Route: _____ Start Date: _____

Name & Signature of the Doctor: _____

Additional Instructions: _____

Date	Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

DRUG :

Route: _____ Start Date: _____

Name & Signature of the Doctor: _____

Additional Instructions: _____

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6	3:10 pm	TRIS AUGMENTIN	300mg	IV		
2/6	3:35 pm	PARACETE mol	150mg	I.V		
2/6	3:40 pm	AN&MENTI NE	300mg	I.V		

VERIFIED BY : Name _____ Signature _____

BAH-00656115 IP5-00174654
Master ZOHAN ARIB
05-01-2022 4 Y 4 M 28 D (M)
Dr. NABEEL ALAM QADRI



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Right Inguinal swelling Incision & Drainage.

Anaesthesiologist: Dr. Tejasvini Surgeon: Dr. Nabeel

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: [Signature]
Name: Mr. Ameer
Relationship with patient: Father
Date & Time: 1/6/26 5:08pm.

Witness:

Signature: [Signature]
Name: Mr. Parvez
Date & Time: 1/6/26 5:08pm.

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Tejasvini Date 1/6/26 Time: 5:08pm.

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 నార్మోటిక్ 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 వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటిల్లు, నొప్పి నివారణ కోసం నర్స్ 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:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

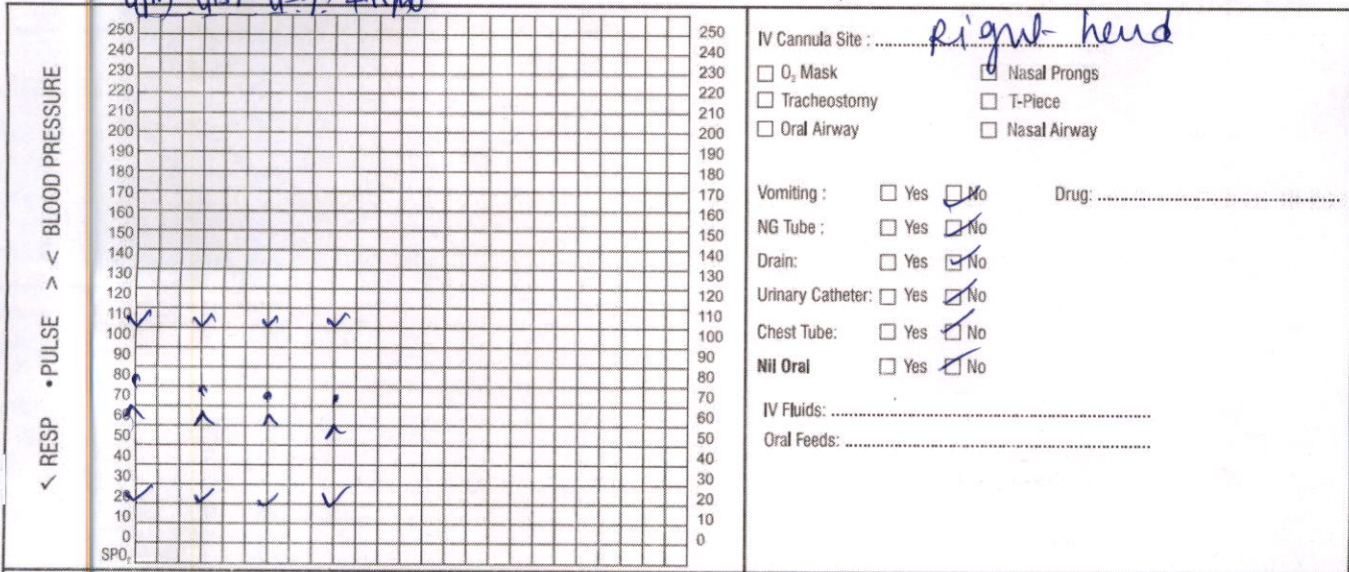
సంతకం: పేరు: తేదీ & సమయం:

Patient



POST-ANAESTHESIA SCORE SHEET

Received in PACU by: Dr. Reeyan Time Received: 4pm Time Discharged: _____



IV Cannula Site: right hand

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	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 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	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL	8	10	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6	4pm	0/10	on sedation	Ruf

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. Kiran

Anaesthesiologist Signature: Dr. Kiran

Date & Time: _____

PACU Nurse Name: Reeyan

PACU Nurse Signature: Reeyan

Date & Time: 2/6/26 at 4pm

Transferred to Unit by (PACU): Bilwaj

Date & Time: 2/6/26 at

