

CUV-00049271 IP5-00173805
Master NAGA VENKATA NEEHAL
23-01-2017 9 Y 3 M 21 D (M)
Dr. HARISH JAYARAM

Anji
15/5/26

SURGERY DETAILS

Date : 14/5/26
Patient Name: Mr. Naga Venkata Neehal Date of Birth: 23/1/2017 Age: 9Y
Gender: M Ward: PT UHID No: CUV-00049271
Date of Surgery: 14/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery: Stage-II Hypospadias Repair

Time in : 8:40 AM Time Out : 12:30 PM

	NAME	AMOUNT
1. Surgeon	Dr - Mainak Deb	
2. Anaesthetist	Dr. Annila	
3. Assistant Surgeon		
4. OT Technician	Bapu	
5. Circulating Nurse	Anusil / Jagathe	
6. Assistant Nurse	Bengawan	

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

Signature of the Surgeon
Dr. Mainak Deb

Signature of Circulating Nurse
Anusil

Order No: 960795A

Order by: Sugata



Hypospadias Repair - stage 2

CONSUMABLES OF OT

Technician : J. Bapu Date : 3262 Time :

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Used	Qty	Issued	Used	Qty	Issued	Used	Qty
ET tube 5.5, 6, 6.5	1+1	1	Major Pack	1	1	Inj Vit.K 26g needle	1	1
LMA 3	01	1	Sutures 9915	2	1	Cord Clamp Drini make	1	1
ECG leads (A) P/N	5	3	Drage	242	2	Suction Catheter		
HME filter (A) P/N	01	1	proline 15-0	2	1	Feeding Tube		
Syringes : 10 cc	20	6	vial 15-0	2+1	3+1	Vaccum Suction Set		
05 cc	20	6	Gloves	1	1	Surgical Gloves		
02 cc	20	4	catgut 50	1	1	Gauze Pack Tbaot	01	1
01 cc	20	1	6/6 1/2 7 7-1/2	2	1	Syringe 1ml / 2ml		
Cautery plate (A) P/N	01	1	221	1+1	1	Surgical Blade # 20		
IV set + blood set	1+1	1+0	Surgical blade 11, 15	1	1	Surgical Blade # 20		
RL	01	2	NG tube 7	1	1	Koochies (S)		
NS 10ml / 100ml / 500ml / 1000ml	5+1	2	Cautery pencil	1	1	NS sound		
mini spike	02	1	Koochies Adult	2	1	transphy		
guane	03	2	Ointments cell 1000	01	1	salin		
Fentanyl	01	1	Suction Catheter			Rij. cone + shawl		
Morphine			Cap, Mask	5/5	5/5	Ac. 500cc	2+2	1+1
Ketamine			Gauze Pack	1	1	or mask (A)	01	1
Propofol	02	2	Mop Pack	1	1	Aspirin + ADR	1+1	1+1
Rocuronium	01	1	Steristrip			Endralet midaz	1+1	1+1
Glycopyrolate	01	1	Underpad			Toxcood + jelly	1+1	1+1
Myopyrolate	01	1	Draw sheet			NG tube all	10	10
Ondansetron	01	1	Abgel			Suction tube all	10	10
Pencan 25g/ Spinal Needle 22	01	1	Foleys catheter			Nasal Airway		
Bupivacaine 0.25%	01	1	Urobag	01	1	20, 22, 24	1+1	1+1
Bupivacaine 0.25% (Heavy)	1	1	Chest Drainage Catheter			oral Airway		
Antibiotics			Romodrain bag			213	1+1	1+1
Epidural 20g	01	1	Bandage			50cc + pmc line	2+2	2+2
Suppositories			Tegaderm			proto Guon	02	2
Anamol : 80mg / 250mg / 170 mg			loban			Tegadarm with		
Supridol : 100mg			Double J Stent			pad + with	01	1
Justin : 12.5mg (25mg) / 100mg	1+1	1	Vaccum Suction set	1	1	owpad	01	1
Tab. Misoprost : 200mg			Plastic Bed Sheet			IV cauld 20, 22	1+1	1+1
vaccum set	01	1	Betadine Solution			10x2%	1	1
dexa + doxamide	1+1	1	Microshield			10x2%		
Tranaxa + pcm	2+1	0+1	Cotton Balls			10x2%		
cloveon + glove all	1+5	0+1	Latex Gloves			10x2%		
locm + 100 cm 3cc	1+2	1	Ramdione Scrub			10x2%		
			Saral			10x2%		

Surgeon: Transpose 1ml Anaesthesiologist: _____ Nurse: _____ OT Technician: _____
 Order No.: 9688032 Ordered by: _____
 Doc. No.: RCHBH/FRM/GENERAL/125

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ACTIVITY RECORD FOR BILLING

Name : Neehal

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
14/5/26	6.56 AM	ER	OT	Karthi
14/5/28	1.35 pm	OT	338	Theraj

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
14/05	IV Placement	①	7401	Samsky
	PAC Done on	OP Basis	—	
15/5/20	NHA	②	9609853	Kalyana

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

.....

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00173805 Admit Date : 14-May-2026 Admit Time : 06:24 AM UHID : CUV-00049271

Patient Details :

Patient Name : Master NAGA VENKATA NEEHAL Age : 9 Y 3 M 21 D
Guardian : Mr KRISHNA BHANU PRASAD DOB : 23-01-2017
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : DOOR NO - 6-1024, SRI SRINIVASA NILAYAM ,
SHANTHI NAGAR , Jaggayapeth Krishna Phone No : 9704733855/ 9553233855
Andhra Pradesh INDIA 521175 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 KRISHNA BHANU PRASAD Relationship : Father
Contact Address : DOOR NO - 6-1024, SRI SRINIVASA
NILAYAM , SHANTHI NAGAR , Jaggayapeth
Krishna Andhra Pradesh INDIA 521175 Phone No : 9704733855 / 9553233855


Signature

Referral Details :

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

Payment Details :

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



Pediatric Multiorgan History & Physical Examination

Name : Naga Venkata Neehal Age/Sex 9y/m
Information given by: parents Relationship Grand

Chief Presenting Complaints & Duration (Chronologically)

clo Perinatal Hydrops
Stg I repair done on 14/5/20
↓

History of present illness :

Now for Stg II repair
No H/o fever/cold/cough
oral intake
Wt



Pediatric Multiorgan History & Physical Examination

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

nothing contributory

Birth & Neonatal History:

Normal

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Age Appropriately

Immunization History :

Age Appropriately



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 39kgs (Centile _____)

On Examination :

Temperature : (N) Pulse Rate : 106/min B.P. 120/80 SPO2 98% Rt

Resp.rate and type of breathing : 20/min

Rash _____

Lymphadenopathy (N)

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/c NVBS ⊕

Any addes sounds : no added sounds

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1, S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft, nontender

Ausculation : _____

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

clo Penosentel Hypospadias
for slg II Rep air now



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____
_____ prevent Septic

Desired goals of the treatment : _____
_____ hemodynamic stability

Planned Labs:

Keep count
Send CBP
x15
Shawan
14/5/26

Planned Management

- IJF
- NPO
- IV Augmentin
- Shift to OT on GU

Signature of the Doctor: _____

Name of the Doctor: _____

Date & Time: _____

14/5/26

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

Dr. Harish Jayaram
Reg. No. 60254
3:30 AM



POST-SURGICAL CARE PLAN FORM

Procedure Done: <i>Penoscrotal Hypospadias Stage II repair</i>
Post-Surgical Diagnosis: <i>Penoscrotal Hypospadias s/p Stage II repair</i>
Post-Operative Monitoring Parameters /Frequency: <i>TPE monitoring every 15 min for first 1 hr.</i>
Wound Care: <i>Dressing</i>
Drain / Special Lines/Catheters: <i>✓</i>
Special Patient Positioning and Requirements: <i>←</i>
Nutritional Instructions: <i>Full feeds as tolerated.</i>
When to Start Mobilization: <i>As soon as possible.</i>
Special Referrals: <i>—</i>
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
<i>Dr. Mainak Deb</i> Treating Surgeon (Signature & Stamp)
Date: <i>14/3/26</i> Time: <i>12:15 pm</i>
Note: Plan of care will be readjusted if necessary.

Procedure:-

- ① U-shaped incision made from the Glans & circumcising the meatus
- ② Flaps raised for tubularisation. The flaps were tubularised in 60 PDS interrupted manner over 7Fr IFT. The incision was extended on the glans & glans wings were raised.
- ③ Darbo's flap raised on either side & used to cover the neo-urethral tube. ④ TV flap of left side used as cover ⑤ peno-scrotal transposition correct-dan. ⑥ skin cover over the tube ^{70 PDS over shaft} ~~60 PDS~~ ~~over shaft~~

Amount of Blood Loss: \approx 10ml.

Blood Transfused (in ML)

⑦ & 60 PDS over scrotum Hemostat. & count check

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Name of the Surgeon: Dr. Mainak Deb

Signature of the Surgeon: 

Date & Time: 14/5/21
12:15 pm

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

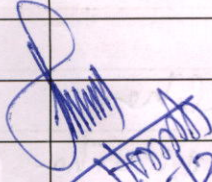
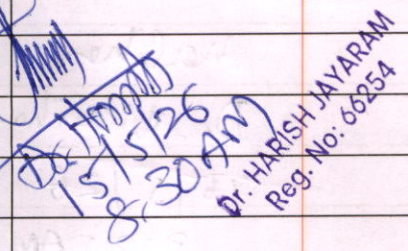
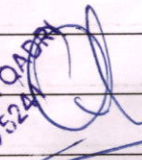
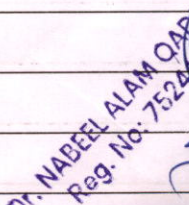
OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

CUV-00049271 IP5-00173805
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/2026 7:57 AM	POD - (01)	c/s/B Dr. Malihan
	Afebrile Vitals stable.	Adm 1) Full oral feeds.
	P/A - soft L/E - dressing intact	
	U.O - 1.17 cc/kg/hr	
	 	Dr. Malihan Malihan 15/5/26 7:57 AM
15/5/26 5:25 pm	POD - (1)	c/s/B Dr. Drossel
	Afebrile Vitals - stable	Adm 1) Full oral feeds
	P/A - soft L/E - dressing intact	
	U/O - 2.05 cc/kg/hr	  Dr. Drossel 15/5 5:30 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	C/S/B Dr Malika	
8:25 AM	POD-2	
	PT - Afebrile	
	Vitals - stable	AK
	P/A - soft	<ol style="list-style-type: none"> ① Continue full oral feeds ② plan d/c today
	Dressing - no soaks - glans noted - healthy	
	Uo - adequate.	
		Malika
		Dr. Malika
		16/5/26
		8:25 AM

[Signature]
 Dr. Harish Jayaram
 16/5/26
 9:15 AM

Dr. HARISH JAYARAM
 Reg. No: 66254



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: *Dr. Naga Venkata Neehal*

Date & Time: 14/5/2016, 6 AM

Nurse Name & Signature: *Bhavani B*

Date & Time: 14/5/2016 6 AM



DRUG CHART

Date of Admission: 14/5/26 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: <u>Tramadol</u>				Date Time	<u>14/5/26</u>															
Dose	Route	Frequency	Start Date																	
<u>35mg</u>	<u>slow IV</u>	<u>SOS/PRN</u>	<u>14/5/26</u>	<u>6-8pm: 44</u> <u>Naiths Annamma</u>																
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>		<u>Until 16/5/26</u>																		
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



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/5/26	8:50AM	Sup. PARACETAMOL	600mg	IV	@hmsj	Bran
14/5/26	12:25PM	SUP-DICLOFENAC	37.5mg	PR	@hmsj	Bran
14/5/26	6pm	INS-ONDANSETRON	4mg	IV		Soella Pratima
16/5/26	9:50AM	DULCOLAX SUPPOSITORY	10mg	PR	Malika	

VERIFIED BY : Name Signature

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RESULT SHEET

Date					
Time					
Hb					
PCV					
REBC					
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					
S Lipase					
Blood Lactate					
S Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9:00 AM 5:00 PM 10:00 PM 6:00 AM

Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99				
	98				
	97				
	96				
	94				

Handwritten notes: 04/5/20, (Parent sleeping), 97.4, 97.5, parents preferred

Heart Rate (bpm)	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				

Handwritten notes: 118, 58, 68, 105 bpm, 108 bpm, parents preferred

Heart Rate (Number) 105 bpm 108 bpm

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				

Resp Rate (Number) 28 bpm 28 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99%

Conscious Level Normal Altered

GCS * 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0

Pain Score 0 0

Observer's Initials M J

- ACTIONS**
- 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: Scores 3 should be recorded over leaf

* 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.

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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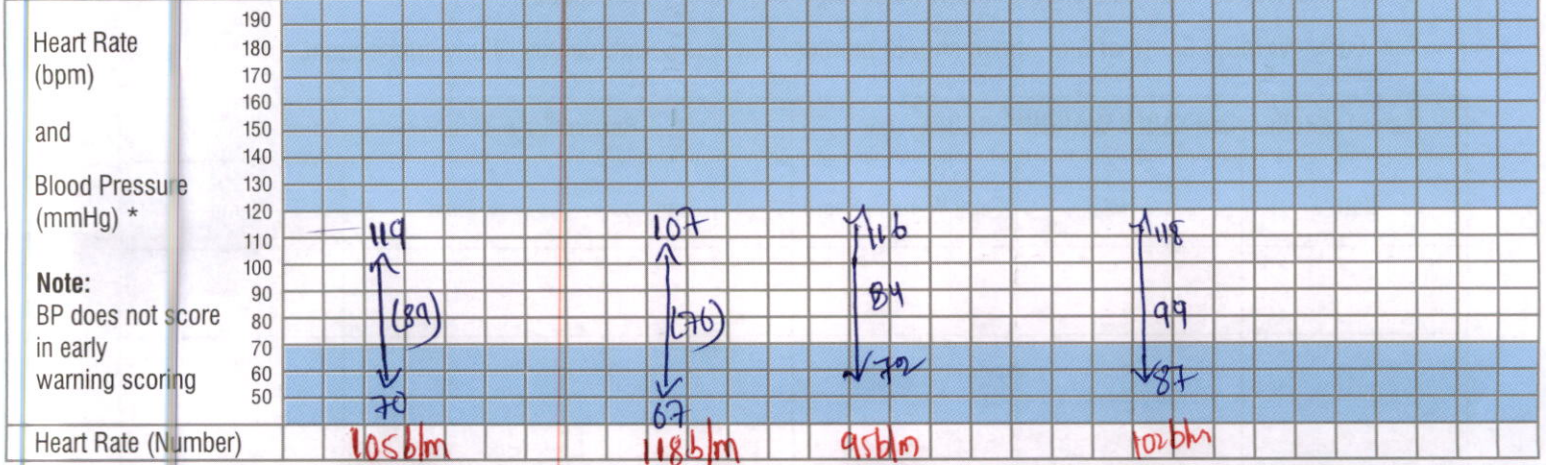
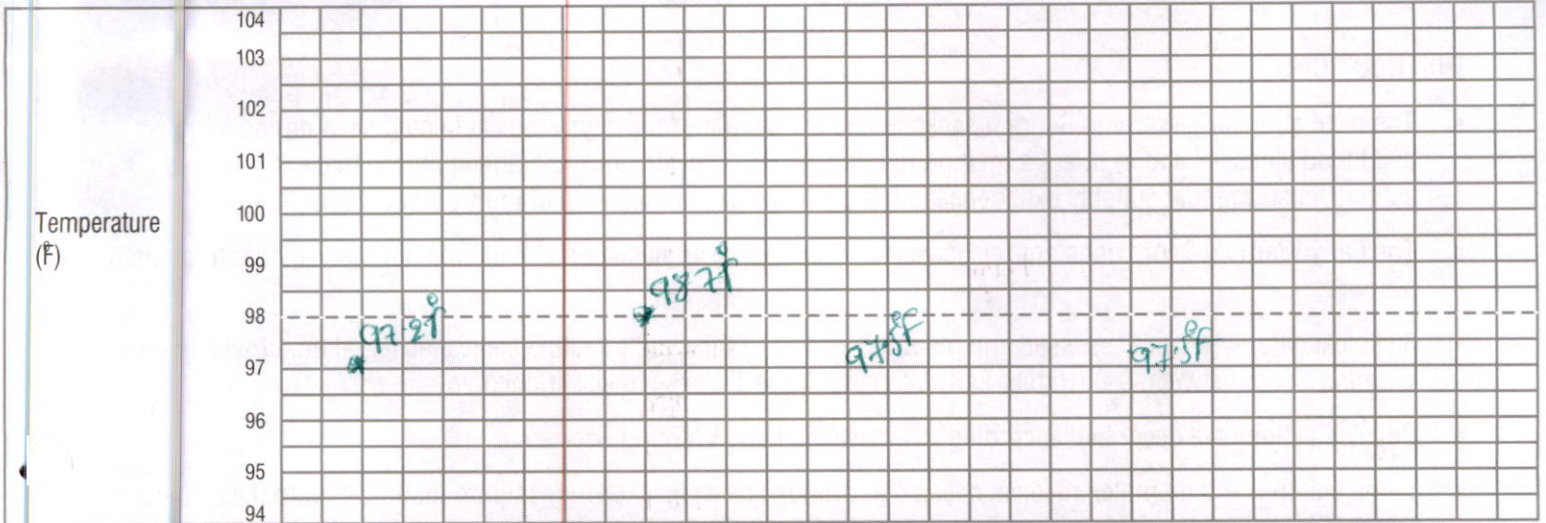
No. : RCHBH/FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 11 5 10 PM 6 AM
 Doctor / Nurse / Family Concern? Am pm



Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

- ACTIONS**
- 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: Scores 3 should be recorded overleaf

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.

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)

CUV-00049271 IP5-00173805
 Master NAGA VENKATA NEEHAL
 23-01-2017 9 Y 3 M 21 D (M)
 Dr. HARISH JAYARAM

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	RL	N	400ml	-	-	✓	-	-	✓	0	Jmp
	09:00 am	RL	P	400ml	-	-	-	-	-	0		
	10:00 am	RL	P	400ml	-	-	-	-	-	0		
	11:00 am	RL	O	400ml	-	-	-	-	-	0		
	12:00 pm	RL	NPO	400ml	-	✓	-	-	-	0		
	01:00 pm	H2O	50ml	50ml	-	-	-	-	200	0		
Total Intake :			2050ml			Total Output : M-1 U-1 200ml.						
	02:00 pm									0	Sankar	
	03:00 pm		H2O							0		
	04:00 pm		FRUIT				NP			0		
	05:00 pm									0		
	06:00 pm		H2O						500ml	0		
	07:00 pm								100ml	0		
Total Intake :						Total Output : m-0 u-500ml						
	08:00 pm			Refeed						0	Riya	
	09:00 pm									0		
	10:00 pm									0		
	11:00 pm						NP			0		
	12:00 am									0		
	01:00 am									0		
Total Intake :						Total Output : m-0 u-passed						
	02:00 am									0	Riya	
	03:00 am									0		
	04:00 am									0		
	05:00 am						NP			0		
	06:00 am									0		
	07:00 am								500ml	0		
Total Intake :						Total Output : m-0 u-passed						
Total 24 hrs. Intake		2050ml										
Total 24 hrs. Output		m-0 u-1,100ml										



FLUID CHART

Sheet No. : (2)

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
15/5/26			Mouth	I.V	N.G						0	Annamma
	08:00 am										0	
	09:00 am	food									0	
	10:00 am					NP					0	
	11:00 am	H2O							200ml		0	
	12:00 pm										0	
	01:00 pm	H2O									0	

Total Intake :					Total Output :						
15/5/26	02:00 pm								500ml	0	Annamma
	03:00 pm	H2O								0	
	04:00 pm					NP				0	
	05:00 pm								100ml	0	
	06:00 pm									0	
	07:00 pm	H2O									

Total Intake :					Total Output :						
15/5/26	08:00 pm	food								0	Annamma
	09:00 pm								100 ml	0	
	10:00 pm	H2O								0	
	11:00 pm	H2O				NP				0	
	12:00 am	H2O								0	
	01:00 am									0	

Total Intake :					Total Output :						
16/5/26	02:00 am	H2O								0	Annamma
	03:00 am									0	
	04:00 am									0	
	05:00 am	H2O				NP				0	
	06:00 am	H2O							100ml	0	
	07:00 am									0	

Total Intake :					Total Output :						
Total 24 hrs. Intake					Total 24 hrs. Output						
					m-0 u-passed						
					m-0 u-passed						
					m-0 u-1350ml						

CUV-00049271 IP5-00173805
 Mother NAGA VENKATA NEEHAL (M)
 23-01-2017 9 Y 3 M 21 D
 Dr. HARISH JAYARAM



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 14/5/20

Department : POI Duration of Procedure : 30 min

Name of Surgeon : D. Manasa Deb Date of Admission : 14/5/20

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>1mg Amoxicillin 500mg, Inj. Augmentin 1gm</u>	<u>Harish J</u>
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 : <u>NA</u> Skin preparation done (cleansing surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Harish J</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>Harish J</u>
4.	Name of doctor or staff administering the antibiotic : <u>D. Manasa Deb</u> Date & Time of antibiotic administration : <u>14/5/20 at 8:40 AM</u> Date & Time procedure started : <u>14/5/20 at 9:10 AM</u>	<u>Harish J</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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



CUV-00049271 IP5-00173805
 Master NAGA VENKATA NEEHAL
 23-01-2017 9 Y 3 M 21 D (M)
 Dr. HARISH JAYARAM



Name: Master Nagavenkata Neehal Age: 8y4m Sex: Male UHID.No: CUV 000 49271
 Date: 13/05/26 Time: 2:40pm Proposed Operation: Hypospadias Repair Stage II Repair
 Diagnosis: penoscrotal hypospadias
 E.P./CRT: 89/91 H.R: 96 Weight: 38kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 13.5 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: 17350 Creat: Total Bill: HCV: 2D Echo:
 Plate: 929 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: —

Medical History: CVS: — preterm/SCS/ B.Wt = 1.8kg/ NICU stay
 RESP: — Diabetes: — i/v/o KBW
 CNS: — Immunization till date
 Renal: — Development as per age
 Hepatic / GE: — Physical Activity: Active
 Others: —

Past Anaesthetic History: — s/p stage I hypospadias Repair (14/05/25) ? Sedation →

Physical Exam: — s/p A denotomalectomy 4yrs ago ↓ GA → O/E

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mento-hyoid Distance: (N) Neck: (N) Teeth: No loose teeth
Crowded teeth

Lungs: B/L A/E ⊕

Heart: S1/S2 ⊕

CNS: Conscious, oriented

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

Signature: [Signature] Name: DR. SHINJY



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 81 B.P/CRT: 83/100 SpO₂: 100% R.R: 18 Last Feed: 76 hrs

Pre-OP Diagnosis: Hypospadias Operation: Hypospadias repair stage II Date: 14/5/26

Surgeon: Dr. Harish Dr. Mainak Deb Anaesthesiologist: Dr. Ananta Dr. AK Technician: Bapu

TIME	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30
N ₂ O AIR O ₂ F ₁ O ₂ M	→	→	→	→	→	→	→	→	→
HALO ISO SEVO MAC	→	→	→	→	→	→	→	→	→
Drugs:	Inj. MIDAZOLAM 2mg Inj. FENTANYL 100mcg Inj. PROPOL 50mg+50mg Inj. LOCURONIUM 20mg Inj. PARACETAMOL 600mg 30mg 5mg								
Antibiotic	-								
Suppository	SUP-DICLOFENAC 37.5mg								
Blood Loss	-								
FI ₂ SaO ₂	100	99	100	100	100	100	100	100	100
ETCO ₂	38	37	37	37	37	36	36	36	37
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	36	37	37	37	37	36	36	37	37
Urine Output	-								
Fluids	RL @ 400ml/hr →								
Blood	-								
B.P	Graph showing BP (Systolic, Diastolic, Mean) and Heart Rate over time.								
V Systolic	Graph showing V Systolic over time.								
A Diastolic	Graph showing A Diastolic over time.								
X Mean	Graph showing X Mean over time.								
Heart Rate	Graph showing Heart Rate over time.								
Tourniquet on Time	-								
Tourniquet off Time	-								
Throat Pack In	-								
Throat Pack Out	-								

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP Cuff Site: RA

Art Site:

EKG Lead

Temp Site: skin

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 8:30 AM

OP Start: 9:00 AM

OP End: 12:10 PM

Leave OR: 12:30 PM

Anaesthesia:

GA Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV: OU 22G

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 6.0 at 16 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: LOCURONIUM

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# MAC2 Attempts: 1

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position: Bilateral

Site: Sacrocaudal area

Needle Size: 20G RB Depth: 4cm

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc: 0.25% Bupivacaine

Bolus: 20ml + 30mg Dexmedetomidine

Infusion:

Block Level:

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Ananta

Signature of the Doctor: [Signature]

CU/00046271 IP5-00173805
 Master NAGA VENKATA NEEHAL
 23/01-2017 9 Y 3 M 21 D (M)
 Dr. HARISH JAYARAM



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : *[Signature]*

Time Received : 12:35 PM

Time Discharged : 1:20 PM

< RESP • PULSE > BLOOD PRESSURE	250		250	IV Cannula Site : <u>EL</u>
	240		240	<input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs
	230		230	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece
	220		220	<input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway
	210		210	Vomiting : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug: _____
	200		200	NG Tube : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	190		190	Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	180		180	Urinary Catheter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	170		170	Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	160		160	Nil Oral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	150		150	IV Fluids: _____
	140		140	Oral Feeds: <u>nil</u>

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	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 Aptic = 0	RESPIRATION	2	2	2	2	
BP > 20 of Pre Anaesthetic level = 2 BP > 20-50 of Pre Anaesthetic level = 1 BP > 50 of Pre Anaesthetic level = 0	CIRCULATION	1	2	2	2	
Full awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
14/5	12 PM	02/10	nil	<i>[Signature]</i>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Archana K
 Anaesthesiologist Signature: *[Signature]*
 Date & Time: 14/5/2017 1:20 PM
 PACU Nurse Name : [Signature]
 PACU Nurse Signature: *[Signature]*
 Date & Time: 14/5/2017 1 PM

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 relieving intervention
 d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): 338 [Signature]
 Date & Time: 14/5/2017 1 PM



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: HYPOSPADIAS REPAIR

Anaesthesiologist: DR. SHINY 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 HYPOTENSION, BRADYCARDIA, 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: B. Shanai
Name: B. Naga Shanai
Relationship with patient: Mother
Date & Time: 13/05/2016, 2:50pm

Witness:

Signature: B. Shanai
Name: B. Shanai
Date & Time: 13/05/2016 2:50pm

Doctor (who is taking consent):

Signature: DR SHINY Name: DR SHINY Date: 13/05/2016 Time: 2:45 pm

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 అపస్యారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థావం 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 లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అది 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, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



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. STAGE 2 HYPOSPADIAS REPAIR

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)
1. Pass urine from neourethra 2. Cosmetic 3. Resolution of passing urine from undersurface of penis.	—

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,
- b. Urethrocutaneous fistula, need for staged procedure.

- I authorize Dr. Harish Jayaram 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: B. Vasavi
 Name: Vasavi
 Relationship with patient: Mother
 Date & Time: 14/5/26, 8:05 AM

Witness:

Signature: [Signature]
 Name: _____
 Date & Time: 14/5/26, 8:05 AM

Doctor (who is taking consent):

Signature: Malika Name: Dr-Malika Date: 14/5/26 Time: 8:05 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 పరిక్షల 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 అలెర్జి, 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 ఏర్పడినపుడు, 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 భావ 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: