Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 22/7/26

Patient Name: Baby. Prakrithi Praburaj Date of Birth: 07-08-2017 Age: 9Y1M

Gender: female Ward : P-OT UHID No.: 00284396

Date of Surgery: 22/7/26 ☐ OT -1 ☒ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : (R) Side Supracondylar Humn - Cast Conversion.

Time in : 12:30pm Time Out : 1 p.m

		NAME	AMOUNT
1.	Surgeon	: Dr. Dinesh.	
2.	Anaesthetist	: Dr. Alekhya.	
3.	Assistant Surgeon	:	
4.	OT Technician	: Venkat	
5.	Circulating Nurse	: Sravani	
6.	Assistant Nurse	: Akhil	

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

Signature of the Surgeon

Sravani
Signature of Circulating Nurse

Order No: 09716908 Order by:

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 : IP5-00176717 **Admit Date** : 21-Jul-2026 **Admit Time** : 02:57 PM **UHID** : KOH-00284396

Patient Details :

Patient Name	: Baby PRAKRITHI PRABURAJ	**Age**	: 9 Y 1 M 14 D
Guardian	: Mr PRABURAJ GEORGE	**DOB**	: 07-06-2017
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: flat no - 301,BLOCK - H,APARNA CYBER ZONE, Kothaguda Hyderabad INDIA 110005	**Phone No**	: 9885309720/ 9966202730
		E-mail	: PARBURAJ.GM@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : TEMP SPVT 307 A **Ward Name** : 3F-ZONE~~A~~ B

Room No : TEMP SPVT 307 A **Admission Type** : First Visit

Contact Details :

Name : Mr PRABURAJ GEORGE **Relationship** : Father

Contact Address : flat no - 301,BLOCK - H,APARNA CYBER ZONE, Kothaguda Hyderabad INDIA 110005 **Phone No** : 9885309720 / 9966202730

Signature

Doctor Details :

Doctor Name : Dr. BATTU DINESH CHANDRA **Specialisation** : ORTHOPEDICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

Payor Name : HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :____ KOH-00284396 IP5-00176717 _____
Baby PRAKRITHI PRABURAJ
07-08-2017 9 Y 1 M 14 D (F)
UHID No. : __ Dr. BATTU DINESH CHANDRA _____Consultant: _____ Dept : _____

Date of Admis: _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	4 pm	ER	ward	
22/7/26	11:25 pm	316	OT	Jessie
22/7	2:30 pm	OT	316B	

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
22/2/26	x-ray elbow	036630	Jyothi

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

closed reduction POP
1ms/14D female
4.4kg

CONSUMABLES OF OT

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Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.0, 3.5	1+1	—	Major Pack	1	—	Inj Vit.K		
LMA 2½	1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5	03				Suction Catheter		
HME filter : A / P / N	1	—				Feeding Tube		
Syringes : 10 cc	10	2				Vaccum Suction Set		
05 cc	10	2	Gloves 7, 7½	3+3	—	Surgical Gloves		
02 cc	10	—	PF-7, 7½	3+3	—	Gauze Pack		
01 cc	3	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL	1	—	Cautery pencil			500ml NS	1	—
NS : 10ml / 100ml / 500ml / 1000ml	4+1	01	Koochies			10cc	2	—
Inj Midspike	1	01	Ointments			Articast 3.0, 3.5	4+4	1+1
Vaccumsed	1	—	Suction Catheter			Soft Roll 4, 6 inch	2+2	1
Fentanyl	1	01	Cap, Mask	5/5	5/5			
Morphine			Gauze Pack N	5	—			
Ketamine			Mop Pack	1P	—			
Propofol	3	01	Steristrip					
Rocuronium	1	—	Underpad	1	1			
Glycopyrolate	1	—	Draw sheet	1	1			
Myopyrolate	1	—	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22	1	—	Urobag			Midazolam	1	01
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			Dexmed (100mcg)	1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Pmoline + Hoplax	2+2	—
Antibiotics		—	Bandage			Soft Rolls 4/6 inch	2+2	—
IV PCM	1	—	Tegaderm			Linen Bandage	2	—
Suppositories			Ioban			Nasalpronil	1	01
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Eto2 (P)		
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	—			
Suray 10+100cm	1+1	—	Microshield	1	—			
Glove all + Gauze	4+4	—	Cotton Balls					
Tranexat Dexa	1+1	—	Latex Gloves	10P	10P			
O2 mask (P)	1	—	Ramdione Scrub					
IV cannula (22/24)	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9716443 Ordered by : .....

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7	Infusion pump	4am		9715637	Yamune

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV placement	1	J14652	Shambu
22/7/26	PAC			Jessie

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Prakrithi Prabuaj

UHID ID: KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

Department:

Consultant:

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

follow up case of Left side SCH fracture
↓
surgery done on 13/7/26
↓
~~Case of surgery~~
Sensation Reduced on little finger

History of present illness :

Child underwent surgery for Left side SCH.
↓
Came for review
↓
O/E slab-ok
finger movements-good
↓
sensation Reduced on little fingers
&
X-ray showed ok
mild valgus-Angulation noted
↓
Advised Close Reduction + Casting ↓ Sedation

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

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

s/p left side seizure
on 13/2/26

Birth & Neonatal History:

Term/LSCS / BW - 2.9 kgs / CAB

No H/o NICU admission

Birth & Socio Economic History:

About Father :
About Mother : upper middle class
Any additional Information :

Developmental History :

Attained as per age in all 4 domains

Immunization History :

Vaccinated Till now

(P.T.O.)

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 24.4 kgs (Centile _____)

On Examination :

Temperature : 97°F Pulse Rate : 112 bpm B.P. 98/64 (63) SPO2 WNL

Resp.rate and type of breathing : 24

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : No murmur

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection

Palpation : Soft non Tend

Ausculation :

Spine : External Genitelia :

Relevant data from outside (CT, USG etc.,)

KOH-00284396 IP6-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

s/p Left SCH fracture surgery

(P.T.O.)

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment : hc- stability

Planned Labs:

Labs as per PAC

Planned Management

NPO as advised in PAC
PAC to be done

2VF-DNS, 6 hrs before surgery

NNB pooja
21/7/26 @ 4pm

Signature of the Doctor: .....
Name of the Doctor: Dr. Balaji
Date & Time: 21/7/26 ; 3:15 pm

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 15 D (F)
Dr. BATTU DINESH CHANDRA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2+1			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Total No. of Pages	32			

Signature and Date : 22/2/18

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/16 6pm	CH/3 Resident D/L (Lt) Supracondylar hemerus # . Pain over (Lt) upper limb - PACD Vitals-Stable Hemodynamic Stability	Plan - PAC - NPO as per PAC - monitor vitals Resp Noted by Surg
22/7/16 8AM	C/B Resident D: Left Supracondylar humeral # . O/E - Child Alert vitals Stable	plan- (1) PAC (2) NPO as per Anst (3) monitor vitals (4) Shift to OT on call. Madhu N/B Jessie
22/7 9pm	S/B Resident post op doing well O/E: Stable vitals	Adv (1) to day Athile

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

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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.,) : .....

KOH-00284396 IPS-00176717
Baby PRAKRITHI PRABURAJ
07-08-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

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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

Slno	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Balaji

Date & Time : 21/7/26 ; 3:15 pm

Nurse Name & Signature: pooja

Date & Time : 21/7/26 @ 3:20 pm

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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 (A) Sicde SCH # Close Reductn + Casting.

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)
- Painless. - Deformity Correction.	

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.

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: Sathya Priya B

Relationship with patient: Mother

Date & Time: 22/7/26 11:58 am

Witness:

Signature: .....

Name: G. Praburaj

Date & Time: 22/07/26 11:58 AM

Doctor (who is taking consent):

Signature: ..... Name: Dr. Dinesh Date 22/7 Time: 11.54 am

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనోబో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది 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 / ప్రాసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, 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 / ప్రాసీజర్కు 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 / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికి / ప్రాసీజర్‌ను 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:

సంతకం: .....

పేర్లు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Battu dinesh
Asst. Surgeon :
Anaesthetist : Dr. Akhila
Scrub Nurse : Akhil

Patient Name : Baby. Prabu Raj Age : 9 Y 1M Gender : (F)
UHID No. : 00284396 Surgery Name : POP lower limb
Date : 22/7/26 In-time : 12.30 p.m Out-time : 1 pm

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Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 15 D (F)
Dr. BATTU DINESH CHANDRA

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 11 A.M.

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

Site Marked ☐ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Sundhara
Name : Dr Sundhara

Before Skin Incision ➤➤

TIME OUT Time: 12:30 PM

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Nil / 20min / NA ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- 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 :
Name : Sravani

Before Patient Leaves Operating Room

SIGN OUT Time: 12 PM

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

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

Signature :
Name : Dr. Dinesh Chandra

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : ..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

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

Site Marked ☐Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☐Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☐No

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

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

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

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

Signature :.....

Name :.....

Before Skin Incision ➤➤

TIME OUT Time:.....

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? ☐Yes ☐No ☐NA

Anaesthesia Team Reviews:

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 :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

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 :.....

Patient Sticker

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Baby PRAKRITHI PRABURAJ
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Dr. BATTU DINESH CHANDRA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 22/7/26

Department : P.OT

Duration of Procedure : 30Min

Name of Surgeon : Dr. Battu dinesh

Date of Admission : 22/7/26

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 : Nil	Sravani
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Nil Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	Sravani
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	Sravani
4.	Name of doctor or staff administering the antibiotic : Nil Date & Time of antibiotic administration : Nil Date & Time procedure started : 22/7/26 At @	Sravani

- 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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Patient Sti

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OPERATION THEATER NOTES

Patient's Name : Baby. Prakrithi Praburaj Age : 9y Gender : ☐ Male ☑ Female

UHID No.: 00284396 Weight : Height :

Surgeon : Dr. Battu dinesh	Asst. Surgeon :	
Anesthetist : Dr. Akhila	OT Nurse: Sravani. Akhil	OT Technician: Venkat.

Pre-Operative Diagnosis: (Lt) Side Supra Condylar Hum

Surgical Procedure : (Lt) Side Supracondyla Humerus fracture Cast Chage.

Indications for Surgery :

Date : 23/7/26	Start Time :	End Time :

Pre Operative Preparations:

Post Operative Diagnosis: -Pt & Seduation

Peri-Operative Complications: -Slab removed due -Drowsy due to the Pins

Operation Notes: -Cast on Slab was Converted to Cast above Elbow Cast was given

Doc. No. : RCHBH/ FRM / CLINICAL / 099

(P.T.O.)

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Adv.

- NBM as per Anesthetic order
- T. Clynol forte 1-0-1 × (3) days
- Inj. B_{12} 2cc I.V Stat.
- Xray (AP) Elbow - Lateral View
- Tab. Neurobion forte

Name of the Surgeon: Dr. Dutt

Signature of the Surgeon:

Date & Time:

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Dr. BATTU DINESH CHANDRA

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POST-SURGICAL CARE PLAN FORM

Procedure Done: .....

Post-Surgical Diagnosis: .....

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: 22/7/26 Time: .....

Note: Plan of care will be readjusted if necessary.

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DRUG CHART

Date of Admission: 21/7/26 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 : Syp-ZBUGESIC				Date / Time
Dose	Route	Frequency	Start Date	
5ml	PO	SOS	21/7/26	
Doctor's Signature		Valid Period	Pharm.	
Dr. Baby		3d hrs		
Additional Instructions: 5ml=100mg Atleast 8hr between 2 doses				

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 .....

Baby PRAKRITHI PRABURAJ
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Dr. BATTU DINESH CHANDRA

REGULAR PRESCRIPTIONS

Weight. 24.4 kgs Ward. 3rd floor

DRUG : Tab CHYMORAL FORTE

Dose	Route	Frequency	Start Date
1 Tab	PO	BID	22/7

Name & Signature of the Doctor Starting the Drugs: Akhile

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Tab NEUROBION FORTE

Dose	Route	Frequency	Start Date
½ tab	PO	OD	22/7

Name & Signature of the Doctor Starting the Drugs: Akhile

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

Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

Weight. 24.4 Kgs Ward. 3rd floor

	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
22/7	5pm	Inj VITAMIN	B12 500mcg.	IM over 15min	Akhila	nowmita 5.05pm

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

07-05-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

I.V. FLUIDS CHART

Weight. 24.4 kgs Ward. 3rd Floor

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
21/7/26	11am	DNS	IV	60ml/hr	dd	Sujatha			

Signature .....

VERIFIED BY : Name .....

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FLUID CHART

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Sheet No. : 1 21/7/26

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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										0	Durga
	05:00 pm	NS IVF	H2O				1			1	0	Durga
	06:00 pm						NP			NP	0	Durga
	07:00 pm		H2O								0	Durga
Total Intake :						**Total Output :** U-0					M-0	
	08:00 pm										0	Yuvi
	09:00 pm	H2O					1				0	Yuvi
	10:00 pm									1	0	Yuvi
	11:00 pm	H2O					NP				0	Yuvi
	12:00 am										0	Yuvi
	01:00 am										0	Yuvi
Total Intake :						**Total Output :** U-1					M-0	
	02:00 am			60ml			1				0	Yuvi
	03:00 am	1		60ml							0	Yuvi
	04:00 am	NS		60ml						✓	0	Yuvi
	05:00 am	1		60ml			NP				0	Yuvi
	06:00 am		NPO	60ml			1				0	Yuvi
	07:00 am		NPO	60ml							0	Yuvi
Total Intake : 360ml						**Total Output :** U-1 M-0						

Total 24 hrs. Intake	NS 360ml H2O	Total 24 hrs. Output	U-2 M-0

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FLUID CHART

Sheet No. : 2/1

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	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	1		60ml							0	Jessie
	09:00 am			60ml						✓	0	Jessie
	10:00 am	D		60ml							0	Jessie
	11:00 am	NS		60ml							0	Jessie
	12:00 pm	1										
	01:00 pm											
Total Intake :						**Total Output :** U-				M-		
	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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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**	

Patient Sticker

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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**	

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 15 D (F)
Dr. BATTU DINESH CHANDRA

Depart

PRE-A N

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Name: ..... Age: 9y Sex: F UHID.No : KOH-00284396

Date: 22/7/26 e: 8:40Am Proposed Operation: Closed Reduction POP

Diagnosis: left Supracondylar humerus fracture

B.P / CRT: ..... H.R: ..... Weight: 24.4kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

12/7/26

Hgb: 12.7	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 19,560	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 283000	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : Nothing significant

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Diabetes :

- NVD / Term / 2.9kg / No NICU admission
- Milestones acheived as per age
- Vaccinated upto date.

Physical Activity:

Past Anaesthetic History: H/O Surgery for Supracondylar # 13/7/26 UGA (uneventful)

Physical Exam:

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

Lungs : BAE (+), Clear

Heart: S1 S2 (+)

CNS: Grossly Intact

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site : 22g (R) hand.

Spine Exam for regional (N)

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

Peri-Operative Plan Explained to the Patient/ ☐ Yes ☐ No
Attender

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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 / Attender
5. Other Instructions:

last meal! 10:30pm
liquid: milk

Signature: Name: Dr. K. Sri Surya

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

OH-00284396 IP5-0017571
Baby PRAKRITHI PRABURAJ
17-06-2017 9 Y 1 M 15 D (F)
Dr. BATTU DINESH CHANDRA

ANAESTHESIA CHART

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Pre Induction Assessment: 12:30pm

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

H.R: 89	B.P / CRT: 90/58	SpO_2: 100	R.R: 20	Last Feed: 36 hrs

Pre-OP Diagnosis: S/P Supracondylar #7 reduction Operation: POP change Date: 22/7/26

Surgeon: Dr. Dinesh Anaesthesiologist: Dr. AK Technician: Venkat

TIME	1230	100
N_2O /AIR /O_2 LPM	via	Nasalprongs
HALO /SO /SEVO		
Drugs:		
Inj. MIDAZOLAM	1mg	
Inj. FENTANYL	50mcg	
Inj. PROPOFOL	50mg	
FIO_2 /SaO_2	100	100
$ETCO_2$		
ECG	SR	SR
Temperature		
Urine Output		
Fluids		
Blood		

Antibiotic –

Suppository –

Blood Loss –

NOTES –

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG, GRBS, Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) LL
☐ 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: 1230
OP Start:
OP End:
Leave OR: 1pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

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

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

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

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

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

Regional:
Extremity Specify:
☐ 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 Anvita K
Signature of the Doctor:

KOH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 15 D (F)
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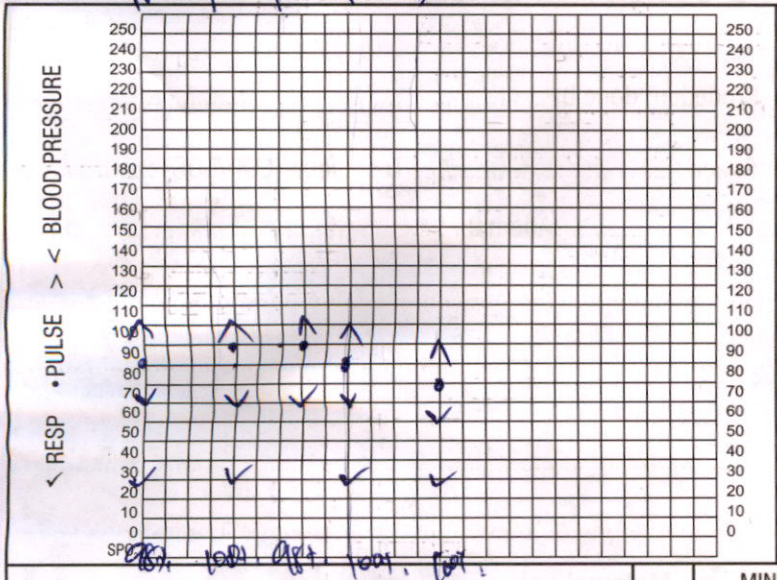
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 1 pm Time Discharged : 9:30 pm



IV Cannula Site : Rt UL 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: Water

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES 30	MINUTES 60	MINUTES 90	OUT
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	0	0	1		
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	0	1	1		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
	TOTAL	6	7	8		

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/7	1 pm	0/10	—	

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

Anaesthesiologist Name : Dr. D
Anaesthesiologist Signature: .....
Date & Time: 22/7/26 @ 9:30 pm

PACU Nurse Name : Teena
PACU Nurse Signature: .....
Date & Time: 22/7/26 @ 2 pm

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

Transferred to Unit by (PACU): Akhil
Date & Time: 22/7/26 @ 1 pm

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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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

KOH-00284396 IPS-00176717
Baby PRAKRITHI PRABURAJ
07-08-2017 9 Y 1 M 14 D (F)
Dr. BATTU DINESH CHANDRA

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Closed Reduction POP

Anaesthesiologist: Dr K Sri Sowya Surgeon: Dr Dinesh

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

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:

Name: G. Praburaj

Relationship with patient: Father

Date & Time: 22/07/26 8:52 AM

Witness:

Signature:

Name: Sathya Priya B

Date & Time: 22/7/26 @ 11AM

Doctor (who is taking consent):

Signature: Name: Dr K Sri Sowya Date 22/7/26 Time: 8:52 AM

(P.T.O)

FORM / CLINICAL / 021 (26)

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.

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 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.
  ☐ 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, 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, 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 స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: .....

తేదీ & సమయం:

(OH-00284396 IP5-00176717
Baby PRAKRITHI PRABURAJ
07-06-2017 9 Y 1 M 15 D (F)
Dr. BATTU DINESH CHANDRA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 22/7/26 Time: 9am

Weight: 24.41kgs Centile: < 10th

Height: 100cm Centile: < 10th

Inference: underweight child

RDA: Calories: 1600kcal/d Protein: 28gm/d

Diet Recommendations: child is ON NPO

Re-Assesment:

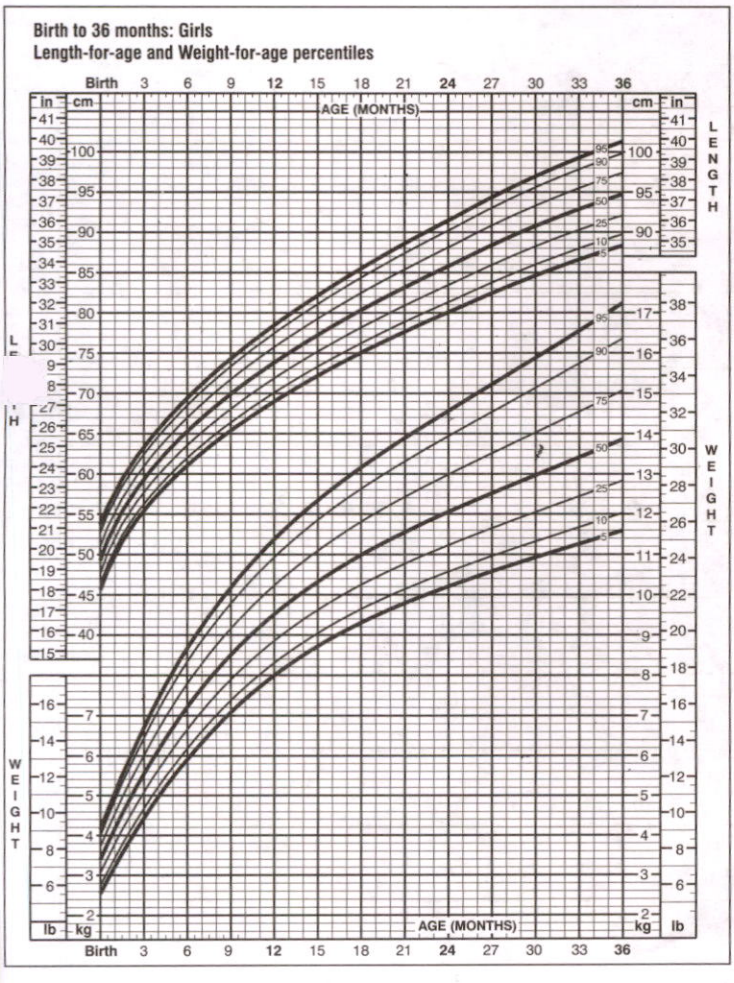
Food Allergies: NO Veg/Non-veg veg

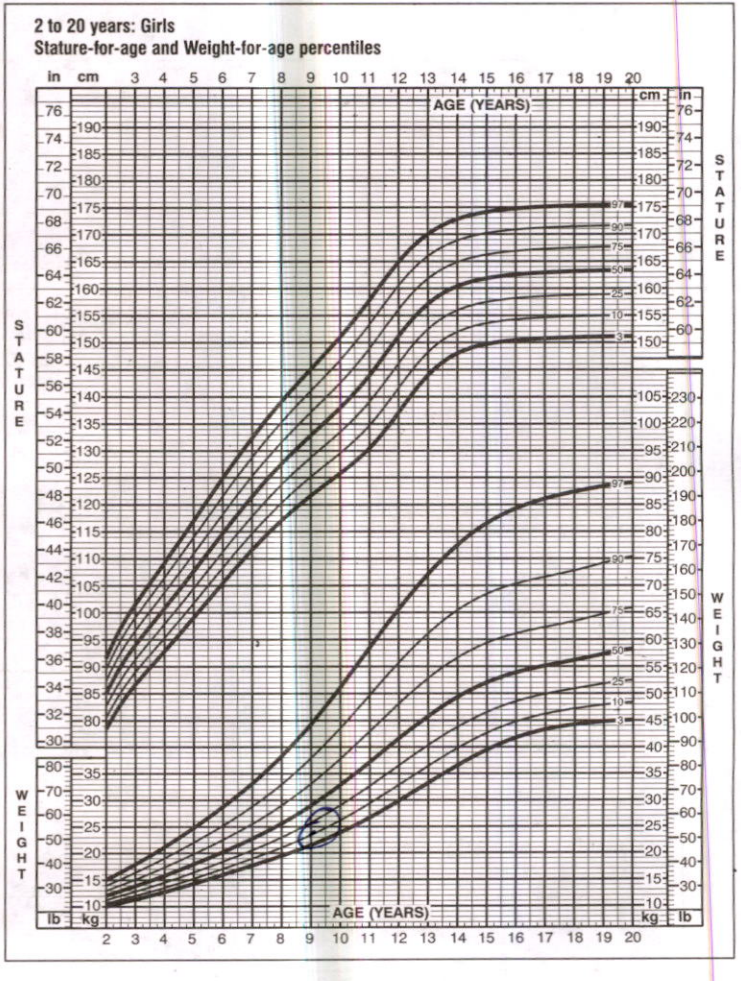
Diagnosis: left supra condylar humerus

Nutritional Intervention - ☐ ~~Oral~~ ☐ Enteral ☐ Parenteral

Patient's Signature: Sathya

GROWTH CHART (GIRLS)





Dietician's Name Saima Dietician's Signature Saima

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: