

BAH-00657833 IP5-00174614
Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D (F)
Dr. NABEEL ALAM QADRI

Patient



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

80558

ENTERED SURGERY DETAILS

Shakhor 02/06/26

Date : 1/6/2026

Patient Name: Baby Karakala Geeta Shreyanvi Date of Birth: 5-4-2024 Age: 2y

Gender: Female Ward: Post UHID No: BAH-00657833

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

Name of the Surgery : HYDROSTATIC REDUCTION OF ILEO COLIC INTUSSUSCEPTION
(Surgeon charges not to be considered)

Time in : 6:40 PM Time Out : 7:00 PM

| | NAME | AMOUNT |
|----------------------|---|--------|
| 1. Surgeon | Dr. Mainak Deb (Surgeon charges not to be considered as parent is a doctor) | |
| 2. Anaesthetist | Dr. Senthil | |
| 3. Assistant Surgeon | | |
| 4. OT Technician | Venkat | |
| 5. Circulating Nurse | Benjamin | |
| 6. Assistant Nurse | Thejas | |

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM 9638077 Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon
1/6/26

Signature of Circulating Nurse
Benjamin

Order No: 9638076

Order by: Benjamin

5:20 PM

ESTIMATION SLIP

80558

Date: 01/June/20 UHID / IP No.: 15211-00657833 SI No. 80558
 Name of Patient: _____ Age: _____ Gender: F
 Father's / Husband's Name: Jiby Gita Phrayanji Corporate / Occupation: Zy
 Address: Wanepathy Phone: 9117870257 Email: Intelliteach@shore
 Procedure / Plan: Hydrostatic Reduction of Intussusception

MODE OF PAYMENT: SELF TPA GIPSA: Others

TARIFF INFORMATION:

| ROOM CATEGORY | GW | SW | TSW | PR | DLX | SDLX | NCU | PCU | MICU | DAY CARE |
|-----------------------------|----|----|-----|----|-----|------|-----|-----|------|----------|
| Room Rent & Nursing Charges | | | | | | | | | | |
| Doctor's Fee | | | | | | | | | | |
| L. Tax | | | | | | | | | | |

| PARTICULARS | AMOUNT (₹) |
|---|--|
| Surgeon's / Anesthetist's Fee / O.T. Charges | <u>85000</u> |
| O.T. Consumables | <u>47,520</u> Subject to approval by TPA/Insurance Company |
| Instrument Charges | <u>9500</u> Not Covered by TPA / Insurance company |
| Pharmacy, Consumables & Investigations | <u>10,000</u> As per actual - Not Included in Estimation |
| Equipment Charges | |
| Monitor : | <u>8500</u> Infusion pump / Syringe pump : |
| Ventilator : Conventional : | HFO-SLE 5000 : |
| Phototherapy : Single Surface : | Double Surface : |
| Blood / Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc. | <u>later</u> As per actual - Not Included in Estimation |
| Package | |
| Others | |
| Initial Minimum Deposit | <u>Rs. 15,000 / 7 final dues charge</u> |

- REMARKS: 450/20/24h
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - 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.
 - 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.
 - Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
 - 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.
 - For Non-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, IP, IPBSAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 - During Non-working hours of O.T (8:00 PM to 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
 - 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.
 - 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 K. Hanthra Bally 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: [Signature] Signatory Relationship: Father Signature of the Financial Counselor: [Signature]

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Discharge : 2/6/20 Time: 1000M

Room / Bed No : _____ Billable bed type : _____

BAH-00657833 IP5-00174614
Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D (F)
Dr. NABEEL ALAM QADRI



WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|--------|------|------|-----|--------------------|
| 1/6/20 | 6PM | ER | OT | Ames |
| 1/6/20 | 9AM | OT | 11E | Ames |
| | | | | |
| | | | | |
| | | | | |

Cross Consultation Visit

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

Baby KARAKALA Heena
 SHREYANVI RAO
 6482 BAH-00657833 In tussusseption

Circulating staff : Technician : Date : Time :

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|------------------------------------|--------|------|---------------------------|--------|------|-------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube 30514045 | 1111 | — | Major Pack Drip | 1 | 1 | Inj Vit.K | | |
| LMA 1122 | 11 | — | Sutures | | | Cord Clamp | | |
| ECG leads : A (P) N | 5 | 03 | Vicryl, 1, 2, 3, 4, 5 | 2 | — | Suction Catheter | | |
| HME filter : A (P) N | 1 | — | silk 30 | 2 | — | Feeding Tube | | |
| Syringes : 10 cc | 10 | 4 | | | | Vaccum Suction Set | | |
| 05 cc | 10 | 2 | Gloves G, 6 1/2, 7, 7 1/2 | 2 | 2+ | Surgical Gloves | | |
| 02 cc | 10 | 1 | G, 6 1/2, 7, 7 1/2 | 2 | | Gauze Pack | | |
| 01 cc | 5 | — | | | | Syringe 1ml / 2ml | | |
| Cautery plate : A (P) N | 1 | — | Surgical blade | 15 | — | Surgical Blade # 20 | | |
| IV set | 1 | 01 | NG tube | | | Koochies (S) | | |
| RL | 1 | 01 | Cautery pencil | | | NS-500 | 1 | 1 |
| NS : 10ml / 100ml / 500ml / 1000ml | 11 | 01 | Koochies | | | Urobagam | 2 | 3 |
| minisplice | 1 | 01 | Ointments | | | Jelly | 1 | 1 |
| odmate (P) | 1 | — | Suction Catheter | | | iv set | 1 | 1 |
| Fentanyl | 1 | 01 | Cap, Mask | 5/5 | 5/0 | 20 cc | 2 | 1 |
| Morphine | | | Gauze Pack (N) + R | 8 | 3 | | | |
| Ketamine | | | Mop Pack | 1 | | | | |
| Propofol | 3 | 01 | Steristrip | | | | | |
| Rocuronium | 1 | — | Underpad | 1 | 1 | | | |
| Glycopyrolate | 1 | — | Draw sheet | 1 | 0 | | | |
| Myopyrolate (Neo) | 2 | — | Abgel | | | | | |
| Ondansetron | 1 | — | Foleys catheter (14, 16) | 11 | 1 | | | |
| Pencan 25g/ Spinal Needle 22 | | | Urobag | | | | | |
| Bupivacaine 0.25% | | | Chest Drainage Catheter | | | | | |
| Bupivacaine 0.25% (Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | | | |
| Doupan | 1 | — | Tegaderm | | | Gauze | 3 | 5 |
| Suppositories | | | Ioban | | | Glass | 4 | — |
| Anamol : 80mg / 250mg / 170 mg | | | Double J Stent | | | nasal spray | 1 | 0 |
| Supridol : 100mg | | | Vaccum Suction set | 1 | — | dent + tranexa | 11 | — |
| Justin 12.5 mg / 25mg / 100mg | 11 | — | Plastic Bed Sheet | 1 | 0 | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | 1 | — | | | |
| vaccum set | 1 | — | Microshield | | | | | |
| oral air way 011 | 11 | — | Cotton Balls | | | | | |
| nasal air way 10/11 | 11 | — | Latex Gloves | | | | | |
| 3 wcup 10cm + 100cm | 11 | — | Ramdone Scrub | | | | | |
| you canula 2124 | 11 | — | Saral | | | | | |

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9638092

Ordered by : Thejas

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174614 Admit Date : 01-Jun-2026 Admit Time : 05:50 PM UHID : BAH-00657833

Patient Details :

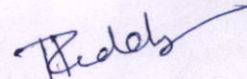
Patient Name : Baby KARAKALA GEETA SHREYANVI REDDY Age : 2 Y 1 M 27 D
Guardian : Mr K HARISHWAR REDDY DOB : 05-04-2024
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO 5-81/A, PANGLA, MAHAMMADAPUR Phone No : 7893243806 / 9177870257
WANAPARTHY Telangana INDIA 509120 E-mail : TOHARISHWAR@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 402 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 402 Admission Type : First Visit

Contact Details :

Name : Mr K HARISHWAR REDDY Relationship : Father
Contact Address : H NO 5-81/A, PANGLA, MAHAMMADAPUR Phone No : 7893243806 / 9177870257
WANAPARTHY Telangana INDIA 509120


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 : CARE HEALTH INSURANCE LIMITED



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00857833
Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D
DR. NABEEL ALAM QADRI (F)
IPS-00174814



Patient Name:

GITA SHREYANVI

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

40 Pain abdomen
vomiting - 2 episodes / Mummy.

History of present illness :

Pain abdomen - sudden, intermittent
on and off, episodic not associated with
food intake. from mummy.

Vomiting - 2 episodes - non bilious containing food
particles.

No H/o fever
No H/o Locomotion
No H/o cough, cold.

@ outside report 01/06/25 - USG abdomen -
? Short bowel / Intussusception


USG (01/06/26) - abdomen - Rkt
Pleocolic Intussusception.
CN x 18x12mm

Patient Sticker
BAH-00657833 IP5-00174614
Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D (F)
Dr. NABEEL ALAM QADRI

History & Physical Examination

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

Birth & Neonatal History:

LSCS / NG New admission 

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Normal - All age

Immunization History :

immunized till date
Typhoid vaccine took on 31/05/20



History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 15.28 (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 116/min B.P. _____ SPO2 96% RA
Resp. rate and type of breathing : 26/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.,) None

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : _____
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : None

Per Abdomen :

Inspection _____
Palpation : _____
Ausculation : _____
Spine : _____ External Genitalia : None
Relevant data from outside (CT, USG etc.,) _____

BAH-00657833 IP5-00174614
Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D (F)
Dr. NABEEL ALAM QADRI



ry & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

ileocolic cutisusception

&

plan of hydrostatic sedation.



Current Medical History & Physical Examination

Preventive aspects of the treatment: Resolution of symptoms.

Desired goals of the treatment: stemodynamic stability.

Planned Labs:

CBP, CRP.

M/B Annub 1/6/20

Planned Management

Inj Ceftriaxone

Inj Pam

Inj PCM

Hydrostatic reduction

M/B Annub 1/6/20

Signature of the Doctor: Ranya

Name of the Doctor: Dr. Ranya

Date & Time: 1/6/26, 5pm

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 2/6/26 9.05 AM

DR. HARISH
Registration No: 66250

AH-00657833 IP5-00174614
 sdy KARAKALA GEETA SHREYANVI 2 Y 1 M 27 D (F)
 3-04-2024
 r. NABEEL ALAM QADRI



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. HYDROSTATIC REDUCTION OF HED INTUSSUSCEPTION.

I acknowledge the following:

- 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) |
|---|---|
| ① Resolution of symptoms | |

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, Need to convert to laparoscopy / open surgery.

- I authorize Dr. Maisak Deb. and his / her team to perform the procedural sedation upon the patient / myself.
- 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.
- 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: [Signature]
 Name: Deej
 Relationship with patient: father
 Date & Time:

Witness:

Signature: [Signature]
 Name: Dr. J. Shoung
 Date & Time:

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Nikhita Date: 1/6/2026 Time: 6:32p

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

| శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు: | శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు |
|---------------------------------------|---|
| | |

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ గానీ, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, 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. | |

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- 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:

BAH-00657833 IP5-00174614
Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D (F)
Dr. NABEEL ALAM QADRI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Age : Gender : Male Female

UHID No.: Weight : Height :

Surgeon : Dr Mairak Deb Asst. Surgeon :

Anesthetist : OT Nurse: OT Technician:

Pre-Operative Diagnosis: Intussusception

Surgical Procedure :
HYDROSTATIC REDUCTION

Indications for Surgery :
INTUSSUSCEPTION.

Date : 1/6/26 Start Time : End Time :

Pre Operative Preparations:
Nil -

Post Operative Diagnosis:
Ileo-colic Intussusception

Peri-Operative Complications:

Operation Notes:
- After urograffin
- Lower GI study in urograffin done under
C-arm guidance
- Ileo-colic intussusception noted,
- Hydrostatic reduction attempted - successful.

BAH-00657833 IP5-00174614
Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D (F)
Dr. NABEEL ALAM QADRI



POST-SURGICAL CARE PLAN FORM

| |
|--|
| Procedure Done: <i>Hydro static reduction</i> |
| Post-Surgical Diagnosis: <i>Pleo-colic Intussusception</i> |
| Post-Operative Monitoring Parameters /Frequency: <i>TPR monitoring every 5min for 1st 2hrs.</i> |
| Wound Care: <i>- Nil -</i> |
| Drain /Special Lines/Catheters: <i>- Nil -</i> |
| Special Patient Positioning and Requirements: <i>- Nil -</i> |
| Nutritional Instructions: <i>NPO till further orders & NPO for 4hrs flb sips of clear liquid (water, ORS, Coconut water)</i> |
| When to Start Mobilization: <i>As soon as possible</i> |
| Special Referrals: |
| The new order for all required medications documented in the doctor order/medication sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Other Post-Operative Care Needed including Required Follow Up <i>USG Abd & pelvis to be done tomorrow morning (2/6/2024)</i> |
| Treating Surgeon (Signature & Stamp) <i>[Signature] Dr. Nabeel Alam Qadri</i> |
| Date: <i>1/6/24</i> Time: <i>7:15pm</i> |
| Note: Plan of care will be readjusted if necessary. |

BAH-00657833 IP5-00174614
 Baby KARAKALA GEETA SHREYANVI (F)
 05-04-2024 2 Y 1 M 28 D
 Dr. NABEEL ALAM QADRI

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|---------------------------------------|-----------------------------|
| 01/06 9:00pm | <u>GIS/B Resident</u> | |
| | D: Intussusception | |
| | S/P Hydrostatic Reduction <u>Plan</u> | |
| | child is crying | ① continue IVF DWS |
| | no fresh complaint | ② NPO plus till 11:30p |
| | hemodynamically stable | ↓ f16 sips of clear liq |
| | <u>wtab</u> | (water, ORS, coconut water) |
| | stable | as adv by surgeon |
| | | <u>Shah</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Baby KARAKALA GEETA SHREYANVI
05-04-2024 2 Y 1 M 27 D (F)
Dr. NABEEL ALAM QADRI

Patient



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: *ICU* Shifted to: *Ward*

| 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 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *N. Prathap. N. Pr*

Date & Time : *01/06/26, 5:30pm*

Nurse Name & Signature: *Annab*

Date & Time : *1/6/26 6pm*



DRUG CHART

Date of Admission: 11/6/20 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



REGULAR PRESCRIPTIONS

Weight. 15.28kg Ward.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-------------|---------------|--------------|-------------|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : <u>Ij CEFTRIAXONE</u> | | | | Date Time | <u>11/6</u> | <u>2/6</u> | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | | | | | |
| <u>750mg</u> | <u>IV</u> | <u>Q12H</u> | <u>1/6/26</u> | | | | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: <u>Dr Ranje</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: <u>50mg/kg/dose</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-------------|---------------|--------------|-------------|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : <u>Ij ESOMEPRAZOLE</u> | | | | Date Time | <u>11/6</u> | <u>2/6</u> | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | | | | | |
| <u>15mg</u> | <u>IV</u> | <u>Q24H</u> | <u>1/6/26</u> | | | | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: <u>Dr Ranje</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: <u>1mg/kg/dose</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-------------|---------------|--------------|-------------|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : <u>Ij PARACETAMOL</u> | | | | Date Time | <u>11/6</u> | <u>2/6</u> | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | | | | | |
| <u>225mg</u> | <u>IV</u> | <u>Q12H</u> | <u>1/6/26</u> | | | | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: <u>Dr Ranje</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: <u>15mg/kg/dose</u> | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |

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) |

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) |

Baby KARAKALA GEETA SHREYANVI
 5-04-2024 2 Y 1 M 27 D (F)
 Dr. NABEEL ALAM QADRI



FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------------|-----------------------|-----------------|-------------------|------|-----|-----------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 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 : | | | | | | | |
| 1/6/20 | 08:00 pm | | H ^{10ml} | | | | | | | | | | |
| | 09:00 pm | | | 60ml | | | | | | | | | |
| | 10:00 pm | | | 60ml | | | | | | | | | |
| | 11:00 pm | | | 60ml | | | | | | | | | |
| | 12:00 am | | | 60ml | | | | | | | | | |
| | 01:00 am | | | 60ml | | | | | | | | | |
| | Total Intake : | | | | | Total Output : | | | | | | | |
| 2/6/20 | 02:00 am | | | 60ml | | | | | | | | | |
| | 03:00 am | | | 60ml | | | | | | | | | |
| | 04:00 am | | | 60ml | | | | | | | | | |
| | 05:00 am | | | 60ml | | | | | | | | | |
| | 06:00 am | | | 60ml | | | | | | | | | |
| | 07:00 am | | | 60ml | | | | | | | | | |
| | Total Intake : | | | | | Total Output : | | | | | | | |
| Total 24 hrs. Intake | | | | | | Total 24 hrs. Output | | | | | | | |

Patient Sticker

FLUID CHART



Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby Karaloka Geeta Age: 2yrs Sex: F UHID.No: BAH-00657833
 Date: 16/26 Time: 6:30pm Proposed Operation: Hydrostatic Induction

Diagnosis: Intussusception

B.P / CRT: C3cc H.R: 116/min Weight: 15.28kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

| | | | | |
|--------------|----------------|-------------------|--------------------|---------------------|
| Hb: | 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/Angio: |
| PT: | K: | LDH: | T3: | Other: |
| PTT: | Ca++: | Alk phos: | T4: | |
| INR: | Mg++: | Amylase: | TSH: | |
| | Cl-: | SGOT/SGPT: | | |

Allergies: Nil

Medical History: CVS:

RESP: Nothing significant Diabetes: —

CNS: Nothing significant

Renal: Nothing significant

Hepatic / GE: Nothing significant Physical Activity: —

Others: RTCD — uneventful.

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: cl. clear

Heart: S1 S2

CNS: Nothing significant

Pregnant: Yes No NA Venous Access Site: (RT) UL Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|--------|
| / | / |
| / | / |
| / | / |
| / | / |

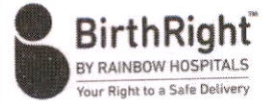
Pre-Operative Instructions:

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

8 Am solids & Am milk liquids

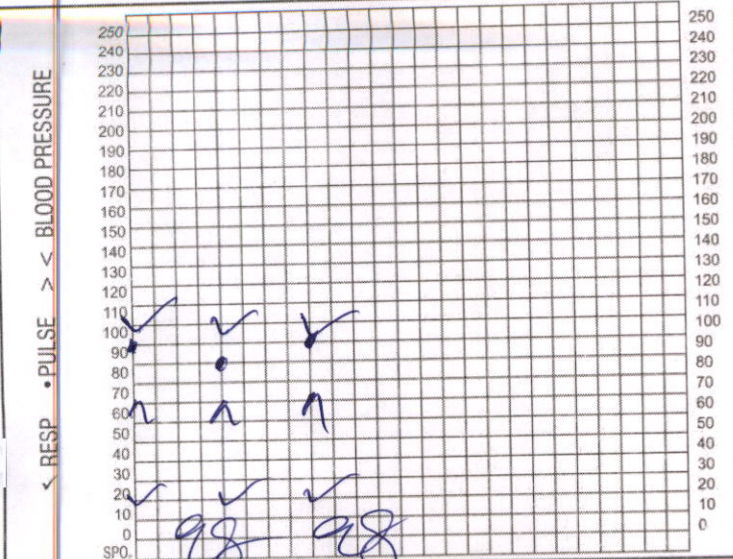
Signature: [Signature] Name: D. Senthil

BAH-00657833 IP5-00174614
 Baby KARAKALA GEETA SHREYANVI
 05-04-2024 2 Y 1 M 28 D (F)
 Dr. NABEEL ALAM QADRI



POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Nabeel Time Received : 7:15pm Time Discharged :



IV Cannula Site : 299

O₂ 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 :

| POST ANAESTHESIA SCORE (Modified Aldrete Score) | IN | MINUTES | | | OUT | SCORING INTERPRETATION |
|--|---------------|---------|----|----|-----|--|
| | | 30 | 60 | 90 | | |
| Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 | ACTIVITY | 1 | 1 | 1 | 2 | A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician: |
| Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Aptic = 0 | RESPIRATION | 2 | 2 | 2 | 2 | |
| BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 | CIRCULATION | 2 | 2 | 2 | 2 | |
| Fully awake = 2 Arousable on calling = 1 Not responding = 0 | CONSCIOUSNESS | 1 | 1 | 2 | 2 | |
| Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 | COLOR | 2 | 2 | 2 | 2 | |
| TOTAL | | 8 | 8 | 9 | 10 | |

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|------|------|------------|--------------|-----------|
| 1/6 | | | | |
| | | | | |
| | | | | |
| | | | | |

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Saritha

Anaesthesiologist Signature: Dr. Saritha

Date & Time: 1/6/26 @ 8A

PACU Nurse Name : Dr. Nabeel

PACU Nurse Signature: Dr. Nabeel

Date & Time: 1/6/26 @

Reassessment Frequency:

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

Transferred to Unit by (PACU): 1/2

Date & Time: 1/6/26 @

BAH-00657833 IP5-00174614
 Baby KARAKALA GEETA SHREYANVI
 05-04-2024 2 Y 1 M 28 D (F)
 Dr. NABEEL ALAM QADRI



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Hydrostatic Reduction
 Anaesthesiologist: Dr. Savitri Surgeon: Dr. Nabeel

Please read this before you consent for Anaesthesia

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

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]
 Name: K. Harishwar Reddy
 Relationship with patient:
 Date & Time: 1/6/26 6:36pm

Witness:

Signature: [Signature]
 Name: Dr. J. Shrawa
 Date & Time: 1/6/26 6:36pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Savitri Date 1/6/26 Time: 6:36pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్వారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

- హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం
- కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)
- ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లీజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అల్టిల్టీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రల్ వెనెస్ యాక్సెస్, ఆర్టిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్: సొక్సి:

సంతకం: సంతకం:

పేరు: పేరు:

రోగితో సంబంధం: తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :
 సంతకం: పేరు: తేదీ & సమయం:

BAH-00657833 IP5-00174614
 Baby KARAKALA GEETA SHREYANVI
 05-04-2024 2 Y 1 M 28 D (F)
 Dr. NABEEL ALAM QADRI



112



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/6/26 Time: 9 Am

Weight: 15.28 kgs Centile: >95th

Height: 93 cms Centile: >95th

Inference: obese child

RDA: - Calories: 1250 kcal/d Protein: 2.9 g/d

Diet Recommendations: child is on NPO → soft diet

Re-Assessment: Avoid spicy, chilled & outside foods.

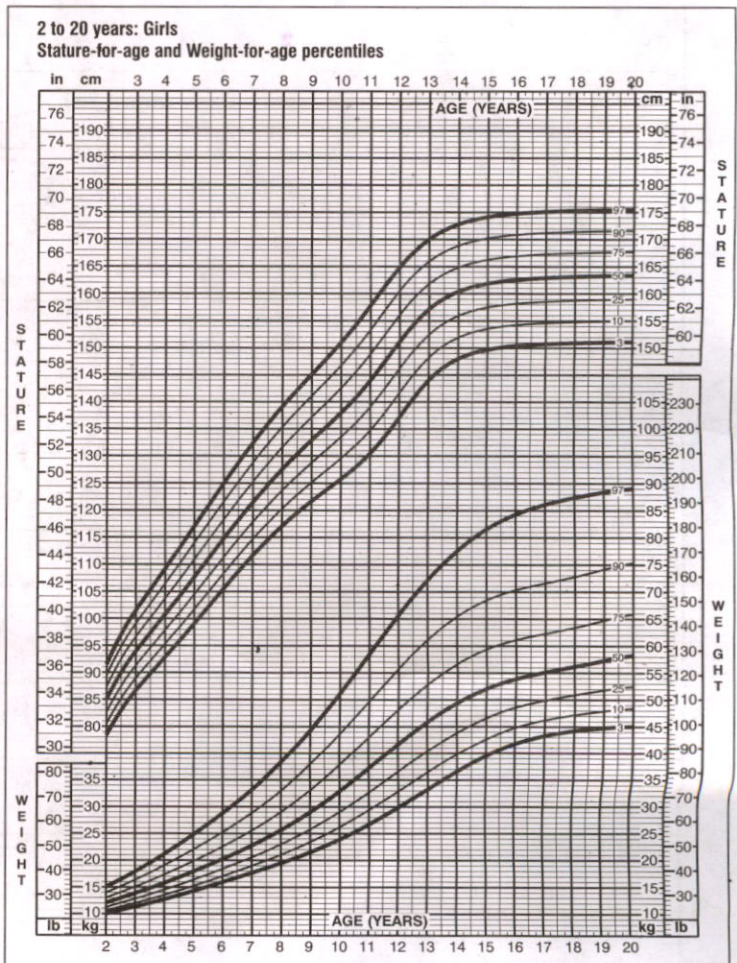
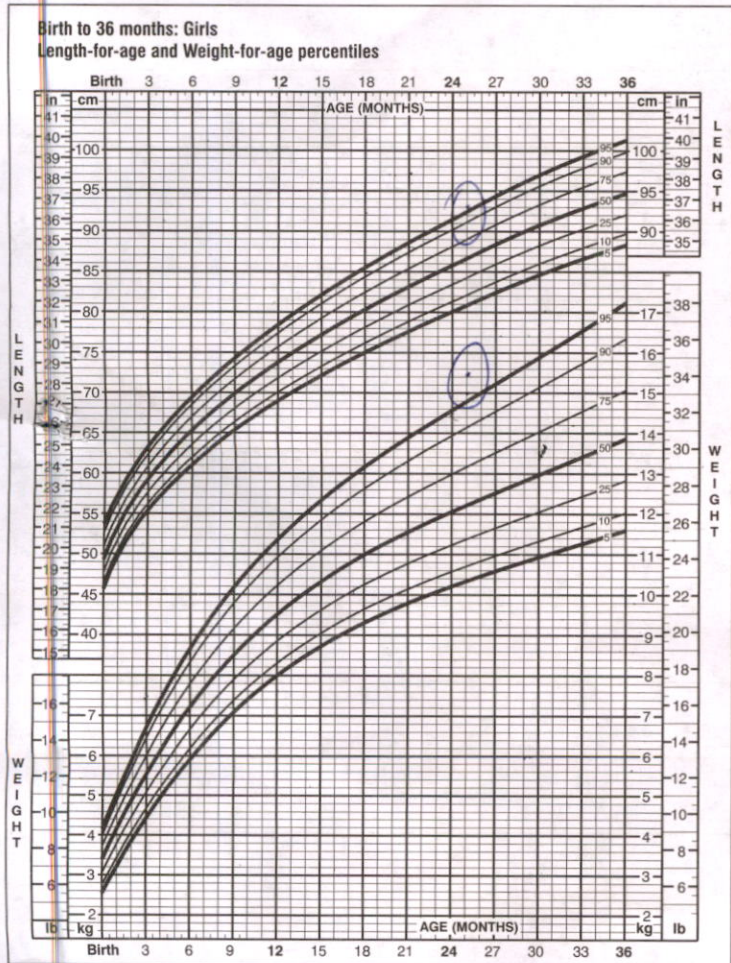
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Ileocolic Intussusception for Hydrostatic reduction

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Maddy

GROWTH CHART (GIRLS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

