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 : IP5-00176687 **Admit Date** : 21-Jul-2026 **Admit Time** : 05:54 AM **UHID** : BAH-00661850

Patient Details :

Patient Name	: Master M VIDHARTH	**Age**	: 3 Y 3 M 14 D
Guardian	: NAGARAJU	**DOB**	: 07-04-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H no 1-28 village Koilkonda Koil Konda Mahabubnagar Telangana INDIA 509371	**Phone No**	: 9553553413/ 8985479188
		E-mail	: lasyanagaraju66@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 401 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 401 **Admission Type** : First Visit

Contact Details :

Name : NAGARAJU **Relationship** : Father

Contact Address : H no 1-28 village Koilkonda Koil Konda Mahabubnagar Telangana INDIA 509371 **Phone No** : 9553553413 / 8985479188

Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

BAH-00661850
Master M VIDHARTH
IP5-00176687
07-04-2023
3 Y 3 M 14 D
(M)
Dr. HARISH JAYARAM

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SURGERY DETAILS

Date : 21/7

Patient Name: master. M vidharth Date of Birth: 7/4/23 Age: 3y

Gender: M Ward : P.OT UHID No.: 661850

Date of Surgery: 21/7/23 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Tongue tie release

Time in : 8.40am Time Out : 8.50am

		NAME	AMOUNT
1.	Surgeon	: Dr. Harish Jayaram	
2.	Anaesthetist	:	
3.	Assistant Surgeon	:	
4.	OT Technician	: Prashanth	
5.	Circulating Nurse	: Divya	
6.	Assistant Nurse	: Rikhali	

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: 9713919 Order by: Divya

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

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Tongue tie release

IBD

CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5 4.0 4.5	IIII	—	Major Pack Drape	1	—	Inj Vit.K		
LMA 1/1.5 2	IIII	—	Sutures			Cord Clamp		
ECG leads : A (P) N	5	03				Suction Catheter		
HME filter : A (P) N	1	—				Feeding Tube		
Syringes : 10 cc	20	4				Vaccum Suction Set		
05 cc	20	4	Gloves 6 6.5 (7) 7.5	2+2	2	Surgical Gloves		
02 cc	20	4	6 6.5 7 7.5	2+2	—	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A (P) N	1	01	Surgical blade 11, 15	IIII	—	Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL	1	—	Cautery pencil	1	—	NS 500ml	1	1
NS : (10ml) / (100ml) / 500ml / 1000ml	5+1	01	Koochies			Transofix	1	1
Minifilter	1	01	Ointments			Jelly	1	—
Oramate (P)	1	—	Suction Catheter			10cc 5cc	2+2	—
Fentanyl	1	01	Cap, Mask	5/5	5/5	Lox c Adrenaline	1	—
Morphine			Gauze Pack (N)+R	2+2	1	26 Needle	1	—
Ketamine			Mop Pack	1	1			
Propofol	3	01	Steristrip					
Rocuronium	1	—	Underpad	1	1			
Glycopyrolate	1	01	Draw sheet	1	1			
Myopyrolate (Neo)	2	—	Abgel					
Ondansetron	1	—	Foleys catheter			Gauze	3	01
Pencan 25g/ Spinal Needle 22			Urobag			Glovesall	4	—
Bupivacaine 0.25%			Chest Drainage Catheter			Dexamed	1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Dexa+Tranexa	IIII	—
Antibiotics Ceftum	1	—	Bandage					
			Tegaderm			50C+Pantine	IIII	—
Suppositories			Ioban			NG+Flexycell	6	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Suction catheter	5	—
Supridol : 100mg			Vaccum Suction set	1	—	Atropine + Adrenaline	IIII	IIII
Justin (12.5mg) (25mg) / 100mg	IIII	—	Plastic Bed Sheet	1	—	Midaz+Ephedrine	IIII	1
Tab. Misoprost : 200mg			Betadine Solution	1	—	Lox+cort Jelly 2%	IIII	IIII
Vacuum set	1	—	Microshield	1	—	Defib + Splint 1.3	IIII	—
Oral airway 0.01	IIII	—	Cotton Balls	1	—	Nasal prons Ex02	1	01
Nasal airway 16/18	IIII	—	Latex Gloves	10P	10P			
Buretrol 100ml + 100ml	IIII	—	Ramdione Scrub					
IV cannula 22/24		—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9713905 Ordered by : Y. Seal

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

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Dr. HARISH JAYARAM

CONSENT FORM FOR ANAESTHESIA

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Patient Name : Vidharth Age : 3y3m Gender : Male ☑ Female ☐

UHID NO: BAH-00661850 Surgeon Name: Dr. Harish

Anaesthesiologist : Dr. Subramanyam Operative procedure planned : Tongue tie release

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 : Laryngospasm, bronchospasm

- 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 : L. Bhargavi
Signature : .....
Name : L. Bhargavi
Relationship with Patient: Mother
Date & Time : 21/7/26 7:40AM

Witness : NG
Signature : .....
Name : Nagaraju
Date & Time : 21/7/26 7:40AM

Doctor (who is taking the consent) :
Signature : ..... Name : DR-AKHILA-K Date & Time : 21/7/26 7:40AM

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

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Vidharth Age: 3y3m Sex: M UHID.No : BAH-00661850

Date: 21/7/26 Time: 7:30 AM. Proposed Operation: Tongue Tie Release

Diagnosis: Tongue Tie.

B.P / CRT: 103/73 H.R: 124 Weight: 12.8 kgs 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 : (N) perinatal transition.

RESP : Diabetes : Nil

CNS :

Renal : Nil significant.

Hepatic / GE : Physical Activity: Active

Others :

Past Anaesthetic History:

Physical Exam:

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

Lungs : BAE (+) Clr

Heart: S1S2 (+)

CNS: C/C/C.

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site : accessible. Spine Exam for regional : (N).

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

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name: Dr. Akshay-K

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

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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: 100 | B.P / CRT: 104/72 | SpO_2: 98% | R.R: 19/min | Last Feed: >6 hrs

Pre-OP Diagnosis: Tongue tie | Operation: Tongue tie release | Date: 22/7/23

Surgeon: Dr. Harish Jayaram | Anaesthesiologist: Dr. Durga Bhavani | Technician: Prashanth

TIME	8:40AM
N_2O /AIR /O_2 LPM	3L/M
HALO /SO /SEVO	
Drugs:	
MIDAZOLAM 0.6MG IV	
FENTANYL 25MCG IV	
PROPOFOL 30MG IV	
GLYCOPYRROLATE 120MCG IV	
KETAMINE 7MG IV	
FIO_2 / SaO_2	98%
$ETCO_2$	36
ECG	NSR
Temperature	36.5
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	**Temp:**	**Induction**	**Regional:**
☑ BP	☐ HME ☐ Fluid Warmer	☑ IV ☐ Inhal	Extremity Specify: ....
☑ Cuff Site: LLL	☐ Cling Film ☑ OH Warmer	☐ Pre O_2 ☐ RSI	☐ Spinal ☐ Epidural ☐ Caudal
☐ Art Site:	☐ Hugger's ☐ Cotton Wool	☐ Others	Others: ....
☑ EKG Lead 3 Lead	☐ Other	☐ Mask ☐ SGA Nasal prongs ☐ Airway ☐ Oral ☐ Nasal Capnography	Position: ....
☑ Temp Site Peripheral	**Times:** Anaes Start: 8:40AM	ETT# .... at .... cm	Site: ....
☐ FIO_2 Monitor	OP Start:	☐ Oral ☐ Nasal ☐ Cuff	Needle Size: .... Depth: ....
☐ Agent Monitor	OP End:	☐ Tracheostomy ☐ Topical	Parasthesia ☐ Yes ☐ No
☑ Pulse Oximeter	Leave OR: 8:50AM	☐ Drug:	Catheter at skin .... cm
☑ Capnograph	**Anaesthesia:**	☐ Awake ☐ Direct Vision	Drug Name & Conc: ....
☐ Ventilator	☐ GA	☐ Video Laryngoscopy ☐ Stylette / Bougie	Bolus: ....
☐ Nerve Stimulator	☑ Monitored Anaesthesia Care	☐ Fiberoptic	Infusion: ....
Position: SUPINE	☐ Regional	Blade# .... Attempts:	Block Level: ....
☑ Pressure Points Checked		Difficulty Why?	Comments: ....
Eye Care:	**Line (Size & Location)**		Transportation to
☐ Oint	☐ CVP:	☑ Bilat = BS	☑ PACU ☐ ICU ☐ Other
☑ Tape	☐ ART:	☐ Semi-Closed Circle	Relaxant Reversed ☐ Yes ☐ No ☑ NA
☐ Padding	☑ IV: LUL	☐ Closed Circle	Name of the Doctor: Dr. Durga Bhavani
☐ Awake	☐ IV: .... ☐ IV:	☐ Other	Signature of the Doctor: [signature]

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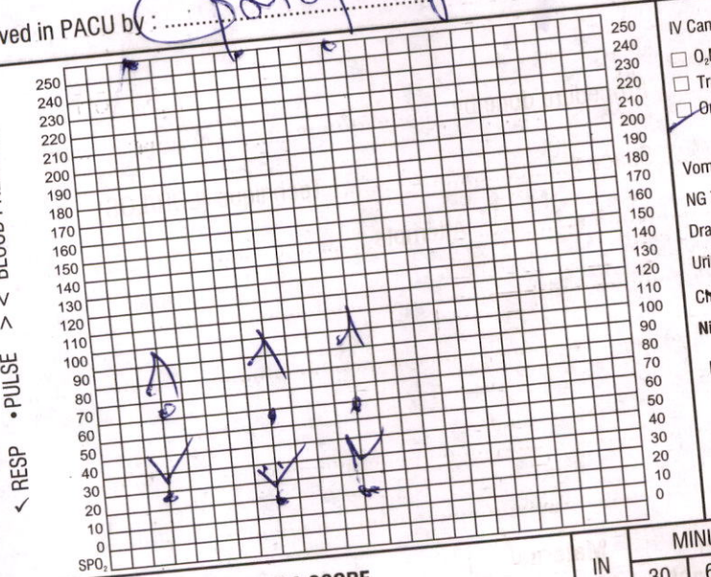
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Gomapathy Time Received : 9:00 A.M. Time Discharged : 21/07/26.



IV Cannula Site : 3

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

Vomiting : ☑ Yes ☐ No Drug: NIL

NG Tube : ☑ Yes ☐ No

Drain: ☑ Yes ☐ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: NIL.

Oral Feeds: water

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	2	2	2	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	1	1	1	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	0	1	1	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	1	1	1	2	
	TOTAL	6	7	7	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
21/07	9:00 AM	0/10	NIL.	

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 Shobna

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Gomapathy

PACU Nurse Signature: Gomapathy

Date & Time: 21/07/26 @ 9:30 A.M.

Transferred to Unit by (PACU): Billing

Date & Time 21/7/26 9:20

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 .....

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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 TONGUE TIE RELEASE

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)
Resolution of tongue tie.	

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

1. I authorize Dr. Harish Jayaram 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: Bhargavi
Name: Bhargavi
Relationship with patient: Mother
Date & Time: 27/7/26, 8:13 AM

Witness:
Signature: .....
Name: Nagaraj (Father)
Date & Time: 27/7/26, 8:13 AM

***Doctor* (who is taking consent):**
Signature: Malika Name: Dr. Malika Date 21/7/26 Time: 8:13 AM

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Bi
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Your Rig

శస్త్రచికిత్స / ప్రొసీజర్‌కు అనుమతి పత్రం

ారు: ☐ రోగి ☐ రోగి అటెండెంట్

కం చేసిన వ్యక్తి, రోగి/నా పైన రైనో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రొసీజర్(లు) చేయ
(టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

.....

.....

ను అంగీకరిస్తున్నాను:

లు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రొసీజర్ అవసరం మరియు ప్రయోజనాల గురించి
.

ప్రొసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
ప్రొసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

త్స / ప్రొసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రొసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రొసీజర్లోలాగానే, 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 / ప్రొసీజర్కు 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 / ప్రొసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.

b.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రొసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రొసీజర్ 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: .....

07-04-2023 3 Y 3 M 14 D (M)
Dr. HARISH JAYARAM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Harish
Asst. Surgeon :
Anaesthetist : Dr.
Scrub Nurse : Binkali

Pat... Age : 34 Gender : M
UH... Surgery Name : Tongue tie release
Date : 21/7 In-time : Out-time :

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8:33 AM

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 : (signed)
Name : Dr. Durga Bhavani
21/7/2...

Before Skin Incision ➤➤

TIME OUT Time: 8:42 am

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? (Nothing; 5 mins; 1 ml) ☐ Yes ☑ No ☐ NA

Anaesthesia Team Reviews: Laryngospasm, bronchospasm
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 : (signed)
Name : Swapna

Before Patient Leaves Operating Room

SIGN OUT Time: 8:...

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 : (signed)
Name : Dr. Harish

Doc. No. : RCHBH/ FRM / CLINICAL / 111

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 :.....

Patient S

BAH-00661850 IP5-00176687
Master M VIDHARTH
07-04-2023 3 Y 3 M 14 D (M)
Dr. HARISH JAYARAM

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 21/7

Department : P-OT Duration of Procedure : .....

Name of Surgeon : Dr. Harish Date of Admission : 21/7

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 :	
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) 37.6 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : — Date & Time of antibiotic administration : — Date & Time procedure started : 21/7/26 @	

- 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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Dr. HARISH JAYARAM

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OPERATION THEATER NOTES

Patient's Name : Master M. Vidharth Age : 3yr 3m Gender : ☑ Male ☐ Female

UHID No.: BAH 661850 Weight : ..... Height : .....

Surgeon : Dr. Harish		Asst. Surgeon : —
Anesthetist : Dr. Shilpa	OT Nurse:	OT Technician:
Pre-Operative Diagnosis: Tongue tie		
Surgical Procedure : Tongue tie release		
Indications for Surgery : Tongue tie		
Date : 21/7/26	Start Time :	End Time :
Pre Operative Preparations: —		
Post Operative Diagnosis: Tongue tie		
Peri-Operative Complications: — None		
Operation Notes: — Tongue tie release done with monopolar cautery.		

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

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications:

- ZYTEE gel local application, before ~~eg~~ every feed × 5 days
- SYP CROCIN-DS 3.5ml thrice daily × 2 days

Review after 1 week in OPD

Name of the Surgeon: Dr. Hanish

Signature of the Surgeon: [signature]

Date & Time: 21/7/26 8.40AM

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Master M VIDHARTH
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Dr. HARISH JAYARAM

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Tongue tie release

Post-Surgical Diagnosis: Tongue tie

Post-Operative Monitoring Parameters /Frequency:

TPR 15 mins x 1 hr

Wound Care:

Watch for bleeding

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

NBM until fully awake

When to Start Mobilization:

—

Special Referrals:

—

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

☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

—

Treating Surgeon (Signature & Stamp)

Date: 21/7/26 Time: 8-40 AM

Note: Plan of care will be readjusted if necessary.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00661850 IP5-00176687 Master M VIDHARTH 07-04-2023 3 Y 3 M 14 D (M) Dr. HARISH JAYARAM	21/7/26 @ 5:54 AM	21/7/26 @ 6:20 AM
	Transfer Ordered by Dr. Somashree	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant ~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File 21	Personal belongings including clinical documents. If any handed over to attendant Yes ~~☐~~ ☑ No ☐ If Yes, what? ..... op file	Patient shifted with ID band: Yes ☑ No ☐ If No: .....
Number of Imaging Films No		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Medium gown	(1)
2.	~~xl~~ kooches	(1)
3.	op file	(1)
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NR. Bhavani	Dr. Somashree

Patient & Clinical Records Received by : 21/7/26. @6:30 AM

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	8:30A	EL	OT	

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

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7	IV placement	~~3736~~ 1	3736	Radhey
21/7	PAC	1		

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Master M VIDHARTH
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 5:45am	c/o Tongue tie	Adv
	Planned for tongue tie release	- PAC
	Pt alert, conscious	- NPO
	Temp - 97.9°F, SpO_2 - 99% (RA)	- IV fluid
	RR - 25/min, HR - 110/min	- Shift to OT.
	BP - 93/50 mm Hg	
	Chest - B/L clear	noted by [illegible] 21/7/26 6:30AM Somashree.
	CVS - NAD	
	P/A - Soft, non-tender	
	Dr. Harish 21/7/26 8:30AM.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 21/7/26 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 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.

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 .....

BAH-[illegible]
Master M VIDHARTH
07-04-2023 3 Y 3 M 14 D (M)
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 12-3kg Ward. OT

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Dr. HARISH JAYARAM

Weight. 12.3kg Ward. OT

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

07-04-2023 3 Y 3 M 14 D (M)

Dr. HARISH JAYARAM

IP5-00176687 BAH-00661850

I.V. FLUIDS CHART

Weight. 12.8 kg Ward. OT

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/7/26	5:45 am	DNS (2/3 maintenance)	IV	30		Noted Comment			

Signature .....

VERIFIED BY : Name .....

BAH-00661850 IPS-00176687
Master M VIDHARTH
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Dr. HARISH JAYARAM

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... ER ..... Shifted to: ..... OT .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Somashree .....

Date & Time : ..... 21/7/26 .....

Nurse Name & Signature: ..... Bhavani B .....

Date & Time : ..... 21/7/26 @ 6AM .....

BAH-00661850 IP5-00176687
Master M VIDHARTH
07-04-2023 3 Y 3 M 14 D (M)
Dr. HARISH JAYARAM

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

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Your Right to a Safe Delivery

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 : .....

.....

.....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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