BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM (M)
11-04-2024 2 Y 1 M 1 D
Dr. HARISH JAYARAM

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 12/5/26

Patient Name: M. Bijja Abhiram Date of Birth: .... Age: 2Y

Gender: Male Ward : P-OT UHID No.: 656062

Date of Surgery: 12/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Hydrostatic Reduction of Intussusception.

Time in : 11:30Am Time Out : 11:45Am

	NAME	AMOUNT
1. Surgeon	Dr. Harish Jayaram	
2. Anaesthetist	Dr. Ravi	
3. Assistant Surgeon	—	
4. OT Technician	Bapu	
5. Circulating Nurse	Alam	
6. Assistant Nurse	Amos	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☑ C-ARM 8604531 ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon Signature of Circulating Nurse

Order No: 8604530 Order by: Suman

Docu. No. : RCHBH/FRM/GENERAL/114

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11-04-2024 2 Y 1 M 1 D (M)
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Hydrostatic reduction

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CONSUMABLES OF OT

Circulating staff : .... Technician : .... Date : ....3639.... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5, 4.0	1+1	–	Major Pack	–	–	Inj Vit.K		
LMA 1½, 2	1+1	–	Sutures			Cord Clamp		
ECG leads : A / (P) / N	5	3				Suction Catheter		
HME filter : A / (P) / N	1	–				Feeding Tube		
Syringes : 10 cc	10	3				Vaccum Suction Set		
05 cc	10	2	Gloves (7)	2	2	Surgical Gloves		
02 cc	10	–	PF 7½	1	1	Gauze Pack		
01 cc	3	–				Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	1	–	Surgical blade			Surgical Blade # 20		
IV set	1	–	NG tube			Koochies (S)		
RL	1	–	Cautery pencil			NS 500ml	1	1
NS : (10ml) / (100ml) / 500ml / 1000ml	4+1	1	Koochies XL	1	1	Transofix	1	D
miniplex	1	1	Ointments			Jelly	1	1
vaccuvet	1	–	Suction Catheter			Inj. Urographin	1	1
Fentanyl	1	1	Cap, Mask	5/5	5/5			
Morphine			Gauze Pack N	1	1			
Ketamine			Mop Pack	–	–			
Propofol	3	1	Steristrip					
Rocuronium	1	–	Underpad	1	1			
Glycopyrolate	1	–	Draw sheet	1	1			
Myopyrolate + Neo	2	–	Abgel					
Ondansetron	1	–	Foleys catheter (16)	1	1	midazolam	1	1
Pencan 25g/ Spinal Needle (22)	1	–	Urobag			O-A (0,1)	1+1	–
Bupivacaine 0.25%	1	–	Chest Drainage Catheter			Nasal airway (18,20)	1+1	–
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage 1N set	1	1	Nasal prong Etco2 (P)	1	1
WPCM	1	–	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	–	–			
Justin : (12.5 mg) / (25mg) / 100mg	1+1	–	Plastic Bed Sheet	–	–			
Tab. Misoprost : 200mg			Betadine Solution	–	–			
Glove all Gauze	4+4	–	Microshield	–	–			
Tranexa + Dexa	1+1	–	Cotton Balls	–	–			
O2 mask (P)	1	–	Latex Gloves	–	–			
IV cannula (22,24)	1+1	–	Ramdione Scrub	–	–			
3 way 10+100cm	1+1	–	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9604585 Ordered by : [signature]

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

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173719 **Admit Date** : 12-May-2026 **Admit Time** : 10:31 AM **UHID** : BAH-00656062

Patient Details :

Patient Name	: Master BIJJA ABHIRAM	**Age**	: 2 Y 1 M 1 D
Guardian	: Mr BIJJA PARAMESH	**DOB**	: 11-04-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 2-61, PULGARCHERLA (V), NEAR UPS SCHOOL KANCHIRAOPALLE WANAPARTHY Telangana INDIA 509120	**Phone No**	: 9505578792/ 6309811258
		E-mail	: paramesh78792@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 401 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 401 **Admission Type** : First Visit

Contact Details :

Name	: Mr BIJJA PARAMESH	**Relationship**	: Father
Contact Address	: H NO 2-61, PULGARCHERLA (V), NEAR UPS SCHOOL KANCHIRAOPALLE WANAPARTHY Telangana INDIA 509120	**Phone No**	: 9505578792

Signature

Doctor Details :

Doctor Name	: Dr. HARISH JAYARAM	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	: DR. K VAMSI KRISHNA	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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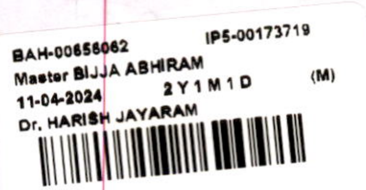
ACTIVITY RECORD FOR BILLING



Name : ____________________

UHID 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
12/5/2026	10:0Am	CR	OT	[signature]
12/5	1pm	OT	[illegible]	[signature]
12/5	1:30pm	OT	12+B	[signature]

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/5	USG Abd	024057	Sày

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/5	IV placement	1	4226	Charan
12/5	PAC	1	604394	Deena
12/5	NHA	1	9605517	

ANY OTHER INFORMATION

USG - (1)

Date : 13/5 Time : 10:30AM Prepared By : Souparn

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Souparn	morning		

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

Patient Name: ______________________

UHID ID: 00656062

Department: ______________________

Consultant: ______________________

BAH-00856062 IP5-00173719
Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Name : Master Abhiram Age/Sex 2yrs/Male

Information given by: Mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o abdominal pain :- 3 days
Vomiting (+).

History of present illness :

As per informant -
child apparently well then had.

- Abdominal pain :- 3 days
more in umbilical & (R) Hypochondriac
region

- Vomiting :- 3-4 episodes - 2 days back
non bilious, non projectile.

no loose stools / blood in stools

no cold / cough.

USG :- Ileocolic Intussusception.

H/S: CBP :- 10.0 / 7,100 / 48.6 / 3.40 lakhs.

BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM (M)
11-04-2024 2 Y 1 M 1 D
Dr. HARISH JAYARAM

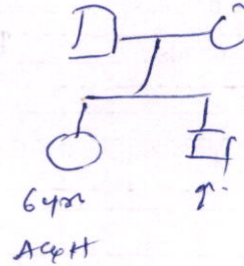
Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:

Ⓝ perinatal transition



Birth & Socio Economic History:

About Father :
About Mother : middle
Any additional Information :

Developmental History :

Attained appropriate for age.

Immunization History :

Immunised till date

(P.T.O.)

BAH-00656062 IP5-00173719
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Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 10kg (Centile ________)

On Examination :

Temperature : 97.8°F Pulse Rate : 117/min B.P. 90/61 SPO2 98% @RA

Resp.rate and type of breathing : 28/min regular

Rash ________

Lymphadenopathy ________

Oedema : ________

Allergies (if any): ________

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+), clear

Any addes sounds : ________

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 heard

Any murmur : ________

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

Per Abdomen :

Inspection (N)

Palpation : soft, tender in (L) Hypochondriac & umbilical region

Ausculation : ________

Spine : (N) External Genitelia : (N)

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

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11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power 3/5

Co-ordinator :

Posture :

Involuntary Movements : Nil

Reflexes :

DTR (N) **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : regular.

Clinical Summary & Diagnostic:

Ileocolic Intussuception
Now fd Hydrostatic Reduction.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

Cannula - plain EDTA

USG Abdomen - done on OPD

Planned Management

- Continue NPO
- IV fluids.
- PAC to be done
- shift to OT on call

noted by Randeep 14/5/2026 at 11:00

Dr. NABEEL ALAM QADRI
Reg. No: 75241

Signature of the Doctor: [signature]

Name of the Doctor: Jayashri

Date & Time: 12/05/26 @ 10:30 AM

Signature of the Consultant: [signature]

Name of the Consultant: Dr N Qadri

Date & Time: 13/5/26

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Harish Date : 12/5/26

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

Start Time of Assessment: .... Weight: 10 kg

Allergic History: ....

Chief Complaints:
c/o abdominal pain - 3 days
Vomiting - 2 days
no loose stools / cold / cough
no fever

Pediatric Assessment Triangle

A Appearance - TICLS ....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

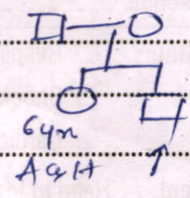
Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Significant Past History: ....

Medication History: ....

Relevant Investigations: ....



Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Breathing

Rate: 28/min SpO$_2$ on FiO$_2$ 98% @RA

Rhythm: ....

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE (+), clear

Palpation Findings (If necessary) ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Circulation HR: 117/min CFT — Central <3sec; Peripheral ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: 90/61 mmHg

Pulse Volume: Central <3sec; Peripheral ....

If in Shock: Compensated ....; Hypotensive ....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: .... AVPU: Alert

Pupils: Responsive ☐ Non-Responsive ☐; Size — Right .... Left ....

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 97.8°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash —

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: —

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned:	**Treatment Planned:**
IV Cannula – ~~CBP~~ Plain, EDTA	– NPO to continue – IV fluids – 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): Ileo colic Intussusception for Hydrostatic reduction

Assessment done by

Name of the Doctor: Jayasri

Signature: JS

Date & Time: 12/5/26 @ 10:30 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26. 8:25 AM	C/S/B Dr. Harish.	
	History of pain abdomen - 2 days multiple non billious vomitings P/A - soft tenderness in (Lt) hypochondriac region Dr. Harish 12/5/26 8:30 AM DR. HARISH JAYARAM Registration No: 66254	Adv 1) NPO 2) IV fluids - DNS full maintainance (after admission) 3) USG Abdomen to rule out intussusception noted by Ramdeep 12/5/2026 at 11:13 AM
12/5/26 5:30pm.	C/S/B Dr. Maliha.	
	POD - 0 afebrile Vitals stable P/A - soft Dr. Harish 12/5/26 5:30PM DR. HARISH JAYARAM Registration No: 66254	Adv 1) Clear liquids (water/ORS/coconut water) 2) USG Abdomen tomorrow morning to rule out persistence of intussusception Maliha Dr. Maliha 12/5/26 5:30

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/2026. 8:05 AM	C/S/B Dr. Maliha.	
	POD - ①	Adv
	Afebrile Vitals stable	1) USG Abdomen to rule out persistence of intussusception
	P/A - soft passed stools.	2) Clear liquids as tolerated.
	Dr. NABEEL ALAM QADRI Reg. No: 75241 [signature] Drossel 13/5 100	Maliha 13/5/26 8:05 AM
13/5/26 100	C/S/B Dr. Drossel POD 1 USG - N/O Intussusception	Adv - Soft diet - D/c today on 2 pvcr & PCM
	Dr. NABEEL ALAM QADRI Reg. ...41 [signature] Drossel	

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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						

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

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit. (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: OT

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sd/ (Jayashri)

Date & Time : 12/5/26 @ 10:30AM

Nurse Name & Signature: Ramadevi

Date & Time : 12/5/2026 at 11:13Am

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DRUG CHART

Date of Admission: 12/5/26 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 10kg Ward. 05

DRUG : INJ CEFAZOLIN				Date/Time	12/5	13/5
Dose	Route	Frequency	Start Date	6AM	✗	pranali priya
100mg	IV	Q8h	12/5/26		11AM	
Name & Signature of the Doctor Starting the Drugs: Maliha Dr. Maliha				2pm	OT	
Additional Instructions: —				10pm	pranali priya	
Daily Doctor's Endorsement by a Sign					Mal	Mal

DRUG : INJ PARACETAMOL				Date/Time	12/5	13/5
Dose	Route	Frequency	Start Date			
150mg	IV	Q8h	12/5/26	6am	✓	pranali priya
Name & Signature of the Doctor Starting the Drugs: Maliha Dr. Maliha				2pm	8pm (NP) Swathi	
Additional Instructions: —				10pm	pranali priya	
Daily Doctor's Endorsement by a Sign					Mal	Mal

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				

BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM
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Dr. HARISH JAYARAM

Weight. 10kg Ward. OT

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/26	11:17AM	INJ CEFAZOLIN	500mg	IV	Maliha	Teena

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

BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

I.V. FLUIDS CHART

Weight. 10 kg Ward. [illegible]

Date	Time	Composition of I.V. Fluid (Concentration ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/5		IVF-DNS	IV	40 ↓ 30	Jayas	Sravani Srivani	[illegible]	[signature]	
13/5/26	8:05 AM	IVF DNS	IV	40 ml/hr	Malika	Dpemale Srivani	13/5	[signature]	Sravani Srivani

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

BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

Doc. No. : RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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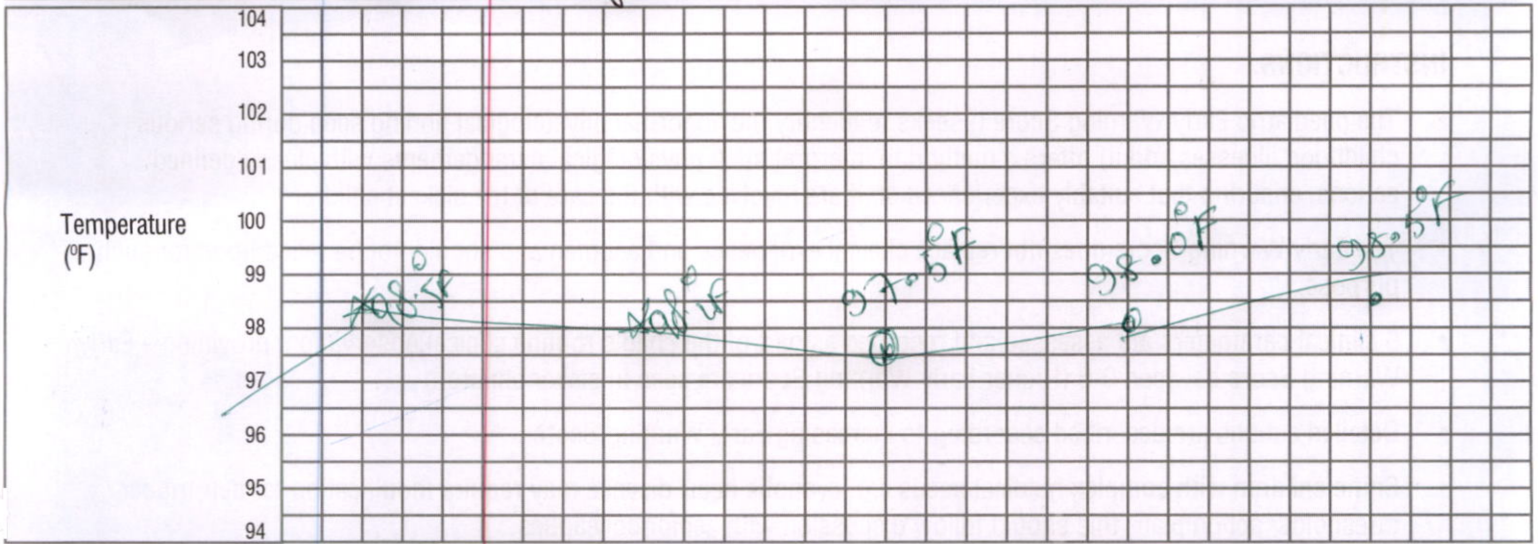
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/05/24 Time:	4 PM	6 PM	10 PM	13/5 2 AM	6 AM
Doctor / Nurse / Family Concern?					



Temperature (°F)	98.5°F	98.4°F	97.5°F	98.0°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring	100/60 (72)	110/70 (83)	106/69 (76)	101/63 (71)	98/54 (63)
Heart Rate (Number)	110b/m	112b/m	110b/m	108b/m	105b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	29b/m	29b/m	26b/m	23b/m	26b/m
Resp Distress — Mod/ Severe; None / Mild					
Receiving O_2(l/min)					
O_2Saturations (%)	99%	99%	100%	99%	100%
Conscious Level — Normal; Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master BIJJA ABHIRAM (M)
11-04-2024 2 Y 1 M 1 D
Dr. HARISH JAYARAM

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
12/5	11:00 am			OT								
	12:00 pm		H_2O	—		—	—	—	—	—	0	[illegible]
	01:00 pm		Idly	—		—	—	—	—	—	0	[illegible]
Total Intake :						**Total Output :**						
	02:00 pm		Bread	—							0	[illegible]
	03:00 pm			—							0	[illegible]
12/05	04:00 pm			30ml						✓	0	[illegible]
	05:00 pm	DNS		30ml		NA		NA			0	[illegible]
	06:00 pm			30ml						✓	0	[illegible]
	07:00 pm			—							0	[illegible]
Total Intake :						**Total Output :**						
	08:00 pm			—							0	P.B
	09:00 pm	DNS	coconut water	—							0	
12/5	10:00 pm			—						✓	0	P.B
	11:00 pm			30ml							0	
	12:00 am			30ml							0	P.B
	01:00 am			30ml							0	
Total Intake :						**Total Output :**						
	02:00 am			30ml							0	P.B
	03:00 am			30ml							0	
13/5	04:00 am	DNS		30ml						✓	0	P.B
	05:00 am			30ml							0	
	06:00 am			—							0	P.B
	07:00 am			—						✓	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

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.

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

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Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Name: MASTER BIJJA ABHIRAM Age: 2Y1M Sex: M UHID.No : BAH 0065802

Date: 12/5/2026 Time: 11:00 Proposed Operation: HYDROSTATIC REDUCTION

Diagnosis: Intussusception

B.P / CRT: <3sec H.R: 84/m Weight: 10 Kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

11/5/2026

Hgb: 10.0	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 7.10	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 340	Na: 134	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K: 3.9	LDH:	T3	Other:
PTT:	Ca++: 9.6	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -: 102.2	SGOT/SGPT:		

Allergies: No known allergy

Medical History: CVS : —

RESP : — no cough, cold fever Diabetes : —

CNS : —

Renal : —

Hepatic / GE : — Physical Activity: active playful

Others : —

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs : AEBE

Heart: S1 S2

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : LUL -22G Spine Exam for regional : (N)

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

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

FOOD:- 6.30 AM. Tea Biscuit

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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:

Signature: Adithi Name: Dr Adithi N

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Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
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ANAESTHESIA CHART

Pre Induction Assessment:

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

1.30

H.R.: 88	B.P / CRT: 110/70	SpO_2: 100	R.R.: 16	Last Feed:

Pre-OP Diagnosis: Inguinal — Operation: Hydrocele Repair — Date: 12/5/2025

Surgeon: Dr. HARISH — Anaesthesiologist: Dr. — Technician:

TIME	11:30	11:45
N_2O /AIR /O_2 LPM		
HALO /SO /SEVO		
Drugs:		
INJ FENTANYL 10 mcg		
Inj MIDAZOLAM 0.4 mg		
Inj Propofol 30 mg		
FIO_2 / SaO_2	100	100
$ETCO_2$	28	28
ECG	SR	SR
Temperature	35.5	
Urine Output		
Fluids		
Blood		

Antibiotic: Inj Cefazolin 500 mg

Suppository: —

Blood Loss: —

NOTES: —

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
Cuff Site: R UL
☑ Art Site: ....
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: ....
☐ 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: 11:30
OP Start: 11:37
OP End: 11:43
Leave OR: 11:48

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: LUL 22G
☐ IV: ....
☐ IV: ....

Induction: via Nasal prong
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr Adith N
Signature of the Doctor: [signature]

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Master BIJJA ABHIRAM
11-04-2024 2 Y 1 M 1 D (M)
Dr. HARISH JAYARAM

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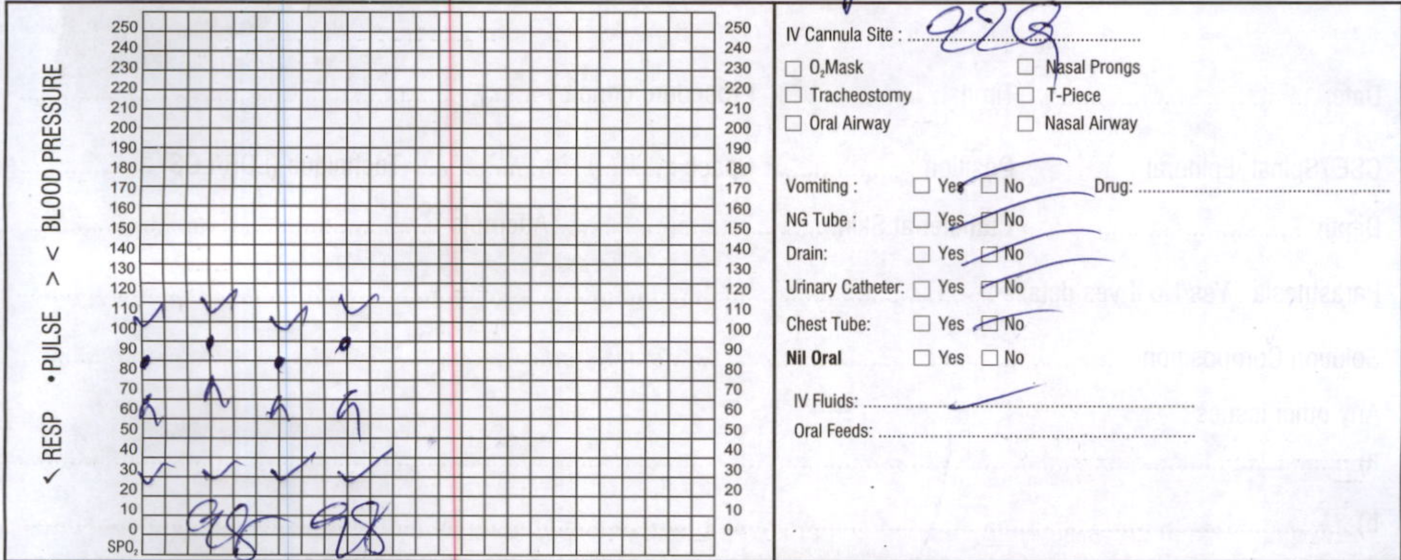
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : [signature] Time Received : 12pm Time Discharged : ....



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/5	11:50	1	—	[signature]

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

Anaesthesiologist Name : Dr. Durga Bhavani

Anaesthesiologist Signature: [signature]

Date & Time: ....

PACU Nurse Name : [signature]

PACU Nurse Signature: ....

Date & Time: 12/5/24 1pm

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): [signature]

Date & Time: 12/5/24

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : .... APGAR: .... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....

Patient Sticker
BAH-00656062 IP5-00173719
Master BIJJA ABHIRAM (M)
11-04-2024 2 Y 1 M 1 D
Dr. HARISH JAYARAM

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: HYDROSTATIC DISSECTION

Anaesthesiologist: Dr ADITI Surgeon: Dr

Please read this before you consent for Anaesthesia

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

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others DESATURATION, HYPOTENSION, BRADYCARDIA

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: [signature]

Name: B. paramesh

Relationship with patient: Father

Date & Time: 12/5/24 11.15AM

Witness:

Signature: A. pushpavathi

Name: Mrs pushpavati

Date & Time: 12/5/24 11.15AM

Doctor (who is taking consent):

Signature: Aditi Name: Dr Aditi Date 12/5/24 Time: 11.15 am

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: ....

అనస్థీషియా వైద్యుడు: .... శస్త్రచికిత్స నిపుణుడు: ....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు. రీజనల్ 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 రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: ....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:	సాక్షి:
సంతకం:	సంతకం: ....
పేరు:	పేరు: ....
రోగితో సంబంధం:	తేదీ & సమయం: ....
తేదీ & సమయం:	

డాక్టర్ :

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