

Pat

BAH-00603134 IP5-00173854
Master MD AHAAD UDDIN (M)
27-10-2020 5 Y 6 M 18 D
Dr. NABEEL ALAM QADRI

SURGERY DETAILS

Date : 15/5/26

Patient Name: Mr. Ahaad Date of Birth: Age: 5y

Gender: male Ward: P-5T UHID No.:

Date of Surgery: 15/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Chordee correction

Time in : 9:45 AM

Time Out : 11:45 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr Naseel</u>
2. Anaesthetist	<u>Dr. shelpa</u>
3. Assistant Surgeon	<u>Dr. Javed</u>
4. OT Technician	<u>Sirishy</u>
5. Circulating Nurse	<u>Bobi</u>
6. Assistant Nurse	<u>Ames</u>

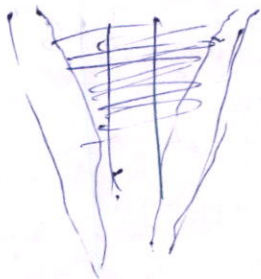
Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

[Signature]
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 9609719

Order by: [Signature]



Handwritten notes in blue ink, including the word "BIRD" and other illegible text.

Handwritten number "207" in blue ink.



enrolled correction

CONSUMABLES OF OT

Circulating staff : Technician : Date : Time : 9 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube	40	05	Major Pack	1	1	Inj Vit.K		
LMA	1	2	Sutures	2	1	Cord Clamp		
ECG leads : A/P/N	5	03	w/nyl 3-0, 4-0, 5-0 etc	4	1	Suction Catheter		
HME filter : A/P/N	1	01	poly 3-0, 4-0, 5-0	4	1	Feeding Tube	7 size	1
Syringes : 10 cc	10	02	PPS 5-0, 6-0, 7-0 etc	2	2	Vaccum Suction Set		
05 cc	10	02	Gloves w/nyl 60	2	1	Surgical Gloves		
02 cc	10	02	6, 6 1/2, 7, 7 1/2	2	1	Gauze Pack		
01 cc	5	03	6, 6 1/2, 7, 7 1/2	2	1	Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	01	Surgical blade	1	1	Surgical Blade # 20		
IV set	1	01	NG tube	1	1	Koochies (S)		
RL	1	01	Cautery pencil			MS spon		1
NS : 10ml / 100ml / 500ml / 1000ml	5	01	Koochies XL	2	2	spon		1
minipipe	1	01	Ointments			boce, rce, zu		0
oamale	1	01	Suction Catheter			inj manico 4x1		1
Fentanyl	1	01	Cap, Mask	5/5	5/5	Demimarkere		1
Morphine			Gauze Pack	1	3	Dominant		1
Ketamine			Mop Pack	1	1	26 @ nurse		1
Propofol	3	02	Steristrip			Culter 10x10		1
Rocuronium	1	01	Underpad	1	1	Ligocaine Jelly		1
Glycopyrolate	1	01	Draw sheet	1	1	20		
Myopyrolate	2	02	Abgel					
Ondansetron	1	01	Foleys catheter			Gauze		3
Pencan 25g/ Spinal Needle 22	1	01	Urobag			Gloves		4
Bupivacaine 0.25%	1	01	Chest Drainage Catheter			Debrided		1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Dexatromexol		1
Antibiotics			Bandage			500 fpm line		1
Soyram	1	01	Tegaderm			Nasal mat (front)		1
Suppositories			loban					
Aramol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin 12.5 mg 25mg 100mg	1	01	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
vaccumset	1	01	Microshield	1	1			
oral air way Oil	1	01	Cotton Balls	1	1			
Nasal airway 16/18	1	01	Latex Gloves	1	1			
3 way w/cm fibrom	1	01	Ramdione Scrub					
600 cannula 21x4	1	01	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : 2609644 Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

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Dr. NABEEL ALAM QADRI

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/5/26	7:43 AM	ER	OT	Abhishek
15/5/26	11:45 AM	OT	Postop	Almi
15/5/26	1:45 PM	Postop	144	Reyhan

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/5	Implacment	①	9160	Samshe
	Pac Done on op	Basis	-	
15/5	NHA	①	72101	Appp

ANY OTHER INFORMATION

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Date: 16/5 Time: 9:30am Prepared By: [Signature]

Staff Nurse 5	Shift / Ward 144	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00173854 Admit Date : 15-May-2026 Admit Time : 07:10 AM UHID : BAH-00603134

Patient Details :

Patient Name : Master MD AHAAD UDDIN Age : 5 Y 6 M 18 D
Guardian : Mr MOHAMMED ATHER UDDIN DOB : 27-10-2020
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : #H.NO 8-1-39/GS/A4 GOLDEN SANDS COLONY 7 TOMBS ROAD Tolichowki Hyderabad Telangana INDIA 500008 Phone No : 9885004169/ 7382394169
E-mail : nomailid@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : PRE OP 403 Ward Name : 4F-OT COMPLEX
Room No : PRE OP 403 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMED ATHER UDDIN Relationship : Father
Contact Address : #H.NO 8-1-39/GS/A4 GOLDEN SANDS COLONY 7 TOMBS ROAD Tolichowki Hyderabad Telangana INDIA 500008 Phone No : 9885004169 / 7382394169

Signature
Signature

Doctor Details :

Doctor Name : Dr. NABEEL ALAM QADRI Specialisation : PEDIATRIC SURGERY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

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

MD. A. ... Uddelin.

BHT-00603134
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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			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
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				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
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				
35	Intensive care unit (ICU Charts)	1			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale				
39	Bed side check list <i>Thrombopen</i>	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	<i>Extra</i>				
	Total No. of Pages	4 201			

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00603134 IP5-00173854
Master MD AHAAD UDDIN
27-10-2020 5 Y 6 M 18 D (M)
Dr. NABEEL ALAM QADRI



Patient Name:

Uddin

UHID ID:

Bah-00603134

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : Master MD Ahaad Uddin Age/Sex _____

Information given by: Father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cp Burning micturition :- 2024

History of present illness :

As per informant - child apparently well
then had

cp Burning micturition :- 2024
& Increased frequency of micturition.

o/e :- Had Ventrally deficient prostate
Chordee
Medial stenosis.

now for Chordee correction

no H/o fever/cold/cough.

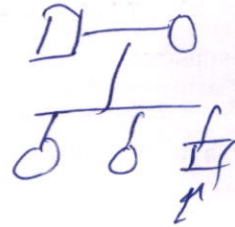


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

FT/LSCS/MCH/3.4kg



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : middle

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 16 kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 98/min B.P. 103/68 SPO2 99.1% RA
Resp. rate and type of breathing : 22/min
regular

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)
Air entry & breath sounds : BAE(A) clear
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc..) _____

Cardiovascular System :

Inspection of precordium : (N)
Heart Sounds : S₁ S₂ heard.
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : _____

Per Abdomen :

Inspection (N)
Palpation : Soft non tender
Ausculation : BS(A)
Spine : (N) External Genitelia : (N)
Relevant data from outside (CT, USG etc..) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alex/Active

Cranial Nerves : Intact

Motor System:

Nutriton : good

Tone: (N) Power SL

Co-ordinator : _____

Posture : _____

Involuntary Movements : nil

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Chordee sac Hypospadias
Now for chordee correction

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Dr. NABEEL ALAM QADRI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic Stability

Planned Labs:

CBP
PT, INR

~~N/B
Ablushe~~

Planned Management

- 1) NPO to continue
- 2) IV fluids
- 3) Shift to OT on call

Signature of the Doctor: JM

Name of the Doctor: Jayalw

Date & Time: 15/5/26 @ 7:30 AM

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Nabeel

Date & Time: 15/5/26 @ 9 AM

Dr. NABEEL ALAM QADRI
Reg. No: 7584

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 Master MD AHAAD UDDIN
 27-10-2020 5 Y 6 M 18 D (M)
 Dr. NABEEL ALAM QADRI

Patient Stick



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 15/5/26

Department : P-UT Duration of Procedure : 2 hrs.

