KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

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80425

SURGERY DETAILS

Date : 3/6/26

Patient Name: MASI. SIDDHARTHA KIRTANIA Date of Birth: 19-04-2022 Age: 4 yrs

Gender: MALE Ward : P-OT UHID No.: KUH-00186920

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

Name of the Surgery : (L) open herniotomy

Time in : 9am Time Out : 10am

		NAME	AMOUNT
1.	Surgeon	DR. MAINAK DEB	
2.	Anaesthetist	DR. NIKITA	
3.	Assistant Surgeon		
4.	OT Technician	RAMESH	
5.	Circulating Nurse	TEENA	
6.	Assistant Nurse	RAMA DEVI	

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: 964073 Order by:

Patient label: KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

Herniotomy open V/L

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CONSUMABLES OF OT

Circulating … Technician : .... Date : 3/6/26 Time : 8am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5, 4.0, 4.5	1+1+1	—	Major Pack (Jody)	1	1	Inj Vit.K		
LMA 2	1	—	Sutures (8815)	2	1	Cord Clamp		
ECG leads : A / (P) / N	5	3	Vic (3-0), 4-0	2+2	1	Suction Catheter		
HME filter : A / (P) / N	1	—				Feeding Tube		
Syringes : 10 cc	10	6				Vaccum Suction Set		
05 cc	10	5	Gloves 6, 6½, 7, 7½ 2+2+2	1+1		Surgical Gloves		
02 cc	10	3	6, 6½, 7, 7½ 2+2+2			Gauze Pack		
01 cc	2	—				Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	1	1	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL	1	+	Cautery pencil	1	1	500ml NS	1	1
NS : (10ml) / (100ml) / 500ml / 1000ml	3+1	1+1	Koochies · XL Ped	1	—	10cc, 5cc, 2cc 2+2+2		
O2 mask (P)	1	+	Ointments					
Airway 0.1	1+1	—	Suction Catheter					
Fentanyl	1	1	Cap, Mask	5/5	6/6			
Morphine			Gauze Pack (D+P)	3+2	2			
Ketamine			Mop Pack	1P	—	IV cannula 22, 24	1+1	—
Propofol	2	2	Steristrip			Dexa	1	+
Rocuronium	1	—	Underpad	1	1	Tranexa	1	+
Glycopyrolate	1	0	Draw sheet	1	1	Minispike	1	1
Myopyrolate + Neostigmine	2	2	Abgel			Atropine	1	1
Ondansetron	1	0	Foleys catheter			Adrenaline	1	1
Pencan 25g/ Spinal Needle (22)	1	1	Urobag			Midaz + Lasilcard	1+1	1+1
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			2% Jelly	1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			NG 5, 6, 7, 8, 9, 10		—
Antibiotics			Bandage			Suction cath 6, 8, 10		—
			Tegaderm			Splint (3) + 1 NO	1+1	+
Suppositories			Ioban			Q spike	1	+
Anamol : 80mg / 250mg / 170 mg	1+1+1	—	Double J Stent			Prepress	1	1
Supridol : 100mg			Vaccum Suction set			D/C	1	1
Justin : (12.5 mg) / 25mg / 100mg	1+1	1	Plastic Bed Sheet	1	—	Cloreon	1	1
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum set	1	—	Microshield	1	1			
Gauze	3	1	Cotton Balls	1	1			
Gloves all 6½	4	1	Latex Gloves	10P	10			
IV p.cm	1	1	Ramdione Scrub	1	1			
3-way 100+10cm	1+1		Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9640627 Ordered by : ....

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

04:35Pm.

Re-Approval.

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ESTIMATION SLIP

80425

Date: 23 May 26 UHID / IP No.: KUH-001869020 Sl No.

Name of Patient: Mast. Siddhartha Kirtania Age: 4yrs Gender: Male

Father's / Husband's Name: Mr. Bibhas Corporate / Occupation: Bank of America

Address: — Phone: 9830072358 Email: —

Procedure / Plan: Left open Herniotomy (IDW) (IN OT)

MODE OF PAYMENT : ☐ SELF ☑ TPA : _____ ☑ GIPSA: MA mental. OTHERS

TARIFF INFORMATION : Dr. Mainak Deb

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

PARTICULARS			AMOUNT (₹)			
Surgeon's / Anesthetists's Fee / O.T. Charges			In Pkg			
O.T. Consumables			7500	Subject to approval by TPA / Insurance Company		
Instrument Charges				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		PPN Gll →	1-1000/-			
Others						
Minimum Deposit			15000/- Final bill clearance Or Deposit-25000			

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 after Ex STH Gll room 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.
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.** Ref/Dressing of Wound Rec
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.
9. Two attendants are permitted with patients 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 Bibhas. 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

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

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : 4/6/26 Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	1:30am	ER	OT	
3/6	10:50am	OT	IHB	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/06	CBP	56154	Israel
	D/C		

MEDICAL EQUIPMENT (WARD & ICU)

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

D/C

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/6	Iv placement	1	40420.	Ismael
	PAC on OR pt			
4/6	NHA	(1)	20685	Divya

ANY OTHER INFORMATION

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Date : 4/6/26 Time : 10am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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 : IP5-00174671 **Admit Date** : 03-Jun-2026 **Admit Time** : 06:56 AM **UHID** : KUH-00186920

Patient Details :

Patient Name	: Master SIDDHARTHA KIRTANIA	**Age**	: 4 Y 1 M 15 D
Guardian	: Mr BIBHAS KIRTANIA	**DOB**	: 19-04-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 201, B.K ENCLAVE MIYAPUR Hyderabad Telangana INDIA 500049	**Phone No**	: 9830072358/ 9064243387
		E-mail	: nomailid@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr BIBHAS KIRTANIA **Relationship** : Father

Contact Address : FLAT NO 201, B.K ENCLAVE MIYAPUR Hyderabad Telangana INDIA 500049 **Phone No** : 9830072358 / 9064243387

Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00186920 IPS-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

KUH-00186920 IP3-0017407
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yo Left Inguinal hernia.
&
plan of left Open Herniotomy

History of present illness :

No H/o fever/cough/cold

D/L

IPS-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Full term/LSCS/3.5kg/ no NICU stay.

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Milestones normal

Immunization History :

Immunized for age

(P.T.O.)

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms):_____(Centile)_____)

Weight (kgs)) 19.06 (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 107/min B.P. 90/66(69) SPO2 98% c RA

Resp.rate and type of breathing : 24/min

Rash –

Lymphadenopathy –

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG,etc.,) B/L Air Entry (+)

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : S1S2 (+)

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

Per Abdomen :

Inspection

Palpation :

Ausculation :

Spine : External Genitelia : Soft

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

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Left Inguinal hernia → left Open Herniotomy

(P.T.O.)

KUH-00186920 IPS-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

CBP
NB
RFT

Planned Management

1. NPO
2. PAC - Done
3. Left Posterior thoracotomy plan today
4. IVF DNS full maintenance

NB Informed

Signature of the Doctor: N.P.D

Name of the Doctor: N. Prathish

Date & Time: 02/6/26, 7pm

Signature of the Consultant:

Name of the Consultant: D. Harish

Date & Time: 3/6/26 8:30 AM

DR. HARISH JAYARAM
Registration No: 66254

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 5p	C/s/B Dr Mainak	
	POD-0 Herniotomy	
		Adv
	Afebrile	— full feeds as tolerated
	Vitals — Stable	
	P/A soft	
		Dr Mainak
3/6/26 5pm	DR. HARISH JAYARAM Registration No: 66254	
	C/s/B Dr Harish	
4/6/26 9:30 pm	POD-1	Adv
	Afebrile	(1) Full feeds as tolerated
	Vitals stable	(2) Plan discharge today.
	P/A — soft	
	Dressing intact	
	D/C	
4/6/26 9:30AM	DR. HARISH JAYARAM Registration No: 66254	

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 16 D (M)
Dr. MAINAK DEB

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

KUH-001866920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☐ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 Left open Herniotomy

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.

   The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
- Resolution of left Hernia	- None -

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

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

a. Bleeding, infection and rarely recurrence explained.

b.

1. I authorize Dr. Mainak Deb and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: .....

Name: Bibhas Kirtania

Relationship with patient: Father

Date & Time: 03/06/2026, 8:46 AM

Witness:

Signature: Shweta Das

Name: SHWETA DAS (MOTHER)

Date & Time: 03/06/2026 8:46 AM

Doctor (who is taking consent):

Signature: ..... Name: Dr. Hrishi Jayaram Date 3/6/26 Time: 8:30 AM

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.

b.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

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OPERATION THEATER NOTES

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

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

Surgeon : Dr M. Deb		Asst. Surgeon :
Anesthetist : Dr Saritha	OT Nurse: Rama	OT Technician: Ramesh

Pre-Operative Diagnosis: (L) inguinal hernia

Surgical Procedure : (L) open herniotomy

Indications for Surgery : (L) inguinal hernia

Date : 3/6/25	Start Time :	End Time :

Pre Operative Preparations:

Betadine.

Post Operative Diagnosis:

(L) inguinal hernia (Omentocoele)

Peri-Operative Complications:

nil

Operation Notes:

Findings

- Sac containing omentum adherent to fundus of sac.
- Cord structures normal.

Procedure - (L) lower groin crease incision made.

External oblique opened along the line of fibres.

Cord Structures identified in the floor of the inguinal canal.
Sac separated from cord structures.
Omentum reduced & sac tyaled at deep ring. (Double tyatron c 3O' vicryl)
~~Was~~ Ext. obique aponeurosis closed c 3O' vicryl.
Skin & Subcutaneous tissue closed c 3O' vicryl rapide.

Amount of Blood Loss: —

Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications:

—

Name of the Surgeon: Dr. Deb

Signature of the Surgeon:

Dr. Mainak Deb
Reg. No: 66171

Date & Time: 2/6/26

RCWH.0000261913 IP5-00174670
Master SATVIK KUMAR
24-07-2014 11 Y 10 M 10 D (M)
Dr. SRINIVAS NAMINENI

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POST-SURGICAL CARE PLAN FORM

Procedure Done: (L) Open hernidotomy

Post-Surgical Diagnosis: (L) inguinal hernia

Post-Operative Monitoring Parameters /Frequency:

Vitals every 15 min.

Wound Care:

nil

Drain /Special Lines/Catheters:

nil

Special Patient Positioning and Requirements:

nil

Nutritional Instructions:

Allow full orals once awake

When to Start Mobilization:

Immediate

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)

Dr. Mainak Deb
Reg. No: 66171

Date: 3/6/24 Time: 9:45 am

Note: Plan of care will be readjusted if necessary.

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Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

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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	BILAZAR M	5ml	PO	OD	02/6/26	☐C ☐DC
2	LEVOLIN NEB 0.63		NEB		02/6/26	☐C ☐DC
3	BUDECORT NEB		NEB		02/6/26.	☐C ☐DC
4	METASPRAY.		NOSAL			☐C ☐DC
5						☐C ☐DC
						☐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 : N. Prathista. N. MD

Date & Time : 02/6/26. 7am.

Nurse Name & Signature: Bhavani B

Date & Time : 2/6/26 @ 7am

IP5-00174671
RTHA KIRTANIA
4 Y 1 M 15 D (M)
EB

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
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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)

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 .....

Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

REGULAR PRESCRIPTIONS

Weight. 19kg Ward. ....

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 : Tab CROCIN.				Date / Time
Dose	Route	Frequency	Start Date	
1/2 tab	P.O	8hrly		
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab Dolo 650				Date / Time	3/6
Dose	Route	Frequency	Start Date	6AM	9AM Divya
1/2 tab	P.O.	8hrly	3/6		
Name & Signature of the Doctor Starting the Drugs: [signature]				2PM	5PM Sourav Sravani
Additional Instructions:				10PM	Divya
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				

Dr. MAINAK DEB

Weight. ....19.6g... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6/26	9 AM	Inj. DICLOFENAC	1.25mg	PR	Nly	
3/6/26	12:35 PM	Inj ONDANSETRON	4 mg.	IV	$	Nikita Ravenar

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

Dr. MAINAK DEB

KUH-001788820
IPS-0017467/1

I.V. FLUIDS CHART

Weight. 19.06kg 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
03/6/26		DNS	IV	60	N.Pg	Not Commenced			

Signature .....

VERIFIED BY : Name .....

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 16 D (M)
Dr. MAINAK DEB

No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:

Doctor / Nurse / Family Concern?

Temperature (F)

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min)
O_2 Saturations (%)

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

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 in charge AND PICU fellow or PICU 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)

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Dr. MAINAK DEB

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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											
3/6	11:00 am			—		—	—	—	—	—	0	
	12:00 pm			—	—	—	—	—	—	—	0	
	01:00 pm											
Total Intake :						**Total Output :**						
3/6/26	02:00 pm										0	
	03:00 pm										0	
	04:00 pm	NO			NA		NO		NA		0	
	05:00 pm	LK									0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
3/6	08:00 pm										0	
	09:00 pm										0	
	10:00 pm	NO									0	
	11:00 pm	BUR									0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						**Total Output :**						
4/6	02:00 am										0	
	03:00 am										0	
	04:00 am	NO									0	
	05:00 am	BUR									0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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19-04-2022 4 Y 1 M 16 D (M)
Dr. MAINAK DEB

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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Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Siddhartha K Age : 4yr. Gender : Male ☑ Female ☐

UHID NO: KUH-186920 Surgeon Name: Dr. Mainak Deb

Anaesthesiologist : Dr. AISHWARYA.

Operative procedure planned : LEFT OPEN HERNIOTOMY.

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 : desaturation, laryngospasm.

Comments :

- 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 Siddhartha K. the above mentioned operation / Diagnostic / Therapeutic procedures (Open Herniotomy

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 : Bh.

Name : Bibhas Kistawia

Relationship with Patient: Father

Date & Time : 30/05/2026, 10:05AM

Witness :

Signature : Shweta Das

Name : SHWETA DAS

Date & Time : 30.05.2026, 10.05a.m.

Doctor (who is taking the consent) :

Signature : dhy

Name : Dr. AISHWARYA

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

KUH-00186920 IP5-00174671
Master SIDDHARTHA KIRTANIA
19-04-2022 4 Y 1 M 15 D (M)
Dr. MAINAK DEB

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Siddhartha K. Age: 4yr Sex: M. UHID.No : KUH-186920

Date: 30/5/26 Time: 9:50 AM Proposed Operation: (L) Open Herniotomy

Diagnosis: (L) Inguinal Hernia

B.P / CRT: <3sec H.R: ..... Weight: 19 Kg. 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 :

RESP : H/O Adenoids (+); complaints of occasional snoring (+) mouth breathing (+) Diabetes : Used.

CNS :

Renal :

Hepatic / GE :

Others :

FT | LSCS | 3.25kg | NO NICU Stay

Vaccination / Milestones → (N) for age

Physical Activity: Mild speech delay (+) improving after stopping Screen.

Past Anaesthetic History: nil.

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: >3 F Mentohyoid Distance: (N) Neck: (N) Teeth: intact

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
BLAZAR-M	5ml OD.
Levolin + Budecort Metaspray	

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 on cannulation.
   - → Continue all medication.

Signature: Ashy. Name: Dr. ASHWARYA

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

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19-04-2022 4 Y 1 M 15 D (M)
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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/pm	B.P / CRT: 90/50	SpO_2: 100%	R.R: 16/min	Last Feed: @ 12pm

Pre-OP Diagnosis: Hernia Operation: U/L Herniotomy Date : 3/6/22

Surgeon: Dr. Mainak Anaesthesiologist: Dr. Siddhartha / Dr. Nikita Technician: Ramesh

TIME				
N_2O /AIR /O_2 LPM	@ 2-4 l/min			
HALO /SO /SEVO				
Drugs:				
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	44	40	44	45
ECG	NSR	NSR	NSR	NSR
Temperature	35	35	35	35
Urine Output				
Fluids / Blood	D			

Antibiotic: -

Suppository: Diclofenac 125 mg/PR

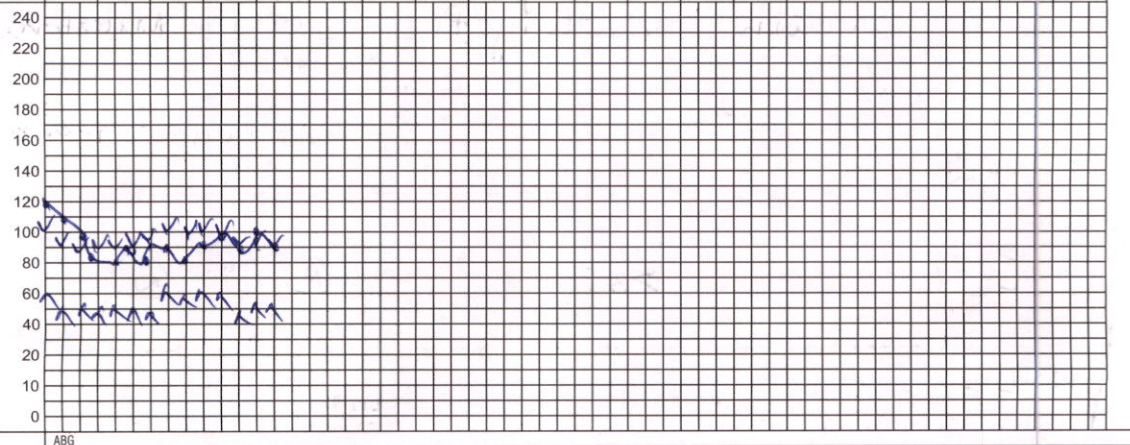
Blood Loss: -

NOTES: -

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out



LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: .....
☐ Art Site: .....
☑ EKG Lead Skin
☑ 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: 9AM
OP Start: ↓
OP End: ↓
Leave OR: 10AM

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: (R)
☐ IV: .....
☐ IV: .....

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

☐ Mask ☐ SGA
☐ Airway ☑ Oral ☑ Nasal Prongs @ 2 l/min
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: Lateral
Site: Sacral hiatus
Needle Size: 22G Depth: 5
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 0.25% Bupivacaine
Bolus: 1 ml/kg
Infusion: -
Block Level: -
Comments: -

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

Name of the Doctor : N.K.K.A
Signature of the Doctor : [signature]

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19-04-2022 SIDHARTHA KIRTANIA (M)
Dr. MAINAK DEB

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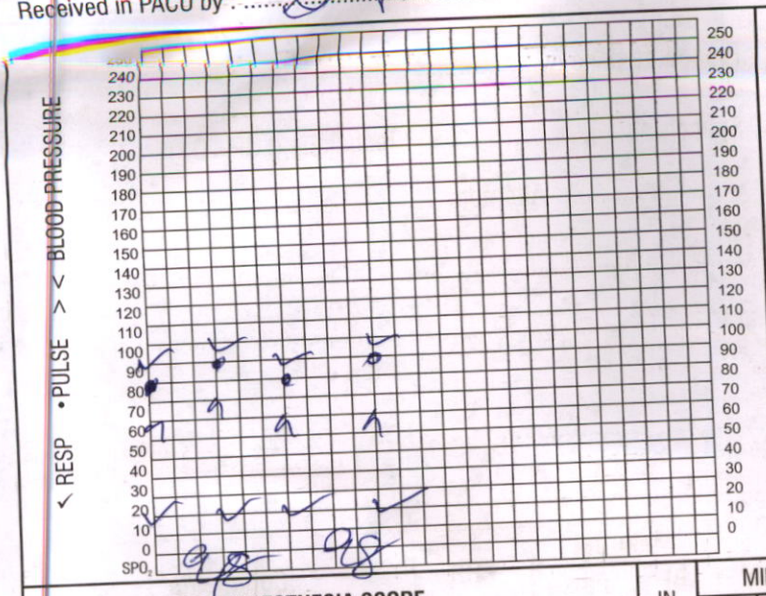
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 10'5 Am Time Discharged : 11 Am



IV Cannula Site : RLB

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

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

IV Fluids: .....
Oral Feeds: .....

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 Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6	10'5	1	—	

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, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Akhila. K
Anaesthesiologist Signature: .....
Date & Time: 3/6/22 @ 11 Am

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 3/6/22 @ 11 Am

Transferred to Unit by (PACU): .....
Date & Time: 3/6/22 @ 11Am

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 Right	Maternal BP	Maternal Pulse	FHR	Comments

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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19-04-2022 4 Y 1 M 15 D (M)
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/6/26 Time: 1pm

Weight: 19.06kgs Centile: 90th

Height: 107cms Centile: > 75th

Inference: Overweight

RDA: — Calories: 1350Kcal/d Protein: 23g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, chilled and outside foods

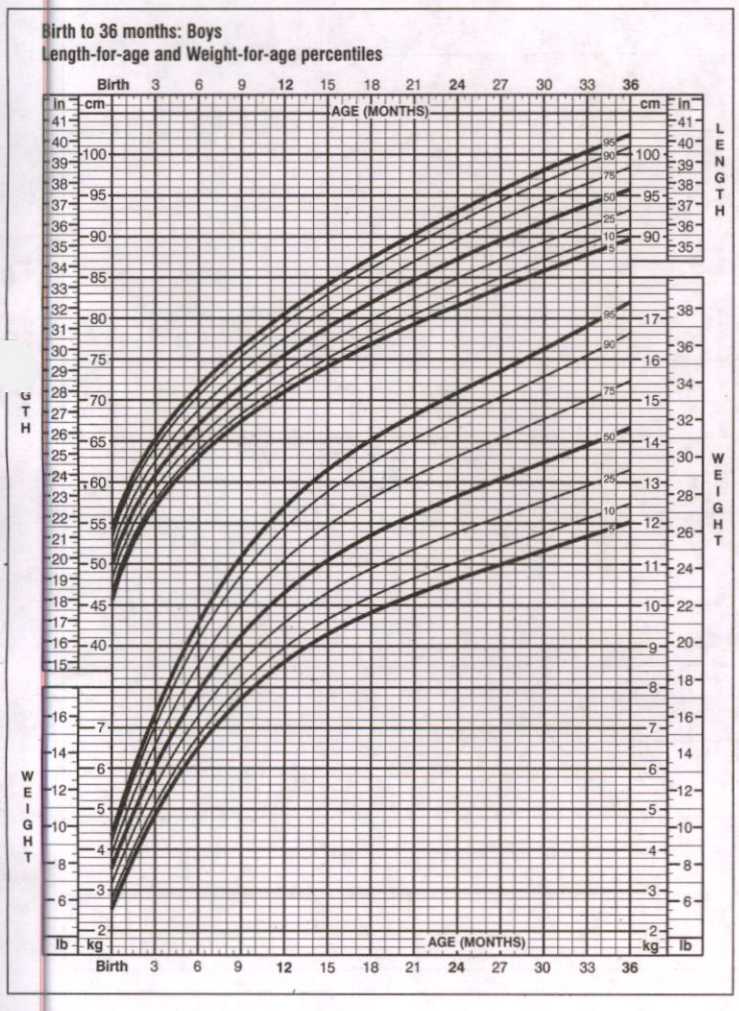
Food Allergies: ND Veg/Non-veg Non-veg

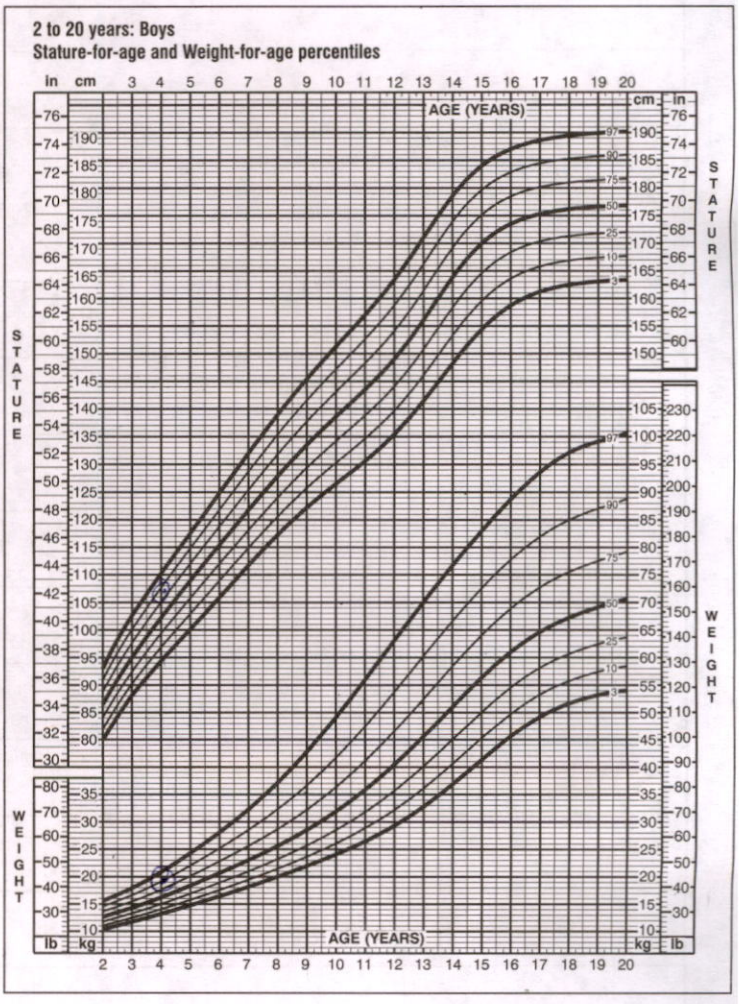
Diagnosis: Left Lenguinal Hernia → Left open Herniotomy.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Moumita Dietician's Signature Moumita

Daily Notes: