BCH-00036156 IP5-00176097
Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

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SURGERY DETAILS

Date : 08/07/26

Patient Name: Baby. Ibrahim suad Abdelati Date of Birth: 08/10/2008 Age: 17Y 8M 30D

Gender: Female Ward : P. OT - III UHID No.: BAH-00036156

Date of Surgery: 08/07/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Coblation Assisted Tonsillectomy

Time in : 10:38 am Time Out : 11:38 am

		NAME	AMOUNT
1.	Surgeon	: Dr. Manish Gupta	
2.	Anaesthetist	: Dr. Rama Devi	
3.	Assistant Surgeon	:	
4.	OT Technician	: Aman	
5.	Circulating Nurse	: Swapna	
6.	Assistant Nurse	: Alka	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblator — 9693086

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9693087 Order by:

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ADENO

CONSUMABLES OF OT

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Technician : ..... Date : ..... Time : 10:30 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6.5 ✓, 7, 7.5	HHI	01	Major Pack Drape	1	1	Inj Vit.K		
LMA	01	—	Sutures			Cord Clamp		
ECG leads : A / P / N	05	03				Suction Catheter		
HME filter : A / P / N	01	01				Feeding Tube		
Syringes : 10 cc	10	05				Vaccum Suction Set		
05 cc	10	05	Gloves 6 6.5, 7 7.5	2 2 2 2 2 2		Surgical Gloves		
02 cc	10	05	PF, 6 6.5, 7 7.5	2 2 2 2 2 2		Gauze Pack		
01 cc	02	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	01	NG tube 6	2	2	Koochies (S)		
RL	01	01	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	HHHH	1+1	Koochies			Adrenalin	5	3
Mini topKo	01	1	Ointments			Transfix	1	1
O2 Mask (R)	01	—	Suction Catheter			10cc Syr	2+2	1
Fentanyl	01	1	Cap, Mask	5 5 5		Savlon	1	1
Morphine			Gauze Pack (14 PR)	3+3	3			
Ketamine			Mop Pack	1				
Propofol	03	2	Steristrip					
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	1	Draw sheet	1	1	gauze + gloves	HHHH	01
Myopyrolate	01	1	Abgel			Dexmed	01	—
Ondansetron	01	01	Foleys catheter			Solu Prolu	01	—
Pencan 25g/ Spinal Needle 22			Urobag			Dexamethasone	01	—
Bupivacaine 0.25%	01	01	Chest Drainage Catheter			Tramadol (INJ)	1	01
Bupivacaine 0.25%(Heavy)			Romodrain bag			Ephedrine	01	01
Antibiotics IV pm	01	01	Bandage					
Augl (1.2)	01	—	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	2	0			
Justin : 12.5 mg / 25mg / 100mg	HI	—	Plastic Bed Sheet	—				
Tab. Misoprost : 200mg			Betadine Solution	—				
Vaccum set	01	01	Microshield	01	1			
3ways 10 1000cc	HI	01	Cotton Balls	—				
O.A (2.3)	1+1	—	Latex Gloves	10	10			
N.A (26, 28, 30)	1+1+1	—	Ramdione Scrub					
IV Canula (20+18)	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9697055 Ordered by : .....

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176097 **Admit Date** : 08-Jul-2026 **Admit Time** : 08:17 AM **UHID** : BCH-00036156

Patient Details :

Patient Name	: Baby IBRAHIM SUAD ABDELATI ELDAW MOHAMED	**Age**	: 17 Y 8 M 30 D
Guardian	: Mr ABDELATI ELDAW MOHAMED IBRAHIM	**DOB**	: 08-10-2008
Gender	: Female	**Religion**	: OTHERS
Occupation	: Others	**Martial Status**	: Single
Address (H)	: BANJARA HILLS RD NO:10 Banjara Hills Hyderabad Telangana INDIA 500034	**Phone No**	: 7893289187/ 8121007612
		E-mail	: INFO@NA.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name : Mr ABDELATI ELDAW MOHAMED **Relationship** : Father

Contact Address : BANJARA HILLS RD NO:10 Banjara Hills Hyderabad Telangana INDIA 500034 **Phone No** : 7893289187 / 8121007612

Signature

Doctor Details :

Doctor Name : Dr. MANISH GUPTA **Specialisation** : EAR NOSE AND THROAT

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No BCH-00036156 IP5-00175097 Baby IBRAHIM SUAD ABDELATI 08-10-2008 17 Y 0 M 30 D (F) Dr. MANISH GUPTA Consultant: _____ Dept : _____

Date of Admission: _____ scharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	8:45 am	ER	OT	
8/7/26	12:29pm	OT	billing	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
8/7	CBP	66183.	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
08/07	IV Placement	(1)	92827	
08/07	PAC	(1)	92829	
	~~PAC~~ done on			
	of basis			
8/7	Nebulisation	(1)	92879	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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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 Coblation Assisted Tonsillectomy

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)
Relief fm Recurr attacks of Sore throat.	Repeated Course of Antibiotics

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

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

a. Bleeding

b.

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:

Signature: .....

Name: .....

Relationship with patient: Father

Date & Time: 8/7/26 @ 10:30 Am

Witness:

Signature: .....

Name: .....

Date & Time: 8/7/26 @ 10:30 Am

Doctor (who is taking consent):

Signature: ..... Name: Dr. Manish Gupta Date 8/7/26 Time: 10-30 Am

Patient Sticker

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శస్త్రచికిత్స / ప్రొసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనోప్లాస్టీ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రొసీజర్(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 / ప్రొసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రొసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రొసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రొసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రొసీజర్ 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 భాషలో సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : Dr. .....
Scrub Nurse : Akki .....

Patient Name Baby. Ibrahim Suad Abdelati Age : 17y Gender : F
UHID No. BCH-0003656 Surgery Name Coblation Assisted Tonsiloutomy
Date : 08/01/26 In-time : 10:38 am Out-time : 11:55am

BCH-00036156 IP5-0017
Baby IBRAHIM SUAD ABDELAT
08-10-2008 17 Y 8 M 30 D
Dr. MANISH GUPTA

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:30Am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA
inj. Ceftriaxone 1gm given

Signature : D. Ramadevi
Name : Dr. D. RAMADEVI

Before Skin Incision ➤➤

TIME OUT Time: 10:55am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Nothing 30 mins 5 to 10ml ☐ Yes ☑ No ☐ NA

Anaesthesia Team Reviews: post cardiac surgery
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature : Sreeja
Name : Swapna

Before Patient Leaves Operating Room

SIGN OUT Time: 11:11am

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

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature : .....
Name : .....

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08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

Patient

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 08/04/26

To Be Filled In By Assigned Nurse :

Department : P-OT-III Duration of Procedure : 30 mins

Name of Surgeon : ..... Date of Admission : 08/04/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☑ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj. Ceftriaxone 1gm	Seen
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : — Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	Seen
3.	Patient's body temperature immediately post operation (Recovery Room)_____ °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr. manish / Reena Date & Time of antibiotic administration : 08/04/26 @ 10:20 am Date & Time procedure started : 08/04/26 @ 10:55 am	Seen

- 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

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OPERATION THEATER NOTES

Patient's Name : Baby. Ibrahim suad Abdelati Age : 17Y Gender : ☐ Male ☑ Female

UHID No.: BAH -00636156 Weight : 46.82 kg Height : ....

Surgeon :	Asst. Surgeon :	
Anesthetist : Dr. Rama Devi	OT Nurse: Akhil / swapna	OT Technician: Aman
Pre-Operative Diagnosis: Chronic Tonsillitis		
Surgical Procedure : Coblation Assisted Tonsillectomy		
Indications for Surgery : Chronic tonsillitis		
Date : 08/07/26	Start Time : 10:55 am	End Time : 11.45 Am
Pre Operative Preparations: NBM for 6 hrs		
Post Operative Diagnosis: Chronic tonsillitis		
Peri-Operative Complications:		

Operation Notes: U GA c̄ oral Endotracheal intubation
Coblation Assisted Tonsillectomy done.

Post-op Instructions

1. NBM till further orders as advised by Anaesthetist
2. Inj Augmentin 30 mg / kg / IV BD
3. Inj PCM 15 mg / kg / IV TID.
4. ~~Otrivin Nasal drops 2 drops in Each nostril BD,~~

[signature]

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	

Name of the Surgeon: Dr. Manish Gupta

Signature of the Surgeon:

Date & Time: 8/7/26 11.30 Am

Patien

BCH-00036156 IP5-00176097
Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Cobblahan Assisted Tonsillectomy

Post-Surgical Diagnosis: Chronic tonsillitis

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

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)

Date: 8/7/26 Time: 11.30 Am

Note: Plan of care will be readjusted if necessary.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : IBRAHIM SUAD ABDELATI ELDAW Date : 08/7/26

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

Start Time of Assessment: - Weight: 46.82kg

Allergic History: .....

Chief Complaints:
S/P Co-A stenting, S/P Aortoplasty, Repair of Lt AV valve (Left closure and PA banding done)
Admitted for Coblation Adenotonsillectomy
H/o fever, Cough/cold

Pediatric Assessment Triangle

A Appearance - TICLS (N)

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 ☐

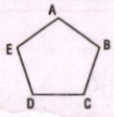
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: Cough (H) 3 days back

Medication History: On DYTOR PLUS, T. METOPROLOL.

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 18/min SpO2 on ~~FiO2~~ 98% on RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: .....
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 80/min. CFT Central ...... Peripheral <2sec

BP: 114/69 (78) mmHg

Pulse Volume: Central / Peripheral ... Good

If in Shock: Compensated .... Hypotensive ....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Disability

GCS: 15/15 AVPU: ....

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.: 98.4°F

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 ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable.

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned:

CBP (struck through)

Noted by kethea 8/7 @ 9AM

Treatment Planned:

Npo Continue

PAC - Done

WFC DNS

Sx – Coblation Adenotonsillectomy today

NIB

Sagar 8/7 @ 9am

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Adenoid hypertrophy admitted for coblation-Adenotonsillectomy

Assessment done by

Name of the Doctor: N. Prarwitha

Signature: N. Pm

Date & Time: 08/07/26, 8am.

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	OYTOR PLUS 10	1/2	PO	12H	8/7/26	☑ C ☐ DC
2	T. METOPROLOL 25mg	1mL	PO	24H		☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Prathima. DPD

Date & Time : 08/7/26, 8am.

Nurse Name & Signature: NR - Sr. Sunita

Date & Time : 8/7/26 @ 8:25 Am

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DRUG CHART

Date of Admission: 8/7/26 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:				

Sign

VERIFIED BY : Name

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Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

REGULAR PRESCRIPTIONS

Weight. 46.82 kg Ward. ....

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

BCH-00036156 IP5-00176097
Baby IBRAHIM SUAD ABDELATI (F)
08-10-2008 17 Y 9 M 30 D
Dr. MANISH GUPTA

Weight. 46.8 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
08/7/26	10:20am	Inj. CEFTRIAXONE	1 gm 30 minutes prior to OT	IV	N.Pr	Teena A Maam
08/7/26	10am	NEBULIZATION	1.25 mg Prior to OT	NEB	N.Pr	Teena A Maam
				~~690MG~~		
8/7/26	10:50Am	INJ. PARACETAMOL	690MG	IV	DY	Sarah Aman
8/7/26	11:00Am	INJ. DEXAMETHASONE	4MG	IV	DY	Sarah Aman
8/7/26	11:00AM	INJ. ONDANSETRON	4MG	SLOW IV	DY	Aman Sarah Aman
8/7/26	11:10AM	INJ. TRAMADOL	50MG	SLOW IV	DY	Sarah Aman

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

BCH-00036156 IP5-00176097
Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

I.V. FLUIDS CHART

Weight. 46.8 kg. Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/7/26.		DNS	IV	70	N.PM				
8/7/26	10:50 AM	RINGER LACTATE	IV	200ml/hr	DY		8/7		

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

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08-10-2006 17 Y 9 M 30 D (F)
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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						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

Patie

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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	

Patient Sticker

FLUID CHART

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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**	

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Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

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[redacted]partment of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Baby-Ibrahim Suad eldao. Age: 17y Sex: F UHID.No : BCH-00036156.

Date: 21/7/26 Time: 5PM. Proposed Operation: Coablation Adenotonsillectomy

Diagnosis: Adenoid Hypertrophy.

B.P / CRT: ..... H.R: ..... Weight: 46 Kgs ASA Physical Status: ☒1 ☐2 ☑3 ☐4 ☐5

BP = 120/80 mmhg 76-82 bpm SPO_2 = 98-100%.

Laboratory Data:

Hgb: 12.4	Glucose:	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag:	ECG:	
WBC: 8,900	Creat:	Total Bill:	HCV:	2D Echo: Situs Solitus	
Plate: 2.22	Na:	Dir. Bill:	Blood group: 23/3	Stress/Anglo: Small os ASD with L→R shun	
PT:	K:	LDH:	T3 26	Other: → Moderate 3 jet of MR (L) AVR	
PTT:	Ca++:	Alk phos:	T4	→ Mild (R) AVR.	
INR:	Mg++:	Amylase:	TSH	→ Dilated LV.	
	Cl -:	SGOT/SGPT:		→ No COA.	

Allergies: NKDA → Mod. Stenosis of (L) AV-

Medical History: CVS : (N) K/C/o CC-TGA, → No RVOTO.

RESP : Ebsteinoid malformation Diabetes : (-) → No PDA

CNS : with severe TR, small VSD Good Biventricular function

Renal :

Hepatic / GE : (-) Physical Activity: Active.

Others : → 14/10/2025

Past Anaesthetic History: NAD S/P COA stenting, S/P - Aortogram, Repair of left AV valves, Cleft closure and PA banding

Physical Exam: afebrile.

Airway: MP (1) 2 3 4 Mouth Opening: >3F Mentohyoid Distance: 3fb Neck: (N) Teeth: Intact

Lungs : BAE(+)

Heart: RS2(+)

CNS:

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
DYTORPLUS 10.	½-0-½.
(Torsemide 10mg.)	
Phonolactone 50mg	
T. METOPROLOL 25mg	1-0-0.

Pre-Operative Instructions:

1. DVT Prophylaxis : explained
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:
   - To get cardiology clearance & Opinion
   - To do CAP.
   - To do renal PAE.
   - Consent not done.
   - To do ECG. , Continue all medications

→ Continue DYTOR + METOPROLOL BEFORE SX.

21/7/2026

Signature: Am Name: Dr Ameen

C/D/W Dr Amit, C/S/B Dr Ashok

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

→ mild cough, no cold

→ Nebulisation before SX if.

→ I & prophylaxis, Inj ceftriaxone 1gm IV ½ hr prior to O

→ Cardiologist opinion → Can be taken up mild Risk

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08-10-2008 17 Y 8 M 30 D (F)
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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: 6 hrs

Physical Status: ☑ Patient Identified | ☑ Consent Present | ☑ Chart Reviewed

H.R: 89 b/min | B.P / CRT: 90/60 mmHg | SpO_2: 98% on RA | R.R: 18/min | Last Feed:

Pre-OP Diagnosis: Tonsillar hypertrophy | Operation: Coblator assisted Tonsillectomy | Date: 8/7/25

Surgeon: Dr. Manish Gupta | Anaesthesiologist: Dr. Shilpa / Dr DR | Technician: Chowtheri Anwesh

TIME	10.45		11.00		11.30am
N_2O /AIR /O_2 LPM	0.5	0.5	0.5	0.5	0.5
HALO /SO /SEVO	0.6	0.8	0.9		
Drugs:					
1) Midazolam — 1mg					
2) Fentanyl — 100x2					
3) Propofol — 50mg + 50mg					
4) Rocuronium — 25mg					
5) Paracetamol — 600mg					
6) Dexamethasone — 4mg					
7) Tranexamic acid — 600mg					
8) Inj. ondansetron 4mg					
9) Inj. Tramadol 50mg					
FIO_2 / SaO_2	99%	100%	100%		
$ETCO_2$	32	30	32		
ECG	WNL	WNL	WNL		
Temperature	(N)	(N)	(N)		
Urine Output					
Fluids / Blood	1 RL @ 200ml/hr				

Antibiotic: Inj Ceftriaxone 1gm

Suppository: ⊖

Blood Loss: Nil

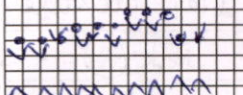
NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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



LAB Values: ABG | GRBS | Others

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

Position: supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 10:45am
OP Start: 10:55am
OP End: 11:15am
Leave OR: 11:30am

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☑ Oral ☐ Nasal
ETT# 6.5 at 20 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: Inj. Rocuronium 25mg

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why? .....

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

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA
Name of the Doctor: Dr. D. Ravindra
Signature of the Doctor: D Ravindra

BCH-00036156 IP5-00176097
Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 8 M 30 D (F)
Dr. MANISH GUPTA

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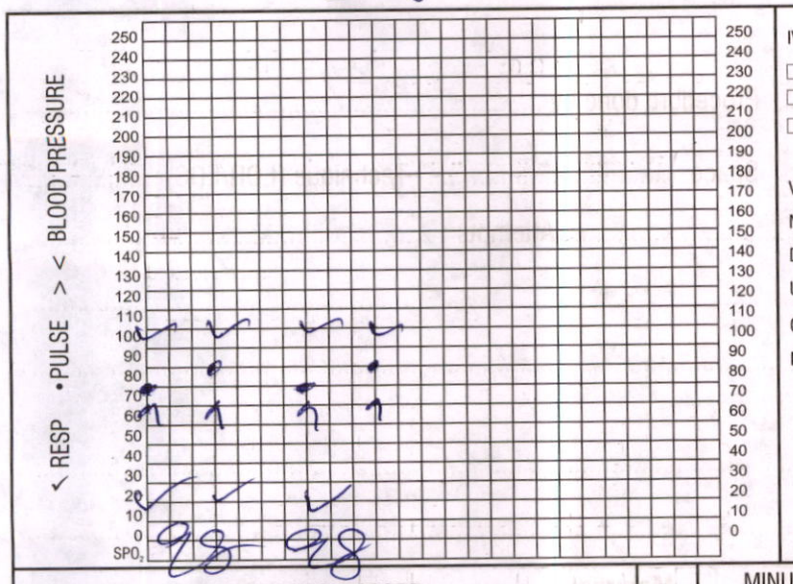
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Deepf Time Received : 11:35A Time Discharged : 12p



IV Cannula Site : 22G

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

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

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	1	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2		
	TOTAL	8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/7	11:35A	1/10	—	

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

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

Anaesthesiologist Name : Dr-D.RAMADEVI
Anaesthesiologist Signature: D Ramadevi
Date & Time: 8/7/26@ 12p

PACU Nurse Name : Deepf
PACU Nurse Signature: D
Date & Time: 8/7/26@ 12p

Transferred to Unit by (PACU): billing
Date & Time: 8/7/26@ 2p

Patient Sticker

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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 : .....

BCH-00036156 IP5-0017609/
Baby IBRAHIM SUAD ABDELATI
08-10-2008 17 Y 9 M 30 D (F)
Dr. MANISH GUPTA

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Coablation Adenotonsillectomy.

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Manish Gupta.

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 Laryngospasm, Bronchospasm, Tachycardia, Arrythmias, Hypotension

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: N A NAN
Relationship with patient:
Date & Time: 8/7/26 @

Witness:
Signature: [signature]
Name: [signature]
Date & Time: 8/7/26 @ 9AM

Doctor (who is taking consent):
Signature: [signature] Name: Dr. Aneeq Date 8/7/26 Time: 9AM

Patient Sticker

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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.

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

స్పెసిఫిక్ హై రిస్క్స్:

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

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ 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, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ 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 స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....