Name of Surgeon : Dr. Nabeel Date of Admission : 15/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input checked="" type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : i.v. - Augmentin 480mg	
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Patient's body temperature immediately post operation (Recovery Room) 36.2°C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Teena Sis Date & Time of antibiotic administration : @ 8:40 AM, 15/5/26 Date & Time procedure started : @ 10 AM, 15/5/26	

- 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 management

(Bundle care and when required SSI form) are completed properly


must always be kept in Infection Control folder in respective department

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Nabeel
 Asst. Surgeon :
 Anaesthetist : Dr. Submyan
 Scrub Nurse : Amos

Patient Name : Mst. Ahal Age : 54 Gender : M
 UHID No. : 603134 Surgery Name : Chardee Corneal
 Date : 15/12/20 In-time : 9:20 AM Out-time : 11:45 AM

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 Master ID: AHAAD UDDIN
 27-10-2020 5 Y 6 M 18 D (M)
 DR. NABEEL ALAM QADRI



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>9:25 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>Dr. S.K. Ajesh</u>	

TIME OUT	Time: <u>9:52 AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>[Signature]</u>	

SIGN OUT	Time: <u>11:30 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dr. Nabeel Alam Qadri</u>	

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27-10-2020 5 Y 6 M 18 D (M)
Dr. NABEEL ALAM QADRI

Pati



POST-SURGICAL CARE PLAN FORM

Procedure Done:	Chordee correction
Post-Surgical Diagnosis:	Chordee scar hypospadias
Post-Operative Monitoring Parameters /Frequency:	TPR chart Every 15 min for 1st hour
Wound Care:	Dressing
Drain / Special Lines/Catheters:	Urethral catheter
Special Patient Positioning and Requirements:	NIL
Nutritional Instructions:	NPO till fully awake followed by few feeds
When to Start Mobilization:	As Early
Special Referrals:	NIL
The new order for all required medications documented in the doctor order/medication sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any Other Post-Operative Care Needed including Required Follow Up	NIL
Treating Surgeon (Signature & Stamp)	 Dr. NABEEL ALAM QADRI Reg. No: 75241
Note: Plan of care will be readjusted if necessary.	Date: 15/5/26 Time: 11:45am



OPERATION THEATER NOTES

Patient's Name: Md Ahaad Uddin Age: 5Y Gender: Male Female

UHID No.: BAH-603134 Weight: 16 kg Height:

Surgeon: MD. Ahaad Uddin Asst. Surgeon: Dr. Kavya

Anesthetist: Dr. Sebramony OT Nurse: Ahmed OT Technician:

Pre-Operative Diagnosis: Chordee sans hypospadias

Surgical Procedure: Chordee correction

Indications for Surgery: Abnormal curvature of penis

Date: 15/5/26 Start Time: 10:15 AM End Time: 11:30 AM

Pre Operative Preparations:

Betadine

Post Operative Diagnosis: Chordee sans hypospadias

Peri-Operative Complications: - Nil -

Operation Notes:

Finding - Distal dysplastic urethra

- splayed out spongiosum

- Chordee @ skin level

- Skin adherent to dysplastic urethra

5-0 pdsene glass sitch taken & circumcoronal Incision made

penis degloved & chordee corrected - confirmed

on githes test

- Spinosum mobilised & sutured w 7-0 PDS over the hypoplastic urethra
- Ryan's flaps raised & brought ventrally.
- skin sutured w 7-0 PDS
- Drains done
- 6fr IPT placed & tided

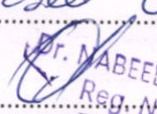
Amount of Blood Loss: 2-3ml

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Name of the Surgeon: Dr. Naseel Qadri

Signature of the Surgeon:  Dr. NABEEL ALAM QADRI
Reg. No: 75241

Date & Time: 17/5/26 @ 11:43 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/20 6:15 PM	CS/B Ahmad POD - 0 afebrile vitals stable Dressing dry	Adv - full feeds - D/C tomorrow Ahmad 15/5 6:15 PM
16/5/20 8:45 AM	CS/B Dr Malika [POD - 1] PT - Afebrile vitals - stable P/A - soft Dressing - no soaks	Adv - Allow full feeds - plan D/C today Malika Dr-Malika 16/5/2020 8:45 AM

