

VIH-00134371 IP5-00173769  
Baby A SAI RUTHWIKA  
23-08-2014 11 Y 8 M 20 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



## SURGERY DETAILS

Date : 13/5/26

Patient Name: BABY A SAI RUTHWIKA Date of Birth: 23/08/2014 Age: 11yrs

Gender: Female Ward: P.OT UHID No.: VIH-00134371

Date of Surgery: 13/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery: Flexible bronchoscopy & BAL

Time in : 2:00pm

Time Out : 2:30pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr Naveen Saradhi	
2. Anaesthetist	PR. NIKITA	
3. Assistant Surgeon		
4. OT Technician	KENRAT	
5. Circulating Nurse	TEENA	
6. Assistant Nurse	ALAM	

Special Equipment:  Laparoscopy  Bronchoscope <sup>09606422</sup>  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Naveen Saradhi  
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 09606421

Order by:

VIH-00134371 IP5-00173769  
 Baby A SAI RUTHWIKA  
 23-08-2014 11 Y 8 M 20 D (F)  
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## Nursing General Admission Assessment Form For Pediatrics

**Diagnosis:**

Arrival Time: 1pm Mode of Arrival: walk Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction: NEPA Body Weight: 39 Kg  
 Height: — cm

Past Medical History: Obtained From  Patient  Family Member  Medical Record  Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	VATS 9/4/26	VATS 4/4/26

Family History: Nothing Significant

Has the child or close family member had recent contact with a communicable disease?  Yes  No

If yes please list, .....

Was the child's birth normal?  Yes  No If No, please describe problems: .....

Are the child's immunization up to date?  Yes  No

Current Medication:  None  Yes, If Yes, fill reconciliation form

Observations: Weight: 29kg Length: — Head Circumference (< 2 years): —

Temp.: 98.4 F HR: 80 b/m RR: 26 b/m BP: 90/50 mmHg

Pain Score: 0/10 Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment:  Yes  No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26) (Document in the Braden Q Assessment Sheet)

Pain Screening:  Yes  No If Yes, Pain Score: 0/10 Pain Tool Used:  N Pass  FLACC  Wong Baker

Character of Pain ..... Location ..... Frequency ..... Duration .....

**FUNCTIONAL SCREENING:**

No Abnormalities Detected

Mobility Problem

Walking Problem

Developmental Delay

Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**

No Abnormalities Detected

Underweight

Overweight

Special Feeding Method

Feeding Problem

Special diet

No Abnormality Detected

Inform consultant for positive criteria

**Psychological Screening:**

No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

If Yes Consultant Notified: ..... (Date/Time): .....

Cultural & Spiritual Needs:  Yes  No if Yes specify ..... Inform consultant for positive criteria.

Social History: Lives With ..... Parents .....

Siblings in household  Yes  No (if yes How Many?) .....

All Information Obtained From  Patient  Mother  Father  Other Family Member

**Orientation has been given regarding the following aspects:**

Call Bell in Reach :  Yes  No

Waste Disposal Explained:  Yes  No

Infusion Pump :  Yes  No

Hand hygiene Explained:  Yes  No  Others

Patient Rights & Responsibilities:  Yes  No

Information given to ..... Mother .....

Nurse Signature: ..... [Signature] .....

Nurse Name: ..... Teena .....

Date: ..... 13/5/20 .....

Time: ..... 1pm .....

