

LBH-00132466 IP5-00173861  
Master DRUVANSH GUGULOTHU  
07-03-2020 6 Y 2 M 8 D (M)  
Dr. NABEEL ALAM QADRI



## SURGERY DETAILS

Date : 15/5/26

Patient Name: Master Druvansh Gugulothu Date of Birth: 7/3/2020 Age: 6 year

Gender: male Ward : OT-IV UHID No.: RBH-00132466

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

Name of the Surgery : RIGHT HIGH LIGATION OF SAC

Time in : 11-50 AM

Time Out : 1-00 PM

	NAME	AMOUNT
1. Surgeon	Dr. Nabeel	
2. Anaesthetist	DR. Swathi	
3. Assistant Surgeon		
4. OT Technician	Pamresh	
5. Circulating Nurse	Jyotho	
6. Assistant Nurse	prabha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9609841

Order by: Jyotho

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 Dr. NABEEL ALAM QADRI



*Rush Operation of see*  
**CONSUMABLES OF OT**



Ordering Staff: ..... Technician: ..... Date: ..... Time: **11:30 AM**

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4040515	11	1	Major Pack <i>Drape</i>	1	1	Inj Vit.K		
LMA 1/212	11	1	Sutures			Cord Clamp		
ECG leads : A/P/N	5	3	<i>uicd (3-0) 60</i>	24	01	Suction Catheter		
HME filter : A/P/N	1	1	<i>9415</i>	24	01	Feeding Tube		
Syringes : 10 cc	10	5	23039	2	1	Vacuum Suction Set		
05 cc	10	5	Gloves			Surgical Gloves		
02 cc	10	3	<i>2011, 2, 3/4</i>	24	01	Gauze Pack		
01 cc	5	1	<i>PF 6.5/1.2, 2, 3/4</i>	24	01	Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	1	Surgical blade <i>15</i>	1		Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil	1	01	<i>100 ml</i>	1	1
NS (10ml / 100ml / 500ml / 1000ml)	51	14	Koochies			<i>1000 ml</i>	1	1
<i>minisprice</i>	1	1	Ointments			<i>100 cc, 24</i>	24	1
<i>02mg/cc</i>	1	1	Suction Catheter			<i>1000 ml</i>	1	1
Fentanyl	1	1	Cap, Mask	5/5	5/5			
Morphine			Gauze Pack <i>(2)</i>	5/5	03			
Ketamine			Mop Pack	1				
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	1			
Myopyrolate <i>(web)</i>	2	1	Abgel			<i>Gauze 3</i>	3	1
Ondansetron	1	1	Foleys catheter			<i>Gloves 4</i>	4	1
Pencan 25g/ Spinal Needle 22	1	1	Urobag			<i>debrided</i>	1	1
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			<i>debrided</i>	1	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			<i>debrided</i>	1	1
Antibiotics			Bandage			<i>debrided</i>	1	1
<i>100 ppm</i>	1	1	Tegaderm			<i>debrided</i>	1	1
Suppositories			Ioban			<i>debrided</i>	1	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<i>debrided</i>	1	1
Supridol : 100mg			Vacuum Suction set	1	1	<i>debrided</i>	1	1
Justin (12.5 mg / 25mg / 100mg)	11	1	Plastic Bed Sheet	1	1	<i>debrided</i>	1	1
Tab. Misoprost : 200mg			Betadine Solution	1	01	<i>debrided</i>	1	1
<i>100 ppm</i>	1	1	Microshield	1	01	<i>debrided</i>	1	1
<i>oral air way</i>	11	1	Cotton Balls	1	01	<i>debrided</i>	1	1
<i>nasal air way</i>	11	1	Latex Gloves	10	10	<i>debrided</i>	10	10
<i>3000 ppm</i>	11	1	Ramdione Scrub			<i>debrided</i>		
<i>1000 ppm</i>	11	1	Saral			<i>debrided</i>		

Surgeon: ..... Anaesthesiologist: **9609683** .....  
 Order No.: ..... Ordered by: *[Signature]* .....  
 Doc. No.: RCH / FRM / GENERAL / 125

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**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
15/5/20	11:10 AM	ER	OT	Anneeb
15/5/20	2:35 PM	OT	14A-C	<i>[Signature]</i>

**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	IV placement	1	9272	Israel
	DAC (op basis)	1		Israel
15/5	DHA	①	97107	R

**ANY OTHER INFORMATION**

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.....

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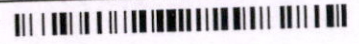
.....

.....

