

3AH-00311226 IP5-00174490
 Patient Master DANTULURI RIAAN VARMA
 12-11-2015 10 Y 6 M 27 D (M)
 Dr. VENKAT RAM THYALAPALLI



SURGERY DETAILS

Date : 29/5/26

Patient Name: Master D. RIAAN VARMA Date of Birth: 2/11/2015 Age: 10y

Gender: M Ward: PCN-OT UHID No.: BAH-00311226

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

Name of the Surgery : Lower limb injury - (1)

Time in : 12:30pm

Time Out : Delivery Room 1pm

	NAME	AMOUNT
1. Surgeon	<u>Dr Venk Ram Thyal</u>
2. Anaesthetist	<u>DR. ARUNWASHER</u>
3. Assistant Surgeon
4. OT Technician	<u>Dr. Venkatesh</u>
5. Circulating Nurse	<u>Si. Suresh</u>
6. Assistant Nurse	<u>Si. Suresh</u>

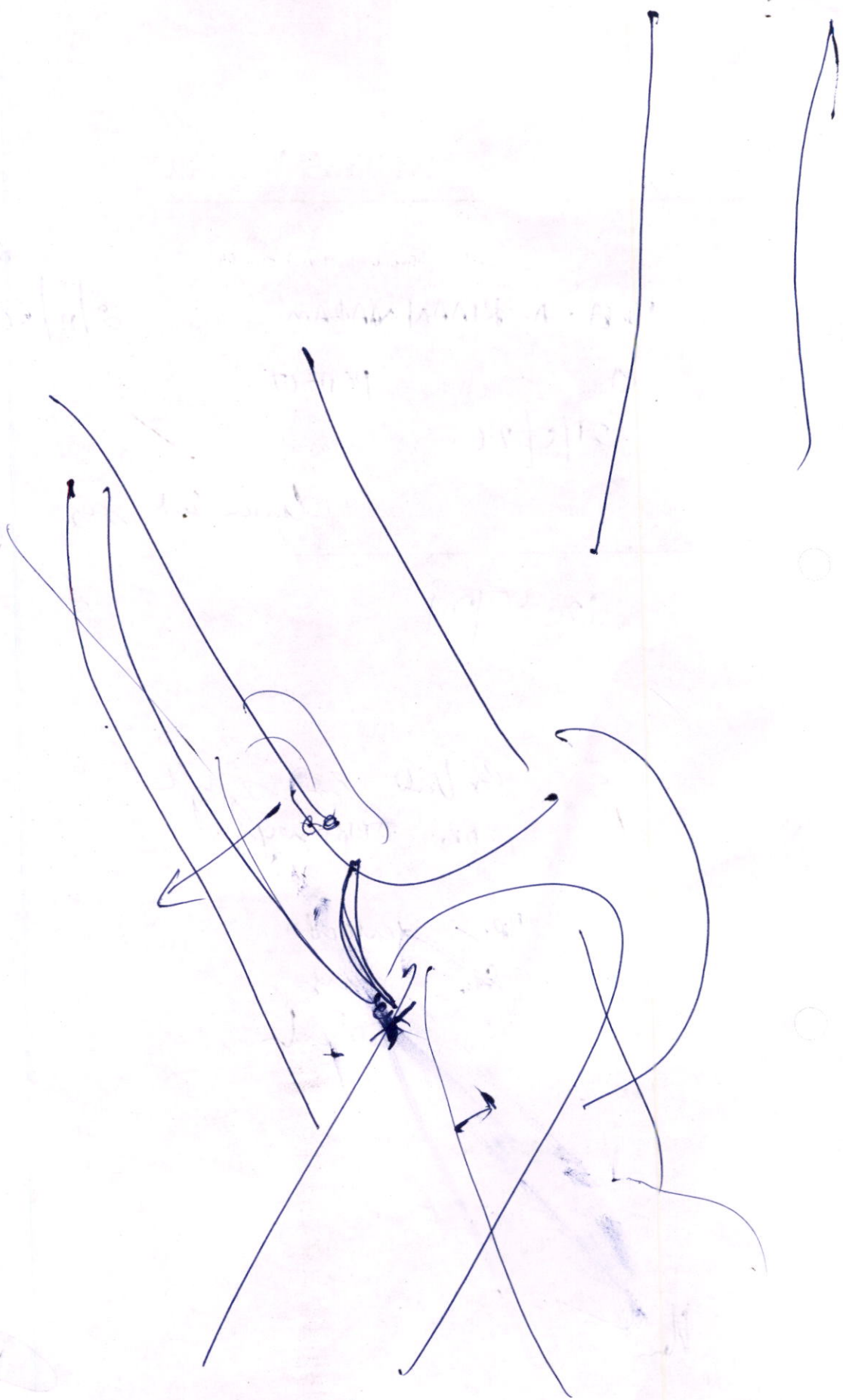
Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 9633147

Order by: [Signature]



6460

RIHAN VARMA POP. Application
 BAH-0031106

CONSUMABLES OF OT

Circulating staff : Technician : Umesh Date : 29/5 Time : 1PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A (P) N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		4				Vaccum Suction Set		
05 cc		2	Gloves (2)		2122P2	Surgical Gloves		
02 cc		0				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil			Adi coat 10cm	1	1
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XL	1	1	5cm	3	1
min spec		0	Ointments			8-5cm	3	1
			Suction Catheter			soft 004 (lunch)	2	1
Fentanyl		01	Cap, Mask	015	5+5	004	2	1
Morphine			Gauze Pack	015	2	004	2	1
Ketamine			Mop Pack	1	1			
Propofol		01	Steristrip					
Rocuronium			Underpad	1	1			
Glycopyrolate		01	Draw sheet	1	1			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
PCM	1	1	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg	1	1	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Eto - paselpro (A)	01	01	Microshield					
Gauze		01	Cotton Balls					
IV cable 22		01	Latex Gloves	10P	10P			
G. HIC		01	Ramdione Scrub					
			Saral					

Surgeon

9633134 / 185 Anaesthesiologist

Nurse

CP

OT Technician

Order No. :

Ordered by :

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

ADMISSION SHEET
Registration Details :


Admission No : IP5-00174490 Admit Date : 29-May-2026 Admit Time : 10:48 AM UHID : BAH-00311226

Patient Details :

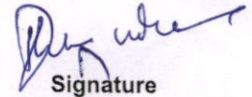
Patient Name	: Master DANTULURI RIAAN VARMA	Age	: 10 Y 6 M 27 D
Guardian	: Mr DANTULURI SUDHEER VARMA	DOB	: 02-11-2015
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: PLOT 1297,FLAT G1,HARI KRISHNA RESIDENCY, Pragathi Nagar Hyderabad Telangana INDIA 500072	Phone No	: 9704126660/ 7093001172
		E-mail	: DSV.DANTULURI@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 401 Ward Name : 4F-OT COMPLEX
 Room No : PRE OP 401 Admission Type : First Visit

Contact Details :

Name : Mr DANTULURI SUDHEER VARMA Relationship : Father
 Contact Address : PLOT 1297,FLAT G1,HARI KRISHNA
RESIDENCY, Pragathi Nagar Hyderabad
Telangana INDIA 500072 Phone No : 7093001172 / 9704126660


Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI Specialisation : ORTHOPEDICS
 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. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Time : _____ Time: _____

BAH-00311226 IP5-00174490
Master DANTULURI RIAAN VARMA
02-11-2015 10 Y 6 M 27 D (M)
Dr. VENKAT RAM THYALAPALLI



Room / Bed No : _____ Ward : _____ e bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/15	11:40am	ck.	OT	Jalal
29/15	1pm	OT	postop.	Alex
29/15	2pm	postop	s/curing	megha

Cross Consultation Visit

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

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Venkat Ram Date : 29/5/26

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

Start Time of Assessment: Weight: 22.1kg

Allergic History:

Chief Complaints:
flcl. Bilateral tightening
with sp. Bilateral hamstring transfer
& percutaneous adduction release
with TA tenotomy
now came for lower limb
plaster change under sedation

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

C Circulation

Normal
 Abnormal

Pallor
 Cyanosis
 Mottling
 Bleeding

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No
 If Yes

Significant Past History: Bilateral knee tightness

Medication History: Syp. Ibuprofen Plus / Tab. Linzee / T. Esomeprazole

Relevant Investigations:

Primary Assessment

Airway Open
 Maintainable
 Not Maintainable

Any urgent interventions needed: Yes No
 If Yes

Breathing
 Rate: 23/min SpO₂ on FIO₂ 99% ERA
 Rhythm: Regular
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BAE ⊕
 Palpation Findings (if necessary)



Circulation

HR: 112/min

CFT Central Peripheral < 3sec

Any urgent interventions needed: Yes No

If Yes

BP: mmHg

Murmurs: Yes No

Pulse Volume: Central Peripheral Good

Liver Span:

If in Shock: Compensated Hypotensive

ECG:

Muffled Heart Sound: Yes No

Any Signs of Heart Failure: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: 15/15

AVPU:

Any urgent interventions needed: Yes No

If Yes

Pupils: Responsive Non-Responsive
Size Right Left

Active Seizures: Yes No

Sugars:

Signs of Neurological compromise

Exposure



Temp.: 98.1°f

Any urgent interventions needed: Yes No

If Yes

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

Final Physiological Status: Respiratory Distress Respiratory Failure Respiratory Arrest

Shock - Compensated Hypotensive

Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

Treatment Planned:

- 1) NPO 11pm solid & 15AM liquid
- 2) PAC
- 3) Shift to O2
- 4) IVF DNS @ 50ml/hr
- 5) Lower limb plaster change & sedation

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Bilateral knee tightening now for plaster change

Assessment done by
Name of the Doctor: Sai
Signature: [Signature]
Date & Time: 29/5/26

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor: [Signature]
Signature: [Signature]
Date & Time:

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OPERATION THEATER NOTES

Patient's Name : Master - RIAAN VARMA Age : 10y Gender : Male Female

UHID No. : BAH-00311226 Weight : Height :

Surgeon : Dr Venkat Ram Thyalapalli Asst. Surgeon : -

Anesthetist : Dr. Aditya OT Nurse : Balaji OT Technician : Vishu

Pre-Operative Diagnosis : Ⓢ ⊕ Knee Contracture

Surgical Procedure : Lower limb plaster

Indications for Surgery : deformity

Date : 29/5/26 Start Time : 12:30 pm End Time : 1 pm

Pre Operative Preparations:

.....
.....
.....

Post Operative Diagnosis: Same

.....

Peri-Operative Complications:

.....
.....

Operation Notes: L. Adulthood

Lower limb plaster cast applied

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

OPERATION THEATER NOTES

431

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Cole's duct

Discharge

① egg Bungee gum
7ml / 510 / ② hr

② egg egg solidif
10ml / 500 / ③ hr

③ Rem in OR ④ hr

Name of the Surgeon: R. Kumar Arzhan

Signature of the Surgeon: [Signature]

Date & Time: 1:00am - 29/5/2022

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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: 07

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sai

Date & Time : 29/5/26 2:11am

Nurse Name & Signature: [Signature]

Date & Time : 29/5/26 2:11am

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REGULAR PRESCRIPTIONS

Weight. 22.1kg Ward.

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

Weight. 22.1g Ward.

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ite me	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
29/5/16	1:15 pm	INJ. PARACETAMOL	330 mg.	IV	Ady	ADY MD

Signature
Name

Patient



POST-SURGICAL CARE PLAN FORM

Procedure Done: *Lower limb plaster*

Post-Surgical Diagnosis: *(1) knee contracture*

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Plaster care as per

Nutritional Instructions:

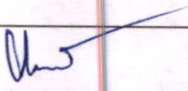
When to Start Mobilization:

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: *29/5/2015* Time: *1:30pm*

Note: Plan of care will be readjusted if necessary.

BAH-00311226 IP5-00174490
 Master DANTULURI RIAAN VARMA
 02-11-2016 10 Y 6 M 27 D (M)
 Dr. VENKAT RAM THYALAPALLI




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


BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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					

Patient Stic

BAH-00311226 IP5-00174490
Master DANTULURI RIAAN VARMA
02-11-2016 10 Y 6 M 27 D (M)
Dr. VENKAT RAM THYALAPALLI



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					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

BAH-00311226
 Master DANTULURI RIAAN VARMA
 02-11-2016 IP5-00174490
 10 Y 6 M 27 D
 Dr. VENKAT RAM THYALAPALLI (M)

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

look tooth ⊕

BAH-00311226 IP5-00174490
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02-11-2015 10 Y 6 M 27 D (M)
Dr. VENKAT RAM THYALAPALLI
It takes a lot to treat the little.



Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION

Name: Master Dantuluri Riaan Varma Age: 10 yrs Sex: M UHID.No: BAH 00311226

Date: 29/1/20 Time: 11:10 AM Proposed Operation: Plaster Change

Diagnosis: RT Bilateral Hamstring transfer + Percutaneous Adduction Release + TA denotomy & plaster

B.P./CRT: 118/78 H.R: 98 Weight: 22kgs ASA Physical Status: 1 2 3 4 5

21/5/20

Laboratory Data:

Hgb: <u>11.3</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>33.0</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>11.8</u>	Creat:	Total Bill:	HCV: <u>A fine</u>	2D Echo:
Plate: <u>460k</u>	Na:	Dir. Bill:	Blood group: <u>A fine</u>	Stress/Anglo:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
NR:	Mg++:	Amylase:	TSH: <u>2.67</u>	
	Cl-:	SGOT/SGPT:		

Allergies: NEDA

Medical History: CVS: FT/NVD/2kgs/CIAR/No NICO/H/O NICO at 1st day of birth & week 2 like seizures? Milestones up to date

RESP: Not suggestive for candida Diabetes: Toenail & DL keeping & bending 2-4 yrs

CNS: His history of multiple paroxysmal (state seizures?) (for 3-4 yrs) Tightness of legs

Renal: with uprolling of eyes and thick lips

Hepatic/GE: Sciurus during fear/pain (last episode) Physical Activity: 9 Noonam (Not dignored)

Others: Iyebaki, Not on Rx Neurologist: No involvement

Past Anaesthetic History: CIPT Hamstring transfer + Percutaneous Adduction release + TA denotomy + plaster on 21/5/20

Physical Exam: Airway: MP 1 2 3 4 Mouth Opening: 3F ⊕ Mentohyoid Distance: N Neck: N Teeth: look tooth ⊕

Lungs: BLAE ⊕, clear Heart: S2 ⊕ CNS: CLI

Pregnant: Yes No NA Venous Access Site: ⊕ Spine Exam for regional: spine p. pable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Vitamin C.</u>	

Pre-Operative Instructions: NBM > 6 hrs solids > 2 hrs clear liquids

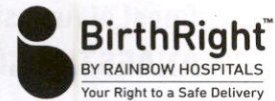
- DVT Prophylaxis:
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Deep Sharni

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 Jr. VENKAT RAM THYALAPALLI



ANAESTHESIA CHART



Pre Induction Assessment: 12:25 pm

Change in Patient Condition: Yes No Fasting Status: Confirmed

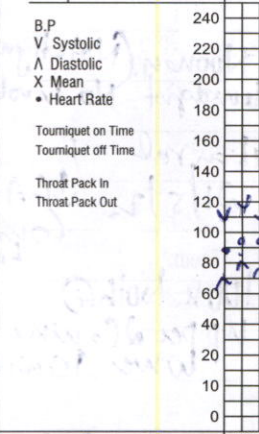
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: _____ B.P / CRT: _____ SpO₂: 100% R.R: _____ Last Feed: 76 hrs

Pre-OP Diagnosis: post TA Release Operation: POP change Date: 29/5/26

Surgeon: Dr. VENKAT RAM Anaesthesiologist: Dr. AR ; Dr. AL Technician: VENKAT

TIME	N ₂ O / AIR / O ₂ / LPM	HALO / ISO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
	<u>100%</u>	<u>100%</u>	<u>1mg</u>				
	<u>34</u>	<u>32</u>	<u>25 mg</u>				
	<u>5R</u>	<u>3R</u>	<u>30+300</u>				
	<u>34.3</u>	<u>35.6</u>					



LAB Values: _____
 ABG: _____
 GRBS: _____
 Others: _____

Equipment Checked and Functional
 BP
 Cuff Site: _____
 Art Site: _____
 EKG Lead 3
 Temp Site
 FIO₂ 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: 12:30 pm
 OP Start: 12:35 pm
 OP End: _____
 Leave OR: 1 pm
 Anaesthesia:
 GA
 Monitored Anaesthesia Care
 Regional
 Line (Size & Location)
 CVP: _____
 ART: _____
 IV: 22G @ UL
 IV: _____
 IV: _____

Induction
 IV Inhal
 Pre O₂ RSI
 Others
 Mask SGA NASAL BRONCH
 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. ASHWARHA
 Signature of the Doctor: Asy



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Reeyneri Time Received: 1 PM Time Discharged: 2:30 PM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>left hand</u> <input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway
		Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug: _____ NG Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nil Oral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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	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	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS	1	1	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR	2	2	2	2		
TOTAL	8	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/5	1 PM	0/10	on sedation	Rey

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: DAVI

Anaesthesiologist Signature: DAVI

Date & Time: 29/05/2020 2:10 PM

PACU Nurse Name: Reeyneri

PACU Nurse Signature: Reeyneri

Date & Time: 29/5/20 at 1 PM

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): Dr. Reeyneri

Date & Time: 29/5/20 at 2:10 PM

Patient Sticker



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 :

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant: Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : [Signature]

Name : Prisha D

Relationship with Patient: Mother

Date & Time : 29/5/20 11:30AM

Witness :

Signature : [Signature]

Name : D. Sudheer Varma

Date & Time : 29/5/20 11:30AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Durga Khanna

Date & Time : 29/5/20 11:30AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

BAH-00311226 IP5-00174490
 Master DANTULURI RIAAN VARMA
 02-11-2016 10 Y 6 M 27 D (M)
 Dr. VENKAT RAM THYALAPALLI
 Rain Child Hosp
 It takes a lot t

Patient Name : Mastu Dantuluri Riaan Varma Age : 10 yr Gender : Male Female
 UHID No: BAH 00311226 Surgeon Name: Dr. Venkat Ram
 Anaesthesiologist : Dr. Durgakharani
 Operative procedure planned : Plaster changes Bilateral lowerlimb

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 without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma/ Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Hemodynamic changes, O2 support

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mastu Dantuluri Riaan Varma the above mentioned operation / Diagnostic / Therapeutic procedures Plaster changes

I authorize and give consent for anaesthesia (Regional / General Anesthesia Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.