Dr. NABEEL ALAM QADRI
 Reg. No: 75241

Ahmad
 16/5
 8:30 AM
 Dr. NABEEL ALAM QADRI
 Reg. No: 75241

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 Dr. NABEEL ALAM QADRI



RESULT SHEET

Date	15/5				
Time	9:07am				
Hb	13.7				
PCV	42.1				
RBC	5.52				
WBC	10.58				
N/L	21.9/70				
Platelets	432				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
GOT					
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					

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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						<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: Jayashree

Date & Time: 15/5/26 @ 7:10 AM

Nurse Name & Signature: Abhishek

Date & Time: 15/5/26 @ 7:10 AM

DRUG CHART

Date of Admission: 15/5/26 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 Signatur



REGULAR PRESCRIPTIONS

Weight: 16 kg Ward.

c/s - Khalid

DRUG : <u>INJ AUGMENTIN</u>				Date/Time	<u>16/5/15</u>
Dose	Route	Frequency	Start Date		
<u>480mg</u>	<u>I/V</u>	<u>TID</u>	<u>15/5</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>6 AM</u> <u>8 AM</u> <u>12 PM</u> <u>2 PM</u> <u>5 PM</u> <u>10 PM</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

c/s - Khalid

DRUG : <u>INJ AMIKACIN</u>				Date/Time	<u>16/5</u>
Dose	Route	Frequency	Start Date		
<u>240mg</u>	<u>I/V</u>	<u>once daily</u>	<u>16/5</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>10 AM</u> <u>OT</u>	
Additional Instructions:				<u>To give on 16/5/26</u>	
Daily Doctor's Endorsement by a Sign					

c/s - Khalid

DRUG : <u>INJ PARACETAMOL</u>				Date/Time	<u>15/6/15</u>
Dose	Route	Frequency	Start Date		
<u>240mg</u>	<u>I/V</u>	<u>TID</u>	<u>15/6</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>6 AM</u> <u>12 PM</u> <u>5 PM</u> <u>7 PM</u> <u>10 PM</u>	
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					



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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/5/26	8:45 am show	Inj AMOXICILLIN CLAVULANATE	480mg	IV	Fayeh	Peena Amul
15/5/26	before procedure	Inj AMIKACIN	240mg	IV	Fayeh	Peena Amul

Signature
VERIFIED BY - Name

BAH-00603134 IP5-00173854
 Master MD AHAAD UDDIN
 27-10-2020 5 Y 6 M 18 D (M)
 Dr. NABEEL ALAM QADRI



Patient Sticker

FLUID CHART

Sheet No. :

- 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			
5/5	08:00 am		M								0	H	
	09:00 am	REL	P	1800							0		
	10:00 am		O	1600							0		
	11:00 am			1600							0		
	12:00 pm										0		
	01:00 pm		water JCU		300						0		
Total Intake :						Total Output :							
5/5	02:00 pm					/					0	H	
	03:00 pm					/					0		
	04:00 pm	ADD WVF				/					0		
	05:00 pm					/					0		
	06:00 pm					/					0		
	07:00 pm					/					0		
Total Intake :						Total Output :							
5/5	08:00 pm					/					0	H	
	09:00 pm					/					0		
	10:00 pm	NO IVF				/					0		
	11:00 pm					/					0		
	12:00 am					/					0		
	01:00 am					/					0		
Total Intake :						Total Output :							
6/5	02:00 am					/					0	H	
	03:00 am					/					0		
	04:00 am	NO WVF				/					0		
	05:00 am					/					0		
	06:00 am					/					0		
	07:00 am					/					0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00603134 IP5-00173854
 Master MD AHAAD UDDIN
 27-10-2020 5 Y 6 M 18 D (M)
 Dr. NABEEL ALAM QADRI

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



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Nabeel

Date : 15/5/20

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

Start Time of Assessment: Weight: 16 kg

Allergic History:

Chief Complaints:
No Burning micturition - mucus
↑ frequency
Had cho-lee sac
hypospadias
Now for cho-lee correction

Pediatric Assessment Triangle

A Appearance - TICLS Normal

B C Circulation Normal
 Abnormal

Breathing

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Pallor
 Cyanosis
 Mottling
 Bleeding

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening

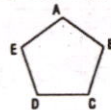
Any urgent interventions needed: Yes No
 If Yes


Significant Past History:

Medication History: F7/LSCS/Mch/3.4kg/CIAB

Relevant Investigations: Innucised ⊕

Primary Assessment

Airway  Open
 Maintainable
 Not Maintainable

Breathing  Rate: 22/min SpO₂ on FiO₂ 99.1% RA
 Rhythm: regular
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BAE ⊕
 Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 98/min

CFT [Central <3sec
Peripheral

Any urgent interventions needed: Yes No

If Yes:

BP: 103/68 mmHg

Pulse Volume: [Central <3sec
Peripheral

Murmurs: Yes No

Liver Span:

If in Shock: [Compensated
Hypotensive

ECG:

Any Signs of Heart Failure: Yes No

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: AVPU: Alert

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.: 98.9°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:

IV cannula - CBF
PT, INR

Treatment Planned:

1) NPO to continue
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): Chordee sac hypospadias - for chordee correction

Assessment done by
Name of the Doctor: Jayohi

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor:

Signature: JH

Signature:

Date & Time: 12/26 @ 7:10 AM

Date & Time:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00603134 IP5-00173854
 Master MD AHAAD UDDIN
 27-10-2020 5 Y 6 M 18 D (M)
 Dr. NABEEL ALAM QADRI



Name: Master MD AHAAD UDDIN Age: 5y 6m Sex: MU UHID.No: BAH-00603134
 Date: 14/6/20 Time: 4:20pm Proposed Operation: CHORDEE CORRECTION
 Diagnosis: HYPOSPADIAS
 B.P / CRT: <3sec H.R: 108 Weight: 16.40kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 13.7 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: NIL

Medical History: CVS:
 RESP: Diabetes:
 CNS: NIL SIGNIFICANT
 Renal: FT/2SCS/Mch/3.4kg/CIAB
 Hepatic / GE: Physical Activity: Immunisation (+)
 Others:

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N) Alignment
 Lungs: BAE (+), clear
 Heart: S1S2 (+)
 CNS: NAD
 Pregnant: Yes No NA Venous Access Site: Peripheral (+) Spine Exam for regional: Midline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: Explained
- NIL ORAL $\left\{ \begin{array}{l} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: (1) CBP on admission, PT, INR

Signature: [Signature] Name: Dr. S. Ayesh



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: overnight

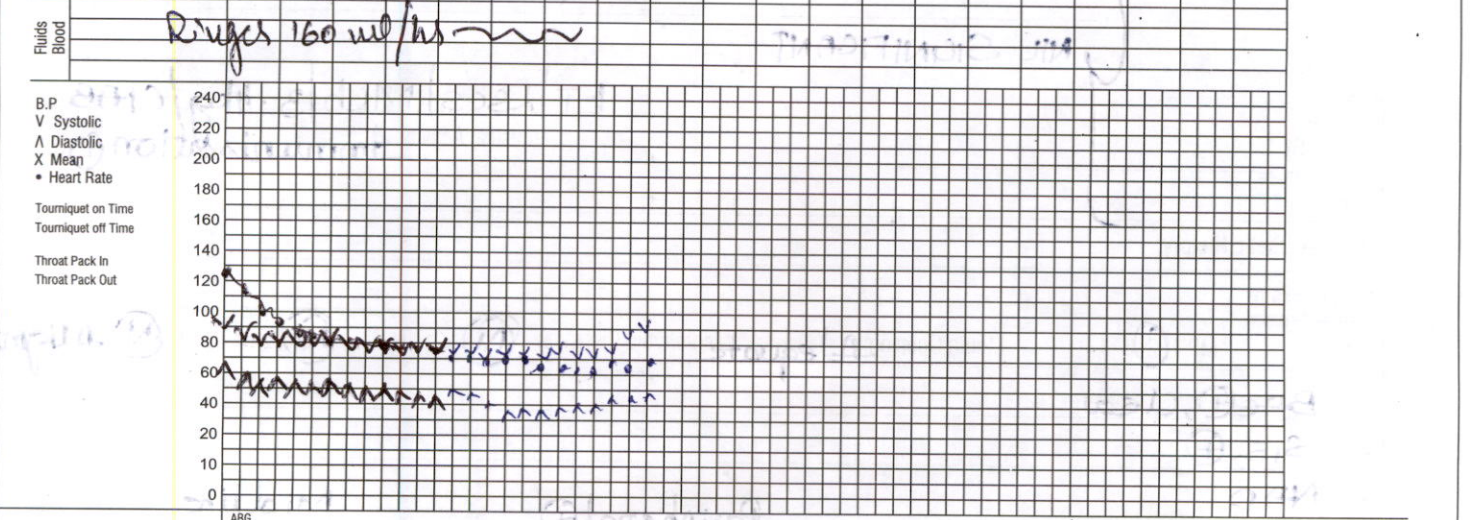
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 120 B.P./CRT: 91/67 SpO₂: 100% R.R.: 16 Last Feed: 10 PM

Pre-OP Diagnosis: Chordee Operation: Chordee Correction Date: 15/5/20

Surgeon: Dr. Nabeel Anaesthesiologist: M. Subrahmanyam Technician: Bapu

TIME	N ₂ O (AIR)	O ₂ (LPM)	HALO (ISO/REVO)	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
9:15	10	30	11	30	12			
				37.2%				
				Nidafolan 0.6mg				
				Eutanyl 60mcg				
				Propofol 80mg				
				Rocuronium 8mg				
				NEOSTIGMINE + ATROPINE 0.5mg + 0.5mg				
				FI ₂ /SaO ₂ 50% 100% 100% 100%				
				ETCO ₂ 31 27				
				ECG NCR NCR NCR				
				Temperature 36.5 36.1				
				Urine Output				



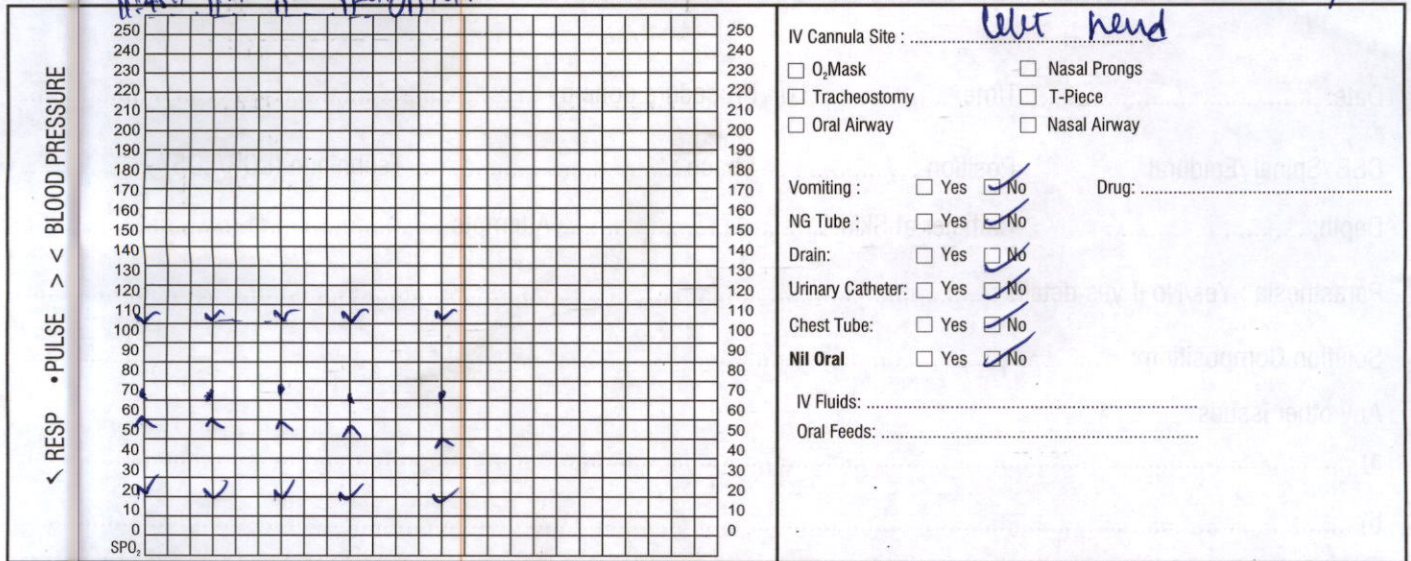
LAB Values: ABG, GRBS, Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input type="checkbox"/> Cuff Site: <u>UL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3</u> <input checked="" type="checkbox"/> Temp Site <u>skin</u> <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>9:15</u> OP Start: <u>10:01</u> OP End: <u>11:30 AM</u> Leave OR: <u>11:45 AM</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>22 G LUL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>5.0</u> at <u>14</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>3</u> Attempts: <u>1</u> Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Caudal Others: Position: <u>15 ml 0.25%</u> Site: <u>Supine</u> Needle Size: Depth <u>4</u> Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No <u>15 mcg</u> Catheter at skin <u>15 cm</u> Drug Name & Conc: <u>Depo med 15ml</u> Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>M. Subrahmanyam</u> Signature of the Doctor:
--	--	---	---



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: St. Neeraj Time Received: 11:45 AM Time Discharged: 1:40 PM



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	1	2	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 move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2	2	2	2		
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic level	= 2	2	2	2	2		
BP ± 20-50 of Pre Anaesthetic level	= 1						
BP ± 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	1	1	2	2		
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		8	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/5	11:45 AM	0		<u>Neeraj</u>
15/5	12:45 PM	2/10		<u>Neeraj</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name: Dr. Durgeshwar

Anaesthesiologist Signature: [Signature]

Date & Time: 15/5/20 at 11:40 PM

PACU Nurse Name: Neeraj

PACU Nurse Signature: [Signature]

Date & Time: 15/5/20 at 11:45 AM

Transferred to Unit by (PACU): 144

Date & Time: 15/5/20 at 1:40 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 :



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: CHORDAE CORRECTION

Anaesthesiologist: Dr. Ayesha Surgeon: Dr. Nabeel

Please read this before you consent for Anaesthesia

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

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others Laryngospasm, Bronchospasm

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: Ahaaduddin
Name: Mohammed Ahaaduddin
Relationship with patient: father
Date & Time: 14/05/2026 14:15pm

Witness:

Signature: Halima Sadiya
Name: Halima Sadiya
Date & Time: 14/05/2026 4:15pm

Doctor (who is taking consent):

Signature: Ayesha Name: Dr. Se Ayesha Date: 14/05/26 Time: 4:20pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అబెండెంట్

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.

లిజనల్ 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 నారోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద షేర్మ్యాన్స్ 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 అబెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 - లిజనల్ 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, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ 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 అబెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 15/5/26 Time: 2:30pm

Weight: 16 Kgs Centile: >5th

Height: 107 cms Centile: >10th

Inference: under weight child

RDA: — Calories: 1400 kcal/d Protein: 24gm/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled and outside foods

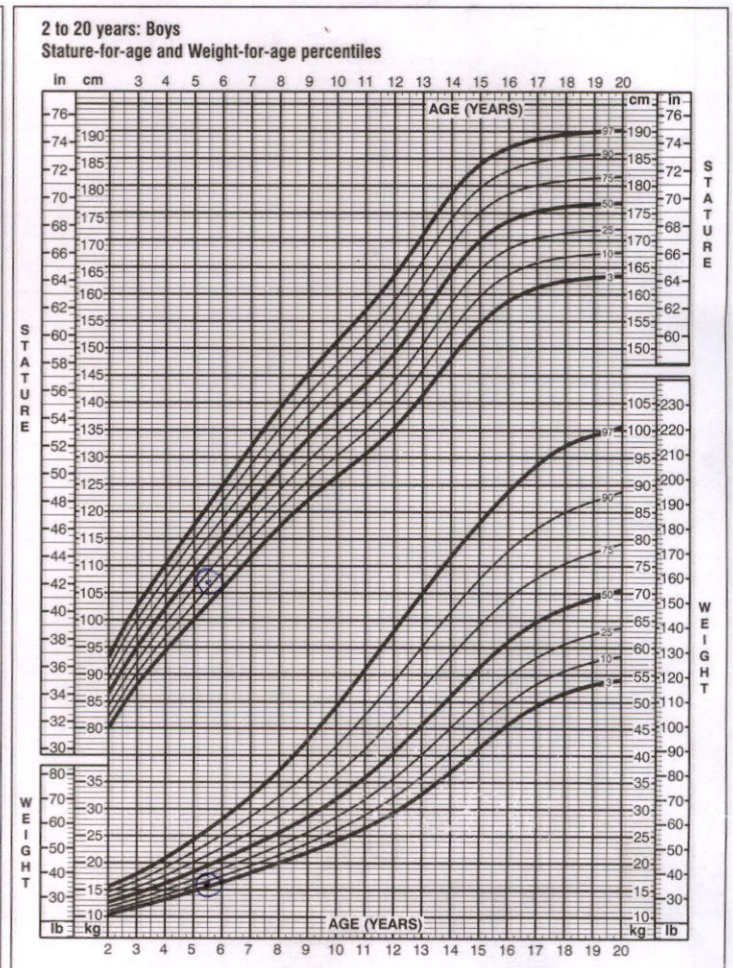
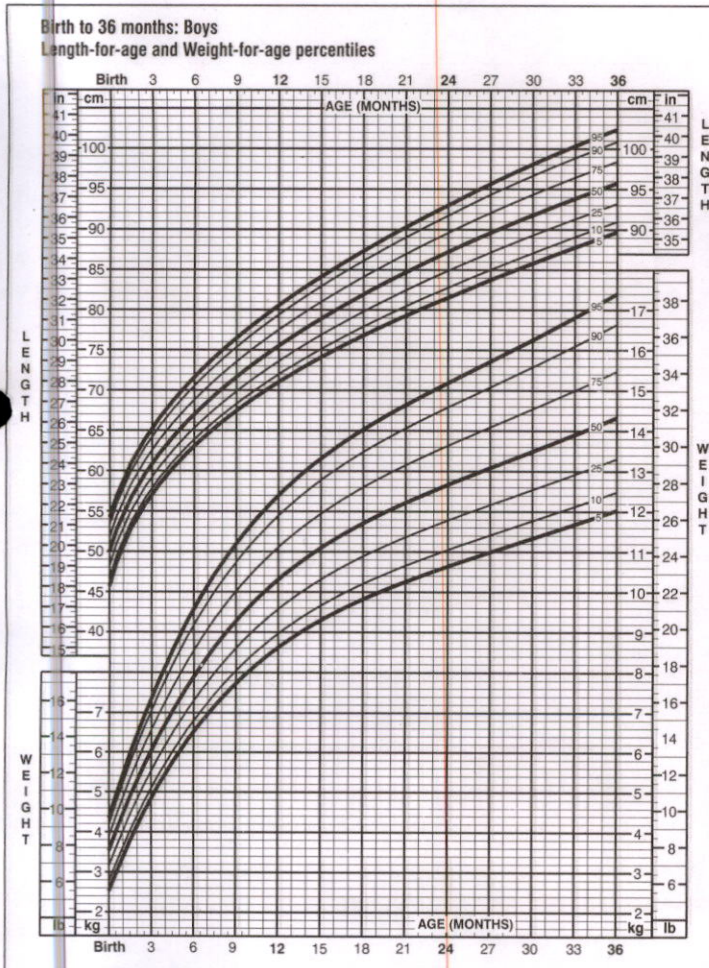
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Chordee Sae Hypospadias now for Chordee Correction.

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Halima Saadiq

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

