

Patient Sticker

VRCH.000037079 IP5-00174675  
Baby HALEEMA SADIYA  
13-07-2012 13 Y 10 M 21 D (F)  
Dr. VENKAT RAM THYALAPALLI



*Entered*



### SURGERY DETAILS

Date : 3/6/2026

Patient Name: Baby Haleema sadiya Date of Birth: 13/7/2012 Age: 13 years

Gender: Female Ward: OT-1 UHID No.: URGH-0000037079

Date of Surgery: 3/6/2026  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : ULTT 1+1

ULTT - Dr. Sriparthi Y

ULTT 1+1  
Dr. Venkat Ram Thyalappalli

Time in : 10:30 AM

Time Out : 1 PM

	NAME	AMOUNT
1. Surgeon	<u>Dr. Venkat Ram Thyalappalli</u>	
2. Anaesthetist	<u>DR. NIKETHA</u>	
3. <sup>CO-</sup> Assistant Surgeon	<u>DR. SRI PARDHI</u>	
4. OT Technician	<u>Bapu</u>	
5. Circulating Nurse	<u>Syetho</u>	
6. Assistant Nurse	<u>Alam</u>	

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

Mr  
Signature of the Surgeon

Syetho  
Signature of Circulating Nurse

Order No: 9640959 / 9641135

Order by: A. neyneri

B0



B/L Adduction tightening  
 Planter fascia  
**CONSUMABLES OF OT**



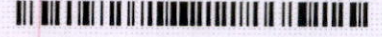
Technician: J. Papu Date: 3/6/26 Time: 10 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.5, 6.0, 6.5	1+1	1	Major Pack drap	1	1	Inj Vit.K 2347		2
LMA 3, 21/2	1+1	—	Sutures 5027, 5050	2+2	—	Cord Clamp		
ECG leads: A/P/N	5	3	monocryl ③ 4	2+2	1	Suction Catheter		
HME filter A/P/N	1	1	PDS 3, 4, 5	2+2+2	—	Feeding Tube		
Syringes : 10 cc	20	5	prolin 5, 6, 7	2+2+2	—	Vaccum Suction Set		
05 cc	20	5	gloves 203, 2437	2+2	—	Surgical Gloves		
02 cc	20	①	PF, L, 61, ⑦ 71	2+2+2	3	Gauze Pack <u>Footgown</u>	2	2
01 cc	5	—	6, 62, ⑦ 71	2+2+2	5	Syringe 1ml / 2ml		
Cautery plate A/P/N	1	1	Surgical blade ①+③	2+2	2+1	Surgical Blade # 20		
IV set + Blood Set	1+1	1+0	NG tube All Size			Koochies (S/D) w/ 10	2	—
RL	1	2	Cautery pencil	1	1	NS Soamf	2	—
NS 10ml/100ml/500ml/1000ml	5+2+1	1	Koochies Adult	—	—	10cc <u>Seep</u>	2+2	1
02 mask CA	1	—	Ointments			Jelly	1	—
Airways 2.3	1+1	—	Suction Catheter			Box 2 Adrenaline	1	—
Fentanyl	1	1	Cap, Mask	8/8	8/8	Bone wax	1	—
Morphine			Gauze Pack <u>NTR</u>	8/8	8/1	18 G Needle	10	15
Ketamine			Mop Pack	1	1P	Articort All	1+1+1	
Propofol	3	1	Steristrip			Soft Roll <u>④</u> <u>⑥</u>	2+2	1+3
Rocuronium	1	1	Underpad	1	1	mimispine	2	1
Glycopyrolate	1	0	Draw sheet	1	1	iv camula 20.22	2+2	—
Myopyrolate	1	0	Abgel	1		Dexametromexu	1+2	—
Ondansetron	1	①	Foleys catheter 8, 10	1+1	—	Soft Roll 6cm x 4	3+3	1+1
Pencan 25g/ Spinal Needle 22	1	—	Urobag, Urobag	1+1	—	midarb	1	1
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			Nasaul Around 22, 24, 26		—
Bupivacaine 0.25% (Heavy)	1	—	Romodrain bag			Hot Net + TB press	1+1	—
Antibiotics Taxim 1gm	1	—	Bandage Articast 5.0cm	3	3	Bandage + 6t/4in	1+1	1
monocet 1gm	1	1	Tegaderm 7.5cm	3	3	proto Gauze	1	—
Suppositories			loban 10cm	3	2	2+Jelly	1	1
Anamol : 80mg / 250mg / 170 mg	1+1	—	Double J Stent			Transpare	1	1
Supridol : 100mg			Vaccum Suction set	2	1	Dextormide/1000	1	—
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet	1	—	clomidine	1	—
Tab. Misoprost : 200mg			Betadine Solution <u>9.1/10y</u>	1	1+1	50cc pmoie	2+2	—
Vaccum set	1	1	Microshield	1	1	Jedco 22, 20	2+2	—
Gauze	3	2	Cotton Balls			monocet	1	—
Gloves all	4	—	Latex Gloves	10P	10P	diclofenac	1	1
IV p.cm	1	1	Ramdione Scrub	1	1	Delino plast	0	1
3-way 100+100cm	3+3	—	Saral			Cislife	1	1

Surgeon: Venkat Anaesthesiologist: 964116150 - Venkat Nurse: Alam OT Technician: [Signature]  
 No. : RCH / FRM / GENERAL / 125 Ordered by : [Signature]

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174675      Admit Date : 03-Jun-2026      Admit Time : 07:40 AM      UHID : VRCH.0000037079

**Patient Details :**

Patient Name	: Baby HALEEMA SADIYA	Age	: 13 Y 10 M 21 D
Guardian	: Mr MD.AKBAR KHAN	DOB	: 13-07-2012
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: PLOT NO-37,,RAJIV NAGAR COLONY, VENKATAPURAM Trimulgherry Hyderabad Telangana INDIA 500015	Phone No	: 9603775127/ 9542121915
		E-mail	: nomailid@gmail.com

**Admission Details :**

Bed Type : DAY CARE      Bed No : POST OP 409      Ward Name : 4F-OT COMPLEX  
Room No : POST OP 409      Admission Type : First Visit

**Contact Details :**

Name	: Mr MD.AKBAR KHAN	Relationship	: Father
Contact Address	: PLOT NO-37,,RAJIV NAGAR COLONY,VENKATAPURAM Trimulgherry Hyderabad Telangana INDIA 500015	Phone No	: 9603775127 / 9542121915

*AKBAR KHAN*  
Signature

**Doctor Details :**

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

**Payment Details :**

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

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 Baby HALEEMA SADIYA  
 13-07-2012 13 Y 10 M 21 D (F)  
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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
3/6/26	8:10AM	ER	OT	B
3/6		OT	billing	Durg

**Cross Consultation Visit**

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











**Circulation**

HR: 93/min

CFT  Central .....  
 Peripheral .....

Any urgent interventions needed:  Yes  No

If Yes\* .....

BP: ..... mmHg

Murmurs:  Yes  No

Pulse Volume:  Central .....  
 Peripheral .....

Liver Span: .....

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

ECG: .....

Muffled Heart Sound:  Yes  No

Any Signs of Heart Failure:  Yes  No

Engorged Neck Veins:  Yes  No



**Disability**

GCS: 15/15 AVPU: .....

Any urgent interventions needed:  Yes  No

If Yes .....

Pupils:  Responsive  Non-Responsive   
Size  Right .....  
 Left .....

Active Seizures:  Yes  No Sugars: .....

Signs of Neurological compromise .....

**Exposure**



Temp.: 97.9°f

Any urgent interventions needed:  Yes  No

If Yes .....

Any Rash:  Yes  No,

If yes describe the rash .....

Active bleed .....

Lacerations  Abrasions  bruises

Describe: .....

- 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  
NS  
Bhawan  
3/6/26

**Treatment Planned:** Spo

PAC done  
CHF - (DMS full maintenance)  
Emergency today  
MS  
Jalving  
3/6/26

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

Final Diagnosis with possible Differential Diagnosis (If necessary): .....

Assessment done by

Name of the Doctor: N. Prathishan

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: N. Prathishan

Signature: .....

Date & Time: 03/01/26, 7am

Date & Time: .....

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## OPERATION THEATER NOTES

Patient's Name : Baby. Haleema sadiya Age : 13 years Gender :  Male  Female  
 UHID No. : VRCH-0000037079 Weight : 35 kg Height : .....

Surgeon : DR. Venkat Ram Thyalapalli Asst. Surgeon : DR. Padma

Anesthetist : DR. NPKRISHNA OT Nurse : Atani Jayashe OT Technician : Bapu

Pre-Operative Diagnosis: Bj carus, (U) equinus deformity (C) spastic vic peatum

Surgical Procedure : percutaneous adductor release, plantar fascia release  
- TA tendon

Indications for Surgery : FCU to ECAB transfer + plaster  
spasticity of limbs ..

Date : 3/6/26 Start Time : 10.47AM End Time : .....

Pre Operative Preparations:

Post Operative Diagnosis: Same

Peri-Operative Complications:

Operation Notes:

- L. GA .. tourniquet applied
- eye shield sent & drapery
- percutaneous adductor release, plantar fascia release
- (U) percutaneous TA tendon
- small incision over  $\frac{1}{2}$  of forearm region over volar & dorsal side
- FCU released from insertion & turning due proximally & transfer to volar side & after exposing ECAB, sutured to it.
- Suture done in layer

- Prej du

- 1/2 plate left & 3/4 plate @ 1/2

2 1/2 plate @ 1/2 cycle

- plate to row in table in table condit

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Order by :-

Can be assigned

(1) T. Lincoc / 30 / (7) day

(2) T. Phloxina / 30 / (3) day

(3) T. Amim-o-romy / 30 / (3) day

(4) T. Zincor 2 / 30 / (10) day

(5) Rem in 000 after (1) unit

(6) T. Alprox 0.25mg / 1/2 tab / 30 / (2) day

(7) plate core extract of elvab

Name of the Surgeon: Dr. Mubtaz Ram Shylar

Signature of the Surgeon: [Signature]

Date & Time: 1:05 PM - 2/1/2026

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## POST-SURGICAL CARE PLAN FORM

Procedure Done: *By percutaneous closure, MA lysis - @ lida. FCU transfer to the ERCB.*

Post-Surgical Diagnosis: *By Carpal (R) Aquini, Spastic ric. - @ lida.*

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

*Plaster cast & elevation - right*

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

*[Signature]*  
Treating Surgeon  
(Signature & Stamp)

Date: *3/6/2026* Time: *1:12 PM*

Note: Plan of care will be readjusted if necessary.



## DRUG CHART

Date of Admission: 3/6/26 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  
Name



REGULAR PRESCRIPTIONS

Weight. ... 38.2 kg ... Ward. ....

<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>																				
<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>																				



Weight. 38.2kg Ward. ....

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6/26	10:30AM	25. MONOCEF	1gm	IV	NY	Akhil Durg
3/6/26	10:30AM	2. PARACETAMOL	500mg	IV	NY	Akhil Durg
3/6/26	10:30AM	2. DICLOFENAC	40mg	PR	NY	Akhil Durg
03/06/26	03:02AM	3. ONDANSETRON	4mg	IV	NY	Akhil Durg

Signature

VERIFIED BY : Name



I.V. FLUIDS CHART

Weight. 58.2 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
4/6/24		DNS	IV	80	M PD				
4/6/24	10:30 AM	RINGER LACTATE	IV	400ml/hr	neg	Ⓚ	4/6/24	neg	Ⓚ

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

VRCH.0000037079 IP5-00174675  
 Baby HALEEMA SADIYA  
 13-07-2012 13 Y 10 M 21 D (F)  
 Dr. VENKAT RAM THYALAPALLI



## 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 .....

No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... N.P. Lakshmi - Dr

Date & Time : ..... 03/06/26, 8am

Nurse Name & Signature: ..... Lavanya S R

Date & Time : ..... 3/6/26 @ 8am

VRCH.0000037079 IP5-00174675  
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 13-07-2012 13 Y 10 M 21 D (F)  
 Dr. VENKAT RAM THYALAPALLI



## RESULT SHEET

Date	3/6/26				
Time	7:43				
Hb	11.1				
PCV	36.9				
RBC	4.65				
WBC	6.34				
N/L	51.6   37.2				
Platelets	314				
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					



Patie



3/b

# FLUID CHART

Sheet No. : ..... (9) .....

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

		Intake			Output					IV Site Thrombo-phlebitis 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	H <sub>2</sub> O										
	03:00 pm	W <sub>2</sub> O										
	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**

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 Thrombo-phlebitis 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 Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

Name: Haleema Sadiya Age: 13yr Sex: F UHID.No: VRCH. 37079

Date: 2/6/26 Time: 2:35pm Proposed Operation: (D) TA Tightening  
(R) Plantar fasial Tightening

Diagnosis: FCU transfer (L) forearm

B.P / CRT: <3w H.R: 100bpm Weight: 36.7kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: <u>11.1</u>	Glucose: .....	Protein: .....	HIV: .....	X-Ray: .....
PCV: .....	Urea: .....	Alb: .....	HBS Ag: .....	ECG: .....
WBC: <u>6500</u>	Creat: .....	Total Bill: .....	HCV: .....	2D Echo: .....
Plate: <u>311</u>	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: nil

Medical History: CVS: LSCS / 2.7kg / no NICU admission

RESP: congenital hemiparesis (cp) Diabetes: .....

CNS: no cp snoring Milestones: (N)

Renal: occasional mouth breathing Vaccination: (N)

Hepatic / GE: .....

Physical Activity: Active

Others: .....

Past Anaesthetic History: nil

Physical Exam:

Airway: MP (2) 3 4 Mouth Opening: >55 Mento-hyoid Distance: (N) Neck: (N) Teeth: intact

Lungs: .....

Heart: WNL

CNS: .....

Pregnant:  Yes  No  NA Venous Access Site: .....

Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSE
/	

**Pre-Operative Instructions:**

- DVT Prophylaxis:
- NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions: → CBP on cannulation

Signature: Ashy Name: Dr. ASHWARYA



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Confirmed

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 90bpm B.P / CRT: 100/60 SpO<sub>2</sub>: 100% R.R: 14/min Last Feed: 20gms

Pre-OP Diagnosis: CP (Hemiparesis) Operation: Bic TA tenotomy of right hand Date: 3/8/22

Surgeon: Dr. Venkat Ram Anaesthesiologist: Dr. Nikita Technician: Bapu

TIME	NO/AIR / O <sub>2</sub> LPM	HALO/ISO/SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
10:15	0.2/0.3	3/0.3	Midazolam 3mg IV Propofol 35mg IV Rocuronium 100mg IV Rocuronium 2mg IV	-	-	-	
10:30	100	100					
10:45	100	100					
11:00	100	100					
11:15	100	100					
11:30	100	100					
11:45	100	100					
12:00	100	100					
12:15	100	100					
12:30	100	100					
12:45	100	100					
13:00	100	100					
13:15	100	100					
13:30	100	100					
13:45	100	100					
14:00	100	100					
14:15	100	100					
14:30	100	100					
14:45	100	100					
15:00	100	100					
15:15	100	100					
15:30	100	100					
15:45	100	100					
16:00	100	100					
16:15	100	100					
16:30	100	100					
16:45	100	100					
17:00	100	100					
17:15	100	100					
17:30	100	100					
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22:30	100	100					
22:45	100	100					
23:00	100	100					
23:15	100	100					
23:30	100	100					
23:45	100	100					
24:00	100	100					

LAB Values

ABG

GRBB

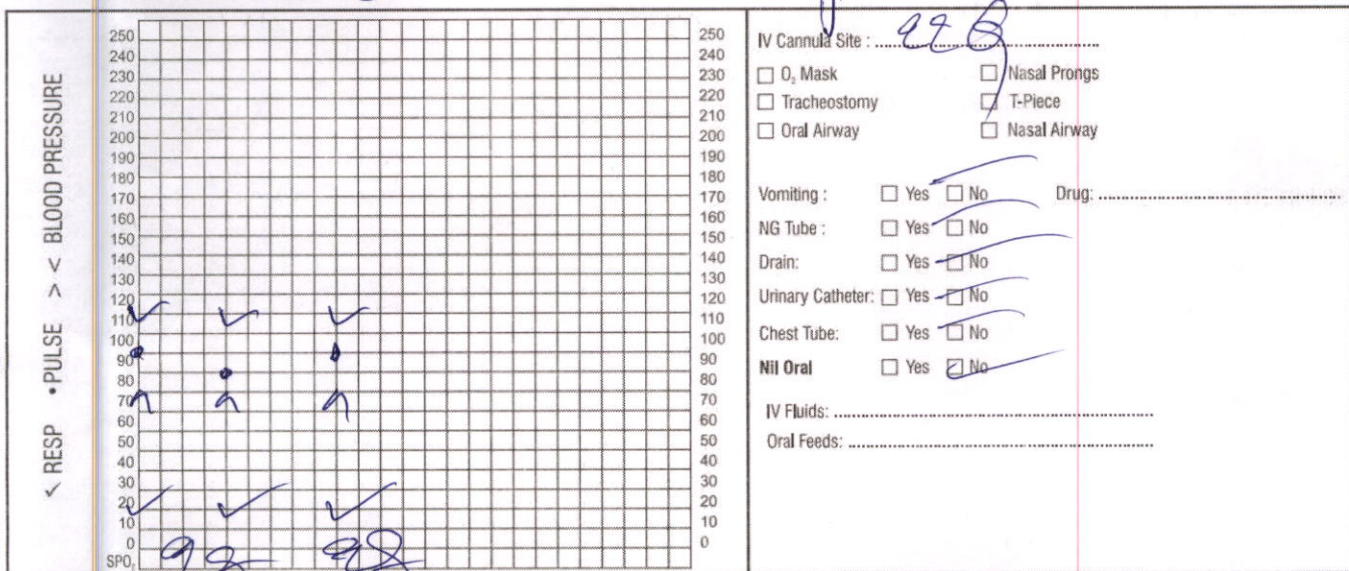
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>RUL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>5 leads</u> <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 type="checkbox"/> Nerve Stimulator  Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked  Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	<b>Temp:</b> <input checked="" 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>10:20AM</u> OP Start: <u>11:00</u> OP End: <u>1:00</u> 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>R 22G med</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 type="checkbox"/> SGA <input type="checkbox"/> Airway <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>6</u> at <u>18</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>Rocuronium</u> <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>2</u> Attempts: <u>1</u> Difficulty Why?	<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: Signature of the Doctor:
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**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : Durg Time Received : 1:50pm Time Discharged : .....



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

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
3/6	1:50pm	1	—	Durg

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

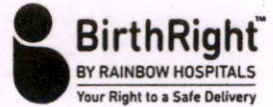
- Reassessment Frequency:
- Every eight hours for all hospitalized patients.
  - For post surgical patient, patient with chronic pain, patient with severe pain
    - Every 2 hours for first 24 hours
    - After 24 hours every 4 hours
    - Prior to pain relieving intervention
    - With in 30-60 minutes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

Anaesthesiologist Name : Dr. Ameen  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: .....  
 PACU Nurse Name : Durg  
 PACU Nurse Signature: [Signature]  
 Date & Time: 3/6/26 @ 2pm

Transferred to Unit by (PACU): billing  
 Date & Time: 3/6/26 @ 2pm



VRCH.0000037079 IP5-00174875  
 Baby HALEEMA SADIYA  
 13-07-2012 13 Y 10 M 21 D (F)  
 Dr. VENKAT RAM THYALAPALLI



## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: FEU transfer <sup>B/L</sup> ADDUCTOR RELEASE, TENOTOMY, PANTAR FASCIA RELEASE  
forearm ± Traditional lengthening ± FDS ± FDP

Anaesthesiologist: Dr. ASHWARYA Surgeon: Dr. VENKAT RAM

### Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk(s):** The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

Heart Disease  Hypertension  Diabetes  Renal Failure  Multi Organ Failure  Hepatic Disorders

Shock  Obesity  Chronic Obstructive Pulmonary Disease

Others: desaturation, laryngospasm, Post op O2 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: Albar Khan  
 Name: Albar Khan  
 Relationship with patient: Father  
 Date & Time: 2/6/2026 / 2:50 PM

### Witness:

Signature: Azita Begun  
 Name: Azita Begun  
 Date & Time: 2/6/2026 / 12:50 PM

### Doctor (who is taking consent):

Signature: Dr. Ashwarya Name: Dr. ASHWARYA Date: 2/6/26 Time: 2:45 PM

## 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.

లీజనల్ 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 లిస్ట్:

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.  
 లీజనల్ 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 సింట్రిల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్:

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