HNH-00016017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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SURGERY DETAILS

Date : 29/6/26

Patient Name: Master Vedanth Date of Birth: 17-12-2022 Age: 3 yrs

Gender: Male Ward : OT-2 UHID No.: HNH-00016017
IP26-00006681

Date of Surgery: 29/6/26 ☒ OT -1 ☒ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : (L) High ligation of Sac

Time in : 11:55Am Time Out : 12:40Pm

	NAME	AMOUNT
1. Surgeon	: Dr. Mukta Subhash	
2. Anaesthetist	: Dr-Samir/Dr Ayesha	
3. Assistant Surgeon	: ———	
4. OT Technician	: Br. Arvind	
5. Circulating Nurse	: Sr. Karuna Sr. Susheela	
6. Assistant Nurse	: Sr. Sandya	

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

Signature of the Surgeon Signature of Circulating Nurse Karuna

Order No: 26-000020987 Order by: Sandhya 29/6/26 @ 12:45pm
(or scroll saved)

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

HNH-00016017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Reddy (2) High Sac ligation

CONSUMABLES OF OT

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Circulating staff : Kavitha Technician : Arvind Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ General pack		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		3	2305, 9915	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		01				Vaccum Suction Set		
05 cc		01	Gloves Endo 6, 6½	04	1	Surgical Gloves		
02 cc		01				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade 15		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
[illegible] (Laparoscopy)		0	Ointments					
PCM		01	Suction Catheter					
Fentanyl		01	Cap, Mask		10+10			
Morphine			Gauze Pack 7.5cm		2			
Ketamine			Mop Pack [illegible]		0			
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
~~Pencan 26g~~ / Spinal Needle 22 vygon		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : ~~12.5mg~~ / 25mg / 100mg	01		Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		01			
			Microshield		01			
			Cotton Balls		1			
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000209207 / 4206 Ordered by : Sandya 29/12/22 @ 2pm

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

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016017	**Name**	: Master S.VEDANTH REDDY
Age / Sex	3 Y 6 M 12 D / Male	**Doctor**	: MUKTA SUBHASH WAGHMARE
Adm/Reg Date/Time	29/06/2026 09:29	**Payor**	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	29/06/2026 13:32	**Ordernumber**	: 26-0000209206
Visit ID	IP26-00006681	**Ward/Bed No**	: 4F -OT / PRE/POST-422
Patient Address	KACHIGUDA CHAPPAL BAZAR HYD H:NO3-2-756, Kachiguda, Hyderabad, Telangana, INDIA, 500027		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
2	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
3	VICRYL RAPIDE 5-0 9915W	VICRYL RAPIDE5-09915W	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
4	SURGEONS CAP	SURGEONS CAP	1 Cap	Oral / Once Daily	1 Days		10 Cap	Ordered
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
6	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
7	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
8	SPINAL NEEDLE PED 22 G (VYGON-5183,57)	SPINAL NEEDLE 22G	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
9	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
10	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
11	SURGICAL BLADE 15	SURGICAL BLADE 15	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
12	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Ordered
13	GENERAL SURGICAL KIT (MEDITAKE)		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
14	VICRYL 4-0 NW 2305	VICRYL 4-0 NW 2305	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
15	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
16	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
17	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
18	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
19	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

MUKTA SUBHASH WAGHMARE

Reg No : 08964

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Rainbow Children's Hospital

Birth of Rainbow

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016017	**Name**	: Master S.VEDANTH REDDY
Age / Sex	: 3 Y 6 M 12 D / Male	**Doctor**	: MUKTA SUBHASH WAGHMARE
Adm/Reg Date/Time	: 29/06/2026 09:29	**Payor**	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	: 29/06/2026 13:32	**Ordernumber**	: 26-0000209207
Visit ID	: IP26-00006681	**Ward/Bed No**	: 4F -OT / PRE/POST-422
Patient Address	: KACHIGUDA CHAPPAL BAZAR HYD H:NO3-2-756, Kachiguda, Hyderabad, Telangana, INDIA, 500027		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed

MUKTA SUBHASH WAGHMARE

Reg No : 08964

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Note

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*** Do not refill medicines.**

F.C

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DISCHARGE SUMMARY

Name	Master S.VEDANTH REDDY	**UHID**	HNH-00016017
Father/Guardian	Mr S.DATHU REDDY	**Age/Gender**	3 Y 6 M 12 D/ Male
Address	KACHIGUDA CHAPPAL BAZAR HYD H:NO3-2-756, Kachiguda, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006681	**Admission Date**	29-06-2026
Ref Doctor	Self.		
Discharge Date	30.06.2026		

Consultant
Dr. MUKTA SUBHASH WAGHMARE
MBBS, DNB (Gen Surg), MCH (Pead Surg), FMAS
CONSULTANT PEDIATRIC SURGEON
Reg No: 08964

DIAGNOSIS	ICD CODE
LEFT HYDROCELE	

Procedure : LEFT HIGH LIGATION OF SAC DONE ON 29.06.2026.

History: Master S.VEDANTH REDDY, 3 Y 6 M 12 D child presented with complain of swelling on left scrotum since 1 month and known case of left hydrocele planed for surgical correction. For the above complaints child was admitted at Rainbow Children's Hospital for surgical management.

Examination: Child was afebrile, maintaining saturations at room air & hemodynamically stable. Heart rate was 110 /min and Respiratory rate - 28/min. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 14.53 kilo grams.

Investigations: Enclosed reports.

Name	Master S.VEDANTH REDDY	UHID	HNH-00016017
IP No	IP26-00006681	Admission Date	29-06-2026

Procedure : LEFT HIGH LIGATION OF SAC DONE ON 29.06.2026.

Surgery Notes:
* Left inguinal incision taken.
* External oblique aponeurosis opened.
* Sac thin, separated from cord.
* Sac divided ,ligated proximally and excised distally.
* Wound closed in layers.

Post-Operative Notes: Post operative period was uneventful. Child was initiated on oral feeds gradually which child tolerated well. He remained hemodynamically stable during the hospital stay and operated site remained healthy. Child is being discharged with the following advice.

Advice:
* Diet as advised.
* Remove dressing at home on Thursday on 02.07.2026
* T Bact ointment for local application twice daily for 5 days.
* Syrup. Ibugesic 5ml, twice daily for 2 days

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. MUKTA SUBHASH WAGHMARE after 2 weeks in OPD at Himayatnagar with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

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Name	Master S.VEDANTH REDDY	**UHID**	HNH-00016017
IP No	IP26-00006681	**Admission Date**	29-06-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Rainbow Children's Hospital Ltd. Himayathnagar Hyderabad 500029

Registrar/Resident/C.M.O

Consultant
Dr. MUKTA SUBHASH WAGHMARE
MBBS, DNB (Gen Surg), MCH (Pead Surg), FMAS
CONSULTANT PEDIATRIC SURGEON
Reg No: 08964

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016017 IP26-00005681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

⇒ c/o. Swelling on lt scrotum since 1 month
K/c/o (lt) hydrocele planned for
surgical correction.

History of present illness :

- Child premature with h/o K/c/o (lt) hydrocele. came for surgical correction.
  - not a/w pain / Redness.
- No h/o bowel / bladder disturbance.
- No H/o fever, cough, cold.
- No h/o vomiting / loose stools.

Pediatric Multiorgan History & Physical Examination

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

-

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother : Not significant

Any additional Information :

Developmental History : Appropriate

Immunization History : Up to date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) _____ (Centile _____) Height (cm) : _____ (Centile _____)

Weight (kgs) 14.53/kg. (Centile _____)

On Examination :

Temperature : Afeb. Pulse Rate: 110/min Description _____

B.P. _____ SPO2 95% RA at _____

Resp. rate and type of breathing : _____

(Lt) hydocele.

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+) NVBS (+)

Any addes sounds : No added

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : Soft not dilated

Ausculation : No organomegaly.

Spine: _____ External Genitelia : _____

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 :

Nutrition :

Tone : Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR (N) **Superficials :**

Plantars

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic :

(At) hydrocele.
came for (At) high ligation of sac

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

⇒ CBP while cannulation

last feed - 4 Am.

Noted By Prabin

Planned Management :

- IV fluids
- Monitor vitals.

NB Prabin

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital : (Including the name of City)
3. Contact number of the Referring Doctor : (Preferring Mobile #)
4. Name of the doctor in Rainbow Team on whose name the patient is being referred

Doctor's Signature Name (for) Date 29/6/21 Time 12:30 PM.

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ACTIVITY RECORD FOR BILLING

HNH-00016017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Nam ----------

UHI ---------- Consultant : ---------- Dept : ----------

Date of Admission : -- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	10:15AM	ER	OT	Tanuja
29/6/26	12:40PM	OT	303	Tanuja

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/6/16	CBP	16570	
	PHC Done of Basic		

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
	IV placement	(1)	9125	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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HNH-00016017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient N ..... Age : 3y ..... Gender : Male ☑ Female ☐

UHID NO Surgeon Name: Dr. Mukta Waghmare

Anaesthesiologist : Dr. Kamini Inayathi

Operative procedure planned : (Rt) HICHT LIGATION OF SAC

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Bronchospasm, desaturation

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Master S. VEDANTH REDDY the above mentioned operation / Diagnostic / Therapeutic procedures (Rt) HICHT LIGATION OF SAC

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : G. Tulja Bhavani

Relationship with Patient: mother

Date & Time : 29-06-26

Witness :

Signature : .....

Name : Datha Reddy

Date & Time : 29/6/26 @ 11:40 AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SK Ayesha

Date & Time : 29/6/26

INFORMED CONSENT FOR SURGERY OR SPECIAL

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HNH-00018017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient Name ..... Gender: ☐ Male ☐ Female Age : 3y

UHID No : ..... Date : 29/6/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

..... (1) High inpation of sae .....

..... upon .....

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized 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. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

..... Bleeding infection .....

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: D Mukta

Consentee :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : G. Tulja Bhavani

Relationship with Patient: mother

Date & Time : 29/6/26 11:40Am

Witness :

Signature : .....

Name : Dattu Reddy

Date & Time : 29/6/26 11:40Am

Doctor (who is taking the consent) :

Signature : .....

Name : D Mukta

Date & Time : 29/6/26 11 Am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/21 3:00PM	c/s/o Dr. Varun D- 2nd Hydrocele. s/p high ligation of sac. - child is accepting orally well. - o/e- vitals stable. s/e- WNL.	P/c D/c today. - R/v in OPD with Dr. Mukta after 2 weeks.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Vedanth Reddy Age: 3y Sex: Male UHID No: HNH-16017

Date: 27/6 Time: 11AM Proposed Operation: (L) High ligation

Diagnosis: (L) Hydrocele

B.P / CRT: ..... H.R: ..... Weight: 14.5 ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 9.4gm/dl	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 7000	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.28lakh	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS : /

RESP : Child fit & healthy Diabetes :

CNS :

Renal : H/O Typhoid → recovered.

Hepatic / GE : H/O burning over scalp - W/O anything Physical Activity: active

Others : Birth unremarkable - Developmentally on par

Past Anaesthetic History: - nil.

Physical Exam: active / alert

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

Lungs : / clear Clinically

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : Peripheral Spine Exam for regional : Caudal space felt prominent.

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

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

CURRENT MEDICATIONS	DOSAGE
- nil -	

Pre-Operative Instructions: 5AM ← 9AM → 11AM WATER ORS.

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

- CBP on Cannulation.

Signature: Name: Dr. Vanni Chayath.

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

HNH-00016017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No		Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 86/min | B.P / CRT: 87/56 mmHg | SpO_2: 98% on RA | R.R: 18/min | Last Feed: > 6 hrs

Pre-OP Diagnosis: (R) Hydrocoele | Operation: (R) High ligation & Sac | Date: 29/6/26

Surgeon: Dr. Mukta Subhash | Anaesthesiologist: Dr. Samir / Dr. Ayesha | Technician: Aravind

TIME	11:55am	12:00	12:15	12:30	12:45
N_2O /AIR O_2 LPM	3lit/min				
HALO /SO /SEVO					
Drugs:					
	1) Inj. MIDAZOLAM 0.6mg IV				
	2) Inj. FENTANYL 25mcg IV				
	3) Inj. PROPOFOL 30+10+10+20mg				
	4) Inj. PARACETAMOL 210mg IV				
FIO_2 / SaO_2	100/	100/	100/	100/	100/
$ETCO_2$	30	32	33	34	32
ECG	SR	SR	SR	SR	SR
Temperature	36.3 C				
Urine Output					
Fluids / Blood	RL @ 56ml/hr				

Antibiotic

Suppository: DICLOFENAC 12.5mg PR

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP ☐ Cuff Site: Rt UL
☐ Art Site: .....
☑ EKG Lead: 3 lead
☑ Temp Site: Axilla
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 11:50am
OP Start: 12:00pm
OP End: 12:30pm
Leave OR: 12:40pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 22G on (R) HH
☐ IV: .....
☐ IV: .....

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

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

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

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

Regional:
Extremity Specify: Caudal
☐ Spinal ☐ Epidural ☑ Caudal
Others: .....
Position: (R) Lateral
Site: S4-S5
Needle Size: 22G Depth: .....
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.25% BUPIVACAINE
Bolus: 4ml
Infusion: .....
Block Level: .....
Comments: .....

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

Name of the Doctor: Dr. Ayesha
Signature of the Doctor: .....

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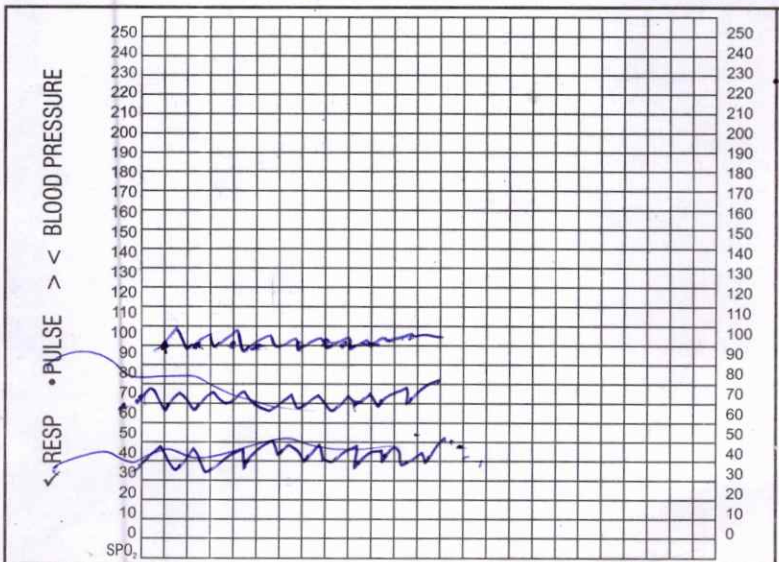
UNIT RECORD

Received in PACU by : Karuna Time Received : 12.10 Pm Time Discharged : .....



IV Cannula Site : Left Side
☐ O_2 Mask ☑ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: .....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☐ No
IV Fluids: DNS
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
	TOTAL	09	9	10	10	

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/6	12 Pm	0	Normal	
29/6	1 Pm	0	Normal	
29/6	1.05 Pm	0	Normal	
29/6	1.10 Pm	0	Normal	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. SK. Ayesha
Anaesthesiologist Signature:
Date & Time: .....

PACU Nurse Name : Karuna
PACU Nurse Signature:
Date & Time: 29/6/22 @

Transferred to Unit by (PACU): .....
Date & Time: .....

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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OPERATION THEATER NOTES

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Patient's Name : . .....Age : .....Gender : .....

UHID.: ..... No. :.....Weight : .....

Surgeon :	Asst. Surgeon :
Anesthetist :	OT Nurse :
Surgical Procedure : (L) high ligation of Sac	
Indications for Surgery : (L) Hydrocele.	
Date :	Start Time : 11:55 Am / End Time : 12:40 pm

PRE-OPERATIVE PREPARATION :

OPERATION NOTES: Left Inguinal incision taken.
External Oblique apponeurosis opened
Sac - thin, seperated from cord structures.
Sac divided ligated proximally & excised distally
Wound closed in layers.

POST - OPERATIVE ORDERS :

Start diet once fully awake.

Syp. IBUGESIC 5ml BD x 2 day

Remove dressing at home on Thursday.

T- Bactroban Oint YA BD x 5 day (after Dressing Removal).

R/U next monday. /Sd

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 29/8/26. Time : 12.45pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Mukta
Asst. Surgeon :
Anaesthetist : Dr. Samir
Scrub Nurse : Sr. Sandya

Patient Name :
UHID No. :
Date : 29/6/24 In-time : 11:50 am Out-time : 12:41 pm
Gender : Male

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 11:45 Am.

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:

- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

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

Signature : [signature]

Name : Dr. S.K. Ayesha

Before Skin Incision ➢ ➢

TIME OUT Time: 12:03 Pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? nothing, 1 hour, 1 ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? nothing ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:

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

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : Karuna

Name : Karuna @ 12:03 P.M

Before Patient Leaves Operating Room

SIGN OUT Time: 12:41 pm

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

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

Signature : [signature]

Name : Dr. Mukta

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

PATIENT TRANSFER FORM

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Dr. MUKTA SUBHASH WAGHMARE

Treating Consultant Name: Dr. Mukta	Date & Time of Admission: 29/6/26 @ 9:29 Am	Date & Time of Transfer Order: 29/6/26 @ 12:00 pm.
	Transfer Ordered by: Dr. Samir.	Reason for Transfer: Observation
From Unit: OT	To Unit: Room 303	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: —	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Dextrose Fcpl.	1.
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Karuna.	Dr. Ayesha

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	29/6/26 @ 10am	29/6/26 @ 10:15AM
	Transfer Ordered by: DR: pranav	Reason for Transfer: Admition
From Unit: ER	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 20	Number of Imaging Films:	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	NIL	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Prabin	DR: pranav

Patient & Clinical Records Received by : Sindhya.

Date & Time of Patient Received :

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

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

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DRUG CHART

Date of Admission: ..... 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:				

Sign ..... VERIFIED BY · Name .....

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REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

DRUG :

Dose	Route	Frequency	Start Date	Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/6/25	12:10pm	DICLOFENAC Suppository	12.5mg	PR		Kavya
29/6/25	12:15pm	Inj. PARACETAMOL	200mg	IV		Kavya

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

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Dr. MUKTA SUBHASH WAGHMARE

I.V. FLUIDS CHART

Weight. ..... Ward. .....

		Composition of I.V. Fluid (Concentration ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/6/26	11:55 Am	DNS	IV	56ml/hr			29/6/26		

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

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Wt - 14.6 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Vedanth Reddy Age : 3 year **Gender:** ☑ Male ☐ Female

Date : 29/6/26 Time of Arrival : 8:35 AM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.1°F PR: 115b/m BP: ..... RR: ..... SpO_2: 99%

Chief Complaints: c/o cane fbs surgery.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:40AM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Prabir

Signature of Triage Nurse : .....

Date & Time : 29/6/26 @ 8:40AM

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/6/26 Time of arrival : 8:38 AM

Chief Complaints: c/o came for surgery RBS: .....

Height : ..... Weight : ..... BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With Family

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : 8:40 AM

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 120 b/m BP: ..... CFT: 2 sec	Shift - out from ER to: OT
RR: ..... SPO_2 : 99 %	Time of Shift - out: 9:20 AM
GCS: 15/15 Temperature : 98°F	Handover given to: Sandhya 29/6/26 @10:50 am
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Robin Signature of the Nurse : .....

Date & Time : 29/6/26 @ 8:40 AM

HNH-00016017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: OT

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Anusha

Date & Time : 29/6/26 @ 10:15AM

Nurse Name & Signature: [signature] (Sugandha)

Date & Time : 29/6/26 @ 10:15AM

Docu. No. : RCH /FRM / GENERAL / 090

HNH-00015017 IP26-00006681
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015017 IP26-00006681
Master S.VEDANTH REDDY
17-12-2022 3 Y 6 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

26 00002094

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Master S Vedanth Reddy		Age: 3Y 6M 12D	Gender: Male
UHID No: UHID-0001607	IP No: 26-00006681	Date: 29/6/26	Time: 9:51 AM
Diagnosis: High ligation of sac			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. SK. Ayesha

Doctor Registration No: TSMC/TMR/07725

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006681 **Date:** 29/6/26

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** Master S Vedanth Reddy	**Remarks**
2.	Complete postal address (with contact number, if any)	Kachiguda chappal bazar Hyd
3.	Brief description of the illness	High ligation of sac
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
29/6/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sarath (18442) Signature: Sarath

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: .....

#26-00002091 24

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Master S. Vedanth Reddy	Age:	3Yrs 6M	Gender:	Male
UHID No:	HNH-0001607	IP No:	26-00006684	Date:	29/6/26 Time: 9:56AM
Diagnosis:	High ligation of sac				

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Doctor Registration No:

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006681 **Date:** 29/6/26

Aadhaar No. of the Patient (Optional): .....

		Remarks
1.	**Name :** Master S. Vedanth Reddy	
2.	Complete postal address (with contact number, if any)	Kachiguda chappal bazar Hyd
3.	Brief description of the illness	High ligation of sac
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
6/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sania (018442) Signature: Sania

Received by (Name & ID No.): U. Pallavi 017921 Signature: U Pallavi

Time: .....