

BAH-00657022 IP5-00174628
Master A DEVANSH
28-05-2019 7 Y O M 5 D (M)
Dr. NABEEL ALAM QADRI



SURGERY DETAILS

FC not Done

Date: 02/06/26

Patient Name: Mast. A. Devansh Date of Birth: 28-05-2019 Age: 7y

Gender: Male Ward: P. OT UHID No.: BAH-00657022

Date of Surgery: 02/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2


Name of the Surgery: Right High ligation of sac

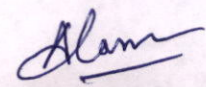
Time in: 09:30 AM

Time Out: 10:30 AM

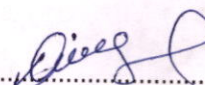
	NAME	AMOUNT
1. Surgeon	Dr. Nabeel	
2. Anaesthetist	Dr. Tejaswini	
3. Assistant Surgeon	—	
4. OT Technician	Sirisha	
5. Circulating Nurse	Alam	
6. Assistant Nurse	Thijas	

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


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 9639264

Order by: 

AH-00657022 Patient Chart
 IP5-00174628
 aster A. DEVANSH
 -05-2019 7 Y 0 M 5 D (M)
 NABEEL ALAM QADRI

CONSUMABLES OF OT

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Technician : Date : 2/6 Time : 9:00

Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4.5-50.55	114	-	Major Pack Drapes	1	1	Inj Vit.K		
LMA 2	01	-	Sutures			Cord Clamp		
ECG leads : A/P/N	03	03	Vic-3.0(4.0)	2+2	1	Suction Catheter		
HME filter : A/P/N	01	1	catgut	1		Feeding Tube		
Syringes : 10 cc	20	04	9915	1	1	Vaccum Suction Set		
05 cc	20	04	Gloves 6.6 1/2 7.7 1/2	2+2+2	1+1	Surgical Gloves		
02 cc	20	04	PR-6.6 1/2 7.7 1/2	2+2+2	1	Gauze Pack		
01 cc	5	01				Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	01	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	01	1	NG tube			Koochies (S)		
RL	01	-	Cautery pencil 1	1	1	N 500 ML	1	1
NS : 10ml / 100ml / 500ml / 1000ml	01	01	Koochies			transofix	1	1
	01	01	Ointments			Jelly	1	1
	01	0	Suction Catheter			(core) + SSC + 2cc	2+2+1	
Fentanyl	01	01	Cap, Mask	5	5/10			
Morphine			Gauze Pack	5	2			
Ketamine			Mop Pack	1	-			
Propofol	03	02	Steristrip					
Rocuronium	01	00	Underpad	1	1			
Glycopyrolate	01	00	Draw sheet	1	1			
Myopyrolate 1 pco	02	-	Abgel			Eko2 Nasal	01	01
Ondansetron	01	00	Foleys catheter			0.2 mg	14	-
Pencan 25g/ Spinal Needle 22	01	01	Urobag			NA 20	14	14
Bupivacaine 0.25%	01	02	Chest Drainage Catheter			anast	01	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			atropine	14	14
Antibiotics Aug 600	01	01	Bandage			midazolam	14	14
IV pco	01		Tegaderm			lorazepam	14	14
Suppositories			Ioban			Deamyl	01	01
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Di Coruck	1	
Supridol : 100mg			Vaccum Suction set	1	-			
Justin : 22.5 mg / 25mg / 100mg	01	01	Plastic Bed Sheet	1	-			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
2ml 1000 hourly	14	-	Microshield	1	-			
Gauze teptaxal	14	14	Cotton Balls	1	1			
Dice + transfix	14	14	Latex Gloves	108	108			
IV paula. 22.24	14	-	Ramdione Scrub	1				
Q. data. spl. 14	14	14	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :

Order No. : 2639059 Ordered by : [Signature]

ACTIVITY BAH-00657022 IP5-00174628
Master A DEVANSH
28-05-2019 7 Y 0 M 5 D (M)
Dr. NABEEL ALAM QADRI

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : 31/6/26 Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/06/26	7:50am	ER	OT	Keerthi
2/6/26	12:30pm	OT	120	Ding

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6	10 placent	①	7335	
	PAC	①	8736	[Signature]
2/6	NHA	①	0639170	[Signature]

ANY OTHER INFORMATION

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Date : 2/6/2026

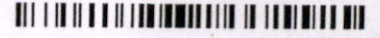
Time : 1 pm

Prepared By: [Signature]

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>[Signature]</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174628 Admit Date : 02-Jun-2026 Admit Time : 07:13 AM UHID : BAH-00657022

Patient Details :


Patient Name : Master A DEVANSH Age : 7 Y 0 M 5 D
Guardian : Mr A.SHANKAR DOB : 28-05-2019
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : #H.NO:5-40 JANAGAMA VILLAGE Phone No : 9491686064/ 9491046064
KAMAREDDY Bibipet Nizamabad Telangana E-mail : nomailid@gmail.com
INDIA 503125

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 403 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 403 Admission Type : First Visit

Contact Details :

Name : Mr A.SHANKAR Relationship : Father
Contact Address : #H.NO:5-40 JANAGAMA VILLAGE Phone No : 9491686064 / 9491046064
KAMAREDDY Bibipet Nizamabad Telangana
INDIA 503125


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 : TG TRANSCO



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00657022 IPS-00174628
Master A DEVANSH
28-05-2019 7 Y 0 M 5 D (M)
Dr. NABEEL ALAM QADRI



Pediatric Multiorgan History & Physical Examination

Name : Devansh Age/Sex 6y/M
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Came for rt high ligation of sac

History of present illness :

Rt scrotal swelling since 5 yrs



Diagnosed as rt hydrocele



Came for rt high ligation of sac.

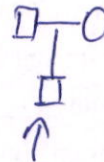


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

FT / 2-6 kg / 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)) 19.58 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 92/min B.P. 95/56 SPO2 98% (RA)
mm Hg

Resp. rate and type of breathing : RR- 26/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 added sounds : _____ -

Relevant data from outside (Chest X-Ray, ABG, etc..) _____ -

Cardiovascular System :

Inspection of precordium : (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 : IPS +

Spine : (N) External Genitalia : Rt hydrocele

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:

*Right hydrocele — cause for right high
ligation of sac.*



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Complications

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP
A/B
X-rays
@ 7:50am

Planned Management

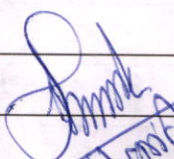
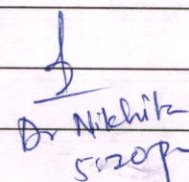
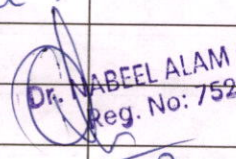
NPO
iv fluid
Shift to OT

Signature of the Doctor: [Signature]
Name of the Doctor: DR. SOMO SHREE
Date & Time: 2/6/26 7:15 am

Signature of the Consultant: [Signature]
Name of the Consultant: DR. HARISH J. RAM
Date & Time: 2/6/26 9AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5:20 PM	C/S / B Dr. Nikhita	
	POD - 0 (RT) High ligament of sac.	
	Afebrile Vitals - stable	Adv (1) Full feeds as tolerated
	P/A - soft Dressing - intact	
 2/6/26 6 PM DR. HARISH JAYARAM Registration No: 60294		 Dr. Nikhita 5:20 PM Noted by Swarna.
3/6/26 2:40 AM	C/S / B Dr. Malika	
	POD - (1)	Adv
	Afebrile Vitals stable	1) Full feeds
	P/A - soft U/E - dressing intact	2) Plan discharge today
 Dr. NABEEL ALAM QADRI Reg. No: 75241 3/6 a.m.		Malika Dr. Malika 3/6/26 7:40 AM (P.T.O)

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. Right High ligation of sac.
- 2.

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
① Resolution of scrotal swelling	-nil-

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

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

- a. Bleeding, infection
- b. Recurrence

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

Patient / Patient Attendant:
 Signature: [Signature]
 Name: A. Sharukh
 Relationship with patient: Father
 Date & Time: 2/6/2026 8:20am

Witness:
 Signature: A. Sumanalatha
 Name: A. Sumanalatha
 Date & Time: 2/6/2026 8:20am

Doctor (who is taking consent):
 Signature: [Signature] Name: Dr. Nabeel Alam Date: 2/6/26 Time: 8:23am

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో బిల్టెన్ 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 లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జి, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మానరీ 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:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Na el
 Asst. Surgeon : _____
 Anaesthetist : Dr. Tejaswini
 Scrub Nurse : Thijas

Patient Name : Most. A. Devanna Age : 74 Gender : M
 UHID No. : BAH-00657022 Surgery Name : RT High Ligation of Sae
 Date : 02/06/26 In-time : 09:30am Out-time : 10:30am

BAH-00657022 IP5-00174628
 Master A DEVANSH
 28-05-2019 7 Y O M 5 D (M)
 Dr. NABEEL ALAM QADRI



ight
 SPITALS
 Safe Delivery

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>9:08 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature : _____	
Name : <u>Dr. Tejaswini</u>	

TIME OUT	Time: <u>09:40am</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site <u>Rt</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>NIL</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : _____	
Name : <u>Alam</u>	

SIGN OUT	Time: <u>10:30am</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : _____	
Name : <u>Dr. Nabeel Alam Qadri</u> <u>2/6/26</u> <u>10:30am</u>	

BAH-00657022 IP5-00174628
Master A DEVANSH
28-05-2019 7 Y O M 5 D (M)
Dr. NABEEL ALAM QADRI

Patient Sticker



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 02/06/26

Department : P. OT Duration of Procedure : 1 hrs

Name of Surgeon : Dr. Nabeel Alam Qadri Date of Admission : 02/06/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of the Antibiotic : Inj. Augmentin	Alam
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Alam
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6°C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	Alam
4.	Name of doctor or staff administering the antibiotic : Dr. Tejaswini Date & Time of antibiotic administration : 02/06/26 @ 9:40 AM Date & Time procedure started : 02/06/26 @ 9:41 AM	Alam

- 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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

Pat



OPERATION THEATER NOTES

Patient's Name : Master A devansh Age : 7y Gender : Male Female

UHID No. : BAH-00657022 Weight : Height :

Surgeon : Dr. Nabeel Alam

Asst. Surgeon : —

Anesthetist : Dr. Tejanvini

OT Nurse : Thijar

OT Technician : Sirisha

Pre-Operative Diagnosis : Right side Hydrocele

Surgical Procedure :
Right High ligation of sac.

Indications for Surgery :
Right Hydrocele

Date : 02/06/26

Start Time : 09:49AM

End Time : 10.30AM

Pre Operative Preparations:

5+ betadine

Post Operative Diagnosis:

(RF) Hydrocele

Peri-Operative Complications:

-Nil-

Operation Notes: Findings.

- (RF) encysted Hydrocele noted

- (RF) testis & vas & vessels - normal

Procedure:-

- ① Incision made at (RF) lower groin crease
- ② Incision deepened to open subcutaneous tissue
- ③ Ext-oblique identified & opened
- ④ Patent processus vaginalis noted ⑤ High ligation of sac done.
- ⑥ Distal sac opened & hydrocoele fluid drained
- ⑦ Distal sac lay open.
- ⑧ Wound closed in layers
- ⑨ Hemostasis secured.

Amount of Blood Loss: 2ml Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:
- Nil -

Peri-Operative Complications:
- Nil -

Name of the Surgeon: Dr. Nabeel

Signature of the Surgeon: [Signature]

Date & Time: 2/16/26
10:45 am

BAH-00657022 IP5-00174628
Master A DEVANSH
28-05-2019 7 Y 0 M 5 D (M)

Patient S Dr. NABEEL ALAM QADRI



POST-SURGICAL CARE PLAN FORM

Procedure Done: High ligation of sac

Post-Surgical Diagnosis: Right Hydrocele.

Post-Operative Monitoring Parameters /Frequency:

TPR monitoring every 15 min for 1st 1 hr

Wound Care:

Dressing

Drain /Special Lines/Catheters:

- Nil -

Special Patient Positioning and Requirements:

- Nil -

Nutritional Instructions:

Full feeds as soon as child is fully awake

When to Start Mobilization:

As soon as possible

Special Referrals:

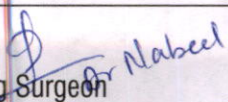
The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

- Nil -

Treating Surgeon
(Signature & Stamp)


Dr. Nabeel

Date: 2/6/26 Time: 10:45a

Note: Plan of care will be readjusted if necessary.



DRUG CHART

Date of Admission: 2/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight: Ward:

DRUG : INJ PARACETAMOL				Date Time	2/6/26
Dose	Route	Frequency	Start Date		
300mg	IV	Q8h	2/6/26	6 AM	X pause Kawal
Name & Signature of the Doctor Starting the Drugs:					
Malika. Dr- Malika				5-12 pm	
Additional Instructions:					
—				2 PM X	
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					
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)

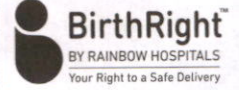
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 Master A DEVANSH
 28-05-2019 7 Y 0 M 5 D (M)
 Dr. NABEEL ALAM QADRI



Pat

Doc. No. : RCHBH/FRM / CLINICAL / 126

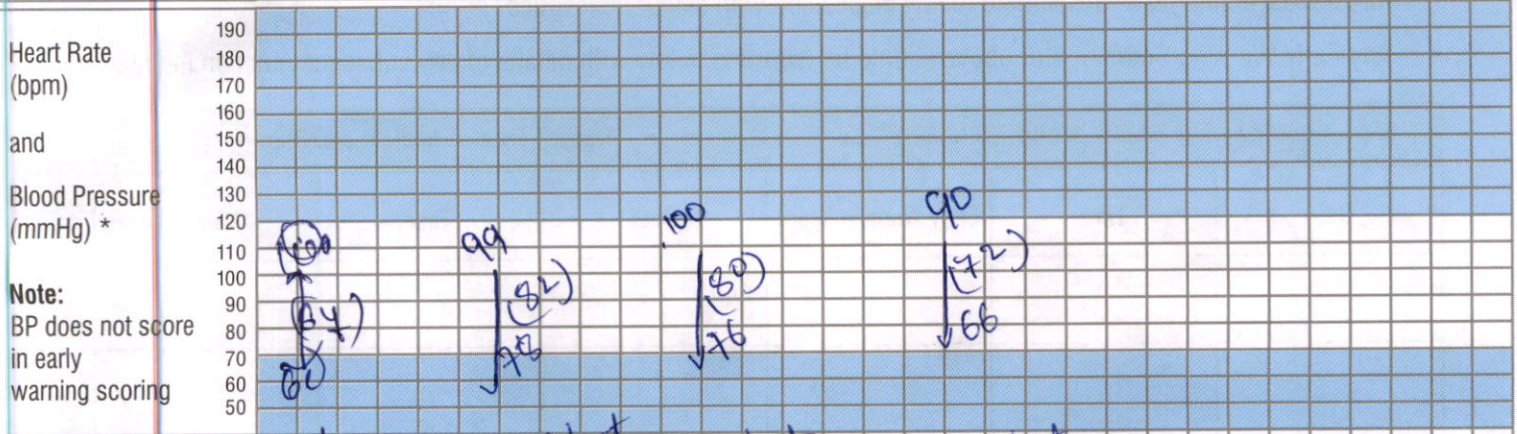
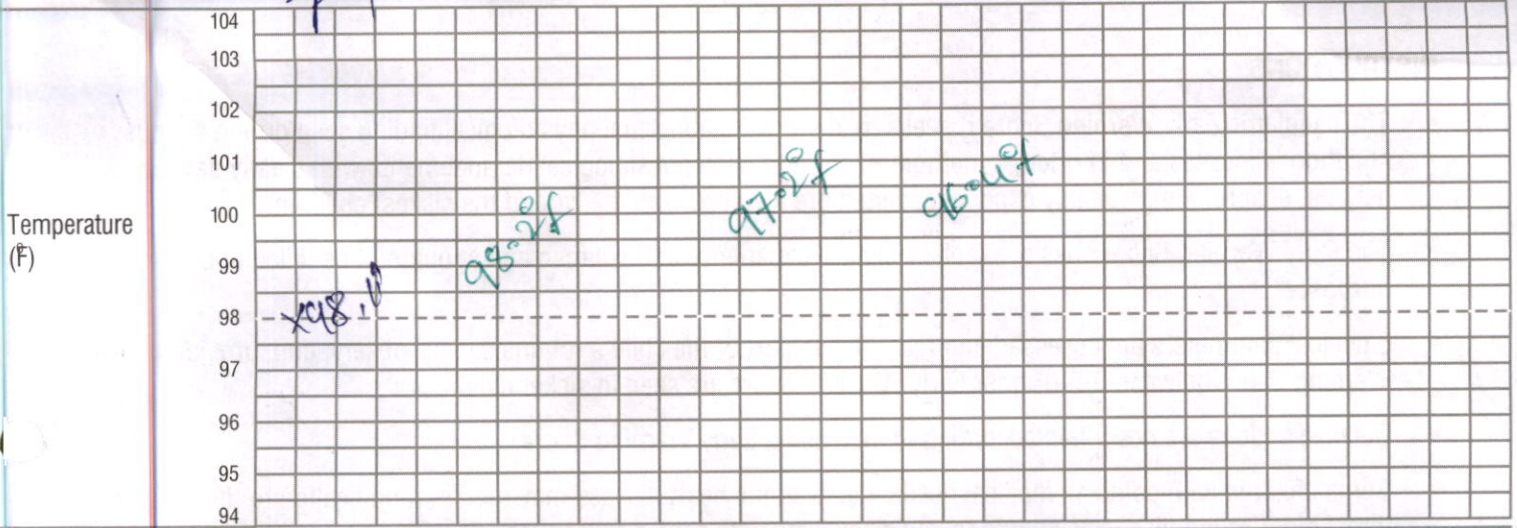
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 01/06/20 Time: 10PM 2PM

Doctor / Nurse / Family Concern? 5PM 6PM 10PM 2PM



Heart Rate (Number) 110b 116/mt 120/mt 120/mt



Resp Rate (Number) 28b 26/mt 26/mt 26/mt

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100%, 100%, 100, 100

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE
 Number of shaded boxes 1 1 1 1
 Pain Score 0 0 0 0
 Observer's Initials 0 0 0 0

- ACTIONS**
- 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:

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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)



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			
26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	Also											
	12:00 pm	fluid											
	01:00 pm												

Total Intake :						Total Output :							
26	02:00 pm												
	03:00 pm												
	04:00 pm	No											
	05:00 pm	fluid											
	06:00 pm	juice											
	07:00 pm												

Total Intake :						Total Output :							
26	08:00 pm												
	09:00 pm												
	10:00 pm	No											
	11:00 pm	fluid											
	12:00 am												
	01:00 am												

Total Intake :						Total Output :							
26	02:00 am												
	03:00 am												
	04:00 am	No											
	05:00 am	fluid											
	06:00 am												
	07:00 am												

Total Intake :						Total Output :					
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Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART



Sheet No. :

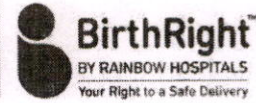
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis 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													
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	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: MASTER DEVANSH Age: 6 Yr 11m Sex: MALE UHID.No: B.A.H. 0065 7022
 Date: 2/8/26 Time: 7:00 Proposed Operation: RIGHT HIGH LIGATION OF SAC
 Diagnosis: RIGHT SCROTAL SWELLING
 B.P / CRT: 2sec H.R: 95/min Weight: 19.75 ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.2</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>35.8</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>6,500</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>3.10</u>	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: NKA

Medical History: CVS: -
 RESP: - Diabetes: -
 CNS: -
 Renal: -
 Hepatic / GE: - Physical Activity: Playful Active
 Others: -

Past Anaesthetic History: -

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mento-hyoid Distance: 2FB Neck: (N) Teeth: Contact
 Lungs: AETBE
 Heart: S1S2
 CNS: NAD

Pregnant: Yes No NA Venous Access Site: 22G RUL Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

FOOD: - N/A
 WATER: - 8:45 AM

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis: Water / ORS 2 Hours Others 6 Hours
 - ~~NIL ORAL~~
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. Nitish K

CBC, IV cannulation

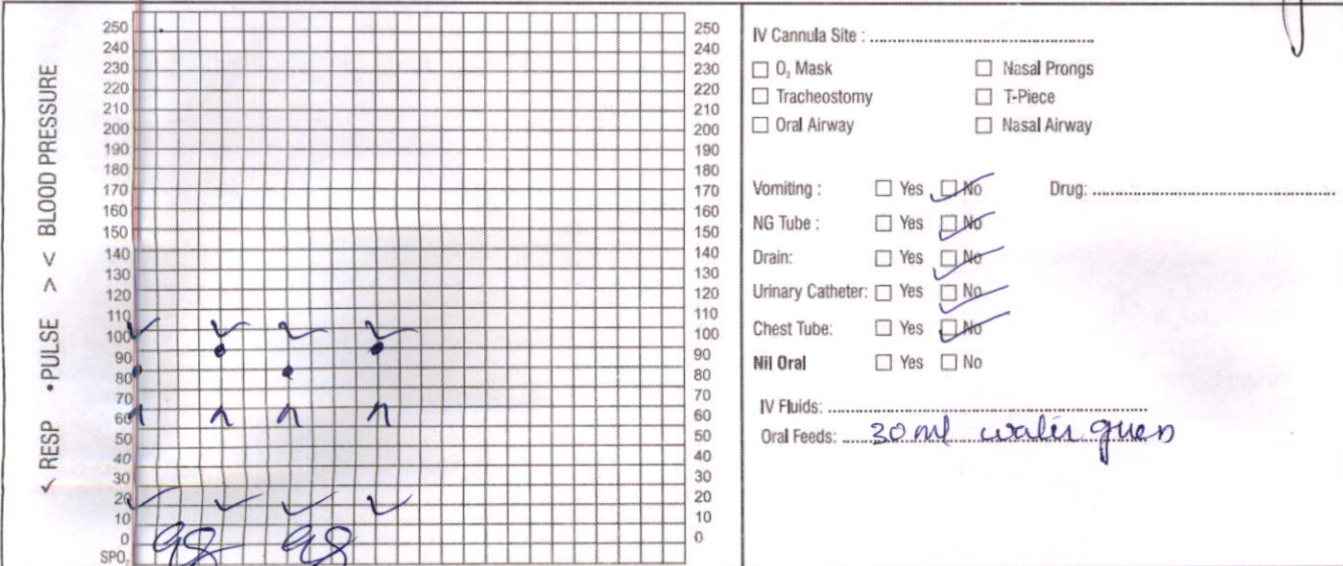
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : R. Ramadani

Time Received : 10:35 AM

Time Discharged : 12:30 PM



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	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	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	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	1	1	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2		
TOTAL	8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6/26	10:35 AM	1/10	←	<i>[Signature]</i>

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 : Ravi Hans

Anaesthesiologist Signature: *[Signature]*

Date & Time: 2/6/26 @ 12:30

PACU Nurse Name : [Signature]

PACU Nurse Signature: *[Signature]*

Date & Time: 2/6/26 @ 11 AM

Transferred to Unit by (PACU): 9:20

Date & Time: 2/6/26 @ 11 AM



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: HEMILIGATION OF SAC

Anaesthesiologist: DR ADITI 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 DESATURATION, BRADYCARDIA, LARYNGOSPASM

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: A. Shankar
 Relationship with patient: son
 Date & Time: 2/6/26 6:58

Witness:

Signature: [Signature]
 Name: A. Satyam
 Date & Time: 2/6/26 6:58

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Aditi N Date 2/6/26 Time: 6:58

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 శిరస్థావం 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 సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిరియల్ 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 స్వప్రమేన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం: