

BAH-00311843 IP5-00173905
Master MOHAMMED MAAZ
17-06-2015 10 Y 10 M 29 D (M)
Dr. HARISH JAYARAM



Master MOHAMMED MAAZ (10 Y 10 M 29 D/M)
OTHERS
NIN/04329
BA26049706032

BAH-00311843
Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 16/05/26

Patient Name: Master MD. MAAZ Date of Birth: 17-06-2015 Age: 10y

Gender: Male Ward: P. OT UHID No.: BAH-00311843

Date of Surgery: 16/05/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Low PYOGENIC GRANULOMA EXCISION

Time in : 01:00 pm

Time Out : 01:30 pm

| | NAME | AMOUNT |
|----------------------|--------------------|--------|
| 1. Surgeon | <u>Dr. Harish.</u> | |
| 2. Anaesthetist | <u>Dr. Amreen</u> | |
| 3. Assistant Surgeon | <u>-</u> | |
| 4. OT Technician | <u>Aman</u> | |
| 5. Circulating Nurse | <u>Alan</u> | |
| 6. Assistant Nurse | <u>Amos</u> | |

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

Signature of the Surgeon

Alan
Signature of Circulating Nurse

Order No: 9611377

Order by: Alan



Maaz
 M
 31 Kgg
 Pyrogenic Gramuloma
 Erythema

CONSUMABLES OF OT

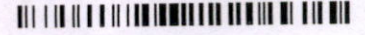
Date: 16/5 3286

Technician : Time :

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|---------------------------------|--------|------|--------------------------------|--------|-------|-------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube 5.5-6-6.5 | 144 | — | Major Pack Surgical pack | 1 | — | Inj Vit.K | | |
| LMA 2 1/2 13 | 044 | — | Sutures Proline 8/1 | 2 | — | Cord Clamp | | |
| ECG leads: (A/P/N) | 575 | 03 | vide 3-0, 4-0, 5-0 | 242 | 1 | Suction Catheter | | |
| HME filter: (A/P/N) | 14 | 0 | 9915-2303 | 2 | — | Feeding Tube | | |
| Syringes : 10 cc | 10 | 02 | Proline 3-0, 4-0, 5-0 | 242 | — | Vaccum Suction Set | | |
| 05 cc | 10 | 02 | Gloves 6.6(12) 7.7(12) 8.8(12) | 141 | — | Surgical Gloves | | |
| 02 cc | 10 | 02 | PF 6.6(12) 7.7(12) 8.8(12) | 242 | 1 | Gauze Pack | | |
| 01 cc | — | — | 870 | 1 | 1 | Syringe 1ml / 2ml | | |
| Cautery plate: (A/P/N) | 01 | 01 | Surgical blade | 1 | 1 | Surgical Blade # 20 | | |
| IV set | 01 | 01 | NG tube | | | Koochies (S) | | |
| RL | 01 | 01 | Cautery pencil | 1 | 1 | 5500ml | 2 | 1 |
| NS: 10ml (100ml) 500ml / 1000ml | 571 | 48 | Koochies | | | Fraxidil | 1 | — |
| Micro spike | 01 | 01 | Ointments | | | 10ml (15) | 242 | 1 |
| Quone | 03 | 3 | Suction Catheter | | | 0.25 Anu'in | 1 | 1 |
| Fentanyl | 01 | 01 | Cap, Mask | 5/5 | 5/5 | 269 Needle | 1 | 1 |
| Morphine | | | Gauze Pack (RAM) | 5/5 | 3 | Draw sheet | 2 | 2 |
| Ketamine | | | Mop Pack | 24 | — | | | |
| Propofol | 02 | 02 | Steristrip | | | | | |
| Rocuronium | 01 | — | Underpad | 1 | 1 | | | |
| Glycopyrolate | 01 | 01 | Draw sheet | 1 | 1 | midaz | 01 | 01 |
| Myopyrolate | 01 | 0 | Abgel | | | Nobel Airway | | |
| Ondansetron | 01 | 0 | Foleys catheter | | | 20122 (24) | 144 | 01 |
| Pencan 25g/ Spinal Needle 22 | | | Urobag | | | Oral Airway | | |
| Bupivacaine 0.25% | 01 | 01 | Chest Drainage Catheter | | | 213 | 141 | — |
| Bupivacaine 0.25%(Heavy) | | | Romodrain bag | | | Anu'el 92012 | 141 | — |
| Antibiotics | | | Bandage | | | GT 102 NOSEL | | |
| 0-mask (A) | 01 | — | Tegaderm | | | pnous (P) | 01 | 01 |
| Suppositories | | | loban | | | | | |
| Anamol : 80mg / 250mg / 170 mg | | | Double J Stent | | | | | |
| Supridol : 100mg | | | Vaccum Suction set | 1 | — | | | |
| Justin (12.5mg) 25mg / 100mg | 141 | — | Plastic Bed Sheet | 1 | 1 | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | 1 | 1 | | | |
| Vaccum Set | 01 | — | Microshield | 1 | — | | | |
| Dexa + Dermide | 141 | — | Cotton Balls | 1 | 1 | | | |
| transax (RAM) | 141 | 0/14 | Latex Gloves | 10/10 | 10/10 | | | |
| Gloves (RAM) | 571 | — | Ramdone Scrub | | | | | |
| 100cm + 100 cm size | 141 | — | Saral | | | | | |

Surgeon Anaesthesiologist Nurse OT Technician
 Order No. : 9611451 Ordered by : Y. Senu
 Doc. No. : RCHBH/ FRM / GENERAL / 125

ADMISSION SHEET



Registration Details :

Admission No : IP5-00173905 Admit Date : 16-May-2026 Admit Time : 11:35 AM UHID : BAH-00311843

Patient Details :

Patient Name : Master MOHAMMED MAAZ Age : 10 Y 10 M 29 D
Guardian : Mr MOHAMMED AZEEM DOB : 17-06-2015
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : 42-92, NACHARAM VILLAGE Hyderabad Phone No : 8498989988 / 7013205262
Hyderabad Telangana INDIA 500001 E-mail :
MOHAMMED.AZEEM1986@GMAIL.CO

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 409 Ward Name : 4F-OT COMPLEX
Room No : POST OP 409 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMED AZEEM Relationship : Father
Contact Address : 42-92, NACHARAM VILLAGE Hyderabad Phone No : 8498989988 / 7013205262
Hyderabad Telangana INDIA 500001


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

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Patient: _____ Dept : _____

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

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

BAH-00311843 IP5-00173905
Master MOHAMMED MAAZ
17-06-2015 10 Y 10 M 29 D (M)
Dr. HARISH JAYARAM



WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|----------|----------|------|---------|--------------------|
| 16/05/26 | 12:05 pm | ER | OT | EL |
| 16/05/26 | 2:40 pm | OT | Billing | Alan. |
| | | | | |
| | | | | |

Cross Consultation Visit

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



PEDIATRIC DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Harish

Date : 16/5/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: Weight: 21.9kg

Allergic History:

Chief Complaints:
→ H/o swelling in (R) elbow region
noticed since 9 months of age
O/E - Firm, subcutaneous swelling
lateral aspect (R) elbow.

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

- ↑ WOB
- ↓ WOB
- Normal
- Gasping / Apnea

C Circulation

- Normal
- Abnormal
 - Pallor
 - Cyanosis
 - Mottling
 - Bleeding

Initial Physiological Status: Stable Unstable

- Life Threatening
- Non Life Threatening

Any urgent interventions needed: Yes No
 If Yes

Significant Past History:

Medication History:

Relevant Investigations:
USG:- (R)

Primary Assessment

Airway

- Open
- Maintainable
- Not Maintainable

Any urgent interventions needed: Yes No
 If Yes

Breathing

Rate: 22/min SpO₂ on FiO₂ 100% - 98%

Rhythm: regular

Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAFE, clear

Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No
 If Yes

Circulation

HR: 92/min

BP: 100/60 mmHg

Pulse Volume: Central < 3 sec
 Peripheral

If in Shock: Compensated
 Hypotensive

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

CFT Central < 3 sec
 Peripheral

Murmurs: Yes No

Liver Span:

ECG:

Any Signs of Heart Failure: Yes No

Any urgent interventions needed: Yes No

If Yes:

Disability

GCS: AVPU: Alert

Pupils: Responsive Non-Responsive
 Size Right
 Left

Active Seizures: Yes No

Sugars:

Signs of Neurological compromise:

Any urgent interventions needed: Yes No

If Yes:

Exposure

Temp.: 9

Any Rash: Yes No

If yes describe the rash:

Active bleed: ←

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes:

- Final Physiological Status:**
- Respiratory Distress
 - Shock - Compensated Hypotensive
 - Respiratory Failure
 - Hemodynamically Stable
 - Respiratory Arrest
 - Cardiopulmonary Arrest

Secondary Assessment: Head to toe examination with positive findings:

.....

.....

Labs Planned:

IV cannula - USP

.....

.....

.....

.....

Treatment Planned:

← NPO to continue

← IV fluids

← PAC

← Shift to OT on call

WIB

PNUP

15/12/26

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (if necessary): Pyogenic granuloma excision

Assessment done by

Name of the Doctor: Jayali

Signature: Jn

Date & Time: 16/12/26 @ 11:40 AM

Sr. Doctor on Duty (if necessary)

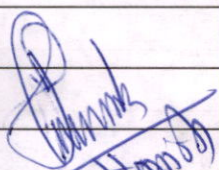
Name of the Sr. Doctor:

Signature:

Date & Time:

BAH-00311843 IP5-00173905
 Master MOHAMMED MAAZ 10 Y 10 M 29 D (M)
 17-08-2015
 Dr. HARISH JAYARAM

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|------------------------|
| 16/5/26 | <u>Day Care Notes</u> | |
| 11:40 AM | Δ = (R) Elbow Hemangioma | |
| | Now for excision of Pyogenic granuloma | |
| | o/e ÷ child alert | <u>Plan</u> |
| | Resp - BAET | 1) Continue NPO |
| | clear | 2) IV cannula - CRP |
| | PIA - soft | (L) Head. |
| | CVS - S, S heard | 3) IV fluids |
| | Vitals - stable | 4) Shift to OT on call |
| | | 5) PAC to be done |
| | | NIB |
| | | Renula |
| | | 15/5/26 |
| | | Dr - Jayashree |
| |  Dr. Harish Jayaram | |
| | 16/5/26 | |
| | 12:50 PM | |

BAH-00311843 IP5-00173905
Master MOHAMMED MAAZ
17-08-2015 10 Y 10 M 29 D (M)
Dr. HARISH JAYARAM



POST-SURGICAL CARE PLAN FORM

| |
|--|
| Procedure Done: EXCISION OF (R) ELBOW HEMANGIOMA |
| Post-Surgical Diagnosis: (R) ELBOW HEMANGIOMA BELOW (R) ELBOW. |
| Post-Operative Monitoring Parameters /Frequency: TPR monthly every 15min for 1st 1hr. |
| Wound Care: Dressing |
| Drain /Special Lines/Catheters: - Nil - |
| Special Patient Positioning and Requirements: - Nil - |
| Nutritional Instructions: Start full feeds as soon as patient 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Any Other Post-Operative Care Needed including Required Follow Up |
| Treating Surgeon (Signature & Stamp) |
| Date: 16/5/24 Time: 1:35 PM |
| Note: Plan of care will be readjusted if necessary. |

BAH-00311843 IP5-00173905
Master MOHAMMED MAAZ
17-06-2015 10 Y 10 M 29 D (M)
Dr. HARISH JAYARAM



OPERATION THEATER NOTES

Patient's Name : Md. Maaq Age : 10y Gender : Male Female

UHID No.: BAH-0031843 Weight : Height :

Surgeon : Dr. Harish Asst. Surgeon : Dr. Malika

Anesthetist : OT Nurse: Amos OT Technician: Aman

Pre-Operative Diagnosis: (R) Elbow Hemangioma .

Surgical Procedure :
Excision of (R) Elbow Hemangioma .

Indications for Surgery :
(R) Elbow Hemangioma

Date : 16/5/26 Start Time : 1 pm End Time : 1.30 pm

Pre Operative Preparations:

H - 5% betadine

Post Operative Diagnosis: (R) Elbow Hemangioma .

Peri-Operative Complications:

- Nil -

Operation Notes:

Findings

- Bluish Swelling (R) elbow base lateral aspect (below) & m/s 2026
- & skin pigmentation
- Subcuta No extension noted into surrounding tissue

Procedure:-

- ① Elliptical incision taken around the swelling,
- ② Swelling dissected away from surrounding structures & excised completely.
- ③ Hemostasis secured
- ④ wound closed in layers.

Amount of Blood Loss: \approx 1ml.

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications: DAY CARE

① Tab. PARACETMOL 500mg PO TRICE DAILY
for 3day

ff/b SOS.

~~Tabl PARACETMOL 500~~

Review in OT on Tuesday @ 8:30am for Dr. Harish Jayaram.

Name of the Surgeon: Dr. Harish

Signature of the Surgeon:

Date & Time: 16/5/26
1:35 p.m.



REGULAR PRESCRIPTIONS

Weight. 31.9 kg Ward. P.07

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | | |

BAH-00311843
 Master MOHAMMED MAZ
 17-08-2015 10 Y 10 M 29 D (M)
 Dr. HARISH JAYARAM



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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayaram (Jh)

Date & Time : 16/5/20 @ 11:40 AM

Nurse Name & Signature : Renuka

Date & Time : 16/5/20 @ 11:45 AM

Patient St

BAH-00311843 IPS-00173905
 Master MOHAMMED MAAZ
 17-08-2015 10 Y 10 M 29 D (M)
 Dr. HARISH JAYARAM




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 | | | | | |

BAH-00311843 IP5-00173905
 Patient: **Master MOHAMMED MAAZ**
 17-06-2015 10 Y 10 M 29 D (M)
 Dr. HARISH JAYARAM



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.

| 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 | | - | - | - | - | - | - | - | - | 0 | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| | 02:00 pm | - | - | - | - | - | - | - | - | - | 0 | | | |
| | 03:00 pm | Water | ✓ | - | - | - | - | - | - | - | 0 | | | |
| | 04:00 pm | | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| | 02:00 am | | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| Total 24 hrs. Intake | | | | | | | | | | | | | Total 24 hrs. Output | |

Patient Sticker

FLUID CHART



Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Master Mohammed Masz Age: 10 yrs Sex: M UHID.No: RAH 00311843

Date: 16/5/20 Time: 12:15pm Proposed Operation: hygenic granuloma

Diagnosis:

B.P / CRT: H.R: Weight: 31.9kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: NKA

Medical History: CVS: FT / HIV / NICU for 2 yrs for pneumonia & Jaundice / AUA /
 RESP: Diabetes: Immunised on phos/deti / Miley braces
 CNS: hygenic granuloma over right elbow region
 Renal: 0.5X1cm
 Hepatic / GE: Physical Activity: METS > 4
 Others: : 9 months ago

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 3f @ Mentohyoid Distance: 10 @ Neck: 11 @ Teeth: No loose tooth
 Lungs: BAE @, clear
 Heart: 112 @
 CNS: clear, oriented

Pregnant: Yes No NA Venous Access Site: + Spine Exam for regional: Spine palpable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|--------|
| <u>1 @</u> | |
| | |
| | |
| | |

Pre-Operative Instructions:

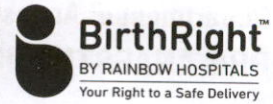
- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
- NIL ORAL
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: CSP. A. Gumbel. Aca.

Attendy
 NBM: 8 AM solids
10:30 AM liquids

Signature: [Signature] Name: Dr.



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 120/Min B.P/CRT: 116/62 mm SpO₂: 100% R.R: 20/Min Last Feed: 8 AM

Pre-OP Diagnosis: Operation: caesarian Date: 16/5/21

Surgeon: Dr. Harish Anaesthesiologist: Dr. NH / Dr. Amee Technician: Amee

| TIME | 1 PM | 1:30 | | | | | | | | | | | | | | | | | | |
|---|------------------|-------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| N ₂ O / AIR / O ₂ / LPM | | | | | | | | | | | | | | | | | | | | |
| HALO / SO / SEVO | | | | | | | | | | | | | | | | | | | | |
| Drugs: | | | | | | | | | | | | | | | | | | | | |
| <u>8 MIDAZOLAM 1mg</u> | | | | | | | | | | | | | | | | | | | | |
| <u>2 PENTANYL 60mg</u> | | | | | | | | | | | | | | | | | | | | |
| <u>2 PROPOFOL 100mg</u> | | | | | | | | | | | | | | | | | | | | |
| <u>8 PARACETAMOL 450mg</u> | | | | | | | | | | | | | | | | | | | | |
| FI _{O2} / SaO ₂ | <u>100 / 100</u> | <u>96</u> | | | | | | | | | | | | | | | | | | |
| ETCO ₂ | <u>42</u> | <u>43</u> | <u>40</u> | | | | | | | | | | | | | | | | | |
| ECG | <u>SR</u> | <u>SR</u> | <u>SR</u> | | | | | | | | | | | | | | | | | |
| Temperature | <u>36.4</u> | <u>35.6</u> | <u>36.4</u> | | | | | | | | | | | | | | | | | |
| Urine Output | | | | | | | | | | | | | | | | | | | | |
| Fluids | | | | | | | | | | | | | | | | | | | | |
| Blood | | | | | | | | | | | | | | | | | | | | |
| B.P | | | | | | | | | | | | | | | | | | | | |
| V Systolic | | | | | | | | | | | | | | | | | | | | |
| A Diastolic | | | | | | | | | | | | | | | | | | | | |
| X Mean | | | | | | | | | | | | | | | | | | | | |
| • Heart Rate | | | | | | | | | | | | | | | | | | | | |
| Tourniquet on Time | | | | | | | | | | | | | | | | | | | | |
| Tourniquet off Time | | | | | | | | | | | | | | | | | | | | |
| Throat Pack In | | | | | | | | | | | | | | | | | | | | |
| Throat Pack Out | | | | | | | | | | | | | | | | | | | | |

LAB Values

ABG

GRBS

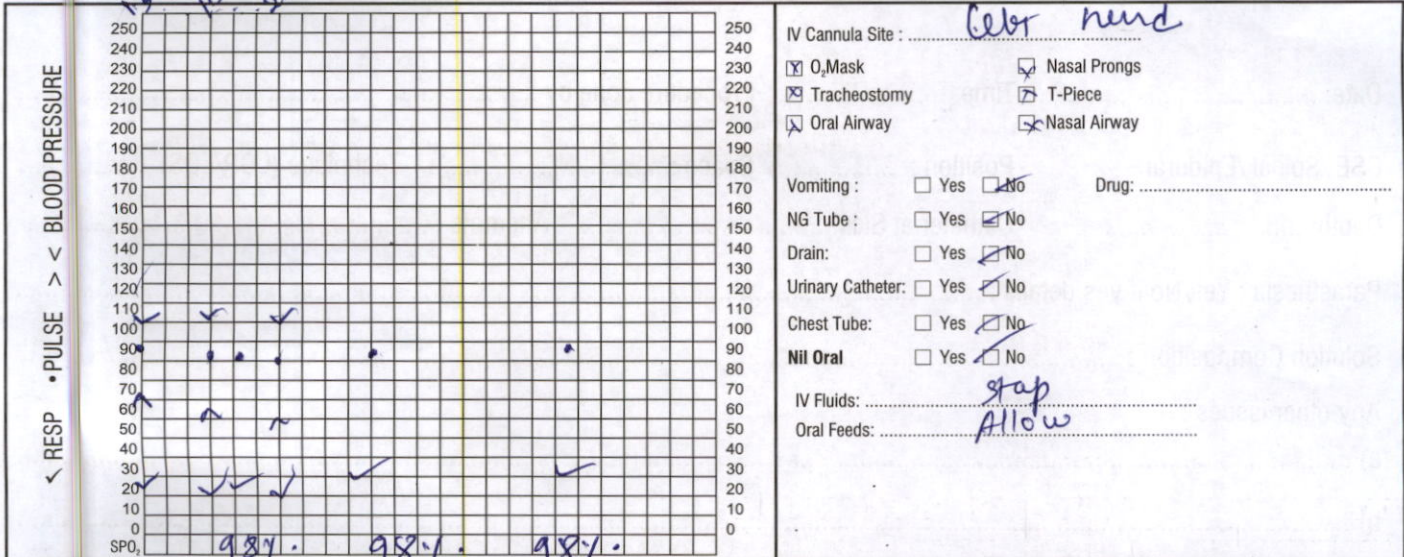
Others

| | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>R leg</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site: <u>axilla</u> <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>supine</u> <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake | Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>1 PM</u> OP Start: <u>1:30</u> OP End: <u>1:30</u> Leave OR: <u>1:30 PM</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>R hand</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV: | Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others: <u>nasal propofol</u> <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal: <u>6L O2</u> ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other | Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Amee</u> Signature of the Doctor: <u>Am</u> |
|---|--|---|---|



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by Divya Time Received : 1:32 pm Time Discharged :



| 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 | 2 | 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 keep 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 | 10 | 10 | |

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|------|--------|------------|--------------|-----------|
| 16/5 | 1:32pm | 0/10 | on sedation | Key |
| | | | | |
| | | | | |

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 :
 Anaesthesiologist Signature:
 Date & Time:
 PACU Nurse Name : Neelgini
 PACU Nurse Signature: Neelgini
 Date & Time: 16/5/26 at 1:32pm

Transferred to Unit by (PACU): Alam Bilung
 Date & Time: 16/05/26 @ 2:40pm

Patient Sticker



Department of Anaesthesiology EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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 :

BAH-00311843 IP5-00173905
Master MOHAMMED MAAZ
17-06-2015 10 Y 10 M 29 D (M)
Dr. HARISH JAYARAM



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Pyogenic granuloma Excision

Anaesthesiologist: Dr. Durgesh Khosla 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 Hemodynamic changes, O₂ support

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: Abed
Relationship with patient: Mother
Date & Time: 16/5/26 12:20pm

Witness:

Signature: [Signature]
Name: MD. Azeem
Date & Time: 16/5/26 12:20pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Durgesh Khosla Date: 16/5/26 Time: 12:20pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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 లిస్ట్:

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

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్ 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 వెన్ యాక్సెస్, ఆర్థిలయల్ 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: