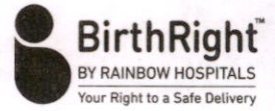


BAH-00492242 IP5-00174487
Master BALA ARJUN KARTHIKEYA
06-08-2021 4 Y 9 M 23 D (M)
Dr. ALISHA BABBAR



ENTERED
SURGERY DETAILS

Date : 29/5/26

Patient Name: Mr. Arjun Karthikeya Date of Birth: 6/8/2021 Age: 4 year

Gender: Male Ward: POT UHID No.:

Date of Surgery: 29/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: UAI endoscopy

Time in : 10:28 AM

Time Out : 10:40 AM

	NAME	AMOUNT
1. Surgeon	Dr. Alisha	
2. Anaesthetist	Dr. Bhavani	
3. Assistant Surgeon		
4. OT Technician	Vankada Sai	
5. Circulating Nurse	Yathi	
6. Assistant Nurse	Benjam	

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

Signature of the Surgeon
Dr. Alisha

Signature of Circulating Nurse
Benjam

Order No: 9632795

Order by: Benjam

3AH J0492242 IP5-00174487
 Patient BALA ARJUN KARTHIKEYA
 16-08-2021 4 Y 9 M 23 D (M)
 Dr. ALISHA BABBAR



Upper GI Endoscopy
CONSUMABLES OF OT



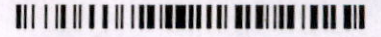
Technician : Jyothi Date : Time : 10 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 40515155	14	—	Major Pack <u>grown</u>	2	01	Inj Vit.K		
LMA 11212	14	—	Sutures			Cord Clamp		
ECG leads : A/P/N	5	05				Suction Catheter		
HME filter : A/P/N	1	—				Feeding Tube		
Syringes : 10 cc	10	4	PF			Vaccum Suction Set		
05 cc	10	2	Gloves <u>6.5/2/1/1/2</u>	01	01	Surgical Gloves		
02 cc	10	0	<u>N-7</u>	01	01	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	01	Cautery pencil			<u>NS 0.9%</u>	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1	01	Koochies			<u>Trusofin</u>	1	0
<u>minipike</u>	1	0	Ointments			<u>zelm</u>	1	1
<u>osman</u>	1	—	Suction Catheter			<u>50cc</u>	2	—
Fentanyl	1	01	Cap, Mask	5/5	5/3	<u>10cc</u>	01	01
Morphine			Gauze Pack <u>N</u>	5/5	01			
Ketamine			Mop Pack	1	1			
Propofol	3	02	Steristrip		—			
Rocuronium	1	—	Underpad	1	1			
Glycopyrolate	1	—	Draw sheet	1	0			
Myopyrolate <u>100</u>	2	—	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			<u>Gauze</u>	3	01
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>Gloves</u>	4	—
Antibiotics			Bandage			<u>Dexamid</u>	1	—
<u>Suprim</u>	1	—	Tegaderm			<u>Dexatranexa</u>	14	—
Suppositories			loban			<u>50cc pmline</u>	14	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<u>Nasal transfixion</u>	1	01
Supridol : 100mg			Vaccum Suction set	1	0			
Justin 12.5 mg / 25mg / 100mg	14	—	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution					
<u>vaccum set</u>	1	0	Microshield					
<u>oral airway oil</u>	14	—	Cotton Balls	10	10			
<u>Nasal airway 16/18</u>	14	—	Latex Gloves					
<u>Suprim 100mg + 100mg</u>	14	—	Ramdione Scrub					
<u>Iv canula 21/24</u>	14	—	Saral					

Surgeon : Anaesthesiologist : Nurse : Jyothi OT Technician :
 Order No. : 9632 & 39 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174487 Admit Date : 29-May-2026 Admit Time : 09:17 AM UHID : BAH-00492242

Patient Details :

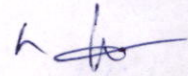
Patient Name : Master BALA ARJUN KARTHIKEYA REDDY Age : 4 Y 9 M 23 D
Guardian : Mr SASIDHAR REDDY BALU DOB : 06-08-2021
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO. 502, MANJEERA TRINITY HOMES Phone No : 9535499553/ 9441048021
Kphb Hyderabad Telangana INDIA 500072 E-mail : BALU.SASI93@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 411 Ward Name : 4F-OT COMPLEX
Room No : POST OP 411 Admission Type : First Visit

Contact Details :

Name : Mr SASIDHAR REDDY BALU Relationship : Father
Contact Address : FLAT NO. 502, MANJEERA TRINITY HOMES Phone No : 9535499553
Kphb Hyderabad Telangana INDIA 500072


Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

BAH-00492242 IP5-00174487
Master BALA ARJUN KARTHIKEYA
06-08-2021 4 Y 9 M 23 D (M)
Dr. ALISHA BABBAR

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	9:30 AM	ER	OT	B
29/5	9:40A	OT	Post op	[Signature]
29/5	11:40A	Post op	Billing	Myn

Cross Consultation Visit

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

BAH-00492242 IP5-00174487
Master BALA ARJUN KARTHIKEYA
06-08-2021 4 Y 9 M 23 D (M)
Dr. ALISHA BABBAR



OPERATION THEATER NOTES

Patient's Name : Master ARJUN KARTHIKEYA Age : 4Y Gender : Male Female

UHID No. : BAH-00492242 Weight : Height :

Surgeon : Dr. Alisha B. Asst. Surgeon :

Anesthetist : D. Babbar OT Nurse : Barpini Tyagi OT Technician : Venkat

Pre-Operative Diagnosis:

Surgical Procedure :

Ugi Endoscopy .

Indications for Surgery :

Biliary atresia

Date : 29-5-2026 Start Time : 10-15 am End Time : 10-25 am

Pre Operative Preparations:

NPO

Post Operative Diagnosis: Biliary atresia

Peri-Operative Complications:

X

Operation Notes:

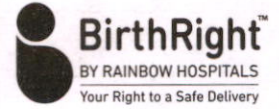
UGI Endoscopy by Dr. Alisha

E → 2 prominent folds
No varices

S - No fundal varices
no changes of portal hypertensive
gastropathy

D → normal

BAH-00492242 IP5-00174487
 Master BALA ARJUN KARTHIKEYA
 06-08-2021 4 Y 9 M 23 D (M)
 Dr. ALISHA BABBAR



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	Syrup UDCAME 7	5ml	PO	BD	28/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayabhi (Dr)

Date & Time: 29/05/26 @ 9:15 AM

Nurse Name & Signature:
(Signature)

Date & Time: 29/05/26 @ 9:39 AM



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Alisha

Date : 29/05/26

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

Start Time of Assessment: Weight: 20 kg

Allergic History:

Chief Complaints:
S/p Biliary atresia
S/p Kasai varices
(Kasai procedure @ 4 months of age)
No H/o cold/cough
No H/o Vomiting/loose stool.

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

C Circulation

Normal
 Abnormal

- Pallor
- Cyanosis
- Mottling
- Bleeding

Initial Physiological Status: Stable Unstable

Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No
 If Yes

Significant Past History:

Medication History: FT/LSCS/3.5kg/CIAB

Relevant Investigations: Immunised till date
Milestones @

Primary Assessment

Airway

Open
 Maintainable
 Not Maintainable

Any urgent interventions needed: Yes No
 If Yes

Breathing

Rate: 24/min SpO₂ on FiO₂ 100% @ RA
 Rhythm: regular


Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BAFO, clear

Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No
 If Yes

Circulation  HR: 96/min

BP: 94/56 mmHg

Pulse Volume: Central Peripheral *2.36*

If in Shock: Compensated Hypotensive

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

CFT Central Peripheral

Murmurs: Yes No


Liver Span:

ECG:

Any Signs of Heart Failure: Yes No

Any urgent interventions needed: Yes No

If Yes

Disability  GCS: AVPU: *Alert*

Pupils: Responsive Non-Responsive

Size: Right Left


Active Seizures: Yes No

Sugars:

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes

Exposure  Temp.: 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:

IV cannula - CBP

2 FT

PT, APTT/INR

NB

Sogoo

29/05/26

Treatment Planned:

1) Continue NPO

2) IV fluids

3) Shift to OT on call

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

Final Diagnosis with possible Differential Diagnosis (If necessary): *S/P Biliary Atresia s/p Kasai Vane*

Assessment done by *J.V.* Sr. Doctor on Duty (If necessary)

Name of the Doctor: *Jayash* Name of the Sr. Doctor:

Signature: *J.V.* Signature:

Date & Time: *29/05/26 @ 9:30 AM* Date & Time:



DRUG CHART

Date of Admission: 29/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 20kg Ward. 05

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Patient Sticker

BAH-00492242 IP5-00174487
 Master BALA ARJUN KARTHIKEYA
 06-08-2021 4 Y 9 M 23 D (M)
 Dr. ALISHA BABBAR



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am			200ml									
	10:00 am	pl pl		200ml									
	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



Sheet No. :

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00492242 IP5-00174487
 Master BALA ARJUN KARTHIKEYA
 06-08-2021 4 Y 9 M 23 D (M)
 Dr. ALISHA BABBAR

Name: Master Bal Arjun Karthikeya Reddy Age: 4y 8m Sex: M UHID.No: BAH 00492242
 Date: 29/5/20 Time: 8:45 AM Proposed Operation: Endoscopy Band ligation
 Diagnosis: s/p Biliary Atresia s/p Kasai Varices?? EVL Band therapy.
 B.P / CRT: 90/60 H.R: 90 Weight: 20kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: NKA

Medical History: CVS: FT/MS/3.5kpc/CIA/Immunised upto date /
 RESP: Diabetes: Milestone upto date / prolonged jaundice photo thru post.

CNS: Ush - Moderate splenomegaly liver surface irregularities Hepatic portal flow @ 3.1cm

Renal: Has lower platelet values 70-80k

Hepatic / GE: s/p Kasai Physical Activity: Active & healthy

Others:

Past Anaesthetic History: No Kasai procedure @ 4 months of age

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 3f Mentohyoid Distance: 10 Neck: 11 Teeth: No loose tooth.

Lungs: RAT clear

Heart: hr

CNS: Clear, Oriented

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Per-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Urdoxycotic acid</u>	<u>10</u>
<u>MVI / N3</u>	

Pre-Operative Instructions:

- DVT Prophylaxis: NKA > 6 hrs to 12 hrs > 2 hrs clear blood
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: -> CMT, LFT, coagulation profile

Signature: [Signature] Name: Dr. Dinesh Kumar



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: UPPER GI ENDOSCOPY + Endoscopic Variceal Band Ligation

Anaesthesiologist: Dr. Dheer Shrivastava Surgeon: Dr. Prashant Baskin

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders

Shock Obesity Chronic Obstructive Pulmonary Disease

Others Hemodynamic changes, Bleeding, Coagulopathy

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: Sasidhar Reddy Balu

Name: Sasidhar Reddy Balu

Relationship with patient: Father

Date & Time: 29/5/20 9AM

Witness:

Signature: Shavai

Name: Shavai

Date & Time: 29/5/20 9AM

Doctor (who is taking consent):

Signature: Dr. Dheer Shrivastava Name: Dr. Dheer Shrivastava

Date: 29/5/20 Time: 9AM

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 శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రిజనల్ 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 రిస్క్:

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

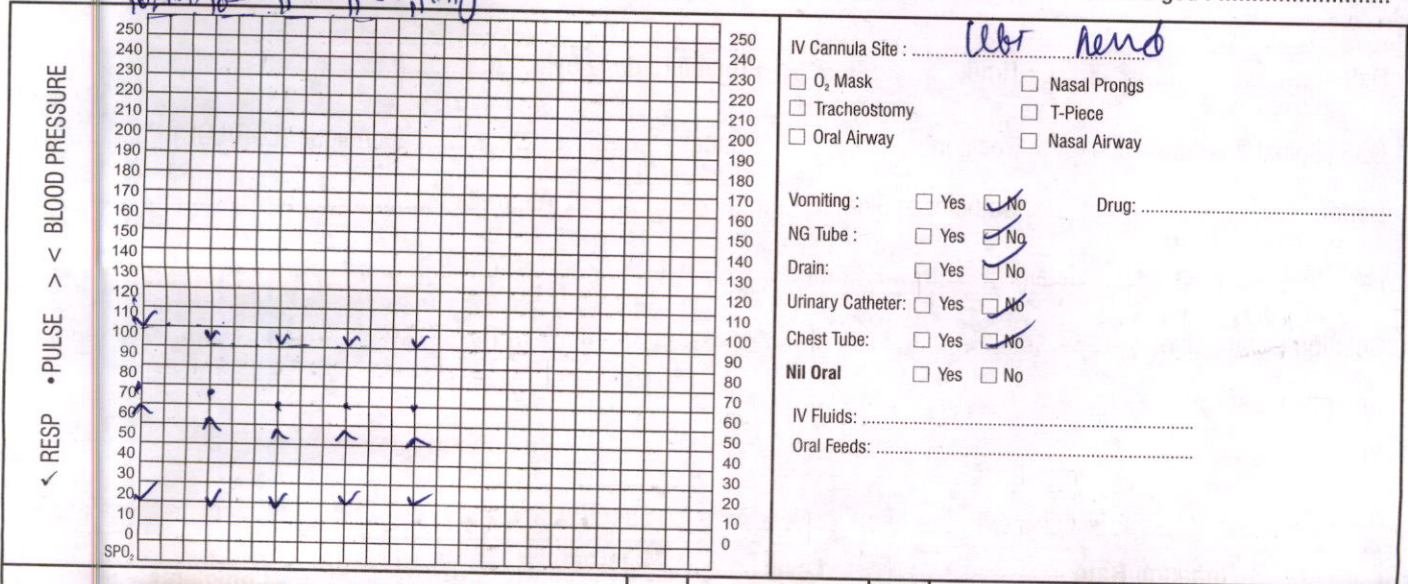
డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: *Dr. Neeraj* Time Received: *10:40 AM* Time Discharged: *11:50 AM*



IV Cannula Site: *left hand*

O₂ 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			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/5	10:40 AM	0/10	on sedation	Neeraj
29/5	12 PM	0/10	no intervention	Neeraj

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: *Dr. A. Subinok*

Anaesthesiologist Signature: *[Signature]*

Date & Time: *29/5/26 at 11:50 AM*

PACU Nurse Name: *Neeraj*

PACU Nurse Signature: *[Signature]*

Date & Time: *29/5/26 at 10:40*

Reassessment Frequency:

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

Transferred to Unit by (PACU): *B. P. Singh*

Date & Time: *29/5/26 at 11:52 AM*

