

BAH-00657198 IP5-00174423
 Master KANCHARLA PRANAY
 02-03-2019 7 Y 2 M 26 D (M)
 Dr. Prashant Bachina



SURGERY DETAILS

Date : 28/5/26

Patient Name: Master Kancharla Pranay Date of Birth: 02/03/2019 Age: 7 years

Gender: Male Ward : OT-II UHID No.: BAH-00657198

Date of Surgery: 28/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Ureter endoscopy ⊕ biopsy

Time in : 10:30 am

Time Out : 11:15 am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Malika B</u>
2. Anaesthetist	<u>DR. Durga Bhavani</u>
3. Assistant Surgeon
4. OT Technician	<u>Nishanth</u>
5. Circulating Nurse	<u>Jyotha</u>
6. Assistant Nurse	<u>Thejas</u>

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Endoscope - 9631078

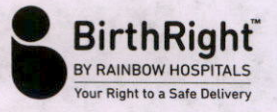
[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 9631078

Order by: Thejas

Endoscopy



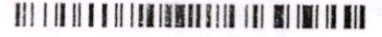
CONSUMABLES OF OT

Patient Sticker
 BAH-00657198 IP5-00174423
 Master KANCHARLA PRANAY
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Technician : Nishanth Date : 28/5/26 Time : 10 AM

Item	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube	405151505	1H	Major Pack <u>60cm</u>	2	-	Inj Vit.K		
LMA	21212	1H	Sutures <u>General pack</u>	01	01	Cord Clamp		
ECG leads : A/P/N		5 03	<u>Appson</u>	3	-	Suction Catheter		
HME filter : A/P/N		1				Feeding Tube		
Syringes : 10 cc		10 06				Vaccum Suction Set		
05 cc		10 04	Gloves			Surgical Gloves		
02 cc		10 00	<u>5, 62 (7A) 2x2</u>	02		Gauze Pack		
01 cc		5 -	<u>5, 62 (7A) 2x2</u>			Syringe 1ml / 2ml		
Cautery plate : A/P/N		1 -	<u>Surgical blade</u>			Surgical Blade # 20		
IV set		1 01	NG tube			Koochies (S)		
RL		1 01	Cautery pencil			<u>NS 300ml</u>	2 01	
NS : 10ml / 100ml / 500ml / 1000ml		1 01	Koochies <u>Adul</u>	1	-	<u>20cc</u>	2 01	
<u>minipipe</u>		1 01	Ointments			<u>July</u>	1 01	
<u>obaxone</u>		1 -	Suction Catheter					
Fentanyl		1 01	Cap, Mask	5/5	5/5			
Morphine			Gauze Pack <u>NTR</u>	2/3	02			
Ketamine			Mop Pack	1	01			
Propofol		3 02	Steristrip					
Rocuronium		1 -	Underpad	1	1			
Glycopyrolate		1 01	Draw sheet	1	1			
Myopyrolate <u>Neo</u>		1H	Abgel					
Ondansetron		1 -	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<u>Gauze</u>	3 02	
Bupivacaine 0.25%			Chest Drainage Catheter			<u>Gloves</u>	4 02	
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>reused</u>	1 -	
Antibiotics			Bandage			<u>next tranexa</u>	1H -	
<u>Sou per</u>		1 -	Tegaderm			<u>SOC tpmline</u>	1H -	
Suppositories			loban			<u>Nasal mask</u>	1 01	
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : (12.5mg / 25mg) 100mg		1H	Plastic Bed Sheet	1	-			
Tab. Misoprost : 200mg			Betadine Solution					
<u>vaccum set</u>		1 01	Microshield	1	-			
<u>Oral airway 112</u>		1H	Cotton Balls					
<u>Nasal airway 20122</u>		1H	Latex Gloves	5P	5P			
<u>Buway ram tipper</u>		1H	Ramdione Scrub					
<u>Do v cannula 22124</u>		1H	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 96309981154 Ordered by : [Signature]
 Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET
Registration Details :


Admission No : IP5-00174423 Admit Date : 28-May-2026 Admit Time : 08:06 AM UHID : BAH-00657198

Patient Details :

Patient Name	: Master KANCHARLA PRANAY	Age	: 7 Y 2 M 26 D
Guardian	: Mr KANCHARLA SAMPATH	DOB	: 02-03-2019
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: H NO - 1-67T/2 , CHOWDUR VILLAGE , DEVARUPPULA MANDAL, JANGAON , Kundaram Warangal Telangana INDIA 506303	Phone No	: 9502199860/ 8106340678
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 410 Ward Name : 4F-OT COMPLEX
 Room No : POST OP 410 Admission Type : First Visit

Contact Details :

Name	: Mr KANCHARLA SAMPATH	Relationship	: Father
Contact Address	: H NO - 1-67T/2 , CHOWDUR VILLAGE , DEVARUPPULA MANDAL, JANGAON , Kundaram Warangal Telangana INDIA 506303	Phone No	: 9502199860 / 8106340678

K. Sampath
 Signature

Doctor Details :

Doctor Name	: Dr. Prashant Bachina	Specialisation	: PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. ALISHA BABBAR		

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No. : _____ Dept : _____


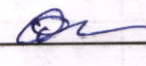
Date of Admission: _____ Ti _____ arge : _____ Time: _____

Room / Bed No : _____ Waiv. _____ Billable bed type : _____

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/20	8:35 pm	FR	OT	
28/5/20		OT	Billing	

Cross Consultation Visit

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



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prashant Bachina Date : 28/5/26

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

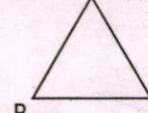
Start Time of Assessment: Weight: 23.3kg

Allergic History: nil

Chief Complaints:
10 - Abdominal pain since 6 years
1. One off; Episodic
even 1-2 months
2. Epigastric region
3. not related to oral intake

Pediatric Assessment Triangle

A Appearance - TICLS



B Breathing Normal Abnormal

- ↑ WOB
- ↓ WOB
- Normal
- Gasping / Apnea
- 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: Multiple Admissions for similar illness


Medication History:


Relevant Investigations: USG Abdomen → Diffuse slightly asymmetric wall thickening of pylorus/ pyloro duodenal junction (9.7mm) with mild wall vascularity


Primary Assessment

Airway Open Maintainable Not Maintainable
 Any urgent interventions needed: Yes No
 If Yes

Breathing Rate: 22/min SpO₂ on FiO₂ 98.1% ERA Any urgent interventions needed: Yes No
 Rhythm: regular If Yes
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BACE ⊕
 Palpation Findings (if necessary)

Circulation  HR: 96/min CFT [Central] [Peripheral] < 3sec Any urgent interventions needed: Yes No
 If Yes
 BP: 92/55 (63) mmHg Murmurs: Yes No
 Pulse Volume: [Central] [Peripheral] Good Liver Span:
 If in Shock: [Compensated] [Hypotensive] ECG:
 Muffled Heart Sound: Yes No Any Signs of Heart Failure: Yes No
 Engorged Neck Veins: Yes No

Disability  GCS: 15/15 AVPU: Any urgent interventions needed: Yes No
 If Yes
 Pupils: [Responsive Non-Responsive]
 Size [Right] [Left]
 Active Seizures: Yes No Sugars:
 Signs of Neurological compromise

Exposure  Temp.: 98°F Any urgent interventions needed: Yes No
 If Yes
 Any Rash: Yes No
 If yes describe the rash
 Active bleed
 Lacerations Abrasions bruises
 Describe:

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

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

 CRP
 NB Shava
 2/15/26

Treatment Planned:
 1) NPO ← Solids 3Am
 Liquids 8Am
 2) IVF-DNS e 50ml/hr
 3) Shift to OT
 4) upper GI endoscopy


Need for Oxygen: Yes No if yes Low Flow High Flow PPV
 Final Diagnosis with possible Differential Diagnosis (if necessary): Abdominal pain under evaluation
 Assessment done by Sr. Doctor on Duty (if necessary)
 Name of the Doctor: Sai Name of the Sr. Doctor:
 Signature: [Signature] Signature:
 Date & Time: 20/1/26 Date & Time:

SURGICAL SAFETY CHECKLIST

Surgeon : DR. Alisha
 Asst. Surgeon :
 Anaesthetist : DR. Durga Bhavani
 Scrub Nurse : Thejas

Patient Name : Most. Karichada Doc J F Gender male
 UHID No. : BAH-00657198 Surgery Name : Endoscopy + Biopsy
 Date : 28/5/26 In-time : 10.45am Out-time : 11.15am

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Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: 10:10AM
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature : <i>[Signature]</i>	
Name : DR. Durga Bhavani	28/5/26

TIME OUT	Time: 10:50am
Confirm all team members have introduced themselves by Name and Role	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No NA
Correct Procedure	Endoscopy + Biopsy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	NSU 1hr <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : Thejas	

SIGN OUT	Time: 11:15am
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
The Specimen is Labelled (including patient name)	3 Biopsy, 1 pylorus, 2 Duodenum <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : Dr. Alisha	

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Patient Sticker



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 28/5/26.....

To Be Filled In By Assigned Nurse :

Department : OT-II Duration of Procedure : 2hr.....

Name of Surgeon : DR. Alesha Date of Admission : 28/5/26.....

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : NA	
2.	Hair Removal <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : NA Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : NA Date & Time of antibiotic administration : NA Date & Time procedure started : 28/5/26 at 10.50am	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department



OPERATION THEATER NOTES

Patient's Name : Master Kancharla Pranay Age : 7 years Gender : Male Female
 UHID No.: BAH-00657198 Weight : 23.3kg Height :

Surgeon : <u>DR. Alisha</u>		Asst. Surgeon : <u> </u>	
Anesthetist : <u>DR. Durga Shrawan</u>		OT Nurse: <u>Thejas/ Jyothi</u>	
OT Technician: <u>Nishanth</u>			
Pre-Operative Diagnosis: <u>Pain Abdomen & evaluation</u>			
Surgical Procedure : <u>Ugi endoscopy (+) biopsy</u>			
Indications for Surgery : <u>Pain Abdomen</u>			
Date : <u>28/5/26</u>	Start Time : <u>10.52am</u>	End Time : <u>11:10am</u>	

Pre Operative Preparations:
NPO - 6 hours

Post Operative Diagnosis: Peptic ulcer disease

Peri-Operative Complications:
-

Operation Notes:
UGI Endoscopy by Dr Alisha

Esophagus E → exudates (+) longitudinal furrows (+)

Stomach S → Antrum; unhealthy friable mucosa
 nodularity (+)
 breaks/furrows in mucosa (+)

Body/fundus → (+)

Duodenum D → Exudation, friability (+), Ulcer (+) in 1st part

Broad based ulcers

3-4 in D1 (+)

Atrophic duodenal folds in D1

Nodularity (+)

D2 → (N) villi (+)

Biopsy taken → D2, D1, Stomach, Esophagus

Amount of Blood Loss: X

Blood Transfused (in ML) X

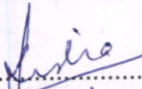
Name and Number of Surgical Specimen sent for examination:

(4) D2, D1, S, E

Peri-Operative Complications:

X

Name of the Surgeon: Dr. Alisha B.

Signature of the Surgeon: 

Date & Time: 28/5/26 at 11/03

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Patient Dr. Prashant Bachina



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: *Ugi endoscopy + biopsy*

Post-Surgical Diagnosis: *Peptic ulcer disease*

Post-Operative Monitoring Parameters /Frequency:

*Abdominal distension q 2 hourly for 4 hours
↳ vitals*

Wound Care:

X

Drain /Special Lines/Catheters:

X

Special Patient Positioning and Requirements:

X

Nutritional Instructions:

X

When to Start Mobilization:

immediate

Special Referrals:

X

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

X

Prashant Bachina
Treating Surgeon
(Signature & Stamp)

Prashant Bachina

Date: *28/5/26* Time: *11am*

Note: Plan of care will be readjusted if necessary.

INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

- 1. UGI Endoscopy + Biopsy
- 2.

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Diagnosis	-

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

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

- a. Perforation
- b. Bleeding

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

Patient / Patient Attendant: K. Sampath
Signature: _____
Name: KANCHARLA Sampath
Relationship with patient: Father
Date & Time: 28/5/2026, 10 am

Witness:
Signature: _____
Name: K. Rekha
Date & Time: 28/5/2026 @ 10 am

Doctor (who is taking consent):
Signature: _____ Name: Dr. Alisha B. Date: 28/5/2026 Time: 10 am

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో బిల్డెన్ హాస్పిటల్లో చేయబడబోయే కింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

- 1
- 2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ గానా, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

- a.
- b.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్: _____ సాక్షి: _____
 సంతకం: సంతకం:
 పేరు: పేరు:
 రోగితో సంబంధం: తేదీ & సమయం:
 తేదీ & సమయం:

డాక్టర్ : _____
 సంతకం: పేరు: తేదీ & సమయం:

BAH-00657198 IP5-00174423
 Master KANCHARLA PRANAY
 02-03-2019 7 Y 2 M 26 D (M)
 Dr. Prashant Bachina



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: ICU 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 : Dr. Sai

Date & Time : 28/5/26 08:30

Nurse Name & Signature: Bhavana B

Date & Time : 28/5/26 08:30



DRUG CHART

Date of Admission: 01/15/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



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-00657198 IPS-00174423
 Master KANCHARLA PRANAY
 02-03-2019 7 Y 2 M 26 D (M)
 Dr. Prashant Bachina



RESULT SHEET

Date	28/05/26				
Time	PM				
Hb	12.5				
PCV	36.9				
RBC	4.23				
WBC	6400				
N/L	27/56				
Platelets	2.71				
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					

Patient S

BAH-00657198 IP5-00174423
 Master KANCHARLA PRANAY
 02-03-2019 7 Y 2 M 26 D (M)
 Dr. Praashant Sachina



FLUID CHART

Sheet No. : 2

- 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													
	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



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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	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



BAH-00657198 IP5-00174423
 Master KANCHARLA PRANAY
 02-03-2019 7 Y 2 M 26 D (M)
 Dr. Prashant Sachina



Name: Kancharla pranay Age: 7y Sex: M UHID.No: BAH-00657198
 Date: 25.03.2019 Time: 3:30 PM Proposed Operation: UGI - upper GI endoscopy
 Diagnosis: abdomen pain under evaluation
 B.P / CRT: 100/60 H.R: 98 Weight: 22.85 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 12.5 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: Creat: Total Bill: HCV: 2D Echo:
 Plate: 271 Na: Dir. Bill: Blood group: Stress/Angio:
 PT: K: LDH: T3: Other:
 PTT: Ca++: Alk phos: T4:
 INR: Mg++: Amylase: TSH:
 Cl -: SGOT/SGPT:

Allergies: NKDA

Medical History: CVS: ⊖ NVD / NO NIEU stay / development delay.
 RESP: NO URI / fever Diabetes: ⊖
 CNS: ⊖
 Renal: ⊖
 Hepatic / GE: Physical Activity: Active
 Others: no other issues

Past Anaesthetic History: N/A

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: N Mentohyoid Distance: N Neck: N Teeth: Intact
 Lungs: BAEP
 Heart: S/S @
 CNS: N/A

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

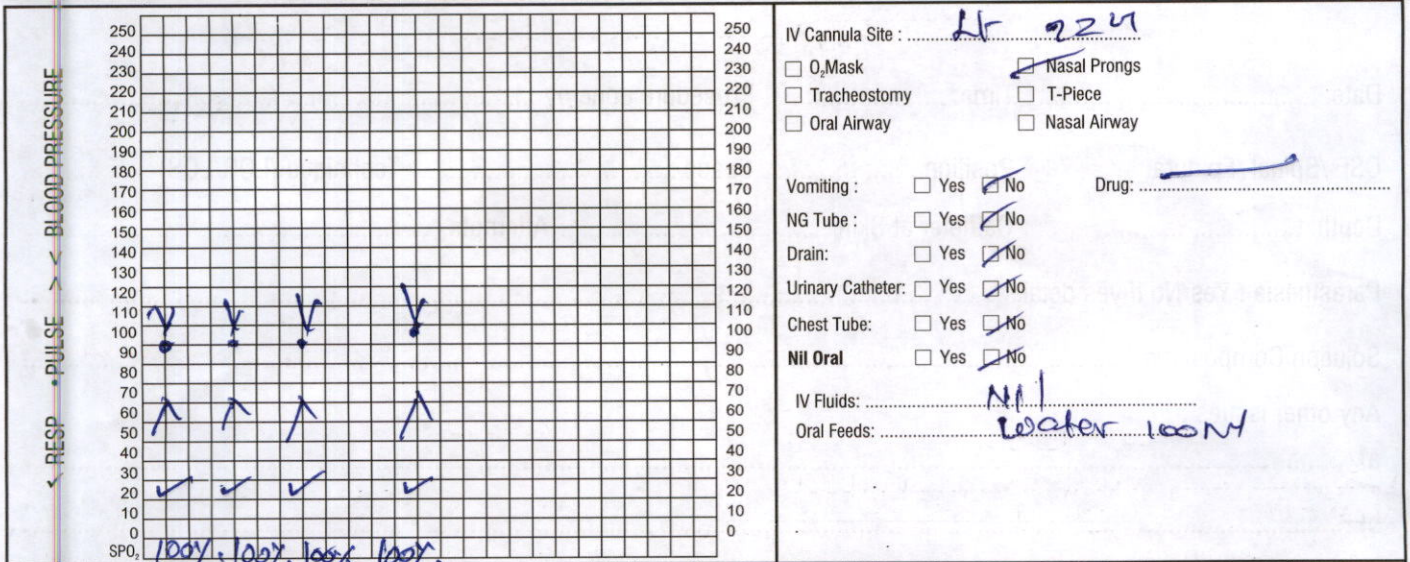
- DVT Prophylaxis: Water / ORS 2 Hours / explained
- NIL ORAL Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: - CRP during cannulation

Signature: [Signature] Name: Dr. Anveer



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Suman Time Received : 11:20am 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		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Aptic = 0	RESPIRATION	2	2	2		
BP \pm 20 of Pre Anaesthetic level = 2 BP \pm 20-50 of Pre Anaesthetic level = 1 BP \pm 50 of Pre Anaesthetic level = 0	CIRCULATION	1	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pin \pm = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	12pm	0/10	NA	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name : [Signature]

Anaesthesiologist Signature: [Signature]

Date & Time: 28/5/2019 12:26pm

PACU Nurse Name : Suman

Transferred to Unit by (PACU): [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 28/5/2019 12:26pm

Date & Time: 28/5/2019 12:26pm

