Patient Sticker

BAH-00648487 IP5-00174591
Master MOHAMMED ZAVIYAR
12-11-2025 0 Y 6 M 20 D (M)
Dr. NABEEL ALAM QADRI

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80177

SURGERY DETAILS

Date : 1/6/26

Patient Name: Master. Mohammed Zaviyar Date of Birth: 12/11/2025 Age: 6M

Gender: M Ward : O.T UHID No: BAH-00648487

Date of Surgery: 1/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : RIGHT OPEN ORCHIDOPEXY

Time in : 12pm. Time Out : 2.15pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Nabeel	
2.	Anaesthetist	: Dr. Ravi	
3.	Assistant Surgeon	:	
4.	OT Technician	: Sapna	
5.	Circulating Nurse	: Ramadevi	
6.	Assistant Nurse	: Benjamin	

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

9638083

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9638082 Order by:

Master's Mohammed ZAUMMAN 6M 648487 lap orchiopexy U/L

Patient Sticker

6476

CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 2, 2.5, 3	1+1+1	1	Major Pack Drape		1	Inj Vit.K		
LMA 1, 1½	1+1	—	Sutures 2303, 2304	2+2	—	Cord Clamp		
ECG leads : A / P / N	05	3	2937 2317 9945	2+2	2	Suction Catheter		
HME filter : A / P / N	01	1		2	2	Feeding Tube		
Syringes : 10 cc	10	3	catgut 5-0 3.0 silk	2	1	Vaccum Suction Set		
05 cc	10	4	Gloves 6 6½ 7 7½	2+2+2	1	Surgical Gloves		
02 cc	10	0	Pf. 6 6½ 7 7½	2+2+2	1+1	Gauze Pack		
01 cc	05	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	1	Surgical blade 11 + 15	2+2	1+1	Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	1	Cautery pencil 1	1	1	NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	01	1	Koochies (small)	1	1	transofix	1	—
Mini Spike	01	1	Ointments			10cc + 5cc + 2cc Jelly	2+2 1	1 —
O2 mask (P)	01	1	Suction Catheter					
Fentanyl	01	1	Cap, Mask	5	5	Camera cover	2	2
Morphine			Gauze Pack N	5	2	Neonate ECG	1	0
Ketamine			Mop Pack	1	1	20 Cefazol	9	
Propofol	03	1	Steristrip			ET Tube 4.5	1	1
Rocuronium	01	3	Underpad	1	1			
Glycopyrolate	01	0	Draw sheet					
Myopyrolate NEO	1+2	1	Abgel					
Ondansetron 25 30MM	01	—	Foleys catheter			Gauze + Gloves all	04	1+1
Pencan 25g/ Spinal Needle 22	01	1	Urobag			Dexa + Tranexa	1+1	—
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			Dermed	01	—
Bupivacaine 0.25%(Heavy)	.		Romodrain bag			50cc + pmo line	1+1	—
Antibiotics IV pcm	01	—	Bandage			Nasal prong Ellos (P)		—
			Tegaderm E Pad Small		1			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	0+1	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vacuum Set	01	1	Microshield	1	1			
Oral airway 00, 0	1+1	—	Cotton Balls	1	1			
Nasal airway 16, 14	1+1	—	Latex Gloves	10P	10P			
IV cannula 22, 24	1+1	—	Ramdione Scrub	1	—			
Extn 10cm + 100cm	1+1	1	Saral					

Surgeon Anaesthesiologist Nurse Barpaty OT Technician Venkat

Order No. : 9637942 Ordered by : .....

5:45pm STC | Whatsapp Preapproval

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ESTIMATION SLIP

FC pending - Insurance details

Date : 09/May/26 UHID / IP No. : BAH-00648487 Sl No. 80177 (Tentatively - Pvt) d/w

Name of Patient : Mast Mohammed Zaviyar Age: 5m Gender: m/ Father

Father's / Husband's Name : Mr. Mohd Arbaaz Corporate / Occupation : Synchrony International

Address : Hyd Phone : 8074007631 Email:

Procedure / Plan : Right Laparoscopic Orchiopexy (AC+DV) / day

MODE OF PAYMENT : ☐ SELF ☐ TPA : FHPL/Aditya Birla ☐ GIPSA: | OTHERS

TARIFF INFORMATION : Dr. Nabeel Alam Quadri | PV-27.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges				16000/day	NA					
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)			
Surgeon's / Anesthetists's Fee / O.T. Charges	Pvt: (SK-FAAM) 58608 + (FHWAAF) 21312 + 12000/hr OT			
O.T. Consumables	8000/-	Subject to approval by TPA / Insurance Company		
Instrument Charges Laparoscopic	10,000/-	Not Covered by TPA / Insurance company		
Pharmacy, Consumables & Investigations	extra	As per actual - Not Included in Estimation		
Equipment Charges — Monitor :	Oxygen :		Infusion pump / Syringe pump :	
Ventilator : Conventional :		HFO-SLE 5000 :		HFO Sensormedix :
Phototherapy : Single Surface :		Double Surface :		Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	extra	As per actual - Not Included in Estimation		
Package				
Others				
Initial Minimum Deposit	Rs. 15,000/- & final dues clearing			

DAD: 55K/1D/1th

EBA: 1.6L.

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. room as per SALSTA @12 noon cycle
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage. PAC / DNJ / IPD / CMO / DAR / RMC
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable. by default & higher as applicable.
9. Two attendants are permitted with patient in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I Mohammed Arbaaz have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

(Abdullah)

Signature of the Client	Father — Signatory Relationship	Signature of the Financial Counselor

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00174591 **Admit Date** : 01-Jun-2026 **Admit Time** : 09:16 AM **UHID** : BAH-00648487

Patient Details :

Patient Name	: Master MOHAMMED ZAVIYAR	**Age**	: 0 Y 6 M 20 D
Guardian	: Mr MOHD.ARBAAZ QURESHI	**DOB**	: 12-11-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 2-3-692/1/C, CPL ROAD, ALI CAFE, Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 8074007631
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHD.ARBAAZ QURESHI **Relationship** : Father

Contact Address : 2-3-692/1/C, CPL ROAD, ALI CAFE, Amberpet Hyderabad Telangana INDIA 500013 **Phone No** : / 8074007631

Signature

Doctor Details :

Doctor Name : Dr. NABEEL ALAM QADRI **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ BAH-00648487 IP5-00174591
Master MOHAMMED ZAVIYAR
12-11-2025 0 Y 6 M 20 D (M)
Dr. NABEEL ALAM QADRI
ultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/06/26	9.48A	ER	OT	Anwar
1/6/26	3.30pm	OT	304	Dr.

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
01/06	CBP	55523	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
01/06	IV Placement	(1)	37358	Samrhep
	PAE Done on OP	Basis	—	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Mohammed Zaviyar.

UHID ID: _____

Department: _____

Consultant: _____

BAH-00648487 IP5-00174591
Master MOHAMMED ZAVIYAR
12-11-2025 0 Y 6 M 20 D (M)
Dr. NABEEL ALAM QADRI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: sepsis

Desired goals of the treatment : Laparoscopic Orchidopexy.

Planned Labs:

CBP.

(Baby blood group- A positive)

N/B Anwab
01/06/26

Planned Management

- NPO
- PAC - Done (on 29/05/26)
- Laparoscopic orchidopexy at 11:30am.
- IVFluids @ DNS.

N/B Anwab
01/06/26

Signature of the Doctor: N.Pn
Name of the Doctor: N. Pearithas
Date & Time: 01/06/26

Signature of the Consultant:
Name of the Consultant: Dr NABEEL ALAM QADRI Reg.No: 75241
Date & Time: 1/6/26

BAH-00648487 IP5-00174591
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Patient Sti

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OPERATION THEATER NOTES

Patient's Name : Master. Mohammed Zaviyar Age : 6M Gender : ~~Male~~ ☐ Female

UHID No.: BAH-00648487 Weight : 8 Kgs Height : .....

Surgeon : DR. Nabeel Alam	Asst. Surgeon : -	
Anesthetist: DR. Ravi	OT Nurse: Benjamin, Rang	OT Technician: Bapu

Pre-Operative Diagnosis: (Rt) Non-palpable UDT

Surgical Procedure :
(Rt) Open Orchidopexy -

Indications for Surgery :
(Rt) Non palpable UDT

Date : 7/6/26	Start Time : 12:20PM	End Time :

Pre Operative Preparations:
IV betadin

Post Operative Diagnosis:
(Rt) non palpable UDT

Peri-Operative Complications:
-Nil-

Operation Notes: Findings
- ~~(Rt) Testis noted~~
- Intra-abdominal adequate (Rt) volume (Rt) testis noted.
- (Rt) testis could be bought to the opposite side deep inguinal ring.

Procedure :-

(1) Two 5mm ports placed - one camera port & one working port.

(2) Findings noted (3) ~~Rt~~ (Rt) testis adequate volume noted intra-abdominal (4) (Rt) test bought into (Rt) inguinal canal (5) Surgery converted to open

(6) Incision made at the (Rt) lower groin crease (7) Incision deepend to open the subcutaneous tissue (8) External oblique opened. (9) (Rt) testis & vas & vessels bought into (Rt) inguinal canal.

(10) High ligation of sac done (11) Once adequate length of (Rt) vas & vessels achieved, (Rt) gubernaculum cut

Amount of Blood Loss: ~1ml	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

- Nil -

Peri-Operative Complications: Nil -

(12) An incision made in (Rt) scrotum & supradartos pouch created

(13) (Rt) testis bought into (Rt) ~~scrotum~~ supradartos & pouch & fixed in place

(14) Wound closed in layers (15) Hemostasis secured

(16) ASD done.

Name of the Surgeon: Dr. Nabeel

Signature of the Surgeon: Dr. NABEEL ALAM QADRI Reg. No: 75241

Date & Time: 6/6/20 2:10pm

Patient Sticker

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POST-SURGICAL CARE PLAN FORM

Procedure Done: (Rt) open Orchidopexy

Post-Surgical Diagnosis: (Rt) non-palpable UDT

Post-Operative Monitoring Parameters /Frequency:

Tpa monitg every 15min for 1hr 1hr

Wound Care:

Dressing

Drain /Special Lines/Catheters:

—Nil—

Special Patient Positioning and Requirements:

—Nil

Nutritional Instructions:

Full feeds as soon as child is fully awake

When to Start Mobilization:

As soon as possible

Special Referrals:

— Nil

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

—Nil

Treating Surgeon (Signature & Stamp)

Dr NABEEL ALAM QADRI
Reg. No: 75241

Date: 1/6/26 Time: 2:20p

Note: Plan of care will be readjusted if necessary.

AH-00648487 IP5-00174591
aster MOHAMMED ZAVIYAR
2-11-2025 0 Y 6 M 20 D (M)
r. NABEEL ALAM QADRI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	2			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Blank	2			
		3			
	Total No. of Pages	33			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 2/6/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 6:05pm	C/S/B Dr Niklita	
	POD-0 Right open Orchidopexy	
	Afebrile Vitals stable	Adv (1) Full feeds as tolerated
	P/A - soft Dressing - intact	Dr Niklita 6:05p
	DR. MAINAK DEB Registration No: TSMC/FMR/02413	
2/6/2026 8:30am	C/S/B Dr Niklita	
	POD-1 Right open orchidopexy	
	Afebrile. Vitals - stable	Adv (1) Full feeds as tolerated (2) Can be discharge.
	P/A - soft Did not pass stools. Dressing intact	Dr Niklita 2/6/2026 8:30am
	Dr. HARISH JAYARAM Reg. No: 66254 Dr. Harish 2/6/26 8:50AM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	1/6/26					
Time	9:25 am					
Hb	11.2					
PCV	33.2					
RBC	4.58					
WBC	12.30					
N/L	18.7/68.5					
Platelets	501					
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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...CATION 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	VITAMIN-D DROPS (2ml/8001U)	0.5ml	PO	OD.	31/05/26.	☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Pranitha. N.P

Date & Time : 01/06/26, 9:10am

Nurse Name & Signature: Bhavani

Date & Time : 1/6/26 @ 9:47AM

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12-11-2025 0 Y 6 M 20 D (M)
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M. Zaviyar

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DRUG CHART

Date of Admission: 01/06/26 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 ..... Signature .....

BAH-00648487 IP5-00174591
Master MOHAMMED ZAVIYAR
12-11-2025 0 Y 6 M 20 D (M)
Dr. NABEEL ALAM QADRI

REGULAR PRESCRIPTIONS

Weight. 7.9 kgs Ward. OT

				Date / Time													
[illegible]	[illegible]	Frequency	Start Date														
Name & Signature of the Doctor Starting the Drugs:																	
Additional Instructions:																	
Daily Doctor's Endorsement by a Sign																	

DRUG : INJ CEFTAZOLIN				Date / Time	1/6												
Dose	Route	Frequency	Start Date														
400mg	IV	BD	1/6	10 AM	11 AM												
Name & Signature of the Doctor Starting the Drugs:																	
Additional Instructions:				10 PM	mor												
Daily Doctor's Endorsement by a Sign																	

DRUG : Inj PARACETMOL				Date / Time	1/6	2/6											
Dose	Route	Frequency	Start Date														
1gm	iv	QSH	1/6/26	6AM	mor												
Name & Signature of the Doctor Starting the Drugs: Dr Nikhil				2PM	1:20PM												
Additional Instructions:				10PM	mor												
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																	

BAH-00648487 IP5-00174591
Master MOHAMMED ZAVIYAR
12-11-2025 0 Y 6 M 20 D
Dr. NABEEL ALAM QADRI (M)

Weight. 7.9 kgs Ward. OT

	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
01/6/26	1.20 pm	PARACETAMOL	80mg	IV	Re	[signature]

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

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12-11-2025 0 Y 6 M 20 D (M)
Dr. NABEEL ALAM QADRI

I.V. FLUIDS CHART

Weight. 7.7 Kg Ward. OT

		...osition of I.V. Fluid (...ention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
01/06/26.		IUF - DNS	IV	33	N.P.B	Pooja Pooja	[illegible]		Pooja Pooja

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

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aster MOHAMMED ZAVIYAR
-11-2025 0 Y 6 M 20 D (M)
. NABEEL ALAM QADRI

Doc. No. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	1/6/26. 5PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?				

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94

97.0F 97.4F 98.8F 98.4F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

101 (82) 66 — 94 (82) 60

Heart Rate (Number)	124/m	122/m	120/m	132/m

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number)	36/m	35/m	34/m	36/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	99%	99%	99%
Conscious Level: Normal / Altered				
GCS *	(15/15)	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient Sticke

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D CHART

Sheet No. : (c) 1/6/24-

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	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: 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											
1/6	12:00 pm											
	01:00 pm			/	01							
Total Intake :						**Total Output :**						
	02:00 pm				01							
	03:00 pm		720	—	—		—		—	—	0	Durga
11/6	04:00 pm										0	Durga
	05:00 pm									✓	0	Durga
	06:00 pm	DNR						NP			0	Durga
	07:00 pm										0	Durga
Total Intake :						**Total Output :** U – 1					M – 0	
	08:00 pm						1				0	Pooja
	09:00 pm		milk							✓	0	Pooja
	10:00 pm						NP				0	Pooja
	11:00 pm									✓	0	Pooja
	12:00 am		milk								0	Pooja
	01:00 am									✓	0	Pooja
Total Intake :						**Total Output :** U – 3					M – 0	
	02:00 am										0	Pooja
	03:00 am										0	Pooja
	04:00 am		milk								0	Pooja
	05:00 am										0	Pooja
	06:00 am									✓	0	Pooja
	07:00 am										0	Pooja
Total Intake :						**Total Output :** U – 1					m –	

Total 24 hrs. Intake		Total 24 hrs. Output	U – m –

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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 EVALUATI

Name: M. Zaviyar Age: 5m Sex: M UHID.No : BAH - 648487

Date: 29/5/26 Time: 3:30 pm Proposed Operation: Laparoscopic Orchidopexy

Diagnosis: (R) NON PALPABLE UDT

B.P / CRT: ..... H.R: ..... Weight: 8.2Kg 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: nil.

Medical History: CVS : Term | LSCS | 3kg | NICU - 4 hours.

RESP : No c/o cough, cold, fever Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity: Milestones Vaccination (N) to age

Others :

Past Anaesthetic History: nil

Physical Exam:

Airway: MP 1 2 3 4 could not be assessed. Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs :

Heart: WNL

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

CURRENT MEDICATIONS	DOSAGE
Vitamin D	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — Explained.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   → CBP while cannulation.

Signature: Ashy Name: Dr. AISHWARYA

BAH-00648487 IP5-00174591
Master MOHAMMED ZAVIYAR
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3

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: CONFIRMED
Physical Status: ☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

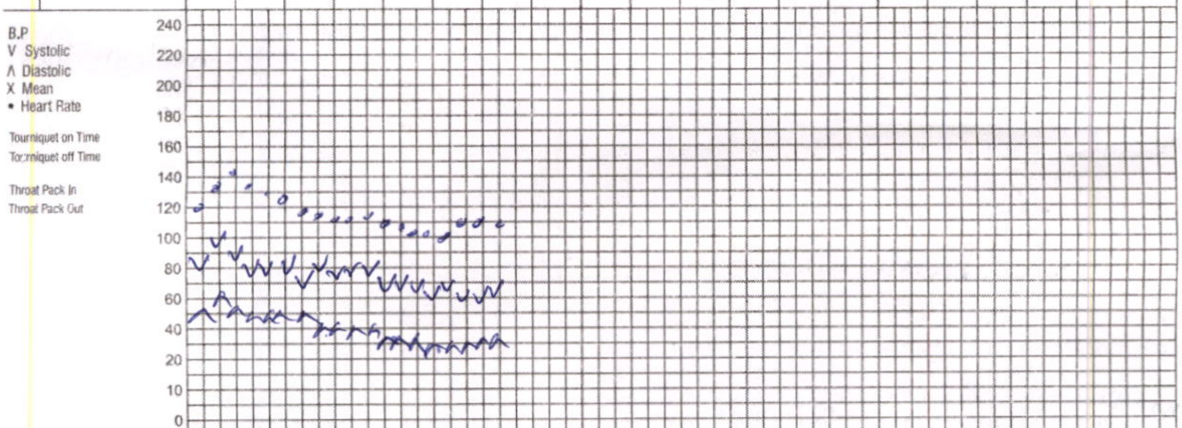
H.R: 120/min | B.P / CRT: < 3 sec | SpO_2: | R.R: | Last Feed:

Pre-OP Diagnosis: (R) Undescended Testis Operation: Lap ORCHIPEXY (R) Date 02/6/26

Surgeon: NABEEL Anaesthesiologist: RAVI Technician: GAUTAMI

TIME	12 … 30 … 1 … 30
N_2O / AIR / O_2 LPM (AIR/O_2 circled)	/////////
HALO / ISO / SEVO (SEVO circled)	MAC 1.0 ~~~
Drugs:	
MIDAZOLAM	0.2
PROPOFOL	30
FENTANYL	15
ROCURONIUM	(4)
PARACETAMOL	80mg
GLYCOPYRROLATE	80mcg
NEOSTIGMINE	0.4mg
FIO_2 / SaO_2	0.65 · 99 · 100 · 100 · 100 · 100 · 100
$ETCO_2$	46 · 39 · 41 · 41 · 43 · 47
ECG	SR · SR · SR · SR · SR · SR
Temperature	36.0
Urine Output	
Fluids / Blood	RL 80ml/4hr //////

Antibiotic ✓
Suppository
Blood Loss
NOTES



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional ☑ BP ☑ Cuff Site: (L) LL ☐ Art Site: ☑ EKG Lead ☑ Temp Site ☑ 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 00 pm OP Start: OP End: Leave OR: 2:15pm **Anaesthesia:** ☑ GA ☐ Monitored Anaesthesia Care ☐ Regional **Line (Size & Location)** ☐ CVP: ☐ ART: ☑ IV: 22G ☐ IV: ☐ IV:	**Induction** ☑ IV ☐ Inhal ☐ Pre O_2 ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# 3.0 at 10 cm ☑ Oral ☐ Nasal ☑ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ROCURONIUM ☐ Awake ☑ Direct Vision ☐ Video Laryngoscopy ☑ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: Two 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: (L) lateral Infusion: 8ml Block Level: 0.25% Comments: BUPIVACAINE Transportation to ☑ PACU ☐ ICU ☐ Other Relaxant Reversed ☑ Yes ☐ No ☐ NA Name of the Doctor: RAVI Signature of the Doctor: [signature]

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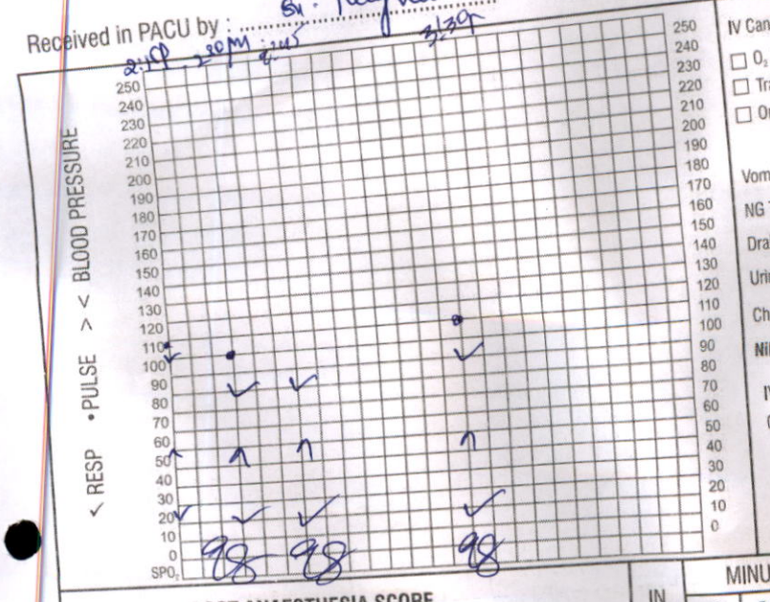
Master MOHAMMED ZAVIYAR
12-11-2025 0 Y 6 M 20 D (M)
Dr. NABEEL ALAM QADRI

P UNIT RECORD

Received in PACU by : Sr. Neelofer Time Received : 2:15 pm Time Discharged : 3:30 pm



IV Cannula Site : Right hand

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Drug: .....

Vomiting :	☐ Yes	☑ No
NG Tube :	☐ Yes	☑ No
Drain:	☐ Yes	☑ No
Urinary Catheter:	☐ Yes	☑ No
Chest Tube:	☐ Yes	☑ No
Nil Oral	☑ Yes	☐ No

IV Fluids: NIL

Oral Feeds: allowed

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	1	1	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	
		TOTAL	8	8	9	10	

SCORING INTERPRETATION

A Minimum Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
1/6/26	2:15 pm	0/10	on sedation	

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

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patien
   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

Anaesthesiologist Name : DR SUNIDHARA

Anaesthesiologist Signature: Sunidhara

Date & Time: 1/6/26, 3pm

PACU Nurse Name : Neelofer

PACU Nurse Signature: Nee

Date & Time: 1/6/26 at 2:15pm

Transferred to Unit by (PACU): 304

Date & Time: 1/6/26 @ 3 pm

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 Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments

...me : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Deliver and Tip Inspected : .....

Cath .....

Pa

g ordered by

: .....

.....

: .....

BAH-00648487 IP5-00174591
Master MOHAMMED ZAVIYAR
12-11-2025 0 Y 6 M 20 D (M)
Dr. NABEEL ALAM QADRI

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: LAPAROSCOPIC ORCHIDOPEXY.

Anaesthesiologist: Dr. AISHWARYA. Surgeon: Dr. NABEEL.

Please read this before you consent for Anaesthesia

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

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others desaturation, laryngospasm.

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: .....
Name: Mohd Arbaaz Qureshi
Relationship with patient: Father
Date & Time: 29/5/26; 3:40pm.

Witness:

Signature: .....
Name: Hafsa Mirza
Date & Time: 29/5/26; 3:40pm

Doctor (who is taking consent):

Signature: ..... Name: Dr. AISHWARYA. Date 27/5/26 Time: 3:40pm

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 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.
  ☐ 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: .....

AH-00648487 IP5-00174591
aster MOHAMMED ZAVIYAR
2-11-2025 0 Y 6 M 20 D (M)
r. NABEEL ALAM QADRI

304

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 01/06/26 Time: 3:45pm

Weight: 7.9kg's Centile: <50th

Height: 68cm Centile: >10th

Inference: well child

RDA: - Calories: 784 kcal/d Protein: 14.4 gm/d

Diet Recommendations: stage-I weaning foods

Re-Assesment: avoid spicy, chilled and outside foods

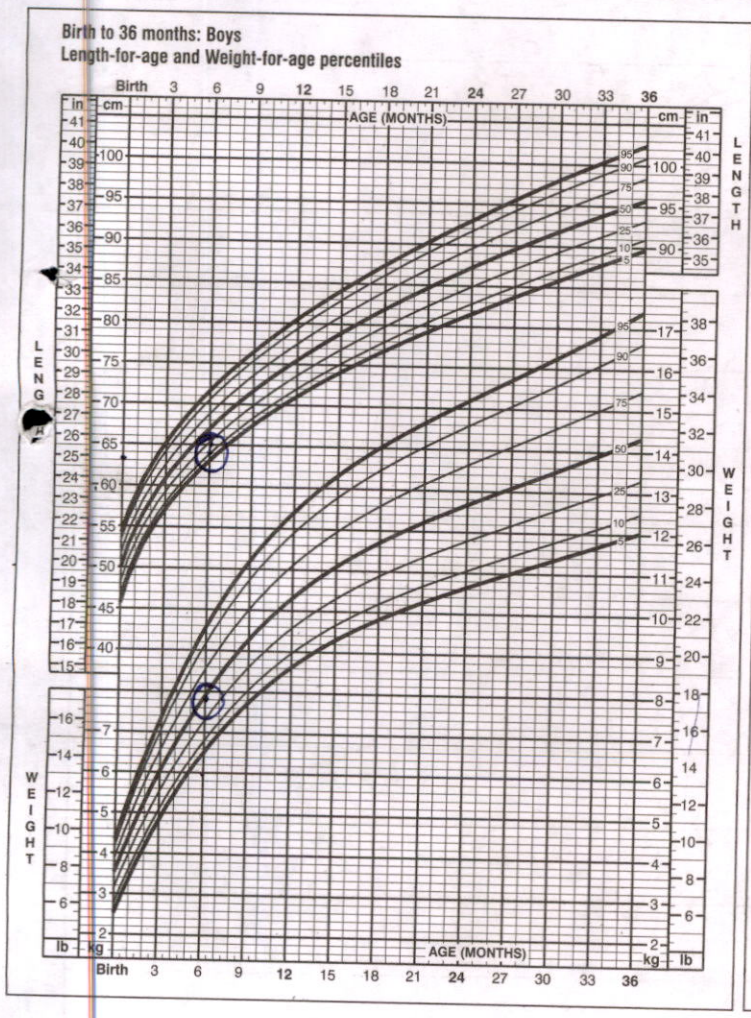
Food Allergies: No Veg/Non-veg Non-

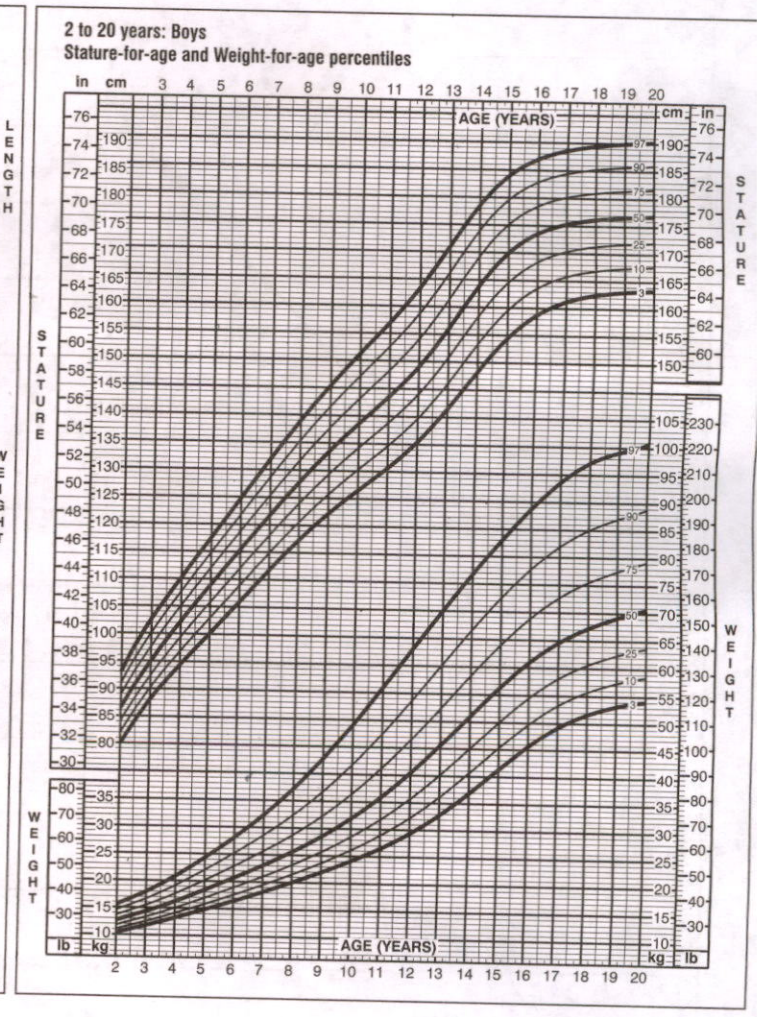
Diagnosis: Right open Orchidopexy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name SAIMA Dietician's Signature Saima

Docu. No. : RCHBH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes: