KUH-00097340 IP5-00174430
Master ABHISHEK
03-10-2020 5 Y 7 M 25 D (M)
Dr. VENKAT RAM THYALAPALLI

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SURGERY DETAILS

Date : 28/5/26

Patient Name: Mr. Abhishek Date of Birth: Age: 5 y

Gender: Male Ward : P.OT UHID No.:

Date of Surgery: 28/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☑ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Ventricular Septal defect - (1)

Time in : 12:25 hrs Time Out : 12:55 hrs

		NAME	AMOUNT
1.	Surgeon	Dr Venkat Ram Thyalapalli	
2.	Anaesthetist	D. Bari	
3.	Assistant Surgeon	—	
4.	OT Technician	Gautami	
5.	Circulating Nurse	Babi	
6.	Assistant Nurse	Kalyan	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 0631227 Order by: Suman

Docu. No. : RCHBH/FRM/GENERAL/114

MASTER ABHISHEK
KUH: 00097340

Patient Sticker

Percutaneous tendoachilles tenotomy planter

CONSUMABLES OF OT

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6436

Circulating staff : .... Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.0 4.5 1.5	1+1+1	—	Major Pack Drape	1	1	Inj Vit.K		
LMA 1/2 2	1+1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5	03				Suction Catheter		
HME filter : A / P / N	1	—				Feeding Tube		
Syringes : 10 cc	10	02				Vaccum Suction Set		
05 cc	10	02	Gloves 6 6½ 7 7½	2+2+1	6	Surgical Gloves		
02 cc	10	0	Pf 6 6½ 7 7½	2+2+1	—	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade 11+15	1	1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	01	Cautery pencil	1	—	POP 4 inch	5	2
NS : 10ml / 100ml / 500ml / 1000ml	5+1	01	Koochies			Soft Role (6inch)	5	2
minispike	1	0	Ointments			18 gu. Nidlels	7	10
Oxmayle (P)	1	—	Suction Catheter			NS 500 ml	2	—
Fentanyl	1	01	Cap, Mask N+R	5	5/5	transofix	2	—
Morphine			Gauze Pack	5	5			
Ketamine			Mop Pack	5	—			
Propofol	3	01	Steristrip					
Rocuronium	1	—	Underpad					
Glycopyrolate	1	—	Draw sheet					
~~Myopyrolate~~ NEO	2	—	Abgel					
Ondansetron	1	—	Foleys catheter			Gauze	3	—
Pencan 25g/ Spinal Needle 22	1	—	Urobag			Glawau	4	—
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			Dexamed	1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Dexa+Tranexa	1+2	—
Antibiotics			Bandage			50C +Pmuine	1+1	—
Soupim	1	—	Tegaderm			Soft role 4/6	1+1	—
Suppositories			Ioban			Elroz Nasal		
Anamol : 80mg / 250mg / 170 mg			Double J Stent	1	—	prong	01	0
Supridol : 100mg			Vaccum Suction set	1	—			
Justin : 12.5 mg / 25mg / 100mg	1+1	01	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vacum set	1	—	Microshield	1	0			
Oral air way 0/1	1+1	—	Cotton Balls	1	—			
Nasal airway 2.5/1.5	1+1	—	Latex Gloves	10P	10P			
Syringe 10cm +100cm	1+1	—	Ramdione Scrub	1	1			
IV Cannula 22/24			Saral					

Surgeon 962/376 Anaesthesiologist Nurse OT Technician

Order No. : .... Ordered by : ....

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

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OPERATION THEATER NOTES

Patient's Name : M. Abhishek Age : 5Y Gender : ☑ Male ☐ Female

UHID No.: 97346 Weight : ..... Height : .....

Surgeon : Dr. Venkat Ram Thyalapalli.	Asst. Surgeon : —	
Anesthetist : Dr. Ravi	OT Nurse: Kalyan	OT Technician: Babu

Pre-Operative Diagnosis: Neurogenic club foot (R) side & Non-healing Ulcer.

Surgical Procedure : percutaneous Tendoachillis tenotomy + plantar fascia release + plaster casting

Indications for Surgery : deformity of (R) foot.

Date : 28/5/26	Start Time : 12:32 PM	End Time : 12:50 PM

Pre Operative Preparations:

Post Operative Diagnosis: same.

Peri-Operative Complications:

Operation Notes:

- I. Sedation.
- Aseptic Mouth scrub & draping
- percutaneous plantar fascia release + tendoachillis tenotomy.
- Dressing..
- A/K plaster cast applied
- Shifted to POW in stable condition

Doc. No. : RCHBH/ FRM / CLINICAL / 099 (P.T.O.)

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

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Discharge [illegible]

Can be discharged

(1) T. [illegible] - 10mg / OD / (5) dy

(2) T. Lancet / OD / (10) dys

(3) [illegible] [illegible] / OD / SOS

(4) Plaster care explained c̄ elevation - (1) pillow

(5) Review in OBD after (1) week

Name of the Surgeon: Dr Venkat Ram Thyagarajan

Signature of the Surgeon: Venkat

Date & Time: 1:04 PM _ 28/5/2026.

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POST-SURGICAL CARE PLAN FORM

Procedure Done: per cutaneous TA tenotomy + plantar fascia release + plantar casting

Post-Surgical Diagnosis: Neurogenic club foot @ both & Non healing Ulcer

Post-Operative Monitoring Parameters /Frequency:

—

Wound Care:

—

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

(i) Pillow elevation & plantar care & toe claw changes

Nutritional Instructions:

—

When to Start Mobilization:

—

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: 28/5/2026 Time: 1:00 PM

Note: Plan of care will be readjusted if necessary.

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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 : IP5-00174430 **Admit Date** : 28-May-2026 **Admit Time** : 08:55 AM **UHID** : KUH-00097340

Patient Details :

Patient Name	: Master ABHISHEK	**Age**	: 5 Y 7 M 25 D
Guardian	: Mr DINESH	**DOB**	: 03-10-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO.1-46/1,ROAD NO 7,,ASHOK NAGAR,, CHANDANAGAR,RC PURAM Chandanagar Hyderabad Telangana INDIA 500050	**Phone No**	: 9110593288
		E-mail	: nomail@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 412 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 412 **Admission Type** : First Visit

Contact Details :

Name : Mr DINESH **Relationship** : Father

Contact Address : H.NO.1-46/1,ROAD NO 7,,ASHOK NAGAR,,CHANDANAGAR,RC PURAM Chandanagar Hyderabad Telangana INDIA 500050 **Phone No** : / 9110593288

Dinesh
Signature

Doctor Details :

Doctor Name	: Dr. VENKAT RAM THYALAPALLI	**Specialisation**	: ORTHOPEDICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP 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
28/5/26	9:35 AM	ER	OT	
28/5/26	2:50pm	OT	Billing	Suman

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
28/5	CBP	4136	B

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/5/26	IV placement	(1)	30744	
	PAC done op Bajis			

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. Venkat Ram Date : 28/05/26

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

Start Time of Assessment: 8:55 AM Weight: 16.19 kg

Allergic History: .....

Chief Complaints:
c/o (R) Lower limb weakness - 8 mth
& developing ulcer - 6 months
Now for percutaneous TA Tenotomy + Plantar fascia release + Plaster

Pediatric Assessment Triangle

A Appearance - TICLS: Normal

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: NVD | Term | 3kg | NO NICU stay
Medication History: Developmental Dx.
Relevant Investigations: Immunized till date.

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 22/min SpO_2 on FiO_2 99% @ RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BAE (+), clear
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 98/min

BP: 92/64 (70) mmHg

Pulse Volume: Central <3sec; Peripheral

If in Shock: Compensated ....; Hypotensive ....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

CFT: Central <3sec; Peripheral

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Disability

GCS: .... AVPU: Alert

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right .... Left ....

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

Signs of Neurological compromise —

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 98.2°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed —

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:	**Treatment Planned:**
IV cannula — CBP NB Bhavani 28/5/26	1) Continue NPO 2) IV fluids 3) Shift to OT on call.

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Percutaneous TA tenotomy + Plantar fascia release + Plaster

Assessment done by

Name of the Doctor: Jayasri

Signature: [signature]

Date & Time: 28/05/26 @ 9:00 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/04/26.	Day Care Notes 1:- (R) Lowe Limbs deformity Now for Percutaneous TA Tenotomy + Plantar fascia release + Plaster	
	O/E:- child alert Resp P/A (N) CVS Vitals-stable.	Plan 1) Continue NPO 2) IV fluids 3) Shift to OT on call 4) IV Cannula - CBP
	NB Shivani 28/5/26	Dr. Jaya Sri

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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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 : Sai

Date & Time : 28/5/26 @ 1AM

Nurse Name & Signature: Bhavani

Date & Time : 28/5/26 @ 9:35AM

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DRUG CHART

Date of Admission: 28/05/26 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)

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 ..... Sign

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REGULAR PRESCRIPTIONS

Weight. 16.2 kg Ward. OT

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Weight. 16.2kg Ward. OT

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

Signature

VERIFIED BY : Name

03-10-2020 6 Y / M 26 D (M)
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KUH-000973340 IP5-0017443O

I.V. FLUIDS CHART

Weight. 162 kg. Ward. OT

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
1815		Inf. DNS	Iv	50ml/hr	Sai	not connected			

Signature .....

VERIFIED BY : Name .....

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RESULT SHEET

Date	28/05					
Time						
Hb	11.2					
PCV	35					
RBC	5.05					
WBC	6.71					
N/L	91/43					
Platelets	493					
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.,) : .....

Patient Sticke

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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**	

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

KUH-00097340 IP5-00174430
Master ABHISHEK
03-10-2020 5 Y 7 M 25 D (M)
Dr. VENKAT RAM THYALAPALLI

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Abhishek Age : 5y Gender : Male ☑ Female ☐

UHID NO: 00097340 Surgeon Name: Dr. Venkat Ram Thyalapalli

Anaesthesiologist : Dr. K. Sri Sunya

Operative procedure planned : .....

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 without numbness can be achieved by infusing weak solutions of local anesthetics arid 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 mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

Comments : post Op Ventilator Dr. support, hypotension, Bradycardia

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Dr. K. Sri Sunya the above mentioned operation / Diagnostic / Therapeutic procedures .....

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☒ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Dinesh

Name : Dinesh

Relationship with Patient: FATHER

Date & Time : 27-5-26- 3,40,Pm

Witness :

Signature : .....

Name : Shivani

Date & Time : 27/5/26 03:40PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr K Sirisha

Date & Time : 27/5/26 3:40 pm.

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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

KUH-00097340 IP5-00174430
Master ABHISHEK
03-10-2020 5 Y 7 M 25 D (M)
Dr. VENKAT RAM THYALAPALLI

Name: Master Abhishek Age: 5y Sex: M UHID.No : KUH-00097340

Date: 27/5/26 Time: 3:30 pm. Proposed Operation: Right Percutaneous Tendoachillies Tenotomy.

Diagnosis: Right leg Tendoachillies contracture.

B.P / CRT: 85ec H.R: 95/min Weight: 15 kgs ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.2	Glucose:	Protein:	HIV:	X-Ray:
PCV: 35	Urea:	Alb:	HBS Ag:	ECG:
WBC: 6,710	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 4.93	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 : • NVD / Term / 3kg / No NICU

RESP :

CNS : Nil • Vaccinated upto date

Renal : • Milestones achieved as per age.

Hepatic / GE : Physical Activity: Active ↓

Others : difficulty in walking due to deformity

Past Anaesthetic History: H/o paraspinal Biopsy 3 years ↓GA MRI ↓MAC } uneventful

Physical Exam: Congenital (R) foot deformity.

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: All teeth intact

Lungs : BAE⊕, clear

Heart: S1 S2⊕

CNS: grossly intact.

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : accessible | Spine Exam for regional : Straightening of lumbar spine

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 : Coconut water } Explained
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:
   • CBP on IV Cannulation.

Signature: Name: Dr. K. Sri Surya

KUH-00097340 IP5-00174430
Master ABHISHEK
03-10-2020 5 Y 7 M 25 D (M)
Dr. VENKAT RAM THYALAPALLI

ANAESTHESIA CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: confirmed.

Physical Status: ☑ Patient Identified | ☑ Consent Present | ☑ Chart Reviewed

H.R: 95/min | B.P / CRT: 90/60mmHg | SpO_2: 100%. | R.R: 22/min | Last Feed: >6hrs.

Pre-OP Diagnosis: Right Ankle Tendoachilles contracture | Operation: Right Ankle Tenotomy | Date: 28/5/2026

Surgeon: Dr. Venkat Ram | Anaesthesiologist: Dr. TEJASVINI | Technician: Shishan

TIME	12:15pm	12:45 Dpm.
N_2O /AIR /O_2 LPM		
HALO /SO /SEVO		
Drugs:		
MIDAZOLAM	0.8mg	
FENTANYL	30mcg	
PROPOFOL	30mg + 30mg + 20mg.	
FIO_2 / SaO_2	100 100	
$ETCO_2$	45 45	
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 UL
☐ Art Site:
☑ EKG Lead 3 leads
☑ Temp Site Skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 12:25pm
OP Start: 12:30pm.
OP End: 12:55pm
Leave OR: 12:55pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G R UL
☐ IV:
☐ IV:

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

☑ Mask ☐ SGA Nasal Prongs.
☐ 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. Tejasvini
Signature of the Doctor: