

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Patient Name : R. Mossemani

IP. No. 23345



Ward : MW

DOA : 22/6/26

DOD : 22/6/26

S.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1.	Admission Sheet	01			
2.	Discharge Summary	01			
3.	Nursing Initial Assessment	01			
4.	Patient Transfer Form	01			
5.	In-patient Medical Record	01			
6.	Doctors Progress Sheets	01			
7.	Nursing Plan of care and handover sheets	01			
8.	Consultation Sheet				
9.	General for Surgery				
10.	Consent for Surgery	01			
11.	Consent for Blood Transfusion				
12.	Consent for Chemotherapy				
13.	Consent for High Risk				
14.	Consent for Restraint				
15.	LAMA Consent				
16.	Consent for Special Procedure / Sedation	01			
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)	01			
22.	Neonatal Admission / Delivery / Physical Exam				
23.	Medication Reconciliation	01			
24.	Emergency Triage Record	01			
25.	Pre Operative Check List	01			
26.	Surgical Safety Checklist	01			
27.	Operation Theatre Notes	01			
28.	Nurses Clinical Presentation	01			
29.	TPR & BP Chart	01			
30.	Intake and Out Take Chart (Fluid Chart)	01			
31.	Drug Chart (Regular Prescription)	01			
32.	Investigation Values (Result Sheet)	01			
33.	Nebulization Chart				
34.	Nutritional Review Chart				
35.	Intensive Care Unit (ICU Charts)				
36.	Consent for Admission in PICU / NICU				
37.	The Humpty Dumpty Scale	01			
38.	Braden Q Scale	01			
39.	Bed Side Check List	01			
40.	PICU Bed Formula Dilution Feeds				
41.	Gastro Monitoring Chart				
42.	Rch ED Doctors Note				
43.	BP Monitoring Chart				
44.	RBS Monitoring Chart				
Total No. of Pages		<u>92</u>			

Signature and Date :

M. S. S.  
22/6/26

# PRE - OPERATIVE CHECK LIST



Date : 22/06/26.

Patient's Name : P. moses mani Age : 34 Gender :  M  F

Blood Group : ..... UHID : HA-4051 I.P. No. : 23345

Planned Surgery : Tongue Tie & G.A Surgeon : Dr. Shakhina Ather.

Anesthetist : Dr. Dheeraja Date & Time of Operation : 22/6/26

Tick appropriate boxes :

To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	YES	NO
1.	Weight checked and recorded? <span style="float: right;">12.7</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is the patient fasting for over 6 hours pre-operatively?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Check pre-OP investigations & Results (CBP, Blood Group, BT, CT, PT/APTT, Viral Screening, CXR etc) Discuss with Registrar / Consultant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Enema given/ Bowel Preparation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Remove all ornaments, etc and sterile gown given	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Is Blood arranged as required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	If Blood has been ordered - is Blood bag ready?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	IV Cannula to be placed / IV fluids If indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Pre Anesthetic consultation with anesthesiologist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Pre medications given?(Sedatives / etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Skin Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Other (if any)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE:: If any of above is ticked "NO" Discuss with the registrar / consultant immediately

Date : 22/06/26 Time : \_\_\_\_\_

Aruni.  
Signature of Nurse in-charge

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023345      Admit Date : 22-Jun-2026      Admit Time : 09:41 AM      UHID : HCV-00040751

Patient Details :

Patient Name : Master R MOSES MANI      Age : 3 Y 4 M 21 D  
Guardian : Mr R VISWANANTH      DOB : 01-02-2023  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : Depot Vishakhapatnam Andhra Pradesh      Phone No : 6301556636/ 8187857087  
INDIA 530009      E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE      Bed No : DC 212      Ward Name : 2F-SECOND FLOOR  
Room No : DC 212      Admission Type : First Visit

Contact Details :

Name : Mr R VISWANANTH      Relationship : S/O  
Contact Address : Depot Vishakhapatnam Andhra Pradesh INDIA Phone No :  
530009

  
Signature  
R. VISHWANATH (Father)

Doctor Details :

Doctor Name : Dr. SHAHINA ATHER      Specialisation : EAR NOSE AND THROAT  
Referral Doctor : FRIENDS      Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : EASTERN NAVAL COMMAND

**ACTIVITY RECORD FOR BILLING**

Name:----- HCV-00040751 IP22-00023345 -----  
 UHID No :-----IP No Master R MOSES MANI Dept.:-----  
 01-02-2023 3 Y 4 M 21 D (M)  
 Date of Admission :----- Dr. SHAHINA ATHER if Discharge:----- Time:-----  
 Room / Bed No :----- Suggested Billable bed type:-----



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
22/06/26	10:30 AM	ER	MICU	Akhil.
22/6/26	11:15 AM	MICU	OT	Neelath
22/6/26	12:10 PM	OT	MICU	Eswarasankar

**Cross Consultation Visit**

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

*Cross checked by Neelath*





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
22/06/26	IV placement	(01)	690301	Akhil
	PAC			
	Tongue tie release			
	done ✓ GA			
	Surgeon: Shahina		690353	
	Anest: Dr. Dhara		690354	Malath
	Time in: 11:15am			
	Time out: 12PM			
<p><i>Cross checked by Malath</i></p>				

**ANY OTHER INFORMATION**

→ Leuphorzine used for ~~45~~ 45 mins.

Date: 22/6/26

Time: 4PM

Prepared By: Malath

Staff Nurse <i>malath</i>	Shift / Ward <i>micu</i>	Billing Assistant	Billing Supervisor
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**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name : \_\_\_\_\_ HCV-00040751 IP22-00023345 \_\_\_\_\_  
UHID ID : \_\_\_\_\_ Master R MOSES MANI  
01-02-2023 3 Y 4 M 21 D (M) \_\_\_\_\_  
Department : \_\_\_\_\_  
Consultant : \_\_\_\_\_  
Dr. SHAHINA AATHER





HCV-00040751 IP22-00023345  
Master R MOSES MANI  
01-02-2023 3 Y 4 M 21 D (M)  
Dr. SHAHINA ATHER



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

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**Birth & Neonatal History;**

Family Chart

Term / 2.5kg / AOA / No  
NICU stay

**Birth & Socio Economic History:**

About Father: \_\_\_\_\_  
About Mother: \_\_\_\_\_  
Any additional Information: \_\_\_\_\_

**Developmental History:**

as per age

**Immunization History:**

as per NIP.

**Anthropometry:**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms) \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 12.7kg Centile \_\_\_\_\_

On Examination:

Temperature: (N) Pulse Rate : \_\_\_\_\_ B.P. \_\_\_\_\_ SPO2 98% RA

Resp. rate and type of breathing : \_\_\_\_\_

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_



**Respiratory System:**

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

Air entry & breath sound : B/c AS (+)

Any Addees sounds : \_\_\_\_\_

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

**Cardiovascular System:**

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur: \_\_\_\_\_

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

**Per Abdomen:**

Inspection : (N)

Palpation : soft

Ausculation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT.USE.etc.,) \_\_\_\_\_

**Central Nervous System:** Alert

Level of Consciousness : AVPU / GCS Score: \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

**Motor System:**

Nutrition : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture: \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

HCV-00040751 IP22-00023345  
Master R MOSES MANI  
01-02-2023 3 Y 4 M 21 D (M)

Dr. SHAHINA ATHER



**Reflexes:**

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Tongue tie release & SGA

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment:

Desired goals of the of the treatment:

**Planned Labs:**

**Planned Management:**

Clav - Augmentin at  
1hr before  
surgery

DNS @ 40ml/hr  
w.B. A/C/W

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor:

C. Anjana

Name of the Consultant:

Dr. Shobana

Date & Time:

22/06/26

Date & Time:

22/6/26



# DISCHARGE PLAINING FORM

**Note: \* To be completed by a Doctor within (24) hours of admission**

1. Anticipated Date of Discharge : \_\_\_\_\_
2. Destnation Post Discharge :  Home  
Family Members Notified (Person Contacted\_ \_\_\_\_\_  
 Transfer  
Hospital Facility Notified (Person Contacted) \_\_\_\_\_
3. Discharge Status:  Self Care  Family Home Care  Home Professional Assistance

<input type="checkbox"/> Needs Assistance In:		Remarks
<input type="checkbox"/> Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....

4. Nutritional Plan:  
 Dietary Instruction Discussed with the:  
 Patient  Family Member  Other:.....
5. Discharge Planning Discussed with the:  
 Patient  Family Member  Other:.....
6. Patient / Family Education Plan:  
 Education Topic /s :.....  
 Patient's Educational Topic/s discussed with the:  
 Patient  Family Member  Other:.....

Doctor Signature: \_\_\_\_\_  
Name of the Doctor : \_\_\_\_\_  
Date & Time : \_\_\_\_\_

## Nursing General Admission Assessment Form For Pediatrics

**Diagnosis:**

Arrival Time: 10:30 am Mode of Arrival: ..... Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction: NO Body Weight: 12.7 Kg

Height: ..... cm

Past Medical History: Obtained From  Patient  Family Member  Medical Record  Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
NO	NO	NO

Family History: .....

Has the child or close family member had recent contact with a communicable disease?  Yes  No

If yes please list, .....

Was the child's birth normal?  Yes  No If No, please describe problems: .....

Are the child's immunization up to date?  Yes  No

**Current Medication:**  None  Yes, If Yes, fill reconciliation form

Observations: Weight: 12.7 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 38.4 F HR: 188/W RR: 30 BP: 100/60

Pain Score: ..... Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment:  Yes  No Score: 20 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score ..... ) (Document in the Braden Q Assessment Sheet)

**Pain Screening:**  Yes  No If Yes, Pain Score: ..... Pain Tool Used:  N Pass  FLACC  Wong Baker

Character of Pain ..... Location ..... Frequency ..... Duration .....

**FUNCTIONAL SCREENING:**  No Abnormalities Detected

Mobility Problem  Walking Problem

Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormalities Detected

Underweight  Overweight  Special Feeding Method

Feeding Problem  Special diet  No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

If Yes Consultant Notified: Dr. Shalima (Date/Time): 2/6/26

Social History: Lives With mother

Siblings in household  Yes  No (if yes How Many?)

All Information Obtained From  Patient  Mother  Father  Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach:  Yes  No Waste Disposal Explained:  Yes  No

Infusion Pump:  Yes  No Hand hygiene Explained:  Yes  No  Others

Patient Rights & Responsibilities:  Yes  No

Information given to mother

Nurse's Name: Guya Date: 2/6/26 Time: 2pm

Signature [Signature]





# RESULT SHEET

op basic

Ref No. : F / HW / RS / INPR / 17

HCV-00040751

IP22-00023345

Master R MOSES MANI

Patient Name : .....

01-02-2023

3 Y 4 M 21 D

Age : ..... Ger

(M)


Dr. SHAHINA ATHER



I.D. No. : .....

Date	13/06/26				
Time					
Hb	12.5				
PCV	35.8				
RBC	4.53				
WBC	9.39				
N/L	22156				
Platelets	389				
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	11.33 12.5-14.5 sec comb				
APTT	28.5-35.1 sec				
CSF Protein/Sugar					
Cells					
N/L					
Doctor's Signature					

op basic

Date	13/06/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BT	2min 30 Sec					
CT	5min 20 Sec					
Anti (HIV EIA) Antibodies	Non Reactive					
Anti (HCV) Antibodies	Non-Reactive					
HbS Ag	Non-Reactive					
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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





I.P. No.

Sheet No.

Wards

Weight (kg)

12kg

REGULAR PRESCRIPTIONS

<b>DRUG:</b> <u>Eq-AMOXICLAV</u>				Date															
				Time	<u>10:50 AM</u>														
Dose	Route	Frequency	Start Dt.																
<u>350mg</u>	<u>IV</u>	<u>8wly</u>	<u>22/06</u>																
Name & Signature of the Doctor starting the Drugs:																			
<u>ANJANA</u>																			
Additional Instructions:																			
<u>Dil in 10ml NS, over 1hr.</u>																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			





## OPERATION THEATER NOTES

Patient's Name: R. Moses manvi Age: 3y Gender: M  F   
 UHID: HCU-40757 I.P. No. 23345 Weight: 12.7 kgs

Surgeon: <u>Dr. Shabina Athel</u>	Asst. Surgeon:
Anesthetist: <u>Dr. Dhireja</u>	OT Nurse: <u>Eswaran</u>
Surgical Procedure: <u>Ankyloglossia Release (Tongue Tie Release)</u>	

Indication for Surgery: shred speech / Difficulty pronouncing some words  
pronouncing.

Date: 22/6/26 Start Time: 11:45 PM End Time: 12:00 PM

### PRE-OPERATIVE PREPARATION

- 1) NBM from 12:00 AM
- 2) written / Informed consent.

### OPERATION NOTES :

- Under GA
- patient positioned / Drapped
- Fremuloplasty done using Cautery.
- Moments of Tongue assessed.
- Haemostasis achieved
- G.A reversed. reversed.
- Intra op & immediate Post OP uneventful

POST - OPERATIVE ORDERS:

- 1) NBM till 8:30 pm. → liquids → Soft diet  
Cold / Soft diet
- 2) IV fluids DMC @ 40ml/hr till NBM.
- 3) IV AUGMENTIN 250mg / (IV/TID)  
(Syp AUGMENTIN 3ml / PO / TID on Discharge Medication)
- 4) Syp MONTAK-CC-VID 3ml / PO / BD x 5 days
- 5) Syp IBUGESIC-PLUS 2ml / PO / BD x 5 days
- 6) QUADRAJEL ointment Local Application  
Every 4th hourly / 6 Times a day.
- 7) Monitor Vitals / Infam SOS

Dr. Shahine Athar

Shahine Athar

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date: 22/6/26 Time: .....

PREANAESTHETIC EVALUATION

Date: 20/6/2026 Time: 12:30 pm Name: *Monika Moses Main*

Proposed Operation: *Tongue Tie Release* Age: *34w/m*

Preoperative Diagnosis: *Tongue Tie* Sex:

B.P	H.R.	R.R	Temp	Height	Weight	Physical Status 1 2 3 4 5	I.P. No.
-----	------	-----	------	--------	--------	------------------------------	----------

LABORATORY DATA

Hgb _____	Glucose _____	Protien _____	HIV _____	X-ray _____	Other: _____
PCV _____	Urea _____	Alb _____	HBS Ag _____	ECG _____	
WBC _____	Creat _____	Total Bill _____	HCV _____	2D Echo _____	
Plate _____	Na _____	Dir. Bill _____	Blood group _____	Stress/Angio _____	
PT _____	K _____	LDH _____	Other: <i>None</i>		
PTT _____	Ca++ _____	Alk phos _____			Allergies: <i>NO</i>
INR _____	Mg++ _____	Amylase _____			

Medical History: \_\_\_\_\_ CVS: \_\_\_\_\_

RESP: *NAH*

CNS: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Renal: \_\_\_\_\_

Hepatic / GE: *No other congenital anomalies APD+/-*

Others: \_\_\_\_\_

Past Anaesthetic History: \_\_\_\_\_

Physical Exam *Adequate*

Airway MP 1 2 3 Mouth Opening Mentohyoid Distance: Neck: Teeth:

Lungs: \_\_\_\_\_

Heart: *NAH*

CNS: \_\_\_\_\_ Pupils: \_\_\_\_\_ E V M *15/5*

Others: Pallor: +/- Venous Access Site: Spine Exam for regional:

