

BAH-00857531
 Baby Of SUDHA RANI
 22-05-2026 0 Y 0 M 7 D (M)
 Dr. LAVANYA KANNAIYAN



Enter
SURGERY DETAILS

80532

Date : 30/5/26

Patient Name: Blo Sudha Rani Date of Birth: 22/5/2026 Age: 7 day

Gender: Male Ward: P.01 UHID No.: BAH-00 657531

Date of Surgery: 30/5/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : CYSTOSCOPY + POSTERIOR URETHRAL VALVE FULCRATION

Time in : 11:00 Am

Time Out : 12:00 Am

	NAME	AMOUNT
1. Surgeon	<u>Dr Harish Jayaram</u>
2. Anaesthetist	<u>D. Athi</u>
3. Assistant Surgeon
4. OT Technician	<u>Rishath</u>
5. Circulating Nurse	<u>Benjamin</u>
6. Assistant Nurse	<u>Iman</u>

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy 9634619 Versa Point Liver Cusa
 Neuro Cusa Others

[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 9634618/1

Order by: *[Signature]*



M 23kg
CONSUMABLES OF OT

Technician: *Nisha*

Date: *30/5*

Time: *10:30 AM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>20 20518</i>	1111	—	Major Pack <i>Surgical pack</i>	1	—	Inj Vit.K		
LMA	1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	1	—				Suction Catheter		
HME filter : A / P / N	1	—				Feeding Tube		
Syringes : 10 cc	10	6				Vacuum Suction Set		
05 cc	10	4	Gloves <i>6.6/2 2/2 2/2 2/2 H2</i>			Surgical Gloves		
02 cc	10	4				Gauze Pack		
01 cc	10	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	01	Surgical blade			Surgical Blade # 20		
IV set <i>Blow set</i>	111	—	NG tube			Koochies (S)		
BL <i>180 180</i>	1111	111	Cautery pencil			<i>10 10.5 2 2 111</i>		
NS : 10ml / 50ml / 500ml / 1000ml	511	211	Koochies (M)	1	1	NS 500ml	2	1
<i>minipipe</i>	1	01	Ointments			Emer cover	2	2
<i>varma</i>	1	—	Suction Catheter			Jelly	1	1
Fentanyl	1	01	Cap, Mask	5/5	5/5	Tray set	1	—
Morphine			Gauze Pack <i>2M</i>	5/5	2	IR set	1	1
Ketamine			Mop Pack	2/2	—	10ml 10 wcher	1	0
Propofol	8	01	Steristrip			Multi tube holder	1	1
Rocuronium	1	—	Underpad	1	1	5-18 unit de wire	1	—
Glycopyrolate	1	01	Draw sheet	1	—	Piptaz 1gr	1	1
Myopyrolate <i>1000</i>	2	—	Abgel					
Ondansetron	1	—	Foleys catheter <i>6.8</i>	1/1	1			
Penean 25g / Spinal Needle 22	1	01	Urobag <i>1000</i>	1/1	1			
Bupivacaine 0.25%	1	01	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag			Gauze	3	01
Antibiotics <i>spinal needle 300mm + 500mm</i>	111	—	Bandage			Glass all	4	01
			Tegaderm <i>1624</i>	1	1	dermoed	1	—
Suppositories <i>bow per</i>	1	—	loban			Dexa + Tranexa	111	—
Anamol : 80mg / 250mg / 170 mg	111	—	Double J Stent			soctprubox	111	—
Supridol : 100mg			Vacuum Suction set	1	—	soot role <i>6 6</i>	2/2	1
Justin <i>12.5 mg / 25mg / 100mg</i>	1	—	Plastic Bed Sheet	1	—	royalprae <i>6 6</i>	1/1	01
Tab. Misoprost : 200mg			Betadine Solution	1	01			
<i>vacuum set</i>	1	—	Microshield	1	1			
<i>oral airway 0001 0010</i>	1111	—	Cotton Balls	1	1			
<i>nasal airway 12114116</i>	1111	—	Latex Gloves	10/10	10/10			
<i>800411011000</i>	111	—	Ramdione Scrub					
<i>22184</i>	111	—	Saral					

Surgeon: *9634 4 42* Anaesthesiologist

Nurse: *Bayan*

OT Technician: *Nisha*

Order No. : *9634 4 42*

Ordered by : *[Signature]*

ESTIMATION SLIP

Date: 29/05/2026 UHID / IP No.: BAll - 00657531 SI No. 80532

Name of Patient: Baby. D Sudhakarani Age: 7 Days Gender: M.

Father's / Husband's Name: Mr. Nageshwar Corporate / Occupation: Agri. Cultivator

Address: _____ Phone: 8722879913 Email: _____

Procedure / Plan: Cystoscopy & valve Fulguration.

MODE OF PAYMENT: SELF TPA: _____ GIPSA: OT-1 MOTHERS

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										
PARTICULARS						AMOUNT (₹)				
Surgeon's / Anesthetists's Fee / O.T. Charges						Subject to approval by TPA / Insurance Company				
O.T. Consumables						As per actual - Not Included in Estimation				
Instrument Charges						As per actual - Not Included in Estimation				
Pharmacy, Consumables & Investigations						As per actual - Not Included in Estimation				
Equipment Charges	Monitor :		Oxygen :			Infusion pump / Syringe pump :				
	Ventilator :	Conventional :	HFO-SLE 5000 :			HFO Sensormedix :				
	Phototherapy :	Single Surface :	Double Surface :			Triple Surface :				
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.						As per actual - Not Included in Estimation				
Package										
Others										
Initial Minimum Deposit										

REMARKS: OT-1/13 Days. 11,000/-

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thorascopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and procedure from date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

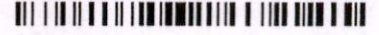
DECLARATION

I, Mr. Nageshwar have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: [Signature] Signatory Relationship: Father Signature of the Financial Counselor: [Signature]

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174506 Admit Date : 29-May-2026 Admit Time : 05:29 PM UHID : BAH-00657531

Patient Details :


Patient Name : Baby Of SUDHA RANI Age : 0 Y 0 M 7 D
Guardian : Mr NAGENDER DOB : 22-05-2026 01:00 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 2/92, NITTUR (V), Halbarga Bidar Phone No : 8722879913/ 7760942429
Karnataka INDIA 585413 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 323 B Ward Name : 3F-ZONE C
Room No : SW 323 B Admission Type : First Visit

Contact Details :

Name : Mr NAGENDER Relationship : Father
Contact Address : H NO 2/92, NITTUR (V), Halbarga Bidar Phone No : 8722879913
Karnataka INDIA 585413


Signature

Doctor Details :

Doctor Name : Dr. LAVANYA KANNAIYAN Specialisation : PEDIATRIC SURGERY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657531 IP5-00174506
Baby Of SUDHA RANI
22-05-2026 0 Y 0 M 7 D (M)
Dr. LAVANYA KANNAIYAN



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Baby of Sudha Rani Age/Sex _____

Information given by: Fethul Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Moderate
Preterm / Male / Birth wt :- 2.04 kg
(34-35wk)

History of present illness : LBW / IUGR

Antenatal Hydronephrosis
Early Onset Sepsis / Neonatal
Thrombocytopenia

Postnatal - B/L Hydronephrosis
with Distended
Bladder / ? Posterior
[Sr. Creat :- 1-3] NWHB

MCUG :- s/o posterior Urethral Valve
without VUR

- Had palpable Bladder.

Now for Cystoscopy & valve fulguration.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : middle

Developmental History :

Attain Neonatal reflexes

Immunization History :

Birth vaccines (✓)



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Baby Of SUDHA RANI
22-05-2026 0 Y 0 M 7 D (M)
Dr. LAVANYA KANNAIYAN



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complications

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

CUE
Urinedfs. } cathetal sample
urgent. /
N/B
Tsup
CRP on cannulation
N/S
Shan
29/5/25

Planned Management

- 1) IV fluids
- 2) IV cefotaxim
- 3) Cystoscopy & fulgration
7/m
10:30 AM
- 4) Continue regular feeds
- 5) NPO from 7/m 4 AM.

Signature of the Doctor: Jd

Name of the Doctor: Jayadri

Date & Time: 29/05/26 @ 5:45 PM

Signature of the Consultant:

Name of the Consultant:

Date & Time:

Dr. LAVANYA KANNAIYAN
1567

BAH-00657531 IP5-00174506
 Baby Of SUDHA RANI
 22-05-2026 0 Y 0 M 7 D (M)
 Dr. LAVANYA KANNAIYAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26. 12:47 pm -	cls/B Dr. Malika	
	POD - (0)	<u>Adv</u>
	afebrile Vitals stable	1) Full feeds
	P/A - soft	2) Urine output 2 nd hourly.
	Foley's Catheter in situ.	Inform SOS if U.O is more than 16ml/ 2 hours
		3) CRBS 8 th hourly
		4) Send Serum Electrolytes + Blood Urea Serum Creatinine at 4 pm.
		noted by Pijya@ 3pm

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 Baby Of SUDHA RANI
 22-05-2026 0 Y 0 M 8 D (M)
 Dr. LAVANYA KANNAIYAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/S/B Dr. Hanish
30/5/26 5:50pm	POD - (0)	Adw
	afebrile Vitals stable	1) Full feeds
	P/A - soft	2) Dr. Vijaya Anand Consultation
	U, O - 10ml/2hrs	
		Malika Dr. Malika 30/5/26 5:50pm

BAH-00657531 IP5-00174506
 Baby Of SUDHA RANI
 22-05-2026 0 Y 0 M 8 D (M)
 Dr. LAVANYA KANNAIYAN



SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	cis/b or. Sarath	
	Postop case of Posterior urethral valve, [Endoscopic fulguration] (Blood loss ~ 1ml)	
	Day 8 of life, maternal Preterm 34-35 wks, Birthwt: 2.040 kg	Admit. 2.1 kg
	0/2 Baby ATR - good - tolerated feeds well - no Clo Resp distress	Adv ① full feeds
Postop	Postop - urine output = 10ml over 4 hours	25ml - 2hrly
ARBS = 75 mg/dl	(1-1 ml/kg/hr)	(150 ml/kg/day)
	Postop labs	③ Inlet output monitoring - strict
	Mat - 143 WCC - 24	③ Monitor SpO ₂ vitals
	P ^r - 59 Creatine - 0.6	HR
	Cl - 113	BP
		④ monitor ARBS - Bivly, inform if < 60 mg/dl
		⑤ monitor w/f Abdominal disten Feed intolerance Respiratory distress
		⑥ w/f Polyuria. UO > 4.5 ml/kg/hr - oliguria UO < 1 ml/kg/hr over 6 hours
31/5/26	UO/w surgical team. (Dr. Mathu)	- 1/1
8 am	urine leaking into the drape 40 Blood in urine - very minimal. Baby - Hemodynamically stable.	Plan → check Drapes weight + UO monitoring strictly subhourly. → monitor vitals.
	Nonfeeding - 1 small. UO → 3.25 cc/kg/hr	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	C/S/B Dr. Malisha	
9:12 AM		
	POD - (1)	<u>Adv</u>
	Afebrile Vitals stable	1) Full feeds
	P/A - soft	2) GRBS 8 th hourly Inform if <60 mg/dl
	U.O - 3.5 cc/kg/hr	3) Urine Output
	GRBS - 95 mg/dl	monitoring by
		diaper weight and
		catheter 4 th hourly
		Inform if >16 ml
		Malisha Dr. Malisha
		31/5/26 9:12 AM
		Noted by Ashwin @ 9:12 AM
	Dr. LAVANYA KANNAIYAN Reg. No: 61667	

BAH-00657531 IP5-00174506
 Baby Of SUDHA RANI
 22-05-2026 0 Y 0 M 9 D (M)
 Dr. LAVANYA KANNAIYAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 8:40am	c/s / R Dr Nitekhita	
	<u>POD-2</u>	<u>Adv</u>
	Afebrile	① Full feeds
	vital - stable	② GRBS monitoring 8th hly. Inferm sos if <60mg/dl
	P/A - soft	
	U/O - 0.7cc / kg / hr	③ U/O monitoring by diaper weight & catheter 4th hly.
	GRBS - 65mg/dl (2AM)	
1/6/2026 6:00pm	c/s / R Dr Nitekhita	 Dr. Nitekhita 1/6/26 P.450am
	<u>POD-3</u>	<u>Adv</u>
	Afebrile	① Full feeds
	vital - stable	② GRBS monitoring 8th hly Inferm sos if <60mg/dl
	P/A - soft	
	U/O - 3cc / kg / hr ↑	③ U/O monitoring by diaper weight & catheter 4th hly
	GRBS - 76mg/dl (10AM)	④ Repeat Sr. Electrolyte to morning.

DR. MAINAK DEB
 Registration No: TSMC/FRM/0243

Dr. Nitekhita
 1/6/26

noted by av

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 8:40am	e/j/B Dr Nishita	
	[POD-4] PUV fulguraten	
	Afebrile	-Adv
	vital-stable	① full feeds
	P/A-soft	② Remove catheter
	U/O - 1.05 cc/kg/day	today
		③ Discharge today.
		D
		Dr Nishita
		2/6/26
		8:45

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Baby Of SUDHA RANI
22-05-2026 0 Y 0 M 7 D (M)
Dr. LAVANYA KANNAIYAN



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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Age : 7 day Gender : Male Female

UHID No.: Weight : Height :

Surgeon : <u>Dr. Harish Jayaram</u>	Asst. Surgeon : <u>Dr. Palak</u>	
Anesthetist : <u>Dr. Sreeraj</u>	OT Nurse: <u>Soman Bappa</u>	OT Technician: <u>Nishith</u>
Pre-Operative Diagnosis: <u>B/L HYDRO URETERO NEPHROSIS</u>		
Surgical Procedure : <u>CYSTOSCOPY + POSTERIOR URETHRAL VALVE FULGURATION</u>		
Indications for Surgery : <u>B/L HYDRO URETERO NEPHROSIS</u>		
Date : <u>30/5/26</u>	Start Time : <u>11.35 AM</u>	End Time : <u>11.50 AM</u>
Pre Operative Preparations: <u>Sf. Betadine</u>		
Post Operative Diagnosis: <u>B/L HYDRO URETERO NEPHROSIS 2° to POSTERIOR URETHRAL VALVE</u>		
Peri-Operative Complications:		
Operation Notes: <u>Findings</u> <u>Cystoscopy done in Sf. neonatal scope</u> <u>① Trabeculated bladder noted</u> <u>② B/L ureteral orifice - noted (H1)</u> <u>③ Urethral opening - (N)</u> <u>④ Posterior urethra - dilated</u> <u>⑤ verumontanum - identified - (N)</u> <u>⑥ posterior urethral valve identified</u> <u>⑦ Anterior urethra - normal.</u>		

Procedure

- ① Cystoscopy done w 5Fr neonatal scop
- ② Findings noted
- ③ Fulguration of posterior urethral valves done w Bugbee electrode at 12'o'clock posn
- ④ post procedure stream - adefual

Amount of Blood Loss: ~ 1ml

Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

- Nil -

Peri-Operative Complications: - Nil -

Name of the Surgeon: Dr. Hansel

Signature of the Surgeon: Dr. Hansel

Date & Time: 30/1/26 11:57 AM

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POST-SURGICAL CARE PLAN FORM

Procedure Done: CYSTOSCOPY + POSTERIOR VEETHRAL VALVE FULGURATION

Post-Surgical Diagnosis: POSTERIOR VEETHRAL VALVE

Post-Operative Monitoring Parameters /Frequency:

TPR monitoring every 15min for 1st hr
G.

Wound Care:

-

Drain /Special Lines/Catheters:

1/0 6Fr Foley's catheter inserted. | GRBS 8th hourly
1/0 monitoring - 4th hourly. 2nd hourly
Inform surgical team if U.O > 16ml / 2 hourly

Special Patient Positioning and Requirements:

-

Nutritional Instructions:

Full feeds as soon as child is fully awake

When to Start Mobilization:

-/-

Special Referrals:

-/-

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

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

-/-

Treating Surgeon
(Signature & Stamp)

Dr. Harsha
30/5/26
12:00 noon

Date: 30/5/26 Time: 12:01 PM

Note: Plan of care will be readjusted if necessary.

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 Dr. LAVANYA KANNAIYAN



RESULT SHEET

Date	29/5/26	30/5	2/6/26		
Time	6:14pm				
Hb	16.4				
PCV	49.8				
RBC	4.78				
WBC	9.82				
N/L	20.4/53.3				
Platelets	241				
CRP					
ESR					
PCT					
RBS					
Na		143	138		
K		5.9	4.9		
Cl		113.	111		
Ca/Mg					
Phosphate					
Urea		24			
Creatinine		0.6			
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					

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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: ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayanti (Srn)

Date & Time: 29/5/26 @ 5:30 PM

Nurse Name & Signature: Bhavani D

Date & Time: 29/5/26 @ 5:30 PM

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DRUG CHART

Date of Admission: 29/05/26 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 Sig:



REGULAR PRESCRIPTIONS

Weight. 2.1kg Ward.

VERIFIED

DRUG : Inj CEFOTAXIME				Date Time																		
Dose	Route	Frequency	Start Date																			
100mg	IV	12thly	29/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Jaya Sm																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : INJ PIPERACILLIN + TAZOBACTAM				Date Time																		
Dose	Route	Frequency	Start Date																			
200mg	IV	Q8h	29/5/26	6:20 pm	29/5	30/5	31/5	1/6/26	2/6/26	3/6/26												
Name & Signature of the Doctor Starting the Drugs:																						
Malika D. Malika																						
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																							



29/5/26

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 6:30pm	10pm	2am	6am
Doctor/Nurse/Family Concern?				
Temperature (F)	98.0F	98.1F	98.4F	98.0F
Heart Rate (bpm)	142b/m	136b/m	143b/m	134b/m
Blood Pressure (mmHg) *				
Resp Rate (bpm) (Over 1 Minute) *	38b/m	40b/m	36b/m	40b/m
Resp Mod/ Severe Distress None / Mild		N	N	N
Receiving O ₂ (l/min)				
O ₂ Saturations (%)	99%	100%	99%	98%
Conscious Level Normal / Altered		N	N	N
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE				
Number of shaded boxes	1	0	0	0
Pain Score	0	0	0	0
Observer's Initials	DL	DL	DL	DL

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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can *be used* to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00657531 IP5-00174506
 Baby Of SUDHA RANI
 22-06-2026 0 Y 0 M 8 D (M)
 Dr. LAVANYA KANNAIYAN

Doc. No.: RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	10AM	2PM	6PM	10pm	2Am	6am	
Doctor/Nurse/Family Concern?								
Temperature (F)	104							
	103							
	102							
	101							
	100							
	99	98.2°F	98.0°F	98.2°F	98.0°F	97.0	95.0	
	98							
	97							
	96							
	95							
94								
Heart Rate (bpm)	190							
	180							
and Blood Pressure (mmHg) *	170							
	160							
Note: BP does not score in early warning scoring	150							
	140							
	130							
	120	120			80	66	75	
	110							
	100							
	90							
	80							
	70							
	60							
50								
Heart Rate (Number)		128b/min	136b/min	136b/min	128b/min	132b/min		
Resp. Rate (bpm) Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
	Resp Rate (Number)		40b/min	40b/min	40b/min	40b/min	38b/min	
	Resp Distress	Mod/ Severe						
		None / Mild	N	N	N	N		
Receiving O ₂ (l/min)								
O ₂ Saturations (%)		100%	100%	100%	99%	100%	98%	
Conscious Level	Normal	N	N	N	N			
	Altered							
GCS *		15/15	15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE								
Number of shaded boxes		0	0	0	1	1	1	
Pain Score		0	0	0	0	0	1	
Observer's Initials		A	A	A	A	S	S	

ACTIONS

- Score 1 : Continue normal observation by staff nurse
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NB: Scores 3 should be recorded overleaf

* 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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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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/6/26... Time:	10AM	2pm	6pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.5F	98.0F	99.2F	98.3F	98.0F	98.0F
Heart Rate (bpm) and Blood Pressure (mmHg) *	165 / 43 (50)	162 / 50 (52)	160 / 51 (42)	90 / 64	62 / 52	73 / 54
Heart Rate (Number)	130blm	138blm	126blm	128blm	130blm	126blm
Resp. Rate (bpm) (Over 1 Minute) *	40	40	40	38	36	36
Resp Rate (Number)	40blm	40blm	40blm	38blm	36blm	36blm
Resp Mod/ Severe Distress None / Mild	N	N	N	N	N	N
Receiving O ₂ (l/min) O ₂ Saturations (%)	99%	100%	100%	99%	100%	99%
Conscious Level Normal / Altered	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE						
Number of shaded boxes	1	1	1	1	2	1
Pain Score	0	0	0	0	0	0
Observer's Initials	A	A	A	A	A	A

ACTIONS	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00657531 IP5-00174506
 Baby Of SUDHA RANI
 22-05-2028 0 Y 0 M 7 D (M)
 Dr. LAVANYA KANNAIYAN



FLUID CHART

29/5/28.

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm										0		
	09:00 pm	FF									0		lathya
	10:00 pm	FF									0		lathya
	11:00 pm	FF									0		lathya
	12:00 am										0		lathya
	01:00 am										0		lathya
Total Intake :						Total Output :						U-2m-0	
	02:00 am	FF									0		lathya
	03:00 am	FF									0		lathya
	04:00 am	10% N		10ml							0		lathya
	05:00 am	I		10ml							0		lathya
	06:00 am	S		10ml							0		lathya
	07:00 am	op		10ml							0		lathya
Total Intake :						Total Output :						U-2m-1	
Total 24 hrs. Intake			NPO			Total 24 hrs. Output			U-4m-1				



FLUID CHART

Sheet No. :

30/01/2026

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			
30/01/26	08:00 am	D	N	20ml							0	Pijy	
	09:00 am	N	P	10ml							0	Pijy	
	10:00 am	S	O	10ml					✓		0	Pijy	
	11:00 am										0	Pijy	
	12:00 pm								✓		0	Pijy	
	01:00 pm										0	Pijy	
Total Intake :						Total Output : 2 ml 0							
4:30 PM	02:00 pm	FF									0	Pijy	
	03:00 pm										0	Pijy	
	04:30 pm								10ml		0	Pijy	
	05:00 pm	Apomul		20ml							0	Pijy	
	06:00 pm								15ml		0	Pijy	
	07:00 pm	Mucosa		30ml							0	Pijy	
Total Intake :						Total Output : 25ml 0							
30/1/26	08:00 pm								13ml		0	Pijy	
	09:00 pm	Apomul		30ml							0	Pijy	
	10:00 pm								15ml		0	Pijy	
	11:00 pm	FF									0	Pijy	
	12:00 am			30ml					11ml		0	Pijy	
	01:00 am										0	Pijy	
Total Intake :						Total Output : 39ml 0							
21/01/26	02:00 am	FF		25ml							0	Pijy	
	03:00 am								13ml		0	Pijy	
	04:00 am	FF									0	Pijy	
	05:00 am			30ml					14ml		0	Pijy	
	06:00 am	FF									0	Pijy	
	07:00 am			25ml					12ml		0	Pijy	
Total Intake :						Total Output : 37ml 0							

Total 24 hrs. Intake Taken

Total 24 hrs. Output 103 ml

BAH-00657531 IP5-00174506
 Baby Of SUDHA RANI
 22-05-2026 0 Y 0 M 8 D (M)
 Dr. LAVANYA KANNAIYAN

@ 2:30pm
 13

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

BirthRight BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

31/5/26

@ 9AM
 29

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			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
31/5/26	08:00 am								Diaper 29ml	0	Ashwini	
	09:00 am	F.F 25ml				✓			Wegat	0		
	10:00 am								8ml	0		
	11:00 am	F.F 25ml							8ml	0		
	12:00 pm						✓			0		
	01:00 pm	F.F 25ml								0		
Total Intake :						Total Output : U - 8ml m - 2						
31/5/26	02:00 pm								Diaper 13ml	0	Ashwini	
	03:00 pm	F.F 25ml							7ml	0		
	04:00 pm									0		
	05:00 pm	F.F 25ml				✓				0		
	06:00 pm									0		
	07:00 pm	F.F 25ml							7ml	0		
Total Intake :						Total Output : U - 14ml m - 3						
31/5/26	08:00 pm									0	Shelby	
	09:00 pm	FF 25ml							diaper 0.52ml	0		
	10:00 pm					✓				0		
	11:00 pm	FF 25ml							3ml	0		
	12:00 am									0		
	01:00 am	FF 25ml								0		
Total Intake :						Total Output : U - 3ml m - 1						
31/5/26	02:00 am									0	Shelby	
	03:00 am	FF 25ml							6ml	0		
	04:00 am	FF 25ml							diaper 0.56gm	0		
	05:00 am	FF 25ml				✓				0		
	06:00 am								diaper 0.25gm	0		
	07:00 am	FF 25ml							4.5ml	0		
Total Intake :						Total Output : U - 10.5 ml m - 1						

Total 24 hrs. Intake *taken*

Total 24 hrs. Output U - 35ml m - 5

35.5ml



FLUID CHART

Sheet No. :

12/26

-20

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
<i>11/6/26</i>	08:00 am									0		<i>Alini</i>
	09:00 am	F.F 20ml					✓			0		
	10:00 am							Diaper 22 wt		0		
	11:00 am	F.F 25ml							5cc 5ml	0		
	12:00 pm									0		
	01:30 pm	F.F 25ml					✓		Diaper 21 wt	0		
Total Intake :					Total Output : U-5.5ml m-2							
<i>11/6/26</i>	02:00 pm									0		<i>Alini</i>
	03:00 pm	F.F 25ml							3ml	0		
	04:00 pm						✓			0		
	05:00 pm	F.F 25ml						Diaper wt 13		0		
	06:00 pm									0		
	07:00 pm	F.F 25ml							6ml	0		
Total Intake :					Total Output : U-3ml m-1							
<i>11/6/26</i>	08:00 pm									0		<i>Alini</i>
	09:00 pm	F.F 25ml					✓		Diaper 20 wt	0		
	10:00 pm									0		
	11:00 pm	F.F 25ml							4ml	0		
	12:00 am									0		
	01:00 am	F.F 25ml					✓		5ml	0		
Total Intake : Taken					Total Output : M-2 U-16ml							
<i>12/6/26</i>	02:00 am									0		<i>Alini</i>
	03:00 am	F.F 25ml							3.2ml	0		
	04:00 am									0		
	05:00 am	F.F 25ml								0		
	06:00 am						✓		3ml	0		
	07:00 am	F.F 25ml							4.2ml	0		
Total Intake : Taken					Total Output : M-1 U-10.3ml							
Total 24 hrs. Intake		<i>Taken</i>										
Total 24 hrs. Output		<i>M-6 U-53.8ml</i>										



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: CYSTOSCOPY & VALVE FULGURATION

Anaesthesiologist: Dr. ASHWARYA Surgeon: Dr. LAVANYA

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, laryngospasm, postop 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:
 Relationship with patient: FATHER
 Date & Time: 29/5/26; 4:20pm

Witness:

Signature: [Signature]
 Name:
 Date & Time: 29/5/26; 4:20pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. ASHWARYA Date 29/5/26 Time: 4:20pm

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

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

స్పెసిఫిక్ హై లిస్ట్:

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

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: B/O Sudha Rani Age: 7 days Sex: M UHID No: BAH-657531

Date: 29/5/26 Time: 3:45 pm Proposed Operation: Cystoscopy & Valve fulguration

Diagnosis: B/L HYDROURTERONEPHROSIS Antenatal

B.P / CRT: 120/80 H.R: 120/min Weight: 2.11 kg ASA Physical Status: 1 2 3 4 5

(22/5) 22 → 18.8 (25/5) → 17.6 (25/5)
 (24/5) 16,000
 (25/5) 2,10,000
 (25/5) 91,000
 (25/5) 1,75,000

Laboratory Data:

Hgb: Glucose: Protein: HIV: X-Ray:
 PCV: Urea: 38 Alb: (25/5) HBS Ag: ECG:
 WBC: 16,000 Creat: 1.3 → 0.7 Total Bil: 8.3 (25/5) HCV: 2D Echo:
 Plate: 2,10,000 Na: 141.9 Dir. Bil: 0.5 Blood group: Stress/Angio:
 PT: K: 4.2 LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: 106.8 SGOT/SGPT:

Allergies:

Medical History: CVS: - Pre-Term / 2000g / LSCS / NICU x 2 days.

RESP: MCU: post urethral valve Diabetes: 34-35 wk.
 CNS: cont VUR. not 0

Renal:
 Hepatic / GE: Physical Activity: -
 Others:

Past Anaesthetic History: -

Physical Exam: -

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

Lungs: |

Heart: WNL.

CNS: |

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA Antibiotic at 6AM Pipraz 200mg
Breast milk 4AM

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
/	

Pre-Operative Instructions: Breast milk - 4 hrs Formula Milk - 6 hrs.
 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: → CRP or cannulation

Signature: [Signature] Name: Dr. Anshwarya



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Delegated

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 132/1m B.P./CRT: 86/56 SpO₂: 97% R.R.: 21 Last Feed: Don

Pre-OP Diagnosis: Patulous hydrometrocolpos Operation: Cystostomy, Pyloromyotomy Date: 31/5/26

Surgeon: M. H. ARJUN Anaesthesiologist: Dr. Sasika, Dr. Sahas, Dr. Rishi Technician: Nishant

N ₂ O/AIR/O ₂ LPM	<u>None</u>	
HALO/ISO/SEVO	<u>None</u>	
Drugs:	<u>PROPOFOL 4mg + 2mg 5m</u>	Antibiotic: <u>DNT DPTAZ 200mg @ 12-05-26 suppository</u>
FiO ₂ / SaO ₂	<u>96.95 / 95.93</u>	Blood Loss
ETCO ₂	<u>5R 5R 5R 5m</u>	NOTES
ECG		
Temperature		
Urine Output		
Fluids		
Blood		
B.P.	240	
V Systolic	220	
A Diastolic	200	
X Mean	180	
Heart Rate	160	
Tourniquet on Time	140	
Tourniquet off Time	120	
Throat Pack In	100	
Throat Pack Out	80	
	60	
	40	
	20	
	10	
	0	

LAB Values

ABG

GRBS: 7mg/dl

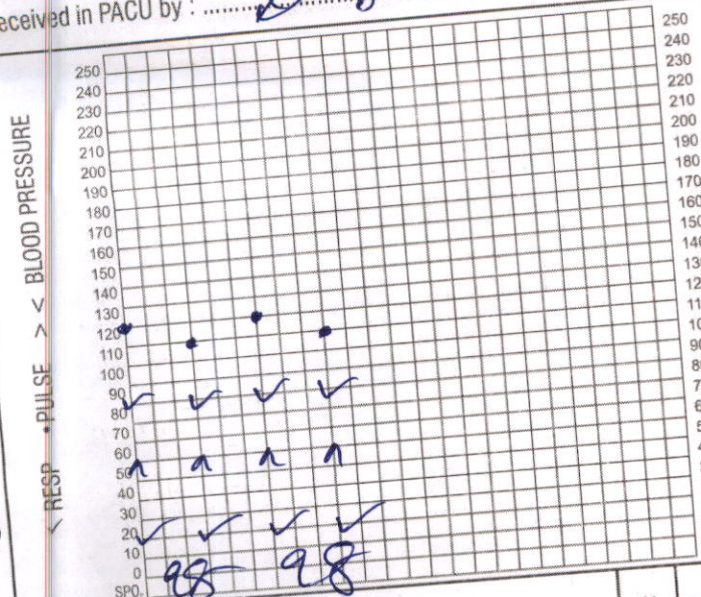
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input type="checkbox"/> Cuff Site: <u>RU L</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3 lead skin</u> <input checked="" type="checkbox"/> Temp Site <u>skin</u> <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Subotomy</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 type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>11:00</u> OP Start: <u>11:10</u> OP End: <u>11:50</u> Leave OR: <u>12:00</u> Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input checked="" type="checkbox"/> ART: <input type="checkbox"/> IV: <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <u>via nasal mask</u> <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal 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 checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Name of the Doctor: <u>Dr. Rishi</u> Signature of the Doctor: _____
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Arun Time Received: 12:15pm Time Discharged:



IV Cannula Site: 285
 O₂ Mask
 Tracheostomy
 Oral Airway
 Nasal Prongs
 T-Piece
 Nasal Airway

Vomiting: Yes No
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral: Yes No
 IV Fluids:
 Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT
		30	60	90	
Able to move 4 extremities voluntary or on command = 2	1	1	1	2	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:
Able to move 2 extremities voluntary or on command = 1	1	1	1	2	
Able to move 0 extremities voluntary or on command = 0	1	1	1	2	
Able to deep breathe & cough freely = 2	2	2	2	2	
Dyspnea or limited breathing = 1	2	2	2	2	
Apneic = 0	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2	2	2	2	2	
BP ± 20-50 of Pre Anaesthetic level = 1	2	2	2	2	
BP ± 50 of Pre Anaesthetic level = 0	2	2	2	2	
Fully awake = 2	1	1	2	2	
Arousable on calling = 1	1	1	2	2	
Not responding = 0	1	1	2	2	
Pink = 2	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other = 1	2	2	2	2	
Cyanotic = 0	2	2	2	2	
TOTAL	8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
30/5	12:15pm	1/10	—	Dr. Arun

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Arun
 Anaesthesiologist Signature: [Signature]
 Date & Time: 30/5/26 @ 3pm
 PACU Nurse Name: Dr. Arun
 PACU Nurse Signature: [Signature]
 Date & Time: 30/5/26 @ 3pm

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

Transferred to Unit by (PACU): 393 C
 Date & Time: 30/5/26 @ 3pm

