

Shrishankara Superspeciality Hospital

**Plot No 58, Opposite Galaxy Hospital, Near Dr Ban's Prasad Hospital,
Old Borban Factory Area, Nanded. ☎ 96577 13801**

PRE OPERATIVE ASSESSMENT BY ANESTHETIST

UID No: _____ IPD No: _____ Date & Time Of Admission: / / AM/PM

Patient's Name: _____ Age: _____ Sex : _____ ICU / Ward / Room

Consultant: _____ Diagnosis: _____ Bed No: _____

Date and Time of Assessment _____ Date and Time of surgery: _____

Name of Surgery: _____

Name of Anesthetist: _____ Name of Surgeon: _____

Allergic To/ Adverse Drug Event:

Habit to: Alcohol/ Tobacco/ Smoking / other:

Significant History/Findings:

Investigations:

Date

Blood Group

Hb/H

WBC

L/N/E/B/M

Platelets

BSL- F/PP

HTN/DM/IHD/COPD/Asthma/Thyroid

Medication:

Previous Anaesthesia History:

Vital Signs:

BP: Pulse: Temp: SPO2: RS: VS:

Systemic Examination:

CVS: RS: GI: Renal:

Metabolic: Neuro: Spine:

Airway: Difficult- Yes/No

MPC: I II III IV

Mouth Opening: Full/ restricted

IM Distance: 3 Fingers- Yes/No

Teeth: Dentures- Yes/No

ASA: 1 2 3 4 5 E

Sr. Creatinine

Na/K/Cl

LFT Pro/Alb

SGOT/SGPT

PT/APIT

INR

Fibrinogen

ABG

Vital Markers

X Ray

ECG

2D Echo

Other

Pre-Operative Advice:

NBM:

Investigations Advised:

Reference/Response:

Medication:

Blood Request:

ICU/Post Op Ventilation/ Risk Consent:

Anesthesia Plan explained- Yes/No

Post-operative Pain Management Explained- Yes/No

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Anesthesia Plan:

Pre Medication: _____

Type: LA/ SA/EA/GA/ Nerve Block/Sedation/MAC _____

Special Requirement: _____

Possibility of Ventilation

Post OP- ICU- Yes/No

Name and Signature of Anesthetist with Date and Time

Immediate Pre-Operative Evaluation:

Identify/Surgery/ Surgeon/ Side of Surgery/ Reconfirmed- Yes/ No

NBM Fresh Complaints

Consent

PAC Chart Review Comorbid/ Risk Factors

Investigation Review

Blood Arranged

Change in Plan- Yes/No If YES Describe:

Name and Signature of Anesthetist with Date and Time

Pre-Operative Advice:

Name and Signature of Anesthetist with Date and Time

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INFORMED CONSENT FOR ANESTHESIA

भूल देण्यासाठी लेखी संमती

UID No:	IPD No:	Date & Time Of Admission:	/ / AM/PM
Patient's Name:	Age:	Sex:	ICU/Ward / Room
Consultant:	Diagnosis:	Bed No:	

Date & Time of Surgery - / / AM/PM

Name of Procedure: _____ Type Of Anesthesia _____

- I understand that anesthesia services are needed so that my doctor can perform the operation and procedure.
माझ्या डॉक्टरांना शस्त्रक्रिया करण्यासाठी भूल देण्याची गरज आहे याची मला जाणीव आहे.
- Patients receiving general anaesthesia may require wind pipe (Endotracheal Intubation), the intubation may cause sore throat or hoarseness of voice and also teeth or denture may become loose. If they develop respiratory complications, they may put ventilator to support lungs. Accidental death is extremely rare. However a remote possibility of this always exists in any surgery or anaesthesia.
रुणाला जनरल अनेस्थेशिया देण्या करिता श्वास मार्ग मोकळा ठेवण्यासाठी घशातून नव्ही टाकप्यात येवू शकते. त्यामुळे शल्यचिकित्से नंतर घशात त्रास होवून क्वचित आवाजही बदलू शकतो. त्याचप्रमाणे दात किंवा दाताची कवळी ढिली होवू शकते. श्वसन प्रणाली मध्ये बिघाड होवून रुणास क्वचित कृत्रिम श्वसनाव रठेवण्यात येवू शकते. क्वचित मृत्यू येण्याची शक्यता असते. शल्यचिकित्सा किंवा भूल देताना जीवास धोका असण्याची शक्यता याबाबत समजावून घेणे गरजेचे आहे याबाबत मला जाणीव आहे.
- It has been explained to me that all forms of anesthesia involves some risks and no guarantee or promises can be made concerning the results of my procedure or treatment.
सर्व प्रकाराच्या भूल प्रक्रियेमध्ये काही प्रमाणात धोका असतो याची मला जाणीव आहे तसेच यामुळे शस्त्रक्रिया किंवा तस्म प्रक्रिया यांची खात्री ही देता येत नाही याची मला जाणीव करून देण्यात आलेली आहे.
- Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reaction, blood clots, loss of sensations, loss of limb function, paralysis, stroke, brain damage, heart attack or death.
भूल देण्यामुळे प्रसगी गंभीर परिणाम उदभवू शकतात तसेच क्वचित प्रसगी जेतू संसर्ग, रक्तस्त्राव, औषधाची रिएक्शन, रक्ताची गुठळी निर्माण होणे, बेशुद्ध पडणे, हात/पाय निकामी होणे, पक्ष घात, स्ट्रोक, हृदयविकाराचा झटका तसेच प्रसगी मृत्यू उदभवू शकतो याची मला कल्पना देण्यात आलेली आहे.
- I understand that these risks apply to all forms of anaesthesia and that additional or specific risks have been identified below as they may apply specific type of anaesthesia. I understand that the type/types of anaesthesia services will be used for my procedure and that the anaesthetic technique to be used is determined by many factors including my physical condition
भूलदेण्यासाठी ठरवण्यात आलेल्या पद्धती मध्ये एन वेळी माझ्या शारीरिक गरजेनुसार बदल करण्यात येवू शकतो याची मला जाणीव करून देण्यात आलेली आहे.
- The type of procedure my doctor is to do, is his or her preference as well as my own desire.
माझ्यावर करण्यात येणारी विकित्सा ही माझ्या डॉक्टरांचा किंवा माझा खत्तऱा निर्णय असेल.
- It has been explained to me that sometimes anaesthesia technique which involves use of local anaesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anaesthesia.
स्थानिक बधिरीकरण करून चिकित्सा करताना गरजेनुसार इतर भूल पद्धतीचा ज्या मध्ये जेनरल अनेस्थेशियाचा सुद्धा अवलंब करण्यात येवू शकतो याची मला जाणीव करून देण्यात आली आहे.
- I hereby consent to the anaesthesia service checked above and authorize that it be administered by
- Dr.....or his assistants all of whom are credentialed to provide anaesthesia services at this health facility.
 - I also consent alternate type of anaesthesia if necessary as appropriate by them
 - I hereby acknowledge that I have read this form or had explained me in a language I understand.
 - I understand the risk, alternatives and expected results of anesthesia service
 - I had ample time to ask questions and to consider my decision.
- उपरोक्त सर्व समजावून घेवून मी यांना किंवा त्यांच्या सहाय्यकांना माझ्यावर करण्यात येणाऱ्या शस्त्रक्रियेसाठी भूलदेण्याची संमतीदेत आहे.
- 1) भूलात ज्यांना गरजेचे वाटेल तेव्हा भूल प्रकारामध्ये बदल करण्याची मी संमती देत आहे. 2) या बाबत मला समजेल अश्या भाषेमध्ये मला समजावून सांगण्यात आलेले आहे. 3) मला भूल देण्यामधील धोका, पर्याप्ती चिकित्सा पद्धती या बाबत समजावून सांगण्यात आलेले आहे.
- निर्णय घेण्यासाठी मला प्रश्न विचारण्याची संधी देण्यात आलेली आहे व त्या संबंधित सर्व शंकांचे निरसन करण्यात आलेले आहे
- In / या Procedure/ प्रक्रिये दरम्यान, Specific Risk involve include / पुढील विशिष्ट धोका उदभवू शकतो
.....
.....

	Signature- सही	Name- नाव	Date- तारीख	Time- वेळ
Patient रुग्ण				
Witness(Relation with Patient) साक्षीदार (रुग्णाची नाते)				
Anesthetist भूलतज्ज्ञ				
Interpreter- माहिती समजावून सांगणारे				

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INFORMED CONSENT FORM FOR SURGERY/PROCEDURE

शस्त्रक्रिया किंवा तत्सम प्रक्रियेसाठी संमतीपत्र

UID No: _____ IPD No: _____ Date & Time Of Admission: / / AM/PM

Patient's Name: _____ Age: _____ Sex: _____ ICU/Ward / Room

Consultant: _____ Diagnosis: _____ Bed No: _____

Name of Surgeon: शल्य चिकित्सकाचे नाव _____ Name of Procedure- शस्त्रक्रियेचे नाव- _____

- I hereby authorize Dr or his associates to perform surgery/operative upon me / above named patient. The name of procedure is.....
डॉ..... किंवा त्याचे सहकारी याना माझ्यावर/माझ्या रुग्णावर शस्त्रक्रिया/तत्सम प्रक्रिया करण्यास परवानगी देत आहे. शस्त्रक्रिया/तत्सम प्रक्रियेचे नाव.....
- I have been fully explained in the language I understand about the kind of procedure the Surgeon will perform. . I have been given an opportunity to ask questions and all my questions have been answered satisfactorily. He/ She answered my questions about my condition and the procedure to my satisfaction.
प्रक्रिये बाबत मला/आम्हाला समजाण्या सरळ आणि सोप्या भाषेत मला/आम्हाला समजेल अशया पद्धतीने समजावून सांगण्यात आलेले आहे, त्याच प्रमाणे मला प्रश्न विचारण्याची संधी देण्यात आली व माझ्या शंका/कुशंका आणि प्रत्येक प्रश्नाचे समाधान होई पर्यंत मला कळविण्यात आलेले आहे.
- Doctor has fully explained to me the nature and purpose of operation/procedure and has also informed me of expected benefits and complications, attendant discomfort and risks that may arise, as well as possible alternatives to the proposed treatment
डॉक्टरांनी मला ऑपरेशनचा उद्देश आणि त्याची प्रक्रिया याबाबत माहिती देलेली आहे. तसेच ऑपरेशन करण्याचे फायदे, तोटे, अडचणी, उदभवू शकणारे थोके तसेच पर्यायी विकिसा पद्धती याबाबत माहिती दिलेली आहे.
- The Doctor explained the likelihood of major risk or complications that may occur during this procedure including but not limited to loss of limb function, brain damage, paralysis, hemorrhage, infection, drug reaction, blood clots or sometimes loss of life I understand those risks and I am willing to undergo the procedure. I have been explained about the risk of not undergoing this procedure. The doctor has explained to me the possible problems related to recovery.
शस्त्रक्रिये दरम्यान अचानक उद्भवणारे थोके किंवा गुंतागुंत जसे कि हात पाय बधीर होणे किंवा अंगत्व येणे, लकवा मारणे, मेंदूमध्ये बिघाड, रक्त स्त्राव होणे, जंतुसंसर्ग होणे, औषधाची रिअक्शन येणे, रक्ताची गुठळी होणे, काही वेळा मुत्यु येणे किंवा तत्सम इतर थोके या बाबत मला विवरण आणि समज देण्यात आलेली आहे. त्याचप्रमाणे डॉक्टरांनी शस्त्रक्रियेनंतर उदभवू शकणाऱ्या विविध समस्या आणि संपूर्ण बरा होईपर्यंत काय होऊ शकेल याबाबत मला समजावून सांगीतले आहे.
- I understand that during the course of procedure or operation, unforeseen condition may arise which requires procedures different from those planned. I therefore consent to the performance of additional procedures which above named physician or his/her associates may consider necessary.
मला याचीही जाणीव करून देण्यात आलेली आहे कि, ऑपरेशन दरम्यान अचानक उद्भवणाऱ्या परिस्थिती नुसार निश्चित केलेल्या प्रक्रियेपेक्षा इतर प्रक्रिया/ऑपरेशन करण्याची गरज पडू शकते. त्यामुळे अशापरिस्थिती मध्ये उपरोक्त नमूद केलेल्या शल्य चिकित्सकाला किंवा त्यांच्या सहाय्यकाला अशा प्रकारची प्रक्रिया करण्यास मी संमती देत आहे.
- I further consent to the administration of such anesthesia as may be considered necessary. I recognize that there are occasional risks associated with anesthesia and such have been fully explained to me.
शस्त्रक्रिया किंवा प्रक्रियेसाठी गरजेच्या असलेल्या भूल प्रकार देण्यास मी संमती देत आहे. भूल देताना कवित प्रसंगी उद्भवू शकणाऱ्या थोक्या बदल मला पूर्ण पणे समजावण्यात आलेले आहे

I hereby consent to the procedure being performed on me./उपरोक्त बाबी समजावून घेतल्यानंतर मी माझ्यावर शस्त्रक्रिया करण्याची संमती देत आहे.

- In / या Procedure/ प्रक्रिये दरम्यान, Specific Risk involve include. / पुढील विशिष्ट थोका उदभवू शकतो.....

	Name नाव:-	Signature सही:-	Date- तारीख	Time- वेळ
Patient Name रुग्णाचे नाव				
Witness (Relation with Patient) साक्षीदार (रुग्णाशी नाते)				
Doctor चिकित्सक				
Interpreter- माहिती समजावून सांगणारे				

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Intra Operative Anaesthesia Evaluation

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POST ANAESTHESIA OBSERVATION AND INSTRUCTIONS

UID No: _____ IPD No: _____ Date & Time Of Admission: / / AM/PM

Patient's Name: _____ Age: _____ Sex : _____ ICU/Ward / Room

Consultant: _____ Diagnosis: _____ Bed No: _____

1. O2 Therapy:L/min forhrs

2. Prescribed: Analgesics- Anti emetics- Epidural Infusion-

IV Fluids- Blood Products-

3. Investigations- Blood Glucose / Hb /ECG/ CXR / Others

4. Watch out for- Airway Obstructions- Inadequate Respiration- Excessive bleeding-
Arrhythmias - Others-

5. ICU Care- Monitoring- Sedation/ Ventilation- Muscle Relaxation-

6. Oral Feeds From-

7. Recovery Observation Chart-

	On Arrival-	0.5 hr	1hr	1.5hr	2hr	2.5hr	3hr	3.5hr	O2-L/min
Time-									
Pulse									
BP									
SPO2									
RR									
Urine									
Drain									
Pain									
Conscious/ Unconscious									

Problems in Recovery- Yes/No

Patient Sign		Expected Score	Achieved Score
Consciousness	Awake, responds easily, Alert & Oriented x 3 (or returned to baseline)	3	
	Responds readily, but easily falls asleep	2	
	Arousalable, but not readily	1	
	Not responding	0	
Respiratory	Breathes easily with adequate volume	3	
	Slightly decreased rate and/or volume	2	
	Labored or limited respiration	1	
	Apnea or inadequate ventilation	0	
Circulatory	BP and pulse within baseline limits	2	
	BP and pulse approaching baseline limits	1	
	Abnormally high or low BP and/or abnormally fast or slow pulse	0	
Activity	Able to move extremities voluntarily or on command (or returned to baseline)	2	
	Voluntary movement – non purposeful	1	
	Unable to lift head or move extremities	0	
Total Score	Maximum Score should be 10 to shift from recovery		

Discharge To- ICU/Ward Time:

- Conscious and Oriented Mild or no pain
- Spinal Weaning off Vitals Stable

	Signature	Name	Date	Time
Anaesthetist				

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OPERATIVE NOTES BY SURGEON

UID No: _____ IPD No: _____ Date & Time Of Admission: / / AM/PM

Patient's Name: _____ Age: _____ Sex : _____ ICU/Ward / Room

Consultant: _____ Diagnosis: _____ Bed No: _____

Name of Surgeon- _____ Name of Anaesthetist: _____

Type of Anaesthesia: _____

Operation Started at: _____ Operation Ended at: _____ Total Duration of Surgery: _____

Name of OT Assistant: _____ Scrub Nurse: _____

Circulating Nurse: _____

Pre Operative Diagnosis: _____

Post-Operative Diagnosis: _____

Operative Notes :

Post-Operative plan of care :

Surgeon	Signature	Name	Date	Time

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SURGICAL SAFETY CHECKLIST

UID No. _____ IPD No. _____ Date & Time of Admission _____ / _____ / _____ AM/PM Age _____ Sex _____ ICU/Ward/Room _____

Patient's Name _____ Consultant: _____ Diagnosis _____ Bed No. _____

<p>Before Induction of anaesthesia </p> <p>(with at least nurse & anaesthetist)</p> <p>Has the patient confirmed his/her identity, site, procedure and consent?</p> <p><input type="checkbox"/> Yes</p> <p>Is the Site Marked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p> <p>Is the anaesthesia machine and medication check complete ?</p> <p><input type="checkbox"/> Yes</p> <p>Is the pulse oximeter on the patient and functioning?</p> <p><input type="checkbox"/> Yes</p> <p>Does the patient have a : known allergy?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Difficult airway or aspiration risk?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available</p> <p>Risk of >500ml blood loss (7ml/kg in children)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, and two Iv's/ Central access and fluids planned</p>	<p>Before skin incision </p> <p>(With nurse, anaesthetist and surgeon)</p> <p><input type="checkbox"/> Confirm all team members have introduced themselves by name and role.</p> <p><input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made</p> <p>Has antibiotic prophylaxis been given within the last 60 minutes ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p> <p>Anticipated Critical Events</p> <p>To Surgeon:</p> <p><input type="checkbox"/> What are the critical or non-routine steps ? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss?</p> <p>To Anaesthetist:</p> <p><input type="checkbox"/> Are there any Patient- specific concern?</p> <p>To Nursing Team:</p> <p><input type="checkbox"/> Has sterility (including indicator result) been Confirmed ? <input type="checkbox"/> Are there equipment issues or any concerns?</p> <p>Is essential imaging displayed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p>	<p>Before patient leaves operating room</p> <p>(With nurse, anaesthetist and surgeon)</p> <p>Nurse Verbally Confirms:</p> <p><input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed</p> <p>To surgeon, anaesthetist and Nurse:</p> <p><input type="checkbox"/> What are the key concerns for recovery and management of this patient?</p>
<p>Name & signature of Anesthetist with Date & Time:</p>		<p>Name & Signature of Surgeon with Date & Time:</p>
		<p>Name & signature of Nurse with Date & Time</p>