

BAH-00656382 IP5-00174627
 Master BHAVIK RUDRAMSH.G 3 Y 11 M 18 D (M)
 Pati 15-06-2022
 Dr. HARISH JAYARAM



SURGERY DETAILS

80285

Handwritten initials

Date: 2/6/26
 Patient Name: Master Bhavik Rudramsh.G Date of Birth: 15/6/22 Age: 34
 Gender: M Ward: P-OT UHID No.: 00656382
 Date of Surgery: 2/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery: Chordee Correction

Time in: 9am Time Out: 12pm

	NAME	AMOUNT
1. Surgeon	<u>Dr. Mainak Deb</u>	<u>Surgeon fees - 64030</u>
2. Anaesthetist	<u>Dr. Nikhita</u>	<u>Anesthesia - 19209</u>
3. Assistant Surgeon		<u>OT charges - 51224</u>
4. OT Technician	<u>prochanta</u>	<u>OT Consumables - 9500</u>
5. Circulating Nurse	<u>Dinesh</u>	<u>Asst Surgeon - 6403</u>
6. Assistant Nurse	<u>Akhil</u>	<u>Asst Anesthesia - 6403</u>
		<u>CSO charges - 1921</u>

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

Signature of the Surgeon: [Signature] Signature of Circulating Nurse: [Signature]

Order No: 9639274 Order by: [Signature]

1. Introduction

2. Objectives

3. Methodology

4. Results and Discussion

5. Conclusion

The purpose of this study is to investigate the effects of...
The methodology used in this study is...
The results of the study are...
In conclusion, it is found that...

The study was conducted in...
The data was collected from...
The analysis was performed using...
The findings of the study are...

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174627 Admit Date : 02-Jun-2026 Admit Time : 07:02 AM UHID : BAH-00656382

Patient Details :

Patient Name : Master BHAVIK RUDRAMSH.G Age : 3 Y 11 M 18 D
Guardian : Mr GANESH G DOB : 15-06-2022
Gender : Male Religion :
Occupation : Martial Status : Separated
Address (H) : 75/1-6, 1ST ROAD, VIJAYADURGA COLONY Phone No : 8179819366/ 9602826779
Ravindranagar Cuddapah Andhra Pradesh INDIA 516003 E-mail : RSG_GANESH@REDIFFMAIL.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 : Mr GANESH G Relationship : Father
Contact Address : 75/1-6, 1ST ROAD, VIJAYADURGA COLONY Phone No : 8179819366 / 9602826779
Ravindranagar Cuddapah Andhra Pradesh INDIA 516003

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

ESTIMATION SLIP

BAH-00656382 IP5-00174627
 Master BHAVIK RUDRAMSH.G
 15-06-2022 3 Y 11 M 18 D (M)
 Dr. HARISH JAYARAM



CHOWDEE
 CORRECTION

CONSUMABLES OF OT

Circulating staff : Technician : Prayush Date : 21/6 Time : 9:00

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (4.0-4.5-5.0)	1+14	1	Major Pack	1	1	Inj Vit.K		
LMA	2	0	Sutures (9.15)	2	2	Cord Clamp		
ECG leads : A/P/N	0	8	vic. 6.0-8.0	2+2		Suction Catheter		
HME filter : A/P/N	0	1	PDS (6.0-7.0)	2+2	2	Feeding Tube		
Syringes : 10 cc	10	5	Monocryl 5.0-6.0	2+2		Vaccum Suction Set		
05 cc	10	5	Gloves (rub)	1	1	Surgical Gloves		
02 cc	10	5	2 1/2 FF		3	Gauze Pack		
01 cc	5	1				Syringe 1ml / 2ml		
Cautery plate : A/P/N	0		Surgical blade (11+15)	1+1	1	Surgical Blade # 20		
IV set	0	0	NG tube			Koochies (S)		
RL	0	1	Cautery pencil	1		NS - 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	5+14	14	Koochies			transofix	1	1
new spike	0	1	Ointments			jelly	1	1
variety	0	1	Suction Catheter			20cc (10cc + 5cc)	2+2	1
Fentanyl	0	1	Cap, Mask (NAR)	5	5	20ml morp	1	1
Morphine			Gauze Pack	5	5	26 G needle	1	1
Ketamine			Mop Pack	1	1	Coban	1	1
Propofol	03	2	Steristrip					
Rocuronium	0	0	Underpad	1	1			
Glycopyrolate	0	0	Draw sheet	1	1			
Myopyrolate (1P-20)	0	2	Abgel					
Ondansetron	0	0	Foleys catheter 6.8	1+1				
Pencan 25g/ Spinal Needle 22	0	1	Urobag meter	1+1				
Bupivacaine 0.25%	0	1	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
Suprim	0	1	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1				
Justi : 12.5 mg / 25mg / 100mg	0	1	Plastic Bed Sheet	1				
Tab. Misoprost : 200mg			Betadine Solution	1	1			
3 way 10cm + 100cm	14		Microshield	1	1			
Gauze + glove (605) 57ml	14	14	Cotton Balls	1	1			
glove + Tronex	14		Latex Gloves	10	10			
Q. sw. splinter 13	14		Ramdione Scrub	1	0			
Dr. Qamle 22/24	14		Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 9639265 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

FLC

(10/11/2000)

W/11/20

W/11/20

on 11/11/2000
Dix: 10 52000025 21 12/11

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11/11/2000

ACTIVITY RECORD FOR BILLING

Name : **BAH-00656382** IP5-00174627
Master BHAVIK RUDRAMSH.G
 15-06-2022 3 Y 11 M 18 D (M)
 Dr. HARISH JAYARAM

UHID No.  Consultant: _____ Dept : _____

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

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

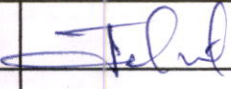
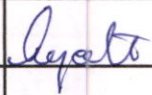
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/26	7:55 AM	ER	OT	Keethi
9/6	11:00 PM	OT	SLS	Devi

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6	10 placenta PAC QPD	①	8799	
4/6/16	N/A	①	Enfermeria Legato	

ANY OTHER INFORMATION

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.....

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.....

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00656382 IP5-00174627
Master BHAVIK RUDRAMSH.G
15-06-2022 3 Y 11 M 18 D (M)
Dr. HARISH JAYARAM



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Bhanik Age/Sex 3y / M
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Came for chordee correction

History of present illness :

PT is having chordee & normally situated urethral meatus, no hypospadias.



came for chordee correction



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

FT / LSCS / 2.71 kg / CIAB /
No NICU stay

Birth & Socio Economic History:

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

Developmental History :

normal for age

Immunization History :

up to date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 15.88 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 100/min B.P. 93/57 SPO2 97% (RA)
mm Hg
Resp. rate and type of breathing : RR- 24/min

Rash _____ -
Lymphadenopathy _____ -
Oedema : _____ -
Allergies (if any): _____ -

Respiratory System :

Inspection (any s/o distress) : no distress
Air entry & breath sounds : B/L VBS, B/L AE+
Any addes sounds : _____ -
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____ -

Cardiovascular System :

Inspection of procordium : _____ (N)
Heart Sounds : _____ S₁S₂+
Any murmur : _____ -
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____ -

Per Abdomen :

Inspection _____ (N)
Palpation : _____ soft, non-tender
Auscultation : _____ RS+
Spine : _____ (N) External Genitelia : _____ chordee
Relevant data from outside (CT, USG etc.,) _____ -



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

NAD

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

came for chordee correction

MARAYAL HERRAH .RD
#2593 (M) (0812)2091



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complications

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP
Blood grouping
uric acid
creatinine

Planned Management

IV Augmentin
IV Amikacin
NPO
IV fluid
Shift to OT.

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. SOMASREE

Date & Time: 2/6/26 7am

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Harish

Date & Time: 2/6/26 9AM

DR. HARISH JAYARAM
Registration No: 66254



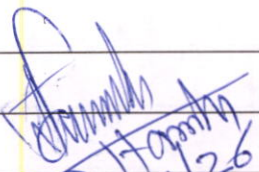
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26.	C/S/B Dr. Maliha	
5:35pm	POD - (0)	
	Afebrile	<u>Adv</u>
	Vitals stable	1) Full feeds.
	L/E - dressing intact	
		Maliha 2/6/26 5:35pm
		Noted by Swaghe
3/6/26	C/S/B Dr. Maliha.	
7:40 AM	POD - (1)	
	Afebrile	<u>Adv</u>
	Vitals stable	1) Full feeds.
	L/E - dressing intact.	
	passed stool	
	adequate.	
		Maliha
		Dr. Maliha 3/6/26 7:40 AM
		Noted by Alexy 66570

DR. HARISH JAYARAM
 Registration No. 983234

[Signature]
 3/6/26
 8:45 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/2026 4:30pm	C/S/B Dr Nikhita	
	<u>POD-1</u> chordee correction	
	Afebrile	Adv
	vitals - stable	① Full feeds as soon as possible
	Dressing - intact	↓ Dr Nikhita 4:30pm
	Noted by Akshay 6:08 PM	
	C/S/B Dr Nikhita	
4/6/2026 8:30am	<u>POD-2</u> Chordee correction	
	Afebrile	Adv
	vitals - stable	① Full feeds as soon as possible
	Dressing - intact	② Discharge today pl
		↓ Dr Nikhita 4/6/26 8:35am
	 Dr. HARISH JAYARAM Reg. No: 00254 4/6/26 8:45 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					