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO PREGNANT YES/NO LMP

CURRENT MEDICATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRE - OPERATIVE INSTRUCTIONS:

- DVT Prophylaxis
- NBM form: *leuc prior to sy*
- Informed Consent *Standard* / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: \_\_\_\_\_ SaO2 : \_\_\_\_\_

R.R.: \_\_\_\_\_ Last Feed : \_\_\_\_\_

B.P./C.T.Y.: \_\_\_\_\_

Signature: *[Signature]*

PRE-OP DIAGNOSIS Traumatic OPERATION Traumatic release Date 22/6/16

SURGEON Dr. Shalune ANAESTHESIOLOGIST Dr. Dheeraja

ANAES #1	Start	End	Cons. Sig	Res	PHYSICAL STATUS <u>I</u>
CARE #2	Start	End	Cons. Sig	Res	PT IDENTIFIED <input checked="" type="checkbox"/> CONSENT PRESENT <input checked="" type="checkbox"/> CHART REVIEWED <input checked="" type="checkbox"/>
TEAM #3	Start	End	Cons. Sig	Res	LAST PO INTAKE

TIME	NOTES
N <sub>2</sub> O <sub>2</sub> AIR/O, LPM	
HALO/SO/SEVO	
DRUGS:	
	<u>2ij Glyco 0.1 mg IV</u>
	<u>2ij Hydrotan 15 mg IV</u>
	<u>2ij Midaz 0.5 mg IV</u>
	<u>2ij Pcm 200 mg IV</u>
	<u>2ij Butant 0.5 mg IV</u>
	<u>2ij myopymolate 1.5 ml IV</u>
	<u>2ij Propofol 20 mg IV</u>
	<u>2ij Vce 1.5 mg IV</u>
FI <sub>O2</sub> / SaO <sub>2</sub>	
ETCO <sub>2</sub>	
ECG	
CVP / Wedge	
Urine	
EBL	
FLUIDS BLOOD	
ANASTHESA X	240
START FINISH	220
I INTUBATION	200
P PREP	180
O - OP START	160
O - DP END	140
B,P	120
V, SYSTOLIC	100
DIASTOLIC	80
X MEAN	60
* HEART RATE	40
Tourniquet up T	20
Tourniquet down T	10
RESP	0
O Spont O	
AR Assisted O	
CR controlled RATE	
TV	
PIP	
PEEP	
	TEMP (T)
	42°
	41°
	40°9
	38°
	37°
	36°
	35°
	34°
	33°
	32°
	31°
	30°

- EQUIPMENT CHECKED AND FUNCTIONAL
- BP
- CUFF SITE
- ART SITE
- EKG LEAD
- TEMP SITE
- FIO2 MONITOR
- AGENT MONITOR
- PULSE OXIMETER
- PA OXIMETER
- CAPNOGRAPH
- VENTILATOR
- NERVE STIMULATOR
- POSITION Supine
- PRESSURE POINT CKD
- EYE CARE
- OINT
- TAPE
- PADDING
- TEMP
- HUMIDIFIER
- BLD WARMER
- LIGHTS
- HEATERS
- HUGGER'S
- BLANKET
- OTHER warm

COMMENT/SYMBOL

LAB VALUES

PH

PACO<sub>2</sub>

PaO<sub>2</sub>/FIO<sub>2</sub>

HCO<sub>3</sub>/BE

Na/K

TIMES

ANAES START 11:20 Am

OP START 11:30 Am

OP END 12:30 Am

LEAVE OR 12 pm

END ANAES

GENERAL

MAC no DRUG

MAC with DRUG

REGIONAL  LOC BY SURG

LINE (SIZE & LOCATION)

CVP

PA

ART

IV 2ij Rt. Iliac

IV

IV

INDUCTION

IV  INHAL  RECTAL

IM  OTHER

PREO  CRICOID PR

MASK  LMA

AIRWAY ORAL  NASAL

ETT# 4 at 14 cm

ORAL  NASAL  CUFF

TRACHEOTOMY

TOPICAL  DRUG \_\_\_\_\_ % \_\_\_\_\_ ml

TRANSTRACHEAL

DRUG \_\_\_\_\_ % \_\_\_\_\_ ml

AWAKE  RAPID SEQUENCE

DIRECT VISION  BLIND

FIBEROPTIC  STYLETTE

BLADE# 2 ATTEMPTS 1

DIFFICULT WHY?

BILAT = BS

SEMICLOSED CIRCLE

CLOSED CIRCLE

NON REBREATH

AYREST PIECE

REGIONAL

EXTREMITY SPECIFY \_\_\_\_\_

SPINAL EPIDURAL CATHETER PUMP OTHER \_\_\_\_\_

CAUDAL

SITE

NEEDLE SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

PARASTHESIA YES NO

CATHETER AT SKIN \_\_\_\_\_ (CM)

DRUG / DOSE \_\_\_\_\_

TEST DOSE \_\_\_\_\_

ANAES LEVEL \_\_\_\_\_

COMMENTS \_\_\_\_\_

TRANSPORTATION TO PACU  ICU  OTHER

RELAXANT REVERSED YES  NO

TRAIN OF 4 TET HEAD LIFT

SIGNATURE [Signature]





Department of Anaesthesiology  
AXON ANAESTHESIA ASSOCIATES  
EPIDURAL ANALEGESIA RECORD

Patient ID :

Date : Time: Procedure done by:  
CSE/Spinal/Epidural Position: Space: Technique (LOR/LOS)  
Depth: Catheter at Skin: Attempts:

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

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

Deliver Details : Time: APGAR: SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Discharge / Shifting ordered by (Name, Signature, date and time)



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : R. Molee man Age : 3y 4m  
 Gender: M  F  - IP No: ..... Consultant: Dr. Shakina  
 Ward / Bed No. : ..... Anaesthesiologist: Dr. Deevaja  
 Operative procedure planned : Tongue tie release

**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 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 mellitus                       Renal failure
- Hepatic disorders                       Shock                       Multiple organ failure                       Polytrauma / RTA
- Incapacitating COPD                       Others : (A) .....

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  
Tongue tie release

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

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 Attendant :**

Signature : 

Name : R. VISHWANATH

Relationship with Patient: Father

Date & Time : 22/06/26, 11:00 AM

**Witness :**

Signature : .....

Name : .....

Date & Time : .....

**Doctor (who is taking the consent) :**

Signature : 

Name : Dr. Menaja

Date & Time : 22/6/26

# Informed Consent for Surgery or Special Procedure

Patient Name : Maelen R. Moses Mani Age : 3Y5 Gender : Male

UHID / IP No: HCV-40751/23345

## INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms).....

Tongue Tie Release upon R. Moses Mani  
(Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. 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. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

I have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, infection, Retention cysts, Recurrence

### My signature on this form indicates that

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consentee:

Signature : .....

Name:.....

Date & Time : .....

Relative

Signature : 

Name: R. VISHWANATH

Relationship with patient Father

Witness:

Signature : .....

Name:.....

Date & Time : .....

Signature : 

Name of Doctor : Dr. Shabine

Date & Time : 22/6/26

**CLEARANCE FOR SURGERIES / PROCEDURE**

DATE:

22/6/26

DEPARTMENT

Ear Nose & Throat

NAME:

Mohs Mani

UHID / I.P.NO.:

HCV-00040751

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Tongue Tie ↓ GA

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

ENC

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY: *D Prabhakar*  
NAME OF THE BILLING EXECUTIVE:



SIGNATURE:

## SURGERY DETAILS

SI.No.

Date: 22/06/2026

Patient Name : Master R. Magesh Mani Age: 3yrs Sex: Male

UHID No. : 40751 IP No: 23345

Date of Surgery: 22/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : Tongue Tie Release + GA

Time in: 11:15 am

Time Out: 12 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Shabina	
2. Anaesthetist	Dr. Dheeraja	
3. Asst. Surgeon		
4. OT Technician	Pradeep	
5. Circulating Nurse	Sandhya	
6. Asst. Nurse	Rswalamma	

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon  
*Shabina Athar*

Signature of Circulating Nurse

Order No : 690353/354 Ordered by :

Tongue Tie

CONSUMABLES  
OF OT 208

Patent Name: R. MOSSES MANI Age: 34/  
Gender: M F UHIS/IP NO: 40251/23345  
Date: 22/6/26 Time:

Circulating Staff:..... Technician:.....

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4.0 (cuffed)		01	Major Pack			Inj. Vit.K		
LMA (Rebel)			Sutures			Cord clamp		
ECG leads : A/P/N		03				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		01				Vaccum Suction Set		
05 cc		02	Gloves 6/1/2 p/w		01	Surgical Gloves		
02 cc		02	6/1/2		01	Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml			Koochies					
Adrenaline		01	Ointments					
medzolam		01	Suction Catheter					
Fentanyl			Cap. Mask 5+5		10	D/S Aprons 02		
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate		01	Draw Sheet					
Myopyrolate		01	Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Oxygen mask (P)		01	Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		01			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Hystocast		01	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Shahina Anaesthesiologist Dr. Dheeraj Nurse [Signature] OT Technician  
Order No: 690370 / 690400 Ordered by: [Signature]

# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospitals - Visakhapatnam



Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.  
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040  
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

### INPATIENT ISSUES AGAINST ORDERS



<b>IP No</b>	IP22-00023345	<b>Ward</b>	2F-SECOND FLOOR
<b>Patient Name</b>	Master R MOSES MANI	<b>Bed Name</b>	DC 212
<b>Age/Sex</b>	3 Y 4 M 21 D / Male	<b>Order No</b>	22-0000690370
<b>Date</b>	22/06/2026 13:37	<b>Prescription No</b>	PRIP22-0291793
<b>Payor</b>	EASTERN NAVAL COMMAND	<b>Dispensed Date</b>	22/06/2026 14:47
<b>UHID</b>	HCV-00040751		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ADROGLARE(ADRENALINE) INJ 1MG 1ML	SWISS CRITICURE	H1	AG172	12/26	1	13.05	13.05
2	DISPOSABLE APRONS STERILE XL	Mediblue		01032026	02/29	2	135.00	270.00
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	2	21.56	43.12
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
6	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	7160326	02/28	3	34.65	103.95
7	ET TUBE 4.0MM WITH CUFFED-STERIMED	STERIMED	H	25EF12E	05/30	1	462.00	462.00
8	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
9	MEZOLAM INJ 1 MG 10 ML	Neon Laboratories Ltd	H	V305926	12/27	1	63.15	63.15
10	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350488	11/27	1	140.20	140.20
11	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	1	91.00	91.00
12	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526022026	02/29	5	11.25	56.25
13	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	1	140.00	140.00
14	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP25003	06/27	1	15.50	15.50
15	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
16	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
<b>Total :</b>							<b>2,085.74</b>	<b>2,577.85</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospitals - Visakhapatnam**

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Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP22-00023345	Ward	2F-SECOND FLOOR
Patient Name	Master R MOSES MANI	Bed Name	DC 212
Age/Sex	3 Y 4 M 21 D / Male	Order No	22-0000690400
Date	22/06/2026 14:51	Prescription No	PRIP22-0291799
Payor	EASTERN NAVAL COMMAND	Dispensed Date	22/06/2026 14:56
UHID	HCV-00040751		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORTIREACH 100 MG INJ	SWISS CRITICURE	H	BD25104	09/27	1	47.85	47.85
2	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G23L040736	11/28	1	450.00	450.00
<b>Total :</b>							<b>497.85</b>	<b>497.85</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI