Patient Sticker

BAH-00611438 IP5-00174635
Master ADLA AAJIT SAYYI REDDY
01-04-2018 8 Y 2 M 1 D (M)
Dr. HARISH JAYARAM

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SURGERY DETAILS

Date : 02/6/26

Patient Name: M. Adla aajit Sayyi Reddy Date of Birth: ..... Age: 8Y

Gender: M Ward : P-OT UHID No.: 611438

Date of Surgery: 02/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : (R) High ligation of sac.

Time in : 12:30pm Time Out : 1:30pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Harish Jayaram	
2.	Anaesthetist	: Dr. Nikita	
3.	Assistant Surgeon	: —	
4.	OT Technician	: Prashanth	
5.	Circulating Nurse	: Suman	
6.	Assistant Nurse	: Akhil	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9639883 Order by: .....

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HIGH CLARITY of SACOLE

CONSUMABLES OF OT

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..... Technician : Prashanth Date : 2/6 Time : 12:30 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (4.5 5.0 5.5)	1+1H	—	Major Pack Drape	1	1	Inj Vit.K		
LMA 2	01	1	Sutures			Cord Clamp		
ECG leads : A / P / N	01	3	vicryl - 3.0 4.0	2+2	1	Suction Catheter		
HME filter : A / P / N	01	1	cat gut .4.0 .5.0	2+2		Feeding Tube		
Syringes : 10 cc	10	5	9915	2	1	Vaccum Suction Set		
05 cc	10	5	Gloves 6.6½ 7.7½	2+2+1	—	Surgical Gloves		
02 cc	10	5	Pf. 6.6½ 7 7½	2+2+1	2	Gauze Pack		
01 cc		—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	1	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	01	0	NG tube			Koochies (S)		
RL	01	1	Cautery pencil 1	1	1	NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	01	1	Koochies			transofix	1	—
Mee spica	01	1	Ointments			Jelly	1	—
vacuum Sub	01	1	Suction Catheter					
Fentanyl	01	1	Cap, Mask (N+R)	5	5			
Morphine			Gauze Pack G/A	5	2½			
Ketamine			Mop Pack	1	—			
Propofol	03	1	Steristrip					
Rocuronium	01	—	Underpad	1	1			
Glycopyrolate	01H	1	Draw sheet	1	1			
Myopyrolate 1 Mee	02	2	Abgel					
Ondansetron	01	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22	01	1	Urobag					
Bupivacaine 0.25%	01	1	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
IV PCM	01	—	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	—			
Justin : 12.5 mg / 25mg / 100mg	0H	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
3 way, 10 cm + 100 cm	1H	0	Microshield	1	—			
Cpap + glove cut 6.5	5 tray	1H	Cotton Balls	1"	1			
Dea + Tramco	1H	—	Latex Gloves	Lap.	SP			
I/V Canula 22/24	1H	—	Ramdione Scrub					
Q tube, Splint 1/3	1H	1H	Saral					

0 n .0 .5	1H	—
0 n .5 .0	1H	1H
Ondem CP	01	—
Dexmed (100)	01	—
Duraspore	1	+
Nayapruns Filter	1	1
dolcon	1	1
Mida	1	1
Lasix	1	1

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 96J9HJH Ordered by :

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

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____

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onsultant: _____ Dept : _____

Date of Admission: ___

ate of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	16:35	ER	OT	Anmol
2/6	3:50pm	OT	239	Dutt

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/6	CBP	55215	Samshey

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6	IV Placement	(1)	38901	Samhey
	PAE Done on	OP Basis	—	
31/6/26	NHA	(1)	9640529	Dip

ANY OTHER INFORMATION

Date : Time : Prepared By : Dipanwita

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dipanwita	2nd floor shifting ward	—	—

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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 : IP5-00174635 **Admit Date** : 02-Jun-2026 **Admit Time** : 10:00 AM **UHID** : BAH-00611438

Patient Details :

Patient Name	: Master ADLA AAJIT SAYYI REDDY	**Age**	: 8 Y 2 M 1 D
Guardian	: Mr MAHENDER REDDY	**DOB**	: 01-04-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: K S ENCLAVE FLAT NO-302 MANIKONDA HYD Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9948500555
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 409 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 409 **Admission Type** : First Visit

Contact Details :

Name	: Mr MAHENDER REDDY	**Relationship**	: Father
Contact Address	: K S ENCLAVE FLAT NO-302 MANIKONDA HYD Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9948109111 / 9948500555

Signature

Doctor Details :

Doctor Name	: Dr. HARISH JAYARAM	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: ICICI LOMBARD GENERAL INSURANCE CO LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00611438 IP5-00174635
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01-04-2018 8 Y 2 M 1 D (M)
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Patient Name: _____ _____

UHID ID: _____

Department: _____

Consultant: _____

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01-04-2018 8 Y 2 M 1 D (M)
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Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Right Hydrocoele with physiological phimosis since 2 months
Baby had pain occasional @ hydrocoele

History of present illness :

Baby now planned for Right high ligation & SAC in CIA

No H/o fever, cold, cough, vomitys, loose stools.

No H/o fresh complaints.

Patient Sticker

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y & Physical Examination

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

—

Birth & Neonatal History:

Term | NVD | CIAB | 2.5kg | NO HoNICU stay.

Birth & Socio Economic History:

About Father : Upper middle class.
About Mother :
Any additional Information :

Developmental History :

(N)

Immunization History :

Immunisation till date

(P.T.O.)

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01-04-2018 8 Y 2 M 1 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))~~18.89kg~~ 19kg (Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : 103/min B.P. 100/59(64) SPO2 100% on RA

Resp.rate and type of breathing : RR ~ 24/min

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Nil

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BILAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, NT.

Ausculation :

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : N

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator : N

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Right Hydrocoele with physiological phimosis

Planned for Right high ligation of sac

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP on cannulation

MB Anwesh 2/6/26

Planned Management

IV Fluids

NPO to continue.

Anwesh MB 2/6/26

Signature of the Doctor: Ramya

Name of the Doctor: Dr. RAMYA

Date & Time: 2/6/26; 10am.

Signature of the Consultant:

Name of the Consultant: Dr. Harish

Date & Time: 2/6/26 11:45AM

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Patient S

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OPERATION THEATER NOTES

Patient's Name : M. ADLA AAJIT SAYYI REDDY Age : 8 Y Gender : ☒ Male ☐ Female

UHID No.: BAH-00611438 Weight : 13 Kgs Height : —

Surgeon : Dr. Harish Jayaram	Asst. Surgeon : —	
Anesthetist : Dr. Nikita	OT Nurse: Akhil	OT Technician: Prashanth

Pre-Operative Diagnosis: (R) Hydrocele

Surgical Procedure : (R) High ligation of sac

Indications for Surgery : (R) Hydrocele

Date : 02/6/26 Start Time : 12:50pm End Time : 1:30pm

Pre Operative Preparations: Betadine Skin prep.

Post Operative Diagnosis: (R) Hydrocele

Peri-Operative Complications: — None —

Operation Notes: Finding - Thin hernial sac with fluid as content, Vas & vessels (N)

Procedure: (R) lower groin crease incision, inguinal canal opened, sac identified, dissected from vas & vessels, transfixed, ligated and divided at the internal ring. Distal sac laid open and wound closed in layers.

Amount of Blood Loss: 1ml	Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination: —

Peri-Operative Complications: None.

Name of the Surgeon: Dr. Hemish Jagwani

Signature of the Surgeon: .....

Date & Time: 2/6/26 1.15 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 5:30pm	C/S/B Dr Nikhita	
	POD-0 (R) High ligation of sac.	
	Afebril	
		Adv
	Vitals- Stable	(1) Full feeds as tolerated
		(2) Monitor ~~Man~~ urine output
	P/A -soft	
		Dr Nikhita 5:30pm.
	Amused	
3/6/26 7:40 AM	C/S/B Dr. Maliha.	
	POP - (1)	Adv
	Afebrile	1) Full feeds
	Vitals stable	2) Plan discharge today
	P/A - soft	
	L/E - dressing intact.	
	Hamil 3/6/26 9AM	Maliha 3/4/26 7:40 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

DIC

Docu. No. : RCHBH /FRM / CLINICAL / 088

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RESULT SHEET

Date	2/6/26					
Time	10.11					
Hb	13					
PCV	40.1					
RBC	5.26					
WBC	8.46					
N/L	51.1/36.9					
Platelets	346					
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						

D/c

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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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						☐ 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. RAMYA

Date & Time : 2/6/26; 10am

Nurse Name & Signature: Anmol

Date & Time : 2/6/26 10:30 Am

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DRUG CHART

Date of Admission: 2/6/20 Drug Allergies: ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

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REGULAR PRESCRIPTIONS

Weight. 19 kg ~~16.39 kg~~ Ward. .....

Dose	Route	Frequency	Start Date	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date	Date / Time
300 mg	IV	QSH	2/6/26	2/6/26 6am ✓ 1pm ✓ 2pm ✓

Name & Signature of the Doctor Starting the Drugs: Dr. Harish

Additional Instructions: 100ml normal saline.

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/24	1pm	Inj. PARACETAMOL	300mg	IV	NS	Anish 1:10pm Sree
2/6/24	6:30pm	Sup. DICLOFENAC	12.5mg	PR	NS	Anish 1:20pm Sree
			D/C			

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I.V. FLUIDS CHART

Weight. 19 kg ~~10 39 kg~~ Ward. .....

Date	Time	Composition of I.V. Fluid (Intention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/6/26		DNS (2/3rd maint)	IV	~~40~~	[illegible]		not [illegible]		
~~2/6/26~~	12:30pm	RINGER LACTATE	IV	[illegible]	[illegible]	[illegible]	2/6	[illegible]	[illegible]

D/C

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

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2/6/26

. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:		5 pm	10 pm	2 AM	6 AM
Doctor / Nurse / Family Concern?		OT	OT	OT	D/C
Temperature (F)	104				
	103				
	102				
	101				
	100				
	99	*98.6F	*98.8F	*97.7F	*98.8F
	98				
	97				
	96				
	95				
	94				
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110	112 (76)	102 (85)	104 (75)	102 (75)
	100				
	90				
	80				
	70				
	60	58	60	55	60
	50				
Heart Rate (Number)		112bpm	126bpm	123bpm	126bpm
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)		25b/m	23b/m	26b/m	23b/m
Resp Distress: Mod/ Severe | None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)		98%	99%	100%	99%
Conscious Level: Normal | Altered					
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		NB	B	B	C

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE >3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Master ADLA AAJIT SAYYI REDDY
01-04-2016 8 Y 2 M 1 D (M)
Dr. HARISH JAYARAM

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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.

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
2/6												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm			61								
Total Intake :						Total Output :						
2/6	02:00 pm		H2O	—	—	—	—	—	—	—	0	Dougl
	03:00 pm		Food	—							0	
	04:00 pm			—							0	
	05:00 pm		Idli	—						L	0	Nikhil
	06:00 pm		water	—						.	0	Nikhil
	07:00 pm			—							0	Nikhil
Total Intake :						Total Output :				U-1	M-0	
2/6	08:00 pm	1		—							0	Dougl
	09:00 pm	1	Idly	—							0	Dougl
	10:00 pm	30	Rice	—						✓	0	Dougl
	11:00 pm	RF		—			rest				0	Dougl
	12:00 am	1		—							0	Dougl
	01:00 am	1		—						✓	0	Dougl
Total Intake :						Total Output :				U-2	M-0	
3/6	02:00 am	1		—							0	Dougl
	03:00 am	1		—						✓	0	Dougl
	04:00 am	20	Rice	—							0	Dougl
	05:00 am	RF		—			rest				0	Dougl
	06:00 am	1		—							0	Dougl
	07:00 am	1		—						✓	0	Dougl
Total Intake :						Total Output :				U-2	M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	U-5 M-0

Docu. No. : RCHBH /FRM / CLINICAL / 092

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23/6/26

FLUID CHART

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Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/6/26 Time: 9am

Weight: 19kgs Centile: <5th

Height: 115cms Centile: <5th

Inference: Underweight child

RDA: - Calories: 1550 kcal/d Protein: 27g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, Chilled, outside food

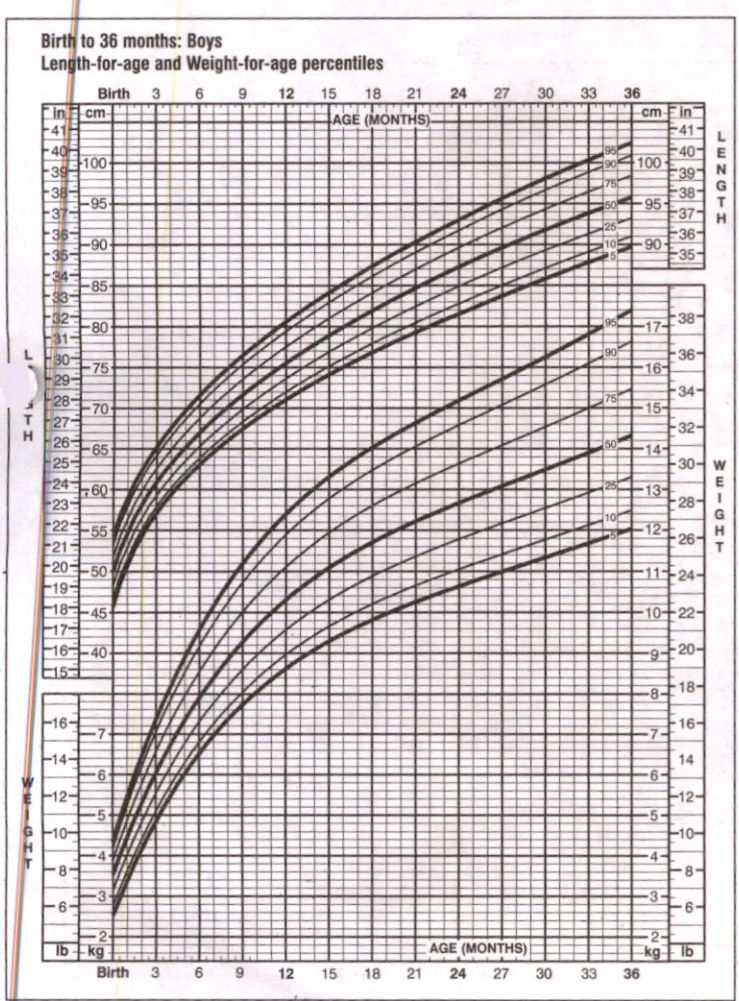
Food Allergies: No Veg/Non-veg Non-veg

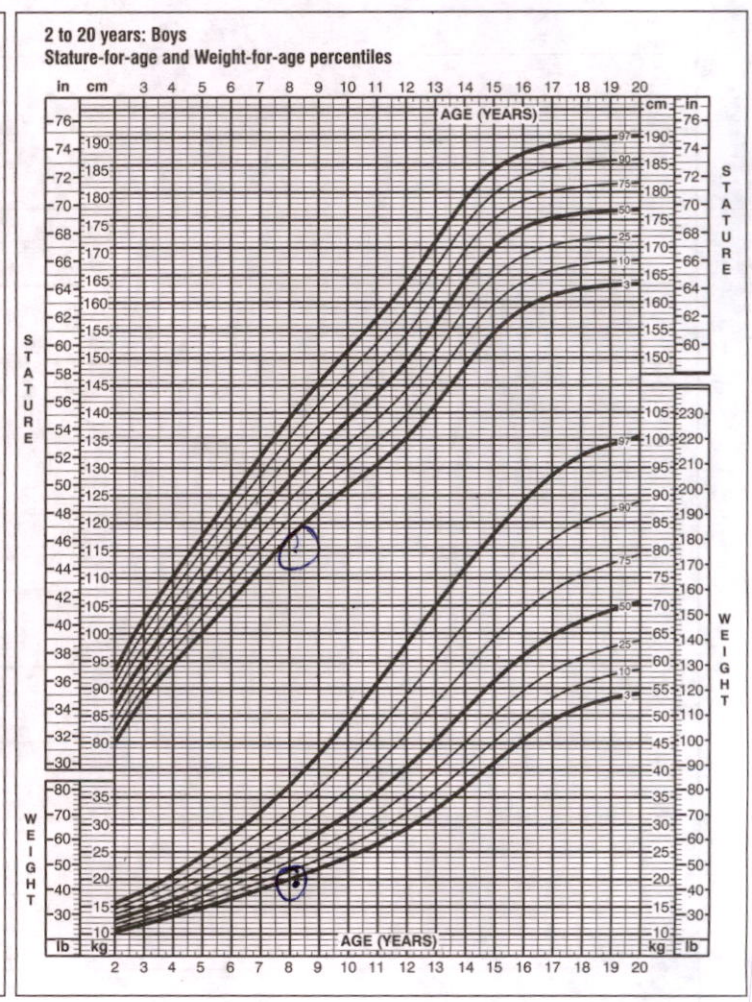
Diagnosis: (R) high ligation of sac

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: .....

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature

Daily Notes:

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Master Adla Aajit Age: 8 Y 1 M Sex: male UHID.No: BAH-00611438.

Date: 1/6/2026. Time: 4:45pm. Proposed Operation: Right High Ligation of Sac.

Diagnosis: Right Hydrocele. with Physiological phimosis.

B.P / CRT: 85/ec H.R: ..... Weight: ~~16.39kg~~ 19kg. ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.7	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 8,460	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.4 Lakh	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: NOT significant

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Diabetes: –

Term NVD [LIAB / NO NICU Stay

B.Wt: 2.5kg.

immunised till date.

Development (N).

Physical Activity: Active.

Past Anaesthetic History: –

Physical Exam: (N)

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: 2FB Neck: (N) Teeth: (Intact) Missed lower incisors lower canines

Lungs: BAE (+) Clear

Heart: S1S2 (+)

CNS: HMF (+).

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site: accessible Spine Exam for regional: (N).

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

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours] explained.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: CBP Cannulation.

Signature: Name: Dr. Tejasvini

Doc. No. : RCH / FRM / CLINICAL / 044

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ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 110/pm	B.P / CRT: 100/60	SpO_2: 100%	R.R: 26/min	Last Feed: 10 hr
Pre-OP Diagnosis: R. Hydrocele	Operation: Bilateral Ligation & Excision			Date: 2.5.18
Surgeon: Dr. Harish	Anaesthesiologist: Dr. Nikeeta Tor-At			Technician: Prashanth

TIME

~~N_2O~~ /AIR /O_2, LPM 03/03 l/min
~~HALO~~ /~~ISO~~ /SEVO 2 / 3%

Drugs:
IV. Midaz 0.2mg/kg
IV. Fentanyl 2mcg/kg
IV Propofol 50 mg/kg

Antibiotic: Diclofenac 12.5mg PR Suppository

Blood Loss

NOTES

FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	40	40	40	40
ECG	NSR	NSR	NSR	NSR
Temperature				
Urine Output				
Fluids / Blood	RL @ 10ml/hr			

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

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP ☐ Cuff Site: Rt. arm
☐ Art Site:
☑ EKG Lead 8 nos
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator
Position: Supine
☑ Pressure Points Checked

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

Times:
Anaes Start: 12:30pm
OP Start: "
OP End:
Leave OR: 1:30pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Site / Location)
☐ CVP
☐ ART
☑ IV 24G (Rt. hand)
☐ IM
☐ IN

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

☐ Mask ☑ SGA 2.0
☐ 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: Lateral
Site: Sacrococcygeal
Needle Size: 22G Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 0.25% Bupivacaine
Bolus: 1 ml/kg
Infusion: -
Block Level: -
Comments: -

Transportation to ☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Nikeeta
Signature of the Doctor: [signature]

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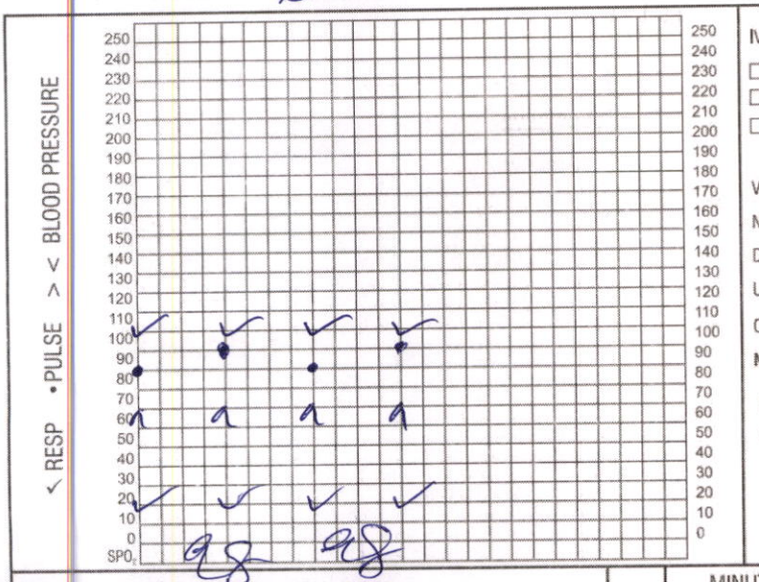
POST- RECORD

Received in PACU by : Dies Time Received : 1135pm Time Discharged : .....



IV Cannula Site : 22G

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

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/6	1:35pm	1	—	Dies

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

Anaesthesiologist Name : Dr. AISHWARYA
Anaesthesiologist Signature: Aishwarya 4pm
Date & Time: .....

PACU Nurse Name : Dies
PACU Nurse Signature: Dies
Date & Time: 8/6/26 @

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): ICU
Date & Time: 8/6/26 @ 2pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level 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 : .....

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Master ADLA AAJIT SAYYI REDDY (M)
01-04-2018 8 Y 2 M 1 D
Dr. HARISH JAYARAM

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Right High ligation of Sac.

Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. Harish Jayaram.

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: mahendr
Name: Mahender Reddy
Relationship with patient: Father
Date & Time: 1/6/26 4:50 pm

Witness:
Signature: A. Manjusha
Name: A. Manjusha.
Date & Time: 1/6/2026 4:50pm

Doctor (who is taking consent):
Signature: Name: Dr. Tejaswini Date 1/6/26 Time: 4:50pm

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: .....