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00173769      Admit Date : 13-May-2026      Admit Time : 12:24 PM      UHID : VIH-00134371

**Patient Details :**

Patient Name : Baby A SAI RUTHWIKA      Age : 11 Y 8 M 20 D  
Guardian : Mr SAI HARI KISHORE ANKALA      DOB : 23-08-2014  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : FLAT NO 305, SREE LAXMI HEIGHTS,  
BHAVANI NAGAR Malkajgiri Hyderabad  
Telangana INDIA 500047      Phone No : 9966831228/ 9703769339  
E-mail : NOMAIL@GMAIL.COM

**Admission Details :**

Bed Type : DAY CARE      Bed No : POST OP 413      Ward Name : 4F-OT COMPLEX  
Room No : POST OP 413      Admission Type : First Visit

**Contact Details :**

Name : Mr SAI HARI KISHORE ANKALA      Relationship : Father  
Contact Address : FLAT NO 305, SREE LAXMI HEIGHTS,  
BHAVANI NAGAR Malkajgiri Hyderabad  
Telangana INDIA 500047      Phone No : 9966831228

*A. S. Kishore*  
Signature

**Doctor Details :**

Doctor Name : Dr. PILLARISSETTI NAVEEN SARADHI      Specialisation : PULMONOLOGY  
Referral Doctor : SELF      Phone No :  
Co-Consultant : Dr. SHRUTI KOTAPALLI

**Payment Details :**

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

VIH-00134371 IP5-00173769

Baby A SAI RUTHWIKA  
23-08-2014 11 Y 8 M 20 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



*Prop CHD 50 My Flexite*  
**CONSUMABLES OF OT**



Circulating staff : ..... Technician : ..... Date : 13/5 3255 Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (6.0 6.5 7.0)	11	1	Major Pack			Inj Vit.K		
LMA (3)	01	1	Sutures			Cord Clamp		
ECG leads: (A/P/N)	05	3				Suction Catheter		
HME filter (A/P/N)	01	1				Feeding Tube		
Syringes : 10 cc	10	2				Vaccum Suction Set		
05 cc	10	2	Gloves (6.5, 7.5, 2+2+2+2)			Surgical Gloves		
02 cc	10	2				Gauze Pack		
01 cc	5	1				Syringe 1ml / 2ml		
Cautery plate: (A/P/N)	01	1	Surgical blade	1	1	Surgical Blade # 20		
IV set	01	1	NG tube			Koochies (S)		
RL	01	1	Cautery pencil			Ne 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	01	1	Koochies			10g	1	2
<i>skin prep</i>	01	1	Ointments			Mucus extractor	3	2
<i>Vacuum St</i>	01	1	Suction Catheter			transcohex	1	1
Fentanyl	01	1	Cap, Mask			Jelly	1	1
Morphine			Gauze Pack (N)	1	2	Mucosax	1	1
Ketamine			Mop Pack	1	1	mask	4	4
Propofol	03	1	Steristrip					
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	1	Draw sheet	1	1			
Myopyrolate	01	1	Abgel					
Ondansetron	01	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			0.9.0.1.2	11	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			NA 24, 26	11	1
Antibiotics			Bandage			Damar (A)	01	1
<i>Iupon</i>	01	1	Tegaderm			ESCO - post fix (A)	01	1
Suppositories			loban			SOCSTAMPUPF	11	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			sway spococ	01	1
Supridol : 100mg			Vaccum Suction set	1	1	Danged (100)	01	1
Justin (12.5 mg / 25mg / 100mg)	11	1	Plastic Bed Sheet	1	1	Catheter mount	01	1
Tab. Misoprost : 200mg			Betadine Solution	1	1	<i>John</i>		
<i>sway locm toom</i>	11	1	Microshield	1	1			
<i>Gauze gloves</i>	11	1	Cotton Balls	1	1			
<i>Dece + tranke</i>	11	1	Latex Gloves	10	10			
<i>IJ cable, 2420</i>	11	1	Ramdione Scrub					
<i>@ nte, split 13</i>	11	1	Saral					


Surgeon : ..... Anaesthesiologist : ..... Nurse : *Alexander* OT Technician : *[Signature]*

Order No. : *960653* ..... Ordered by : *[Signature]*

**ACTIVITY RECORD FOR BILLING**

Name : A **VIH-00134371** **IP5-00173769**  
**Baby A SAJ RUTHWIKA**

**23-08-2014** **11 Y 8 M 20 D** (F)  
**Dr. PILLARISETTI NAVEEN SARADHI**

UHID No. :  Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
13/5/20	1 PM	ER	OT	Annab
13/5/20	4 PM	OT	Billings	Annab

**Cross Consultation Visit**

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









# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

VH-00134371 IP5-00173769  
Baby A SAJ RUTHWIK A  
23-08-2014 11 Y 8 M 20 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

VIH-00134371

IP5-00173769

Baby A SAI RUTHWIKA

23-08-2014

11 Y 8 M 20 D (F)

Dr. PILLARISETTI NAVEEN SARADHI



### Pediatric Multiorgan History & Physical Examination

Name : Baby A-Sai Ruthwika. Age/Sex \_\_\_\_\_

Information given by: Mother - Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

F/c of (R) Lower zone  
necrotizing pneumonia  
s/p Decostication

#### History of present illness :

minimal cough (+)  
No retractions -  
occasional pain in epigastric/  
subcostal area

was admitted at RCH Bangalore :-  
Rt sided Empyema (streptococcus  
pyogenes +  
Pneumonia)  
+ RLL consolidation

ECT - 1/0 :- Rt sided Empyema  
RLL collapse-consolidation  
+ Cavitory changes of necrotizing  
pneumonia

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## & Physical Examination

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

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**Birth & Neonatal History:**

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Ⓝ perinatal transition

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

7 middle

**Developmental History :**

Attained app for age

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**Immunization History :**

Immunised till date

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### History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
Weight (kgs) 39.7 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.2° F Pulse Rate : 98/min B.P. 99/59 SPO2 100% @ RA

Resp. rate and type of breathing : 24/min  
regular

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : BAE (+) ↓ (R)

Any added sounds : crept (+)

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

#### Cardiovascular System :

Inspection of precordium : \_\_\_\_\_

Heart Sounds : S<sub>1</sub>, S<sub>2</sub> heard

Any murmur : \_\_\_\_\_

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

#### Per Abdomen :

Inspection : \_\_\_\_\_

Palpation : soft, non tender

Auscultation : BS (+)

Spine : (+) External Genitalia : (+)

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

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**Pediatric Munirgan... & Physical Examination**

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

**Motor System:**

Nutriton : Good

Tone: (D) Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : Normal

**Clinical Summary & Diagnostic:**

P/v/c of VATS - Now For Flexible  
Bronchoscopy

Date: \_\_\_\_\_  
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**History & Physical Examination**

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: For hemodynamic stability

**Planned Labs:**

IV Cannula - Plain  
~~EDTA~~  
~~N/B~~  
~~Tosau~~  
~~13/5/26~~

**Planned Management**

→ Continue NPO  
 → IV fluids  
 → Shift to OT on call  
 N/B  
 Annus  
 13/5/26

Signature of the Doctor: Jy

Signature of the Consultant: \_\_\_\_\_

Name of the Doctor: Jayasri

Name of the Consultant: \_\_\_\_\_

Date & Time: 13/5/26 @ 12:00 PM

Date & Time: \_\_\_\_\_



# 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)

1. Flexible Bronchoscopy c.BAL.
- 2.

**I acknowledge the following:**

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. 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)
Therapeutic. & <del>these</del> Diagnostic	

3. 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.

Part from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- a. Fever/cough/hypoxia/desaturation require Precisely / Bronchoscopy / lavage
- b.

1. I authorize Dr. Naveen Saradhi and his / her team to perform the procedural sedation upon the patient / myself.
2. 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.
3. 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. Sai Hanu Kishore  
 Name: A. Sai Hanu Kishore (Father)  
 Relationship with patient: Father  
 Date & Time: 13/5/2026 @ 1:35 pm

**Witness:**

Signature: K. Srinika  
 Name: K. Srinika (Mother)  
 Date & Time: 13/5/2026 @ 1:35 pm

**Doctor (who is taking consent):**

Signature: [Signature] Name: Dr. Samayya C. Date: 13/5/2026 Time: 1:35 PM.

## శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అబ్సెండ్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీసియా వల్ల అలెర్జి, 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.

- డాక్టర్ \_\_\_\_\_ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయాపకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అబ్సెండ్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

VIH-00134371 IP5-00173769  
 Baby A SAI RUTHWIKI  
 23-08-2014 11 Y 8 M 20 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI

# DRUG CHART

Date of Admission: 12/5/26 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)

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

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

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

Signature  
VERIFIED BY : Name

VIH-00134371 IP5-00173769  
 Baby A SAJ RUTHWIKA  
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 Dr. PILLARISETTI NAVEEN SARADHI



**REGULAR PRESCRIPTIONS**

Weight. 39.7kg... Ward. P-5.....

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





VH-00134371  
 Baby A SAI RUTHWIKA IP5-00173769  
 23-08-2014 11 Y 8 M 20 D (F)  
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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: Jayashree (Jee)

Date & Time: 13/5/26 @ 12:00 am

Nurse Name & Signature: Annab A

Date & Time: 13/5/26 12:46 pm

VIH-00134371 IP5-00173769  
 Baby A SAI RUTHWIKA  
 23-08-2014 11 Y 8 M 20 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI  


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

  
**BirthRight™**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## RESULT SHEET

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



Patient S

VIH-00134371 IP5-00173769  
Baby A SAJ RUTHWIKA  
23-08-2014 11 Y 8 M 20 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



# FLUID CHART

Sheet No. : ..... (1)

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

Date	Time	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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

Patient Sticker

# FLUID CHART



Sheet No. : .....

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

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

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Department of Anaesthesia  
**PRE-ANAESTHETIC**



Name: Baby A Sai Rulhwicki Age: 11Y Sex: F UHID.No: VJH 00134371

Date: 13/5/24 Time: 11:30 Proposed Operation: Bronchoscopy

Diagnosis: Flu/D case of VATS

B.P / CRT: ..... H.R: ..... Weight: 39.3 ASA Physical Status:  1  2  3  4  5

28/4/24

**Laboratory Data:**

Hgb: 10.5 Glucose: 152 Protein: ..... HIV: ..... X-Ray: .....  
 PCV: ..... Urea: ..... Alb: ..... HBS Ag: ..... ECG: .....  
 WBC: 112000 Creat: ..... Total Bill: ..... HCV: ..... 2D Echo: .....  
 Plate: 2,61,200 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: No known allergy

Medical History: CVS: —

RESP: no, cough cold, fever Diabetes: —

CNS: —

Renal: —

Hepatic / GE: — Physical Activity: Active

Others: —

Past Anaesthetic History: VATS decontamination 4/4/2024

Physical Exam: Clubbing ⊕ ⊕

Airway: MP 1 2 3 4 Mouth Opening: slight Mentohyoid Distance: ⊖ Neck: ⊖ Teeth: No loose teeth

Lungs: ↓ air entry out reph ⊕

Heart: —

CNS: —

Pregnant:  Yes  No  NA Venous Access Site: Spine Exam for regional: —

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

milk: 7 am  
 water: 10 am

CURRENT MEDICATIONS	DOSAGE

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

Signature: Selvi Name: Dr. Adithyan

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

of right middle lobe noted  
elevated anterior aspect of right dome of diaphragm  
suppressed small  
neurovascular bundle  
bands noted in right lower lobe



# ANAESTHESIA CHART



### Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Admitted

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 87 B.P / CRT: 110/60 SpO<sub>2</sub>: 100% on RA RR: 18 Last Feed: 7h

Pre-OP Diagnosis: PostNAB Operation: Bronchoscopy Date: 13/5/18

Surgeon: Dr. Naveen Anaesthesiologist: Dr. Aditya Technician: \_\_\_\_\_

TIME	N <sub>2</sub> O / AIR / O <sub>2</sub> FPM	HALOGENS / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
12:30	100% O <sub>2</sub>	0	Propofol 60mg				
12:35	100% O <sub>2</sub>	0	Propofol 60mg				
12:40	100% O <sub>2</sub>	0	Propofol 60mg				
12:45	100% O <sub>2</sub>	0	Propofol 60mg				
12:50	100% O <sub>2</sub>	0	Propofol 60mg				
12:55	100% O <sub>2</sub>	0	Propofol 60mg				
13:00	100% O <sub>2</sub>	0	Propofol 60mg				
13:05	100% O <sub>2</sub>	0	Propofol 60mg				
13:10	100% O <sub>2</sub>	0	Propofol 60mg				
13:15	100% O <sub>2</sub>	0	Propofol 60mg				
13:20	100% O <sub>2</sub>	0	Propofol 60mg				
13:25	100% O <sub>2</sub>	0	Propofol 60mg				
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19:45	100% O <sub>2</sub>	0	Propofol 60mg				
19:50	100% O <sub>2</sub>	0	Propofol 60mg				
19:55	100% O <sub>2</sub>	0	Propofol 60mg				
20:00	100% O <sub>2</sub>	0	Propofol 60mg				

LAB Values

ABG \_\_\_\_\_

GRBS \_\_\_\_\_

Others \_\_\_\_\_

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>DL</u> <input checked="" type="checkbox"/> Art Site: _____ <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO <sub>2</sub> 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  <input checked="" type="checkbox"/> Position: _____ <input checked="" type="checkbox"/> Pressure Points Checked  <input checked="" type="checkbox"/> Eye Care: <input checked="" type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	<b>Temp:</b> <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  <b>Times:</b> Anaes Start: <u>2:30 PM</u> OP Start: _____ OP End: _____ Leave OR: _____ <b>Anaesthesia:</b> <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional  <b>Line (Size &amp; Location)</b> <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input checked="" type="checkbox"/> IV: <u>DL: 22G</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	<b>Induction</b> <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <input type="checkbox"/> Others  <input type="checkbox"/> Mask <input checked="" type="checkbox"/> SGA <u>3/A</u> <input type="checkbox"/> Airway <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# _____ at _____ cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: _____ <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____ <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	<b>Regional:</b> Extremity _____ Specify: _____ <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: _____ Position: _____ <b>Site:</b> _____ 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 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. Aditya</u> Signature of the Doctor: _____
--	---	---	---

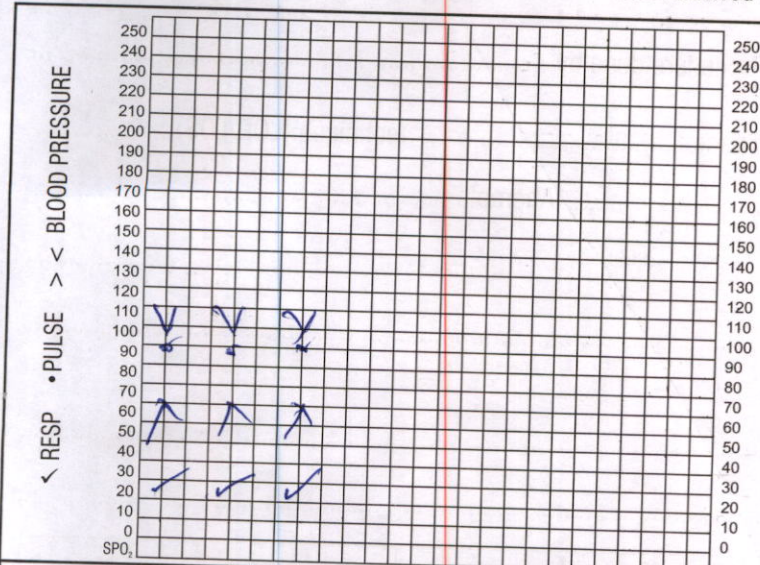
VIH-00134371 IP5-00173769  
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PO

**NIT RECORD**

Received in PACU by : *Summ* Time Received : *2:05 PM* Time Discharged : *4:10 PM*



IV Cannula Site : *LU*

O<sub>2</sub> 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: *Nil*  
 Oral Feeds: *None*

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

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
<i>13/5</i>	<i>4 PM</i>	<i>01/10</i>	<i>Nil</i>	<i>Sum</i>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : *Dr. Saradhi*

Anaesthesiologist Signature: *[Signature]*

Date & Time: *13/5/20 @ 4 PM*

PACU Nurse Name : *Summ*

PACU Nurse Signature: *[Signature]*

Date & Time: *13/5/20 @ 4 PM*

**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): *Billing*

Date & Time: *13/5/20 @ 4 PM*



VIH-00134371 IP5-00173769  
 Baby A SAI RUTHWIKI  
 23-08-2014 11 Y 8 M 20 D (F)  
 Dr. PILLARISETTI NAVEEN SARADHI

## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: Mrs Sai Ruthwika

Anaesthesiologist: Dr. Adithi Surgeon: Dr. Naveen

### 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 Residualization    Brady Cardia    Laryngospasm  
Bronchospasm

### 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. Sathish Kumar  
 Name: A. Sathish Kumar  
 Relationship with patient: FATHER  
 Date & Time: 13/5/20 11:45

### Witness:

Signature: K. Srija  
 Name: K. Srija  
 Date & Time: 13/5/20 11:45

### Doctor (who is taking consent):

Signature: Adithi Name: Dr. Adithi Date 13/5/20 Time: 11:45

## 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 అపస్వారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపన 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 రిస్క్:

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

హృదయ వ్యాధి  రక్తపోటు  మధుమేహం  మూత్రపిండాల వైఫల్యం  బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు  షాక్  ఊబకాయం  దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.  
 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, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటలిలు, 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: .....

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23-08-2014 11 Y 8 M 20 D (F)  
Dr. PILLARISETTI NAVEEN SARADHI



Rainbow  
Children's  
Hospital  
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## OPERATION THEATER NOTES

Patient's Name : B. A Sai Ruthwika Age : 11 Gender :  Male  Female  
UHID No. : VIH-00134371 Weight : 39.3Kgs Height :                     

Surgeon :		Asst. Surgeon :	
Anesthetist : <u>Dh. Nikita</u>	OT Nurse : <u>Alam</u>	OT Technician : <u>Venkal</u>	
Pre-Operative Diagnosis:			
Surgical Procedure : <u>flexible bronchoscopy ± BAL.</u>			
Indications for Surgery :			
Date : <u>13/5/26</u>	Start Time : <u>02:01 PM</u>	End Time : <u>1.50 PM</u>	
Pre Operative Preparations:			
Post Operative Diagnosis:			
Peri-Operative Complications:			
Operation Notes: <u>flexible bronchoscopy done via LMA —</u>			
<u>- Glottis normal, vocal cords &amp; their movements normal, subglottis normal</u>			
<u>- Trachea → normal, no tracheomalacia, no TEF</u>			
<u>- carina sharp</u>			
<u>- Lt main bronchus → few secretions in lingula &amp; lower lobe. Upper lobe normal</u>			
<u>- Rt main bronchus → upper lobe normal. few secretions in middle &amp; lower lobes, edematous mucosa lower lobe only 2 segments.</u>			

- No bronchomalacia, no foreign body
- BAL done & sample collected

Child tolerated the procedure well

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

BAL fluid -

① cts

② Comprehensive TB panel

Peri-Operative Complications:

Name of the Surgeon: ..... Naveen Saradhi

Signature of the Surgeon: ..... Dr. Naveen Saradhi

Date & Time: ..... 13/5/26