GPV-00013570 IP5-00176184
Baby ARAVAPALLI CHARANYA
19-07-2020 5 Y 11 M 21 D (U)
Dr. M N V POUSHYA SAI

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SURGERY DETAILS

Date : 10-07-20

Patient Name: Aravapalli Charanya Date of Birth: 19-07-2020 Age: 5Y

Gender: ~~Male~~ Female Ward : P.OT UHID No.: 0013570

Date of Surgery: 10/07/20 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : OGD + bopsy

Time in : 9.45 AM Time Out : 10.15 AM

		NAME	AMOUNT
1.	Surgeon	: ~~Dr. Usha~~ / Dr. poushya	
2.	Anaesthetist	: Dr. Shabana	
3.	Assistant Surgeon	:	
4.	OT Technician	: Vijay	
5.	Circulating Nurse	: Kumari	
6.	Assistant Nurse	: Bindu	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Endoscopy — 969985

Dr. Poushya

Signature of the Surgeon

Kumari

Signature of Circulating Nurse

Order No: 969985 Order by: Kumari

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Upper [redacted]

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CONSUMABLES OF OT

Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 5·5, 5	1+1	—	Major Pack			Inj Vit.K		
LMA 2, 2½	01+1	—	Sutures			Cord Clamp		
ECG leads : A / (P) / N	5	3				Suction Catheter		
HME filter : A / (P) / N	01	—				Feeding Tube		
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	4	Gloves			Surgical Gloves		
02 cc	10	—	6, 6½, 7, 7½	2+3	1+1	Gauze Pack		
01 cc			NF 6, 6½, (7), 7½	2+2	1+1	Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	—	Cautery pencil			NS 500ml	1	1
NS : 10ml / (100ml) / 500ml / 1000ml	01	1	Koochies			[illegible]	1	1
Misc Spike	02	1	Ointments			10cc	2	(1)
Guaze	03	—	Suction Catheter			Jelly	1	1
Fentanyl	01	1	Cap, Mask	5/5	3/5	[illegible]	1	1
Morphine			Gauze Pack (N)	3+5	3			
Ketamine			Mop Pack	1	1			
Propofol	03	2	Steristrip					
Rocuronium	01	—	Underpad	1	1			
Glycopyrolate	01	—	Draw sheet	1	0			
Myopyrolate +Neo	01	—	Abgel			Midaz	01	1
Ondansetron	01	—	Foleys catheter			Nasal Airway		
Pencan 25g/ Spinal Needle 22			Urobag			20, 22	1+1	—
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			Oral Airway		
Bupivacaine 0.25%(Heavy)			Romodrain bag			1, 2	1+1	—
Antibiotics O2 mask (P)	01	—	Bandage			IV cannula, 22, 20	1+1	—
Nasal Prong (P)	01	1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : (12.5mg) / (25mg) / 100mg	1+1	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
Vecuronium	01	1	Microshield	1	—			
Dexa + Dexmede	1+1	—	Cotton Balls	1	—			
Tranexa + pcm	1+1	—	Latex Gloves	1	5			
Glove + [illegible]	5+1	—	Ramdione Scrub					
10 cm + [illegible]	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9695954 Ordered by : [signature]

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

Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176184 **Admit Date** : 10-Jul-2026 **Admit Time** : 06:35 AM **UHID** : GPV-00013570

Patient Details :

Patient Name	: Baby ARAVAPALLI CHARANYA	**Age**	: 5 Y 11 M 21 D
Guardian	: Mr PHANI KUMAR	**DOB**	: 19-07-2020
Gender	: Unknown	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #SAMBUNIGUDEM VTC: KANDRAGATLAMALLELA KUNCHAPARTHI Vemsur Khammam Telangana INDIA 507164	**Phone No**	: 9666720762/ 8555060068
		E-mail	: phani.devops1253@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 403 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 403 **Admission Type** : First Visit

Contact Details :

Name : Mr PHANI KUMAR **Relationship** : Father

Contact Address : #SAMBUNIGUDEM VTC:KANDRAGATLAMALLELA KUNCHAPARTHI Vemsur Khammam Telangana INDIA 507164 **Phone No** : 9666720762 / 8555060068

Signature

Doctor Details :

Doctor Name : Dr. M N V POUSHYA SAI **Specialisation** : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name : _____

GPV-00013570 IP5-00176184
Baby ARAVAPALLI CHARANYA
19-07-2020 5 Y 11 M 21 D (U)
Dr. M N V POUSHYA SAI

UHID No. : _____ nsultant: _____ Dept : _____

Date of Admission: ____ e of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	7:15 Am	ER	OT	
10/7/26	11:40 AM	OT	Billing	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/7/26	CBP, S/E	8847	Charan

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7/24	IV placement	①	5611	[illegible]
10/7	PAC	①		[illegible]

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Poushya Sai Date : 10/07/26

Type of Admission: ☐ OPD ☑ ER ☐ Referral (if referral, Doctor's Name: ....

Start Time of Assessment: 6:15 AM Weight: 27.2 kg

Allergic History: ....

Chief Complaints: c/o stomach pain since 1-2 yrs
c/o difficulty in swallowing since 2 yrs.
c/o cold (mild type)

Pediatric Assessment Triangle

A Appearance - TICLS (N)

B Breathing
☐ ↑ WOB
☐ ↓ WOB
☑ Normal
☐ Gasping / Apnea

C Circulation
☑ Normal
☐ Abnormal
- Pallor ☐
- Cyanosis ☐
- Mottling ☐
- Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Significant Past History: Not Significant

Medication History: Taken medications but symptoms Not relieved

Relevant Investigations: USG - Done - Report Not Available.

Primary Assessment

Airway
☑ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Breathing

Rate: 27/min SpO_2 on FiO_2 100%.

Rhythm: Regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR
☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B/L AE(+)

Palpation Findings (If necessary) (N)

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Neb c 3% NS

Neb c Levo

Circulation

HR: 117/min

CFT: Central — } (N); Peripheral — } (N)

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: 107/66/75 mmHg

Pulse Volume: Central — } (N); Peripheral — } (N)

If in Shock: Compensated — } (N); Hypotensive — } (N)

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: Alert

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right — } BL; Left — } BL

Active Seizures: ☐ Yes ☑ No Sugars: ....

Signs of Neurological compromise: No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 97.9°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed .... } Not noted

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned: CBP

Sr. Electrolytes

USG Abdomen (after procedure)

Treatment Planned: NPO

IV FLUIDS

SHIFT TO OT

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Came for Upper GI Endoscopy

Assessment done by

Name of the Doctor: T. Pavani

Signature: [signature]

Date & Time: 10/07/26 5:30AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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OPERATION THEATER NOTES

Patient's Name : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No.: ..... Weight : ..... Height : .....

Surgeon : Dr. Akshra.	Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: Persistent Vomiting / Pain Abdomen.

Surgical Procedure :
OGD + biopsy.

Indications for Surgery : Persistent vomiting

Date : 10/02/26	Start Time :	End Time :

Pre Operative Preparations:

NPO

Post Operative Diagnosis: ? Gastritis / R/O EGID.

Peri-Operative Complications:

Nil

Operation Notes:

Esophagus: Minor irregularity @ GE junction
No fullness, edema, nodularity -
exudates, ulcer.
No hiatus hernia.

Stomach - Normal

Duodenum - D1 & D2 normal.

Biopsy taken from → Esophagous
→ Stomach

Amount of Blood Loss: Nil	Blood Transfused (in ML) Nil

Name and Number of Surgical Specimen sent for examination:

(1)

Peri-Operative Complications:

Nil

Name of the Surgeon: for Dr. Mishra

Signature of the Surgeon:

Date & Time:

Patient

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POST-SURGICAL CARE PLAN FORM

Procedure Done: OGD + biopsy

Post-Surgical Diagnosis: ⓒ R/o EGJD's.

Post-Operative Monitoring Parameters /Frequency:

Hourly

Wound Care:

—

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

+—

When to Start Mobilization:

Immediately

Special Referrals:

—

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: 20/07/21 Time: .....

Note: Plan of care will be readjusted if necessary.

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DRUG CHART

Date of Admission: 10/7/26 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature ....

19-07-2020 5 Y 11 M 21 D (U)
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REGULAR PRESCRIPTIONS

Weight. 27.2kg Ward. .....

DRUG : OTRIVIN P NASAL DROPS	Dose	Route	Frequency	Start Date
	2°	P/N	TID	10/07

Name & Signature of the Doctor Starting the Drugs: T. Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : SYP. RELENT PLUS	Dose	Route	Frequency	Start Date
	5ml	Oral	Q12H	10/07

Name & Signature of the Doctor Starting the Drugs: T. Pavani

Additional Instructions: (After Procedure)

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :	Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :	Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Weight. 24.2kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/07	6:30 Am	Nebs 3% IN S	~~Neb~~ 3ml	NEBS		Choreen Anyi

Dr. M N V POUSHYA SAI

IP5-0017618A

GPV-0001357O

I.V. FLUIDS CHART

Weight. 24.2 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/07/26		IVF DNS	IV	65ml			not Given		

VERIFIED BY : Name ..... Signature .....

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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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : T. Pavani

Date & Time : 10/07/20 5:30 Am

Nurse Name & Signature: Keerthi KJ

Date & Time : 10/7/20 @ 6:30 Am

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Patient Sti

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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						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Patient S

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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.

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

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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**	

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Aravapalli Charanya Age: 8y Sex: F UHID.No : GPV - 0001/2170

Date: 10/7/26 Time: 7:00 AM Proposed Operation: Upper GI Endoscopy,

Diagnosis: difficult in swallowing :: 2 years. (Solids & liquids)

B.P / CRT: ..... H.R: ..... Weight: 27.2kg, 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/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History:
CVS : Not Significant.
RESP :
CNS :
Renal :
Hepatic / GE :
Others :

* C-section / preterm (15 days early) 2.8kg / Non adm
Diabetes :
* Vaccinated upto date
* Milestones achieved as per age
Physical Activity: Active
* H/o Cold (mild) :: 3 days.

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: (N) Teeth: All teeth

Lungs : BAE (+), clear

Heart: S1 S2 (+)

CNS: Grossly Intact

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site : 22G (LF) Hand

Spine Exam for regional : (NA)

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No
Attender

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   * CBT on IV Cannulation

Last meal : 9
Liquid : 6

Signature: ..... Name: Dr Sri Surya

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No

Physical Status: ☐ Patient Identified ☐ Consent Present ☐ Chart Reviewed

Fasting Status: adequate

H.R: 88 | B.P / CRT: 84/52 | SpO_2: 100 | R.R: 20 | Last Feed: 2a

Pre-OP Diagnosis: dysphagia / Operation: GI endoscopy Date: 10/7/26

Surgeon: DR. Alisha Anaesthesiologist: DR. Shahna Technician: Vijay

TIME	10:45	*
N_2O /AIR /O_2 LPM		
HALO /SO /SEVO		
Drugs:		
Inj MIDAZ	1 mg	
FENTANYL	50 mcg	
PROPO POI	60 ml/0	+ 10
FIO_2 / SaO_2		
$ETCO_2$	100	100
ECG	SR	SR
Temperature		
Urine Output		
Fluids		
Blood		

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

- ☐ Equipment Checked and Functional
- ☐ BP
- ☐ Cuff Site: (R) Wd
- ☐ Art Site:
- ☐ EKG Lead
- ☐ Temp Site Skin
- ☐ FIO_2 Monitor
- ☐ Agent Monitor
- ☐ Pulse Oximeter
- ☐ Capnograph
- ☐ Ventilator
- ☐ Nerve Stimulator
- Position: Lithotomy
- ☐ Pressure Points Checked

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 9.45 am
OP Start:
OP End:
Leave OR: 10.15 am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV: 22 G (L)
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA Oxygen nasal prong @ 3 Lpm
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : DR S LOKESH NM
Signature of the Doctor :

GPV-00013570 IP5-00176184
Baby ARAVAPALLI CHARANYA
19-07-2020 5 Y 11 M 21 D (U)
Dr. M N V POUSHYA SAI

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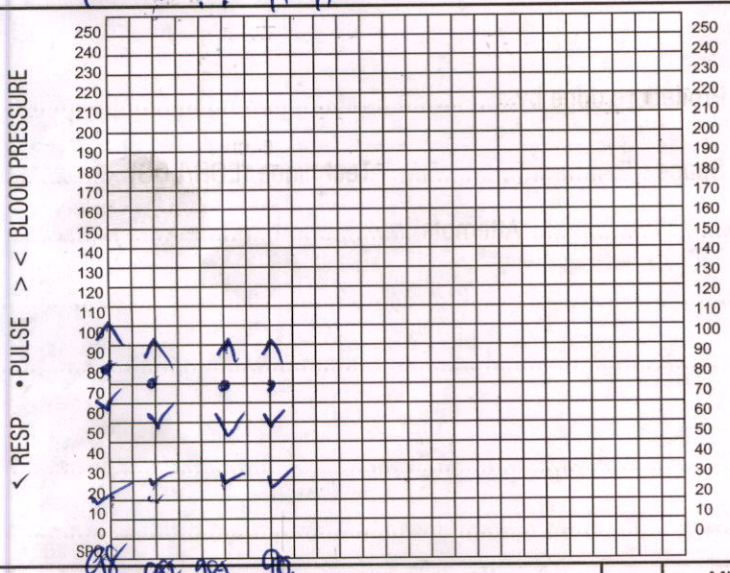
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Divya Time Received : 10:20 am Time Discharged : .....



IV Cannula Site : 22 G L hand

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☑ Nasal Prongs
- ☑ T-Piece
- ☐ 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: Water 100ml

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES 30	60	90	OUT
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	0	0	1	2	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	1	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	0	1	1	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
	TOTAL	6	7	8	10	

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7	10:30	4/10	—	

Pain Tool Used: ☐ N PASS ☑ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr SHOBHA
Anaesthesiologist Signature: .....
Date & Time: 10/7/26 @ 10:30 pm

PACU Nurse Name : Divya
PACU Nurse Signature: .....
Date & Time: 10/7/26 @ 11 pm

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): Bikalai
Date & Time: 10/7/26 @ 10:20 am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Upper GI Endoscopy

Anaesthesiologist: Dr Subhramanyam. Surgeon: Dr. Poushya

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 post procedure Oxygen Support

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. Phanikumar

Name: A. PhaniKumar

Relationship with patient: Father

Date & Time: 10/07/26, 7:10 Am

Witness:

Signature: A. Rama

Name: A. Rama

Date & Time: 10/07/26, 7:10 Am

Doctor (who is taking consent):

Signature: Name: Dr K Sri Surya Date 10/7/26 Time: 7:10AM

Patient Sticker

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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.

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

స్పెసిఫిక్ హై రిస్క్స్:

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

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ 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, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ 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 స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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