BAH-00660851 IP5-00176807
Master FARDAN ALAM
15-05-2026 0 Y 2 M 8 D (M)
Dr. NABEEL ALAM QADRI

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SURGERY DETAILS

Date : 23/7/26

Patient Name: M. Fardan Alam Date of Birth: ..... Age: 2M

Gender: M Ward : P.O.T UHID No.: 660851

Date of Surgery: 23/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : RITUAL CIRCUMCISION

Time in : 11:25 AM Time Out : 12 pm

		NAME	AMOUNT
1.	Surgeon	Dr. Nabeel	
2.	Anaesthetist	Dr. Sunidhara	
3.	Assistant Surgeon	—	
4.	OT Technician	Vanthami	
5.	Circulating Nurse	Suman	
6.	Assistant Nurse	Susata	

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: 9718113 Order by: .....

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Preterm Circumcision

5.5kg

CONSUMABLES OF OT

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Circulating Staff: ..... Technician: ..... Date: ..... Time: 11:30AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 2.5.3.0.3.5	1+1+1	—	Major Pack Surgical pack	1	—	Inj Vit.K		
LMA 1.1½	1+1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	1	1	a915	1	1	Suction Catheter		
HME filter : A / P / N	1	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves 6, 6½, 7, 7½	2+2+2	3+0	Surgical Gloves		
02 cc	10	2	PF 6, 6½, 7, 7½	2+2+2	2+1	Gauze Pack		
01 cc	2	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL	1	—	Cautery pencil			NS 500ml	2	—
NS : 10ml / 100ml / 500ml / 1000ml	3+1	1+1	Koochies XL Ped	1	1	Transxid	1	—
O2 Mask (P)	1	—	Ointments			Jelly		—
Airway 0.1	1+1	—	Suction Catheter	1		Dermi marker	1	1
Fentanyl	1	1	Cap, Mask	5/5	0/0	Cautecal 10x10	1	1
Morphine			Gauze Pack (2+2)	5/5	2			
Ketamine			Mop Pack	1	1			
Propofol	2	1	Steristrip			Minispike	1	0
Rocuronium	1	—	Underpad	1	1	NG 5.6.7.8.9.10		
Glycopyrolate	1	—	Draw sheet	1	—	Suctioncath 6.8.10		
Myopyrolate + Neostigmine	2	—	Abgel			Ivcanula 22,24	1+1	—
Ondansetron 30MM	1	1	Foleys catheter			Dexlomide 50	1	—
Pencan 25g/ Spinal Needle 22	1+1	1	Urobag			Clonidine	1	—
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			Pnoline + 50cc	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Stopcock	1	—
Antibiotics			Bandage			Sobtpaul 6 (4 inc)	1+1	1
			Tegaderm			Nasal Airway 12.14	1+1	—
Suppositories			Ioban			Nasal prongs (N)	1+1	—
Anamol : 80mg / 250mg / 170 mg	(1+1)	—	Double J Stent			+ ETCO2		
Supridol : 100mg			Vaccum Suction set			Dexlamid 50	1	—
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	0	Clonidine	1	—
Tab. Misoprost : 200mg			Betadine Solution	1	1	Tegaderm pad	1	—
vaccum Set	1	—	Microshield	1	—			
Gauze	3	1	Cotton Balls	1	1			
Glovesall	4	2	Latex Gloves	10	10			
IV P.CM	1	1	Ramdione Scrub	1				
3-way 100+10cm	(1+1)	0	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9718138 Ordered by : .....

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

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 : IP5-00176807 **Admit Date** : 23-Jul-2026 **Admit Time** : 09:41 AM **UHID** : BAH-00660851

Patient Details :

Patient Name	: Master FARDAN ALAM	**Age**	: 0 Y 2 M 8 D
Guardian	: Mrs FARAHA YASMIN	**DOB**	: 15-05-2026 05:30 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: B-34, Maddipati Nilayam, Jubilee Hills, Filmnagar, Hyderabad Hyderabad Jubilee HO Hyderabad Telangana INDIA 500033	**Phone No**	: 9908521426/ 9908521426
		E-mail	: danymunshi@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 : Mrs FARAHA YASMIN **Relationship** : MOTHER

Contact Address : **Phone No** : / 9908521426

Dr. M.I. Azam (GMH)

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 : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :____ BAH-00660851 IP5-00176807 _____
Master FARDAN ALAM
UHID No. : __ 15-05-2026 0 Y 2 M 8 D (M) _____Consultant: _____ Dept : _____
Dr. NABEEL ALAM QADRI

Date of Admis _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/7/26	10:50 am	ER	OT	
23/7	1:25 pm	OT	billing	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/7/20	CBP	3849	Charan

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/7/26	IV placement PAC (op Basis)	(1)	7788	Charan

ANY OTHER INFORMATION

.....

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.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00660851 IP5-00176807
Master FARDAN ALAM
15-05-2026 0 Y 2 M 8 D (M)
Dr. NABEEL ALAM QADRI

Fardan

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PROGRESS NOTES AND DOCTOR'S ORDER

Wt = 6 kgs

Date & Time	Progress Notes	Doctor's Order
23/7/26 9:40 AM	Cls/B Resident (Dr. Bulgi)	
	Came for Ritual Circumcision	
	No fresh complaints	NPO since 7:30 am
	O/E - Baby Sleeping comfortably CFT < 3 sec Pulses - well felt	Plan
	Vitals T - 98.2°F PR - 133 bpm BP - 82/42 (54) mmHg Spo2 - 100% RA RR - 26/min	(1) NPO as advised (2) CBP (3) IVF DNS (4) Vital monitoring (5) Inform SOS
	S/E BAS (+) S1S2 (+) P/A - soft	NIB Sagar 23/7/26 10:50 am Dr Bulgi

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00660851 IP5-00176807
Master FARDAN ALAM
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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 Ritual Circumcision

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.
2. 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)
① Circumcision for Ritual purposes	—Nil—

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. Infection, bleeding, need for redosurgy

b.

1. I authorize Dr. Nabeel Alam 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: Farzana Yasmin

Relationship with patient: Mother

Date & Time: 23/07/26, 10:48 am

Witness:

Signature: .....

Name: D. M. I. Alam

Date & Time: 23/7/2026 (10:48 Am)

Doctor (who is taking consent):

Signature: ..... Name: Dr Nikhita Date 23/7/26 Time: 10:50 am.

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనోో 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, విజయావకాశ 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: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Nabeel alam
Asst. Surgeon : —
Anaesthetist : Dr. Sreenidhara
Scrub Nurse : Susata

Patient Name : M. Fa [illegible] M Alam Age : 2M Gender : M
UHID No. : 660851 Surgery Name : Ritual circumcision
Date : 23/12/26 In-time : ..... Out-time : .....

BAH-00660851 IP5-00176807
Master FARDAN ALAM
15-05-2026 0 Y 2 M 8 D (M)
Dr. NABEEL ALAM QADRI

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 11AM

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☐Yes ☐No ☑NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☑No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑Yes ☐No ☐NA
- Blood Units Reserved ☐Yes ☐No ☑NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☐No ☑NA

Signature : [signature]
Name : Dr. Sreenidhara

Before Skin Incision ➤ ➤

TIME OUT Time: 11:30am

Confirm all team members have introduced themselves by Name and Role ☑Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, 20min Anticipated Blood Loss? Nil ☐Yes ☑No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☑No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑Yes ☐No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☐No ☑NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature : [signature]
Name : [signature]

Before Patient Leaves Operating Room

SIGN OUT Time: 11:50 PM

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☑NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☑NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☑No

Signature : [signature]
Name : DR NABEEL

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : ..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

Patient Has Confirmed
- Identity ☐Yes ☐No
- Site ☐Yes ☐No
- Procedure ☐Yes ☐No
- Consent ☐Yes ☐No

Site Marked ☐Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☐Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☐No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☐No ☐NA
- Blood Units Reserved ☐Yes ☐No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☐No ☐NA

Signature :.....

Name :.....

Before Skin Incision ➤➤

TIME OUT Time:.....

Confirm all team members have introduced themselves by Name and Role ☐Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐Yes ☐No
- Correct Site ☐Yes ☐No
- Correct Procedure ☐Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐Yes ☐No ☐NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐Yes ☐No ☐NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☐No ☐NA

Is Essential Imaging Displayed? ☐Yes ☐No ☐NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☐No

Signature :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☐Yes ☐No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA

The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA

Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature :.....

Name :.....

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15-05-2026 0 Y 2 M 8 D (M)
Dr. NABEEL ALAM QADRI

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 23/7/26

Department : P.O.T Duration of Procedure : 20min

Name of Surgeon : Dr. Nabeel alam Date of Admission : 23/7/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☒ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☒ No Name of the Antibiotic : NA	
2.	Hair Removal ☐ Yes ☒ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room)_____ ^{0}C ☐ Oral Or ☒ Axilla (Goal : 36-37 ^{0}C)	
4.	Name of doctor or staff administering the antibiotic : NA Date & Time of antibiotic administration : NA Date & Time procedure started : 23/7/26 at 11:31AM	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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OPERATION THEATER NOTES

Patient's Name : M. Fardan Alam Age : 2M Gender : ☑ Male ☐ Female

UHID No.: 660851 Weight : 6kgs. Height : —

Surgeon : Dr-Nabeel	Asst. Surgeon : —	
Anesthetist : Dr. Sugridhara	OT Nurse: Susata	OT Technician: Manthasri

Pre-Operative Diagnosis: For ritual purpose

Surgical Procedure :

RITUAL CIRCUMCISION

Indications for Surgery :

For ritual purpose

Date : 23/7/26	Start Time : 11:31AM	End Time :

Pre Operative Preparations:

Post Operative Diagnosis: Ritual Circumcision

Peri-Operative Complications:

Operation Notes:

Circumcision done by dorsal slit method.

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

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications: —

DAYCARE

1) ~~Syrup~~ CROCIN DROPS (1ml = 100mg) ~~or~~ 0.8ml thrice daily for 3 days then SOS.

2) CIPROFLOXACIN EYE DROPS 2 drops twice daily to be applied on circumcision site for ~~7~~ 5 days

Review on Tuesday 28/7/26 in OPD Dr. Nabeel.

Name of the Surgeon: Dr. Nabeel

Signature of the Surgeon: [signature]

Date & Time: 23/7/26 11:53pm

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Circumcision

Post-Surgical Diagnosis: For Ritual purpose

Post-Operative Monitoring Parameters /Frequency:

TPR every 15 minutes for first 1 hour

Wound Care:

Dressing

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

Full feeds once fully awake

When to Start Mobilization:

As early as possible

Special Referrals:

—

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

☐ Yes ☑ No

Any Other Post-Operative Care Needed including Required Follow Up

—

Treating Surgeon
(Signature & Stamp)

Date: 23/7/26 Time: 11:54 AM

Note: Plan of care will be readjusted if necessary.

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DRUG CHART

Date of Admission: 23/7/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

URSES - 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 FARDAN ALAM
15-05-2026 0 Y 2 M 8 D (M)
Dr. NABEEL ALAM QADRI

REGULAR PRESCRIPTIONS

Weight. 6 kgs Ward. ....

DRUG : Drops. VIT. D3

Dose	Route	Frequency	Start Date
0.5 ml	PO	OD	23/7/26

Name & Signature of the Doctor Starting the Drugs:
Dr. Balaji

Additional Instructions:
1 ml = 800 IU
give 0.5 ml

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

15-05-2026 0Y2M8D (M)
Dr. NABEEL ALAM QADRI

Weight. 6kg 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

Signature .....

VERIFIED BY : Name .....

Master FARDAN ALAM
15-05-2026 0 Y 2 M 8 D (M)
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I.V. FLUIDS CHART

Weight. ...6 kgs..... 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
23/5/26		2VF. DNS	2V	20 ml/hr					

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Drops. VITAMIN D3	(400 IU) 0.5 ml	PO	OD	22/7/26	☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dr. Balaji

Date & Time : 23/7/26 @ 9:40 Am

Nurse Name & Signature: Sagar

Date & Time : 23/7/26 @ 10:50 am

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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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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am					-						
	11:00 am											
	12:00 pm											
	01:00 pm		120	—		—	—	—	—	—	0	
Total Intake :						**Total Output :**						
	02:00 pm		milk	—		—	—	—	—	0		
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

FLUID CHART

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Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

CONSENT FORM FOR ANAESTHESIA

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Patient Name : Fazlan Alam Age : 9w 5days Gender : Male ☐ Female ☐

UHID NO: ..... Surgeon Name: Dr Nabeel

Anaesthesiologist : Dr. Subhramanyam Operative procedure planned : Circumcision.

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

- 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 the above mentioned operation / Diagnostic / Therapeutic procedures.

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

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :

Signature : Yasmin

Name : Farha Yasmin

Relationship with Patient: Mother

Date & Time : 23/07/26, 9:13 am

Witness :

Signature :

Name :

Date & Time : 23/7/26 9:13

Doctor (who is taking the consent) :

Signature : Name : Dr. Sri Surya Date & Time : 23/7/26

Docu. No. : RCH / FRM / CLINICAL / 021

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Master FARDAN ALAM (M)
15-05-2026 0 Y 2 M 8 D
Dr. NABEEL ALAM QADRI

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Fardan Alam Age: 9w5day Sex: M UHID.No: BAH-0066 0851

Date: 23/7/26 Time: 9:05Am Proposed Operation: CIRCUMCISION

Diagnosis: Ritual Circumcision ASA Physical Status: ☑1 □2 □3 □4 □5

B.P / CRT: 85/40 H.R: 130/mt Weight: 6kg.

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS: Nothing Significant. (RESP, CNS, Renal, Hepatic / GE, Others)

* LSCS / 37weeks 2days / 3.07kg / NICU adm 2 hrs for obs
* Vacinated till 6weeks
*

Diabetes :

Physical Activity: Active

Past Anaesthetic History: —

Physical Exam: —

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

Lungs: BAE(+), clear

Heart: S1 S2 (+).

CNS: Moving all 4 limbs

Pregnant: □ Yes □ No ☑ NA | Venous Access Site: (e) | Spine Exam for regional: (N)

Anaesthetic Plan: ☑ MAC ☑ REGIONAL □ GA-ETT □ LMA

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions

1. DVT Prophylaxis :
2. NIL ORAL — Water / OR; Others 6 Hours — last mother's milk - 7:30
3. Informed Consent: ☑ St...
4. Post Operative Pain Manag... □ High Risk
5. Other Instructions: ☑ Discussed with Patient / Attender
 - CBP on ...

Signature: [signature] Name: Dr. K. Sri Surya

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment: 11:25 Am.

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: ☑ Patient Identified ☐ Consent Present — Fasting Status: confirmed ☑ Chart Reviewed

H.R: 136/mt B.P / CRT: 80/50. SpO2: 100% R.R: 24/mt

Pre-OP Diagnosis: Phimosis

Surgeon: Dr. Nabeel Operation: Circumcision Last Feed: 6 hrs

Anaesthesiologist: Dr. Sunidhara / Dr. Shruthy Date: 23/7/26

Technician: Gopi

TIME	11:30	12
N_2O /AIR/O_2 LPM	4 →	
HALO /ISO /SEVO		
Drugs:		
MIDAZOLAM 0.3 mg		
FENTANYL 7.5 mcg		
PROPOFOL 7.5+5+2.5 mg		
FIO_2 / SaO_2	99 100 100	
$ETCO_2$		
ECG	NSR NSR	
Temperature		
Urine Output		
Fluids / Blood		

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

LAB Values — ABG, GRBS, Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RUL
☐ Art Site:
☑ EKG Lead
☐ Temp Site: Skin
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Stimulator

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

Times: Anaes Start: 11:25 Am
OP Start:
OP End: pm
Leave

Anaesthesia Care

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

☐ Mask NP ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

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

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

Regional:
Extremity — Specify: USG.
☐ Spinal ☐ Epidural ☑ Caudal
Others:
Position: Lt lateral
Site: caudal space
Needle Size: 25G. Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.25% Bup 6cc
Bolus:
Infusion:
Block Level: Adeq
Comments:

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

Name of the Doctor: Sunidhara
Signature of the Doctor: [signature]

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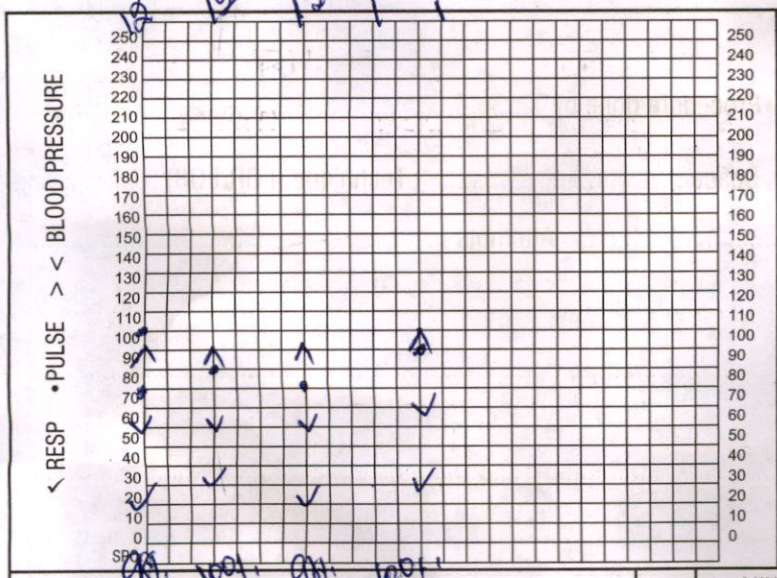
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Divya Time Received : 12 pm Time Discharged : 1:30pm



IV Cannula Site : 24 G LH

- ☐ O_2 Mask
- ☑ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ 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: Breast milk

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	0	1	1	2	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	0	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
	TOTAL	6	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
23/7	12:5pm	2/10	—	

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 SMINY
Anaesthesiologist Signature:
Date & Time: 23/07/26 @ 1:30pm

PACU Nurse Name : Divya
PACU Nurse Signature:
Date & Time: 23/7/26 @ 1:30pm

Transferred to Unit by (PACU): Swapna
Date & Time: 23/7/26 @ 1:30pm

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....