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/22	9:30 AM	Sup. D. ICLORFENAC	12.5mg	PR	mg	<i>[Signature]</i> Bailey
2/6/22	11:30 AM	Lj. PARALLETAMOL	225mg	IV	mg	<i>[Signature]</i> Bailey

VERIFIED BY : Name Signature



I.V. FLUIDS CHART

Weight. 15.88kg 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
2/6/26	7:10 am	DNS (2/3 maintenance)	IV	35	SP				
2/6	9 AM	Ringer Lactate	IV	150ml/h	SP	SP	2/6	SP	SP

Signature
VERIFIED BY : Name

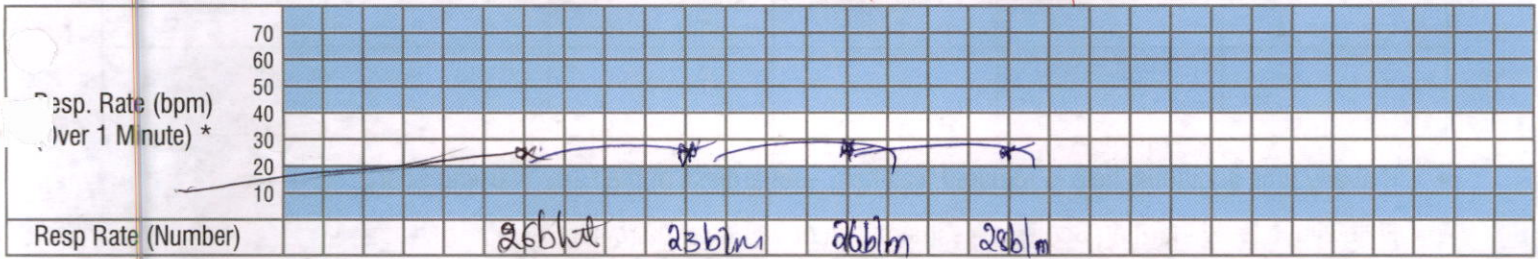
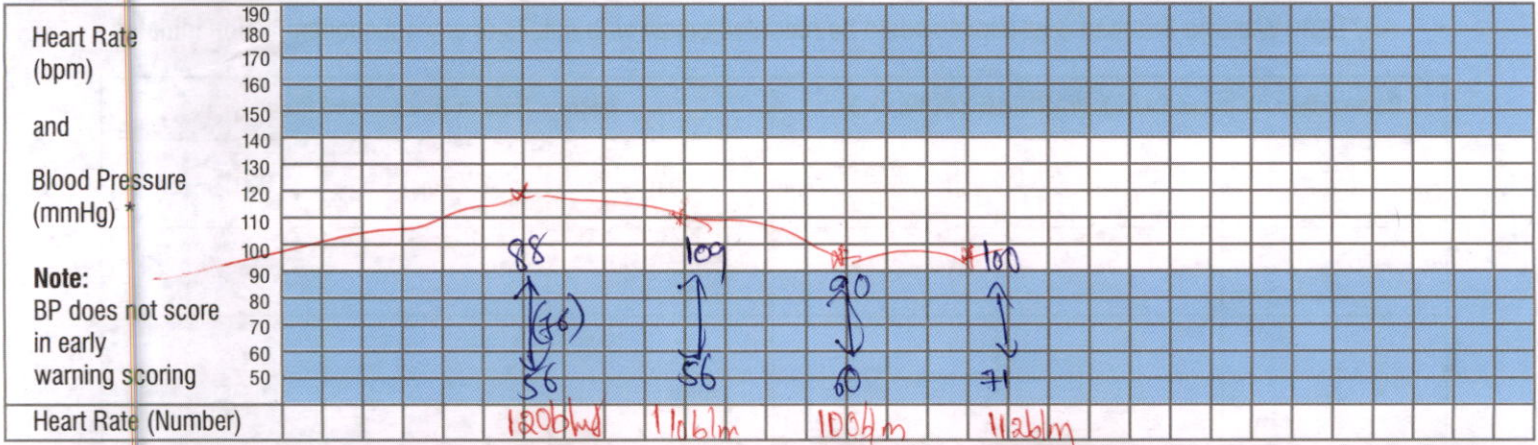
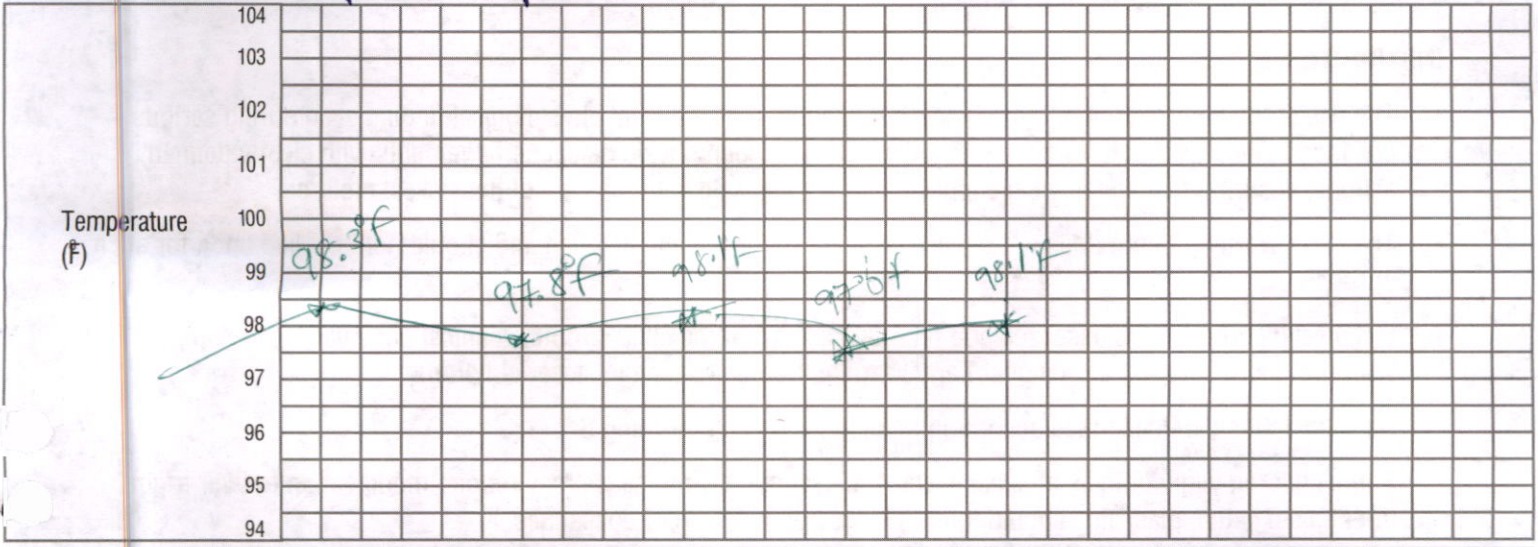
2/8/26