Date: 16/5/26      Time: 9am      Prepared By: Aparajit

Staff Nurse Aparajit	Shift / Ward WCC	Billing Assistant	Billing Supervisor
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ADMISSION SHEET



Registration Details :

Admission No : IP5-00173861 Admit Date : 15-May-2026 Admit Time : 09:11 AM UHID : LBH-00132466

Patient Details :

Patient Name : Master DRUVANSH Age : 6 Y 2 M 8 D  
Guardian : Mr G MAHESH DOB : 07-03-2020  
Gender : Male Religion :  
Occupation : Martial Status : Single  
Address (H) : H NO 4-9-3/AKN, PLOT NO 40, SP AKASH Phone No : 9989365030/  
NAGAR COLONY Hayat Nagar Hyderabad E-mail : 9989365030@GMAIL.COM  
Telangana INDIA 501505

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 412 Ward Name : 4F-OT COMPLEX  
Room No : POST OP 412 Admission Type : First Visit

Contact Details :

Name : Mr G MAHESH Relationship : Father  
Contact Address : H NO 4-9-3/AKN, PLOT NO 40, SP AKASH Phone No : / 9989365030  
NAGAR COLONY Hayat Nagar Hyderabad  
Telangana INDIA 501505

*G. Mahesh*  
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 : TG TRANSCO

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 Dr. NABEEL A. AM QADRI

## EFFICIENCY 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	2			
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	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent	2			
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	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	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	<b>Total No. of Pages</b>	32			

## 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<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

LBH-00132466 IP5-00173861  
Master DRUVANSH GUGULOTHU  
07-03-2020 6 Y 2 M 8 D (M)  
Dr. NABEEL ALAM QADRI



Patient Name:

*Master Druvansh*

UHID ID:

*LBH - 00132466*

Department:

Consultant:



**Circulation**

HR: 92/min

CFT [ Central 2.3 sec  
Peripheral .....

Any urgent interventions needed:  Yes  No

BP: 97/53 mmHg

Pulse Volume: [ Central 2.3 sec  
Peripheral .....

Murmurs:  Yes  No

Liver Span: .....

If in Shock: [ Compensated .....

ECG: .....

Any Signs of Heart Failure:  Yes  No

Muffled Heart Sound:  Yes  No

Engorged Neck Veins:  Yes  No



**Disability**

GCS: ..... AVPU: A1E1S1

Any urgent interventions needed:  Yes  No

Pupils: [ Responsive  Non-Responsive   
Size [ Right .....

If Yes .....

Active Seizures:  Yes  No Sugars: .....

Signs of Neurological compromise .....

**Exposure**



Temp.: 98.0° F

Any urgent interventions needed:  Yes  No

Any Rash:  Yes  No

If Yes .....

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 - CBP

**Treatment Planned:**

- 1) Continue NPO
- 2) IV fluids
- 3) shift to OT on call.

NB  
NANDA  
15/5/15

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

Final Diagnosis with possible Differential Diagnosis (If necessary): (R) High ligation of Sac

Assessment done by  
Name of the Doctor: Jayabhi

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

Signature: JN

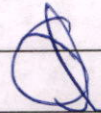

Signature: .....

Date & Time: 15/5/26 @ 9:30 AM.

Date & Time: .....

IPS-001-  
 LBH-00132466  
 Master DRUVANSH GUGULOTHU  
 07-03-2020 8 Y 2 M 8 D (M)  
 Dr. NABEEL ALAM QADRI


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 6:55pm	c/s/B Dr Nabeel	
	<u>POD-0</u>	
	Afebrile	Adv - Full feeds
	Vitals - stable	- Plan discharge tomorrow DIC
	P/A - soft	
	Dressing - no leakage	
		 <u>Dr. Nabeel Alam Qadri</u> 15/5 Dr. NABEEL ALAM QADRI Reg. No: 75241
16/5/2026 8:44 AM	c/s/B Dr. Malika.	
	POD - (1)	Adv
	Afebrile	1) Full feeds
	Vitals stable	2) Discharge today.
	P/A - soft	
	L/E - dressing no leakage	
		 <u>Dr. Malika</u> 16/5/26 Dr. NABEEL ALAM QADRI Reg. No: 75241

Malika  
 Dr. Malika  
 16/5/26  
 8:44 AM



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 07-03-2020 6 Y 2 M 8 D (M)  
 Dr. NABEEL ALAM QADRI




## 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					



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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 .....

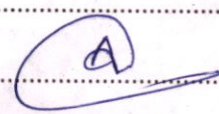
S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2		<input type="checkbox"/> C <input type="checkbox"/> DC				
3		<input type="checkbox"/> C <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 : Jayabhi (Jb) .....

Date & Time : 15/5/26 @ 9:20 AM .....

Nurse Name & Signature : Annub  .....

Date & Time : 15/5/26 9:50 AM .....



**REGULAR PRESCRIPTIONS**

Weight. 17.9kg.. Ward. ....



				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 : <u>IKTJ PARACETAMOL</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>270mg</u>	<u>IV</u>	<u>TID</u>	<u>1515</u>	<u>6AM</u>	<u>X</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

*Handwritten notes:* 27m 12:25pm, 10pm, D-I, ~~10:15pm~~, ~~10:15pm~~

**DRUG :**

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

**DRUG :**

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



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

VARIABLE DOSE		Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
		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
15/5	1 hour before procedure	Inj CEFZOLIN	900 mg	IV	JayaSu	Teena Amran
15/5/20	12.25	INJ PARACETAMOL	255 mg	IV	Adhik	Key Anus Key Anus
15/5/20	12.00	DICLOFENAC	12.5 mg	IV	Adhik	Key Anus

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

I.V. FLUIDS CHART

Weight. 17.9 kg.. Ward. ....



tion of I.V. Fluid  
 n ml/hr = Mcg/kg/min. etc)

			Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/5	11a	I.V.F - DWS	IV	50	Jayadev	Not Gadur			
15/5/20	11.50 AM	RINGER LACTATE	iv	170ml/h	del	Am Pm	15/5		Am Pm

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

Patient St

LBH-00132466  
Master DRUVANSH GUGULOTHU  
07-03-2020 6 Y 2 M 8 D  
Dr. NABEEL ALAM QADRI (M)



# FLUID CHART

Sheet No. : .....

①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm										0		
	03:00 pm										6		
	04:00 pm												
	05:00 pm										0		
	06:00 pm										0		
	07:00 pm										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm										0		
	09:00 pm										0		
	10:00 pm										0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am										0		
	03:00 am										0		
	04:00 am										0		
	05:00 am										0		
	06:00 am										0		
	07:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

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 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 15/5/26 Time: 3pm

Weight: 17.90 kgs Centile: > 5th

Height: 115 cms Centile: > 25th

Inference: under weight child

RDA: - Calories: 1450 kcal/d Protein: 25 gm/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled and outside foods

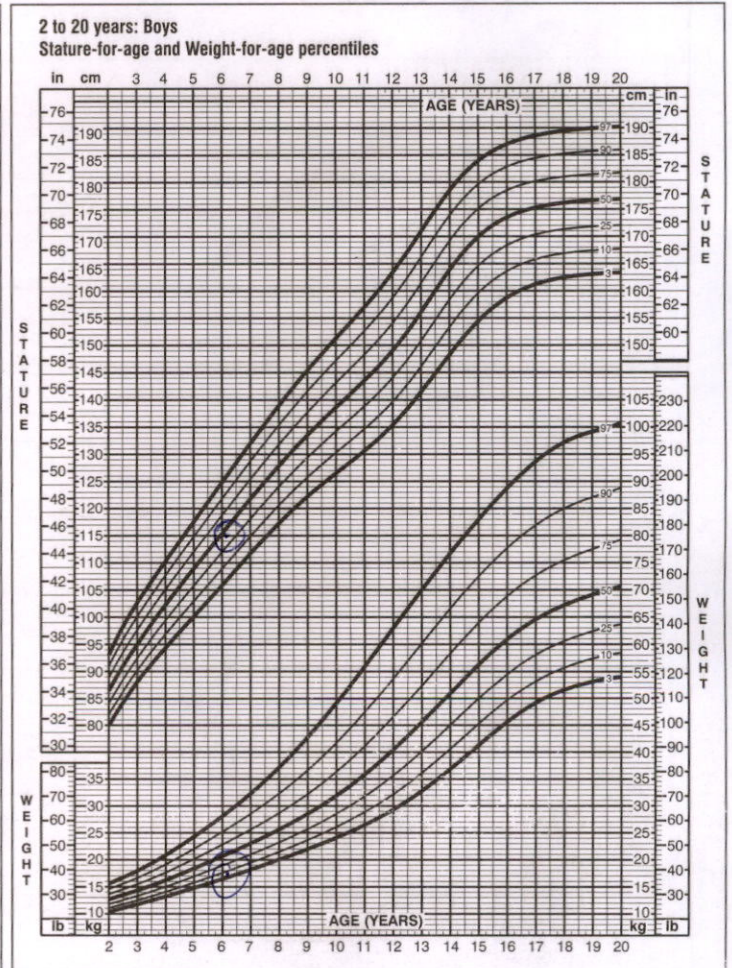
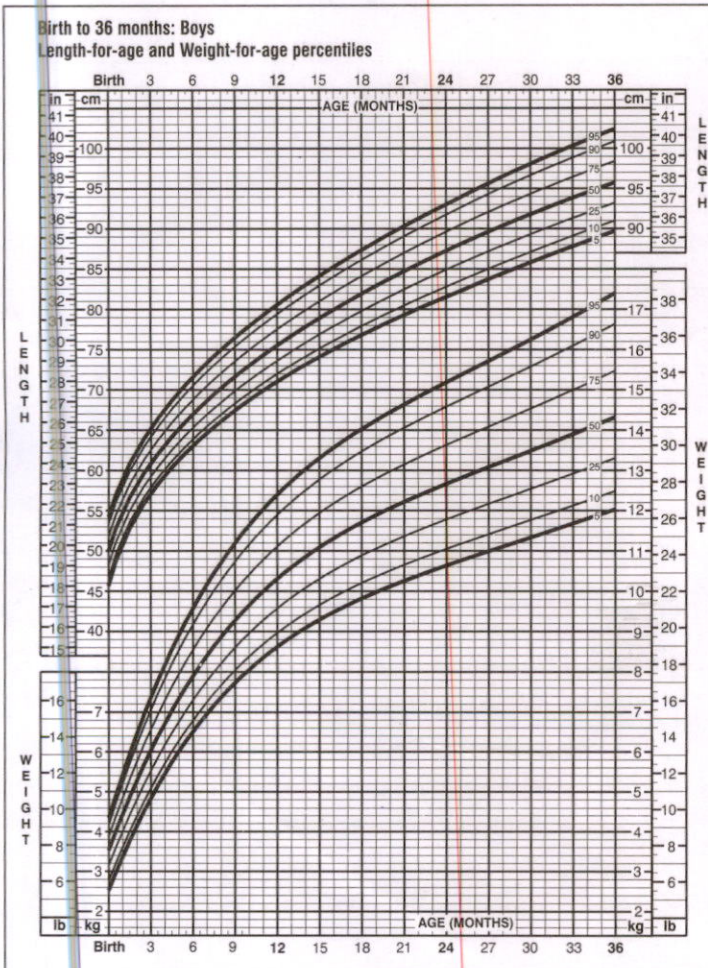
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: (R) Hydronephrosis for (R) High IgG antibodies of Sac

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature:

## GROWTH CHART (BOYS)



Dietician's Name: NIKITHA

Dietician's Signature: NIKITHA



Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

DR. NABEEL ALAM QADRI  
 07-03-2020  
 6 Y 2 M 8 D  
 (M)

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Four Right to a Safe Delivery

Name: Mush-Dhruvash Age: 6y 2m Sex: Male UHID.No: UH-00132466  
 Date: 18/5/20 Time: 9:20 PM Proposed Operation: Right high ligature of su  
 Diagnosis: Rt hydrocele

B.P./CRT: 90/62/93 H.R: 94bly Weight: 17.95kg ASA Physical Status:  1  2  3  4  5

Temp - 97.7F SpO2 - 97%  
 Laboratory Data:  
 Hgb: \_\_\_\_\_ Protein: \_\_\_\_\_ HIV: \_\_\_\_\_ X-Ray: \_\_\_\_\_  
 PCV: \_\_\_\_\_ Urea: \_\_\_\_\_ HBS Ag: \_\_\_\_\_ ECG: \_\_\_\_\_  
 WBC: \_\_\_\_\_ Creat: \_\_\_\_\_ Total Bil: \_\_\_\_\_ HCV: \_\_\_\_\_ 2D Echo: \_\_\_\_\_  
 Plate: \_\_\_\_\_ Na: \_\_\_\_\_ Dir. Bil: \_\_\_\_\_ Blood group: \_\_\_\_\_ Stress/Angio: \_\_\_\_\_  
 PT: \_\_\_\_\_ K: \_\_\_\_\_ LDH: \_\_\_\_\_ T3: \_\_\_\_\_ Other: \_\_\_\_\_  
 FTT: \_\_\_\_\_ Ca++: \_\_\_\_\_ Alk phos: \_\_\_\_\_ T4: \_\_\_\_\_  
 INR: \_\_\_\_\_ Mg++: \_\_\_\_\_ Amylase: \_\_\_\_\_ TSH: \_\_\_\_\_  
 Cl-: \_\_\_\_\_ SGOT/SGPT: \_\_\_\_\_

Medical History: CVS: \_\_\_\_\_ Allergies: NKA  
 RESP: \_\_\_\_\_ - full term / LSCS / CIAB / Part wt - 2 kg /  
 CNS: \_\_\_\_\_ Diabetes - vaccinated for date /  
 Renal: \_\_\_\_\_ - milestones achieved  
 Hepatic / GE: \_\_\_\_\_  
 Others: \_\_\_\_\_ Physical Activity: Active child

Past Anaesthetic History: \_\_\_\_\_  
 Physical Exam: nod. built

Airway: MP 1 2 3 4 Mouth Opening: adequate Mentohyoid Distance: 2cm Neck: ⊙ Teeth: lower incisor - out 2 days back  
 Lungs: ⊙  
 Heart: ⊙  
 CNS: ⊙