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 2:30 5 10pm 2AM 6AM

Doctor / Nurse / Family Concern? (P) (P) (P) (P) (P)



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		99% 99% 99% 99%
Conscious Level	Normal / Altered	
GCS *		

TOTAL SCORE				
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	(Signature)	(Signature)	(Signature)	(Signature)

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

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

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)

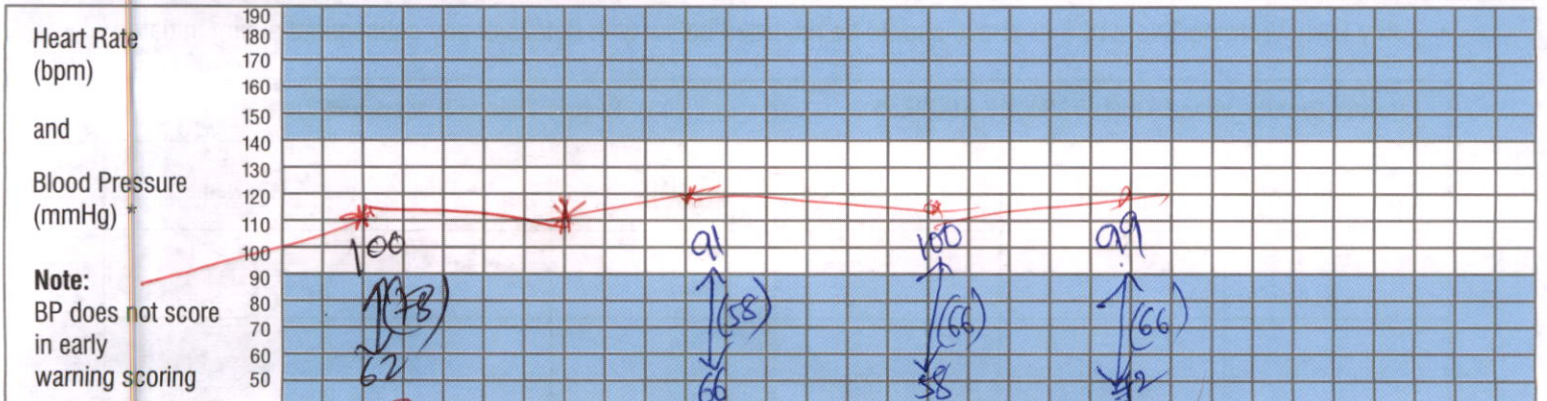
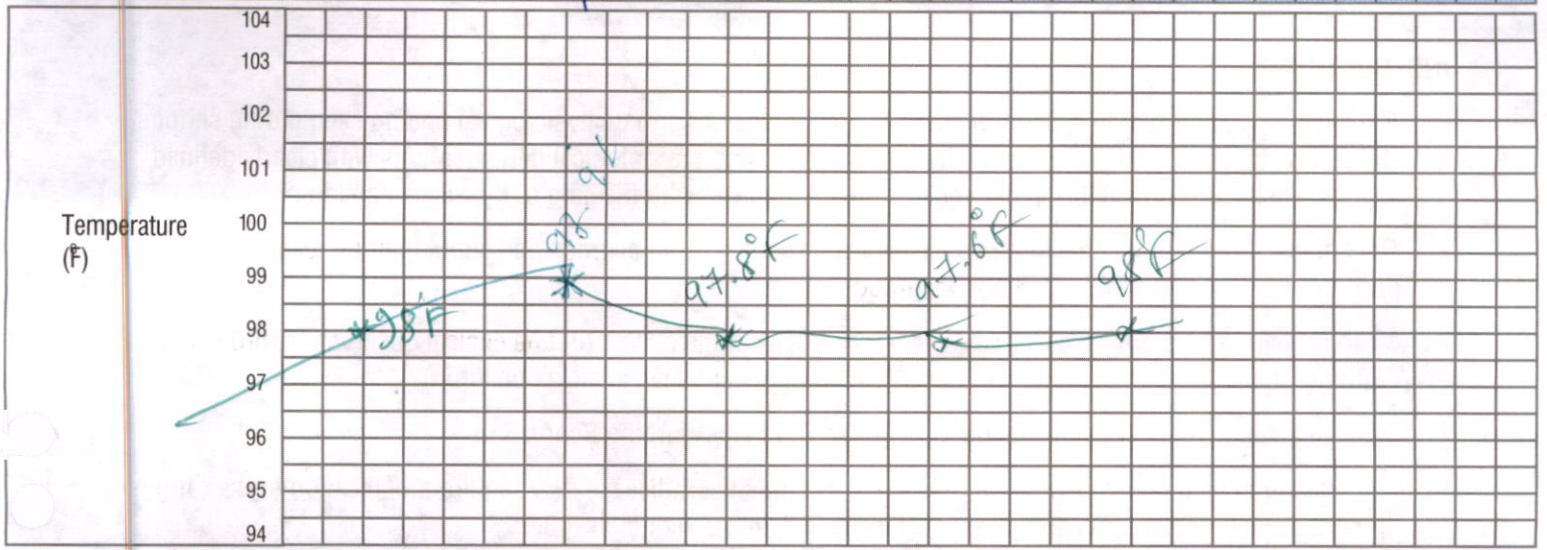


3/6/26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10AM 5 PM 9:30 PM 1 am 6 am

Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 118 118 120 118 120



Resp Rate (Number) 26 26 26 26 26

Resp Distress Mod/ Severe None / Mild _____

Receiving O₂ (l/min) _____
 O₂ Saturations (%) 99% 99% 99% 99% 99%

Conscious Level Normal Altered _____

GCS * 15 15

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0
 Pain Score _____
 Observer's Initials [Signature] [Signature] [Signature] [Signature] [Signature]

ACTIONS
 Score 1 : Continue normal observation by staff nurse
 Score 2 : Shift in charge nurse to be informed and continue hourly observations
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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)

Patie



2/5/26

FLUID CHART

Sheet No. : ①

- 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	H ₂ O									0		Devi
Total Intake :						Total Output :							
	02:00 pm										0		Swapna
	03:00 pm										0		Swapna
	04:00 pm	H ₂ O									0		Swapna
	05:00 pm										0		Swapna
	06:00 pm	H ₂ O									0		Swapna
	07:00 pm										0		Swapna
Total Intake :						Total Output : u: 2 m: 1							
	08:00 pm										0		Lizbeth
	09:00 pm	H ₂ O									0		Lizbeth
	10:00 pm										0		Lizbeth
	11:00 pm										0		Lizbeth
	12:00 am	H ₂ O									0		Lizbeth
	01:00 am										0		Lizbeth
Total Intake :						Total Output : u: 3 m: 1							
	02:00 am										0		Lizbeth
	03:00 am	H ₂ O									0		Lizbeth
	04:00 am										0		Lizbeth
	05:00 am										0		Lizbeth
	06:00 am	H ₂ O									0		Lizbeth
	07:00 am										0		Lizbeth
Total Intake : Taken						Total Output : u: 3 m: 0							
Total 24 hrs. Intake						Total 24 hrs. Output							
						u: 8 m: 2							



FLUID CHART



3/6/22

Sheet No. : (2)

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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am										0	Smy
	09:00 am	H ₂ O								✓	0	Smy
	10:00 am									✓	0	Smy
	11:00 am	H ₂ O								✓	0	Smy
	12:00 pm										0	Abley
	01:00 pm										0	Abley
Total Intake :						Total Output : U-2 M-0						
	02:00 pm										0	Abley
	03:00 pm	H ₂ O								✓	0	Abley
	04:00 pm									✓	0	Abley
	05:00 pm	H ₂ O									0	Abley
	06:00 pm									✓	0	Abley
	07:00 pm	H ₂ O								✓	0	Abley
Total Intake :						Total Output : M-1 U-2						
	08:00 pm										0	Swape
	09:00 pm	H ₂ O								✓	0	Swape
	10:00 pm										0	Swape
	11:00 pm	H ₂ O								✓	0	Swape
	12:00 am										0	Swape
	01:00 am	H ₂ O								✓	0	Swape
Total Intake :						Total Output : U-2 M-0						
	02:00 am										0	Swape
	03:00 am	H ₂ O								✓	0	Swape
	04:00 am										0	Swape
	05:00 am	H ₂ O									0	Swape
	06:00 am									✓	0	Swape
	07:00 am										0	Swape
Total Intake :						Total Output : U-2 M-0						
Total 24 hrs. Intake						Total 24 hrs. Output U-9 M-1						

BAH-00656382 IP5-00174627
Master BHAVIK RUDRAMSH.G
15-06-2022 3 Y 11 M 18 D (M)
Dr. HARISH JAYARAM



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: Master Bhavik Rudramsh G Age: 3y Gender: Male Female

UHID No.: BAH-00656382 Weight: Height:

Surgeon: Dr. Harish Jayaram Asst. Surgeon: Dr. Mainak Deb

Anesthetist: OT Nurse: Akhil OT Technician:

Pre-Operative Diagnosis: Chordee

Surgical Procedure: Chordee Correction

Indications for Surgery: Chordee

Date: 2/6/26 Start Time: End Time:

Pre Operative Preparations:

.....

Post Operative Diagnosis: Chordee

.....

Peri-Operative Complications:

.....

.....

Operation Notes:

FINDINGS:-

- 1) Cutaneous chordee and 30° echordee present
- 2) Urethral meatus normal

PROCEDURE

.....

- 1) Glans stitch taken with 5-0 prolene.

PROCEDURE

- 7Fr IFT inserted into urethra.
- 2) Circumferential incision taken under prepuce collar and penile skin degloved.
 - 3) Chordee tissue excised and complete chordee release confirmed by gittle's test.
 - 4) Skin flaps refashioned and wound closed.

Amount of Blood Loss:

Blood Transfused (in ML)

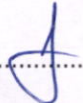
Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

0 5-0 vicryl (rapid).

- 5) 7Fr IFT as urethral catheter opened into outer diaper.

Name of the Surgeon: Dr. Hanish Jayaram

Signature of the Surgeon: 

Date & Time: 2/5/26 12:19 pm.

BAH-00656382 IP5-00174627
Master BHAVIK RUDRAMSH.G
15-06-2022 3 Y 11 M 18 D (M)
Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

Procedure Done: Chordee Correction
Post-Surgical Diagnosis: Chordee

Post-Operative Monitoring Parameters /Frequency:
TPR every 15 minutes for first 1 hour

Wound Care:
Dressing

Drain /Special Lines/Catheters:
1) 7 Fr IFT as urinary catheter opened into outer diaper.

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) [Signature]
Date: 2/6/26 Time: 12:19 p

Note: Plan of care will be readjusted if necessary.



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Chordee correction.

Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. Harish Jayaram

Please read this before you consent for Anaesthesia

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

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

Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders

Shock Obesity Chronic Obstructive Pulmonary Disease

Others desaturation

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: Dr. Srujana A.

Relationship with patient: Mother

Date & Time: 1/6/2026 5:18pm.

Witness:

Signature: [Signature]

Name: Ganesh Gopu

Date & Time: 1/6/26 5:18pm.

Doctor (who is taking consent):

Signature: [Signature]

Name: Dr. Tejaswini

Date 1/06/26 Time: 5:18pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

లిజనల్ 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 రిస్క్స్:

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.
 లిజనల్ 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, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనెస్ యాక్సెస్, ఆర్థిలియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, లిజనల్ 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:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

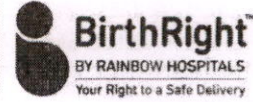
తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Master Bhavik Rudramsh. G Age: 3Y Sex: male UHID.No: BAM-00656382
 Date: 1/04/2022 Time: 5:10pm Proposed Operation: choirdee correction
 Diagnosis: choirdee with normally situated urethral meatus
 B.P./CRT: 135/90 H.R: Weight: 15.7kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.7 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: 6,900 Creat: Total Bill: HCV: 2D Echo:
 Plate: 3.5Lac 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: NEFA

Medical History: CVS: Not significant Diabetes: TERM LSCS/CIAB
 RESP: B.Wt: 2.7kg
 CNS: No NICU stay.
 Renal: H/O club FOOT
 Hepatic/GE: Physical Activity: Surgey done
 Others: Active

Past Anaesthetic History: Surgery for club foot

Physical Exam: N
 Airway: MP 1 2 3 4 Mouth Opening: Adequate MentoHyoid Distance: 2FB Neck: N Teeth: intact
 Lungs: BAE clear
 Heart: S1S2
 CNS: HMF

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: N

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Per-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

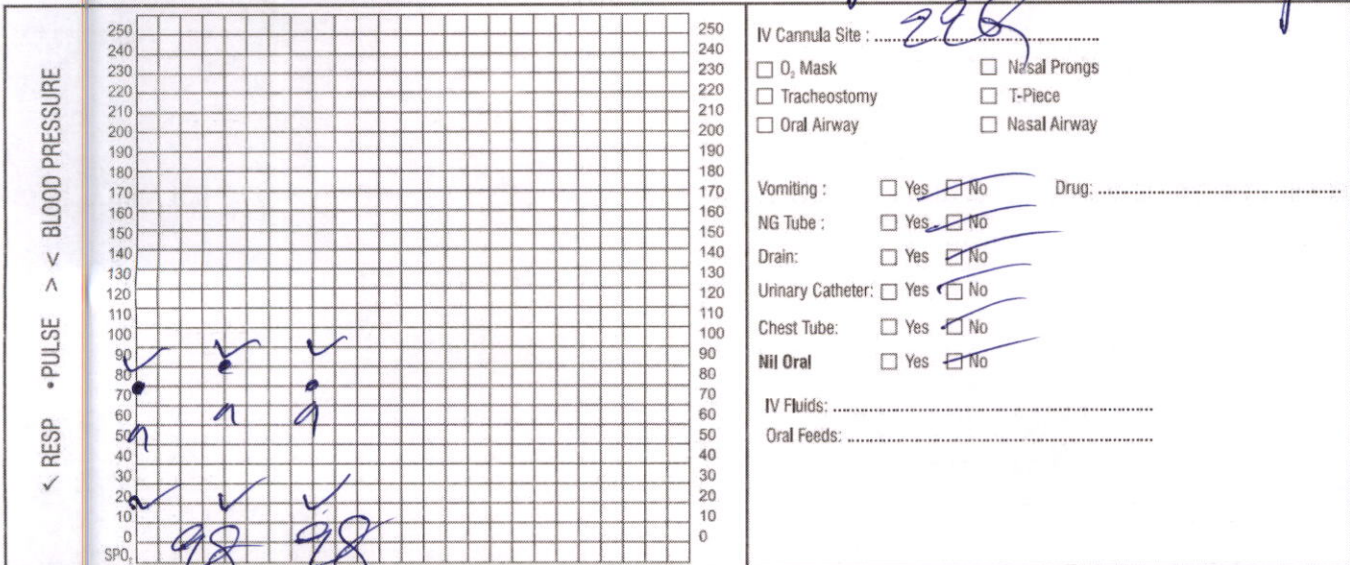
Pre-Operative Instructions:
 1. DVT Prophylaxis :
 2. NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:
CBP during cannulation
Blood grouping

Signature: [Signature] Name: Dr. Neelamini



POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Deep Time Received : 12:15pm Time Discharged : 1:10pm



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 Apneic = 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
<u>26/6/20</u>	<u>1:10</u>			<u>Deep</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

- 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

Anaesthesiologist Name : Dr. Tejaswini
 Anaesthesiologist Signature : [Signature]
 Date & Time : 26/6/20 1:10
 PACU Nurse Name : Deep
 PACU Nurse Signature : [Signature]
 Date & Time : 26/6/20

Transferred to Unit by (PACU) : 398
 Date & Time : 26/6/20 1:10pm



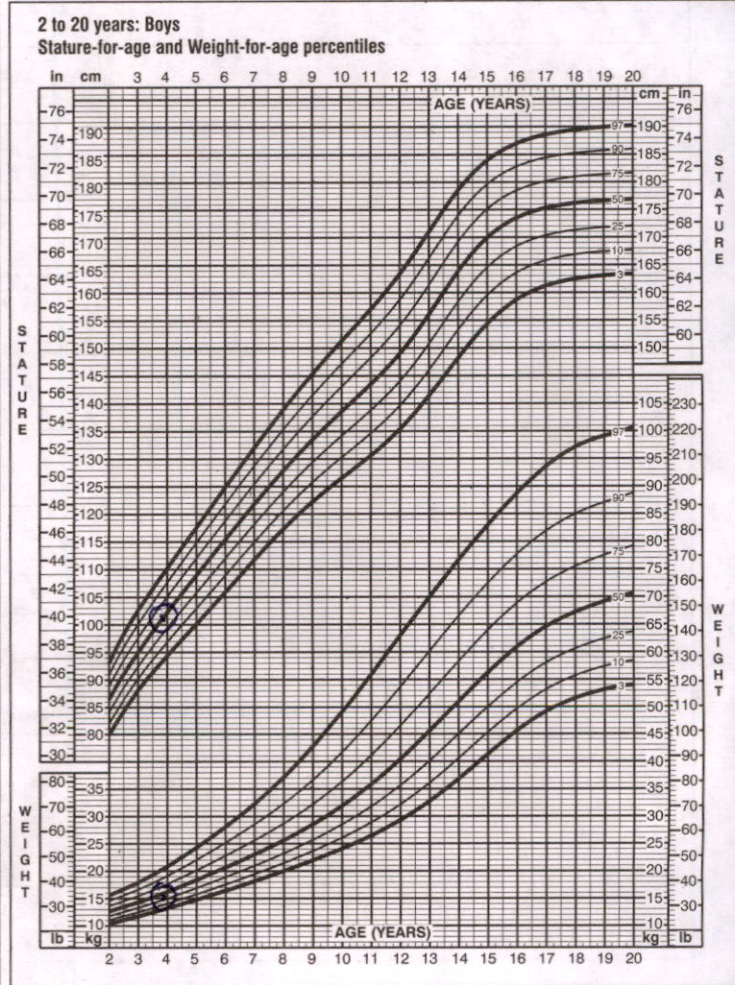
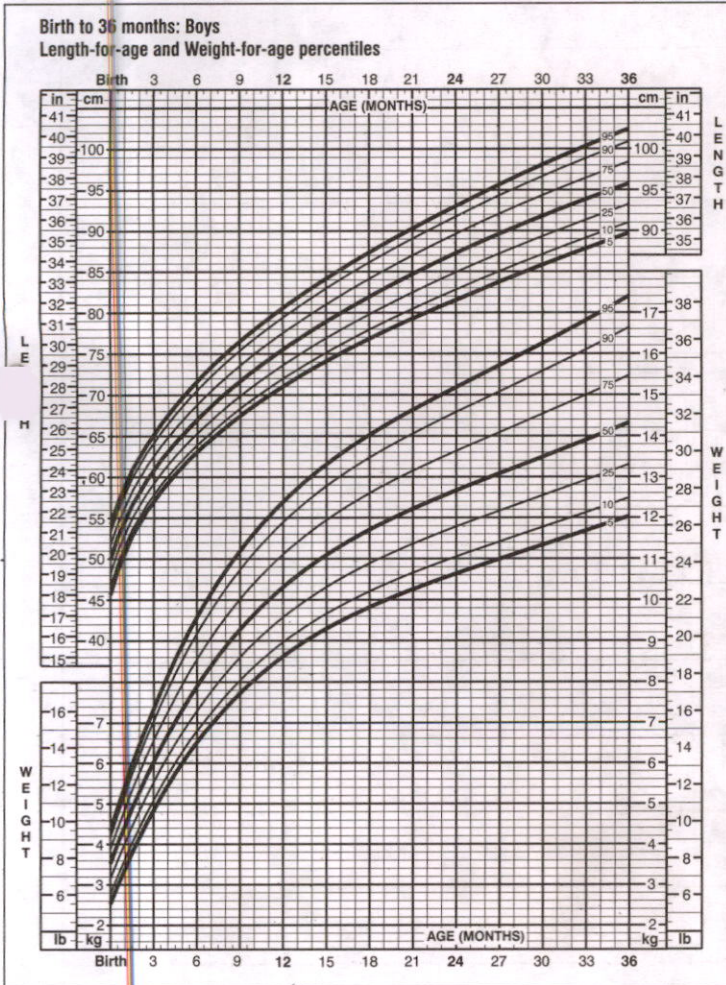
215

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 2pm

Weight: 15.7kgs Centile: >25th
 Height: 101cms Centile: 50th
 Inference: well child
 RDA: - Calories: 1300 kcal/d Protein: 22g/d
 Diet Recommendations: Soft diet
 Re-Assessment: Avoid spicy, chilled, outside foods
 Food Allergies: No Veg/Non-veg: veg
 Diagnosis: Chordee correction
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name Nikitha

Dietician's Signature [Signature]

Daily Notes:

5/6/26	child is stable, oral intake is	<u>same</u>
	optimal continue soft diet	