Pregnant:  Yes  No  NA  
 Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA  
 Venous Access Site: ⊙ Spine Exam for regional: ⊙

MILK 16  
 WATER 8:30  
 FOOD -  
 4:30 -  
 DDLJ

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: NPO - 6 hrs - solids / ka / milk  
2 hrs - water  
 1. DVT Prophylaxis:  
 2. NIL ORAL → Water / ORS 2 Hours  
 → Others 6 Hours  
 3. Informed Consent:  Standard  High Risk  
 4. Post Operative Pain Management:  Discussed with Patient  
 5. Other Instructions:  
CBP or caudal  
Accepted by ASA?

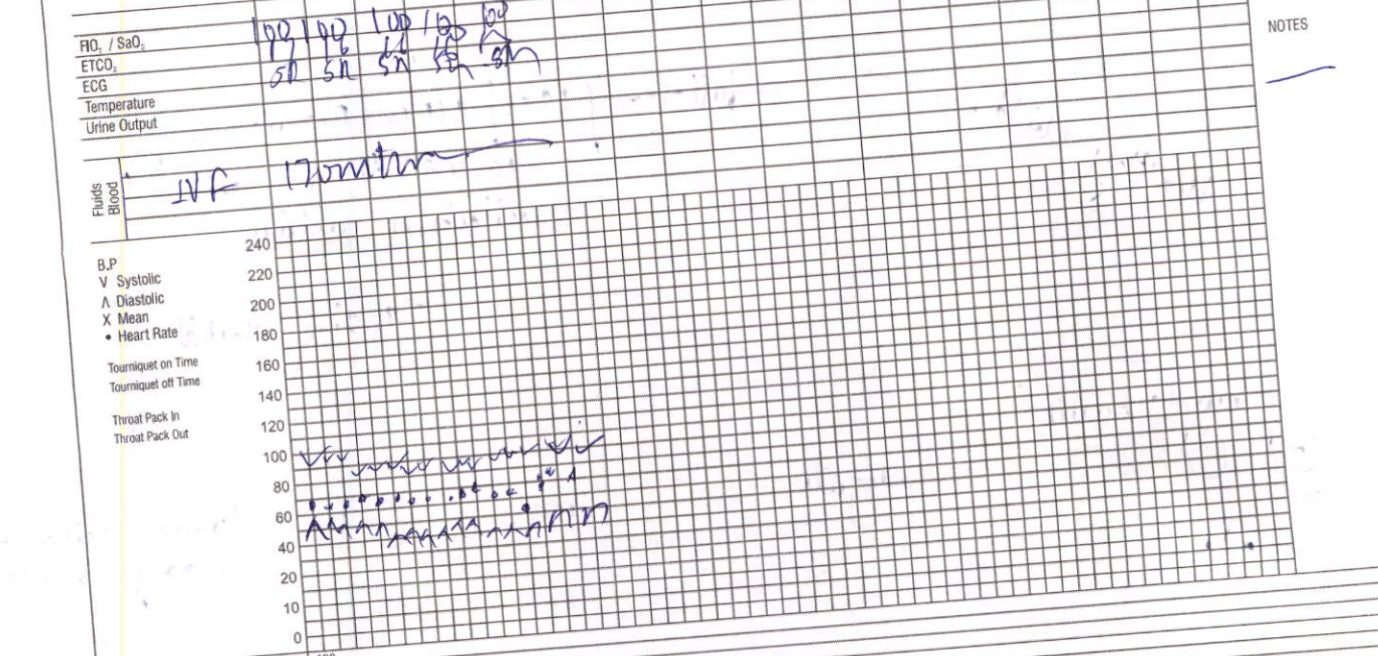
Name: D. Sanna

# ANAESTHESIA CHART

**Pre Induction Assessment:**  
 Change in Patient Condition:  Yes  No  
 Fasting Status: Not Fasting  
 Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R.: 76/min B.P./CRT: 90/80 SpO<sub>2</sub>: 100 on R.A. R.R.: 16 Last Feed: 7pm  
 Pre-OP Diagnosis: Hydrocephalus Operation: High dissection of spine Date: 15/03/20  
 Surgeon: Dr. Nabeel Alam Anaesthesiologist: Dr. Subash D. Muthu Technician: R. Pratheesh

TIME	N <sub>2</sub> O/AIR	HALO/ISO/SEVO	Drugs	Antibiotic	Sedation	Blood Loss
06:15 PM			<u>Propofol 1mg</u>	<u>Cefuroxime</u>	<u>0.5mg</u>	
06:30 PM			<u>Propofol 1mg</u>			
06:45 PM			<u>Propofol 1mg</u>			
07:00 PM			<u>Propofol 1mg</u>			
07:15 PM			<u>Propofol 1mg</u>			
07:30 PM			<u>Propofol 1mg</u>			
07:45 PM			<u>Propofol 1mg</u>			
08:00 PM			<u>Propofol 1mg</u>			
08:15 PM			<u>Propofol 1mg</u>			
08:30 PM			<u>Propofol 1mg</u>			
08:45 PM			<u>Propofol 1mg</u>			
09:00 PM			<u>Propofol 1mg</u>			
09:15 PM			<u>Propofol 1mg</u>			
09:30 PM			<u>Propofol 1mg</u>			
09:45 PM			<u>Propofol 1mg</u>			
10:00 PM			<u>Propofol 1mg</u>			
10:15 PM			<u>Propofol 1mg</u>			
10:30 PM			<u>Propofol 1mg</u>			
10:45 PM			<u>Propofol 1mg</u>			
11:00 PM			<u>Propofol 1mg</u>			
11:15 PM			<u>Propofol 1mg</u>			
11:30 PM			<u>Propofol 1mg</u>			
11:45 PM			<u>Propofol 1mg</u>			
12:00 AM			<u>Propofol 1mg</u>			



LAB Values: ABG, GRBS, Others

Equipment Checked and Functional  
 BP  
 Cuff Site  
 Art Site  
 EKG Lead  
 Temp Site  
 FIO<sub>2</sub> Monitor  
 Agent Monitor  
 Pulse Oximeter  
 Capnograph  
 Ventilator  
 Nerve Stimulator  
 Position: supine  
 Pressure Points Checked  
 Eye Care:  
 Oint  
 Tape  
 Padding  
 Awake

Temp:  
 HME  
 Cling Film  
 Hugger's  
 Other  
 Times:  
 Anaes Start: 11:30  
 OP Start: 12:00  
 OP End: 1:00  
 Leave OR:  
 Anaesthesia:  
 GA  
 Monitored Anaesthesia Care  
 Regional  
 Line (Size & Location)  
 CVP  
 ART  
 IV: RUL - 20G  
 IV:  
 IV:

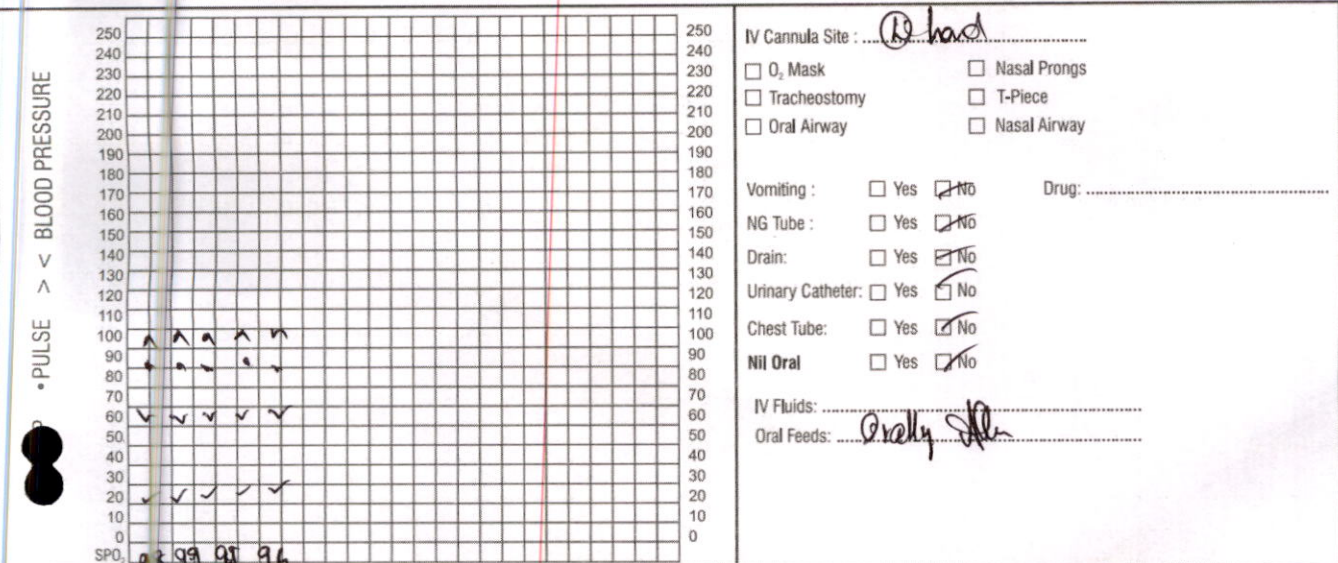
Induction: via nasal prong  
 IV  
 Pre O<sub>2</sub>  
 Others  
 Inhal  
 RSI  
 Mask  
 Airway  
 ETT# \_\_\_\_\_ at \_\_\_\_\_ cm  
 Oral  
 Tracheostomy  
 Drug:  
 Awake  
 Video Laryngoscopy  
 Fiberoptic  
 Blade# \_\_\_\_\_ Attempts: \_\_\_\_\_  
 Direct Vision  
 Stylette / Bougie  
 Mask  
 SGA  
 Oral  
 Nasal  
 Cuff  
 Topical  
 Difficultly Why?

Regional:  
 Extremity  
 Spinal  
 Epidural  
 Caudal  
 Others: Self lateral  
 Position: lateral  
 Site:  
 Needle Size: 23G Depth: \_\_\_\_\_  
 Parasthesia  Yes  No  
 Catheter at skin \_\_\_\_\_ cm  
 Drug Name & Conc: 0.25%  
 Bolus: 17cc  
 Infusion:  
 Block Level: D10-D12  
 Comments: Dura wire

Transportation to PACU  
 PACU  
 Relaxant Reversed  
 Name of the Doctor: \_\_\_\_\_  
 Signature of the Doctor: \_\_\_\_\_

**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : [Signature] Time Received : 1.5 Pm Time Discharged : .....



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	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 = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0	CIRCULATION	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	
<b>TOTAL</b>		<b>8</b>	<b>8</b>	<b>9</b>	<b>10</b>	

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
8/5	2. Pm	1/10	—	[Signature]

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : [Signature]  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: [Signature]  
 PACU Nurse Name : [Signature]  
 PACU Nurse Signature: [Signature]  
 Date & Time: 15/5/20

- 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): 144c - Bayan  
 Date & Time: 15/5/20

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 : .....

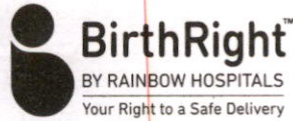
Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Druvankh. Age : 6y/2m  
 Gender: M  F  - IP No: UAT-00132466 Consultant: Dr. Nabeel-Ali Qadi  
 Ward / Bed No. : ..... Anaesthesiologist: Dr. Samraan Siddiqui  
 Operative procedure planned: Right high ligation of sac

**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 / RTA
- Incapacitating COPD  Others: hypotension / Bradycardia / Bronchospasm

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 ..... the above mentioned operation / Diagnostic / Therapeutic procedures

Right high ligation of sac

I authorize and give consent for anaesthesia ( Regional /  General Anesthesia /  Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team. caudal anesthesia UAT sedation / c.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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 anaesthesia.

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, CVP 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 anesthesiologist 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 / MAC 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 : .....

Name : Mahesh. G. ....

Relationship with Patient: Father .....

Date & Time : 13/5/26 : 8:10 pm .....

Witness :

Signature : Nikhita .....

Name : Nikhita (mother) .....

Date & Time : 13/5/26 : 8:10 pm .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Samrao .....

Date & Time : 13/5/26 : 8:10 pm .....

## INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By:  Patient  Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1. Right High ligation of SSC
2. \_\_\_\_\_

**I acknowledge the following:**

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Resolution of Scrotal Swelling</u>	<u>Nil</u>

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and/or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- a. Bleeding  
Infection, Scrotal oedema

- I authorize Dr. Naseel Qadri and his / her team to perform the procedural sedation upon the patient / myself.
- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- 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: G. Mahesh  
 Name: Mahesh  
 Relationship with patient: Father  
 Date & Time: 15/5/26 @ 11:30 am

**Witness:**  
 Signature: Nikhiltha  
 Name: \_\_\_\_\_  
 Date & Time: 15/5/26 @ 11:40 am

**Doctor (who is taking consent):**  
 Signature: [Signature] Name: Naseel Qadri Date: 15/5/26 Time: 11:30 am

## శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రాసీజర్ (లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.
b.

4. డాక్టర్ \_\_\_\_\_ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....


డాక్టర్ :

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

# SURGICAL SAFETY CHECKLIST

Surgeon : *DR. Nabeel*  
 Asst. Surgeon : .....  
 Anaesthetist : *DR. Seetha*  
 Scrub Nurse : *Prabha*

Patient Name : *Mr. Dr. 28h* Age : *6 years* Gender : *Male*  
 UHID No. : *RCH-00132466* Surgery Name : *High legation of sac*  
 Date : *15/5/26* In-time : *11:50am* Out-time : .....

LBH-00132466 IP5-00173861  
 Master DRUVANSH GUGULOTHU  
 07-07-2020 6 Y 2 M 8 D (M)  
 DR. NABEEL ALAM QADRI  


## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <i>11:45</i>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
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 type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Signature : .....	<i>Seetha</i>
Name : .....	<i>Dr Seetha</i>

TIME OUT	Time: <i>12:20pm</i>
<b>Confirm all team members have introduced themselves by Name and Role</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site <i>Right</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <i>High legation of sac</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<i>Nil</i> <i>15 min</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
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
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : .....	<i>Seetha</i>
Name : .....	<i>Seetha</i>

SIGN OUT	Time: <i>12:50pm</i>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : .....	<i>Dr Nabeel</i>
Name : .....	<i>Nabeel</i>

LBH-00132466 IP5-00173861  
 Master DRUVANSH GUGULOTHU  
 07-03-2020 6 Y 2 M 8 D (M)  
 Dr. NABEEL ALAM QADRI

Patient Sticker



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 15/5/26

Department : OT- TU Duration of Procedure : 45 min

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 type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of the Antibiotic : <u>NA</u>	
2. Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : <u>Surgical Clipper</u> Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : <u>NA</u> Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4. Name of doctor or staff administering the antibiotic : <u>NA</u> Date & Time of antibiotic administration : <u>NA</u> Date & Time procedure started : <u>15/5/26 at 10:20 PM</u>	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

LBH-00132466 IP5-00173861  
Master DRUVANSH GUGULOTHU  
07-03-2020 6 Y 2 M 8 D (M)  
Dr. NABEEL ALAM QADRI

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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## OPERATION THEATER NOTES

Patient's Name : Most - Druvansh Gugulothu Age : 6y 2m 8d Gender :  Male  Female

UHID No. : LBH - 00132466 Weight : ..... Height : .....

Surgeon : Dr. Nabeel Asst. Surgeon : .....

Anesthetist : Dr. Seetha OT Nurse : Prabhavathi/Jeetha OT Technician : Ramesh

Pre-Operative Diagnosis: (RT) HYDROCELE

Surgical Procedure :  
RIGHT HIGH LIGATION OF SAC .

Indications for Surgery :  
(RT) HYDROCELE

Date : 15/5/26 Start Time : 11:25pm End Time : 12:45pm

Pre Operative Preparations:

- 5% Betadine painted over surgery site .

Post Operative Diagnosis: (RT) HYDROCELE

Peri-Operative Complications:

Nil

Operation Notes:

FINDINGS

- 1) (RT) Encysted Hydrocele noted - (sac containing straw coloured fluid)
- 2) (RT) Vas & testicular vessels - identified - healthy, preserved.

PROCEDURE:-

- ① 3cm
- ② incision taken over
- ③ groin lower groin crease
- ④ incision deepened into subcutaneous tissue. Camper's & Scarpa's opened
- ⑤ Ext. oblique identified & cut open.
- ⑥ Spermatic cord identified - present
- ⑦ Sac identified, separated from spermatic cord structure, & opened.
- ⑧ Hydrocele fluid drained.
- ⑨ High ligature of sac done
- ⑩ <sup>Distal</sup> Sac lay open to prevent reaccumulation of fluid.
- ⑪ Wound closed in layers
- ⑫ Hemostasis secured & ASD done


Amount of Blood Loss:  $\approx 5\text{ml}$ ,

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

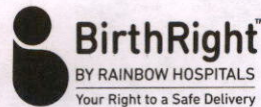
Name of the Surgeon: ..... Dr. Nabeel .

Signature of the Surgeon: ..... 

Date & Time: ..... 15/5/26  
12:55pm

LBH-00132466 IP5-00173861  
Master DRUVANSH GUGULOTHU  
07-03-2020 6 Y 2 M 8 D (M)  
Dr. NABEEL ALAM QADRI

Patient



## POST-SURGICAL CARE PLAN FORM

Procedure Done: <u>(RF) HIGH LIGATION OF SAC.</u>	
Post-Surgical Diagnosis: <u>(RF) HYDROCELE</u>	
Post-Operative Monitoring Parameters /Frequency: <u>TRP &amp; monitoring done every 15min for 1st 2hr.</u>	
Wound Care: <u>Dressing</u>	
Drain /Special Lines/Catheters: <u>Nil</u>	
Special Patient Positioning and Requirements: <u>Nil</u>	
Nutritional Instructions: <u>Full feeds as tolerated</u>	
When to Start Mobilization: <u>As soon as possible</u>	
Special Referrals: <u>Nil</u>	
The new order for all required medications documented in the doctor order/medication sheet: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any Other Post-Operative Care Needed including Required Follow Up	
Treating Surgeon (Signature & Stamp) <u>Dr. Nabeel</u> 	Date: <u>15/1/26</u> Time: <u>12:57 PM</u>
Note: Plan of care will be readjusted if necessary.	