

نموذج تنويم مريض

| بيانات خاصة بالمريض | |
|---|----------------------|
| الاسم: | Wesley Juarez |
| السن: | 13 |
| العنوان: | Aut labore omnis tem |
| رقم الهاتف: | 123 |
| تاريخ الدخول: | 2023-09-06 |
| توقيت الدخول: | 12:00 |
| التشخيص: | Dolor voluptas sit d |
| الاجراء الجراحي: | Harum quae consequat |
| الجهة التابع لها: | Voluptatem ullamco t |
| الرقم القومي: | 123 |
| رقم الغرفة: | 467 |
| بيانات خاصة بالطبيب | |
| الطبيب المعالج: | Et placeat soluta a |
| الطبيب المحول: | |
| المستشفى المحول منه: | |
| بيانات خاصة بأقارب المريض من الدرجة الأولى: | |
| الاسم: | Urielle Gibbs |
| الصفة: | Hic sunt in assumend |
| الرقم القومي: | 123 |
| رقم الهاتف: | 123 |
| رقم هاتف آخر: | 13 |

| | |
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| 123 كود المريض | موافقة مشفوعة بالعلم على إجراء أو جراحة Informed consent for procedure or surgery |
| رقم الغرفة: 467 التاريخ: 12:00 Wesley Juarez اسم المريض كود الطبيب: 123 تليفون المريض: Et placeat soluta a 123 الطبيب الاستشاري | |
| أنا الموقع أدناه: <input type="checkbox"/> المريض <input type="checkbox"/> ولي الأمر <input type="checkbox"/> القريب (بيان القرابة) أوافق على إجراء العملية / الإجراء التالي | I the undersigned: <input type="checkbox"/> Patient <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative (Relationship to patient) I consent to undergo the following operation or procedure |
| Doctor's statement توضيح الطبيب | |
| لقد قمت بشرح حالة المريض الصحية وتو توضيح ما يلي: شرح العملية أو الإجراء. الاستفادة، المضاعفات الجانبية والمخاطر التي قد تنتج عن العملية. النتيجة المحتملة من العملية. البدائل المتوفرة والمضاعفات والمخاطر لتلك البدائل. المخاطر المحتملة في حالة عدم إجراء العملية. وقد تم إعطاء المريض الوقت الكافي للاستفسار وطرح الأسئلة وتم الإجابة عليها. | I have explained: The patient's education. The nature of the operation or procedure, including other care, treatment or medications. Potential benefits, risks or side effects of the operation or procedure, including potential problems that might occur during recuperation. The likelihood of achieving treatment goals. Reasonable alternatives & the relevant risks, benefits & side effects related to such alternatives, including the possible results of not receiving care or treatment. I have given the patient / substitute decision maker an opportunity to: Ask questions about any of the above matters. Raise any other concerns which I have answered as fully as possible |
| The following Applies to high risk surgery فيما يلي يطبق على العمليات شديدة الخطورة | |
| هناك بعض المضاعفات والمخاطر الخاصة بهذا النوع من العمليات والتي تتضمن: | There are some risks / complications, which may happen specifically with this type of surgery. They include: |

المقر بما فيه الشاهد الطبيب المعالج

Patient Witness Treating physician

Wesley Juarez Et placeat soluta a

Procedure report

(To be completed before patient leaves procedure area)

Main responsible physician (MRP): Et placeat soluta a Assistant:

Anesthesiologist: Assistant

Category of the procedure:

1- ☐ Minor ☐ Intermediate ☐ Major

2- ☐ Elective ☐ Emergency

3- ☐ Clean ☐ Clean contaminated ☐ Contaminated ☐ Dirty

Type of anesthesia ☐ General ☐ Spinal ☐ Sedation ☐ Regional ☐ Local

Registry number of any implantable device:

Pre-procedure diagnosis:

Post procedure diagnosis:

Procedure name:

Specimen sent for investigation: ☐ No ☐ Yes

Biopsy sent for investigation: ☐ No ☐ Yes

Specify the nature of the specimen or biopsy if sent for investigations:

Intraprocedural complications: ☐ No ☐ Yes : Specify

Blood loss: ☐ No ☐ Yes (estimate amount of blood loss

Blood / Blood products transfused ☐ No ☐ Yes

(Estimate amount of blood / blood products transfused)

List of procedure steps:

MRP's name: Et placeat soluta a Signature: Code: 123

Date: 2023-09-06 Time: 12:00

Full Procedure steps if possible:

Post procedure care plan

(To be completed before patient leaves procedure area)

General instructions

(Vital Q h, care of the drain & evacuate every h, Urine catheter ☐ care ☐ remove. Canula ☐ care ☐ Remove, ☐ Mobilize Patient ☐ Strict bed rest)

ملاحظة نبض وضغط وحرارة كل ساعة. (تفريغ الدرنقة كل ساعة وتسجيلها). (قسطرة البول ☐ تسجيل كمية البول ☐ إزالة القسطرة). (الكانيولا ☐ أزالتها ☐ العناية بها). (☐ راحة تامة للمريض بالسريـر ☐ يحرك المريض (بعد الافاقة من التخدير وكمال الوعي

Medications: الوصفات الدوائية

☐ Patient can go home if No complications after Hours

□ .يسمح بخروج المريض بعد ساعة, فى حالة عدم وجود مضاعفات

☐ Don't discharge patient until the MRP comes to discharge or telephone order.

لا يسمح بخروج المريض حتى يمر عليه الطبيب المعالج أو يأمر بخروجه تليفونيا □

MRP's name: Et placeat soluta a Signature: Code: 123

Date: 2023-09-06 Time: 12:00

[illegible]

[illegible]

MRP's name: Et placeat soluta a Signature: Code: 123

Date: 2023-09-06 Time: 12:00

| | | |
|---|--|----------------------------|
| History & Physical examination | | Patient ID \${National_ID} |
| التاريخ: 06-09-2023 اسم الطبيب المعالج: Wesley Juarez اسم المريض: Et placeat soluta a | | |
| Chief complaint | | |
| History of present illness | | |

| | |
|----------------|---------------------------------|
| Family History | Social History & special habits |
| | |

| Systems review | |
|------------------|--|
| General | |
| Skin & Lymph | |
| Head & ENT | |
| Cardiac | |
| Respiratory | |
| GIT | |
| Genitourinary | |
| Musculo-skeletal | |
| CNS | |
| Sexual | |
| Eye problems | |

| Pain assessment | | | | | |
|--|------|----------|---------------------|-------------------|-----------|
| Does the patient complain of pain <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Specify the following | | | | | |
| Location | Type | Severity | Aggravating Factors | Relieving Factors | Radiation |
| | | | | | |

| Past medical history |
|----------------------|
|----------------------|

| | | |
|---|--------------------------|----------------------|
| Major Medical or surgical illnesses | | Current medications: |
| Previous hospital admissions with dates: | | |
| | | Known allergies: |
| Physical examination | | |
| التاريخ: 06-09-2023 Et placeat soluta a الطبيب الاستشاري Wesley Juarez اسم المريض | | |
| Vital signs | Temp: HR: BP / RR SpO2 % | |
| General Weight: kg Height: cm BMI | | |
| <input type="checkbox"/> Toxic <input type="checkbox"/> distressed <input type="checkbox"/> Cyanosed <input type="checkbox"/> Lymphadenopathy | | |
| Chest & CVS: | | |
| Abdominal: | | |
| Pelvis: | | |
| Lower Limbs | | |
| Provisional diagnosis: | | |

Attending physician: MRP: Et placeat soluta a

[illegible]

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| Treatment العلاج | |
| Recommendations التوصيات الطبية | |
| Date of reevaluation موعد الاستشارة | |

Attending physician: MRP: Et placeat soluta a

| Consultation / Referral request form | |
|--|---|
| To be filled by referring Doctor or his delegate | Patient Name: Wesley Juarez Room No: 467 Date: 2023-09-06 Consultant Name: Et placeat soluta a Code: 123 Patient Telephone: 123 |
| | To: Consultant Name: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/> For opinion <input type="checkbox"/> Treatment <input type="checkbox"/> Take over |
| | Review details: |
| | Doctor Name; Et placeat soluta a Date: 2023-09-06 Signature: Time: 12:00 |
| | |
| To be filled by Consulted Doctor or his delegate | Consultation report: |
| | Doctor Name; Et placeat soluta a Date: 2023-09-06 Signature: Time: 12:00 |
| | |

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|---|---|
| 123 كود المريض | موافقة مشفوعة بالعلم على التخدير Informed consent for anesthesia |
| رقم الغرفة: 467 التاريخ: 12:00 اسم المريض: Wesley Juarez كود الطبيب: 123 تليفون المريض: Et placeat soluta a 123 الطبيب الاستشاري | |

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|---|--|
| <p>انا الموقع ادناه:</p> <p><input type="checkbox"/> المريض <input type="checkbox"/> ولي الامر <input type="checkbox"/> القريب</p> <p>(بيان القرابة)</p> <p>أوافق على إجراء التخدير:</p> <p><input type="checkbox"/> كلي <input type="checkbox"/> نصفي <input type="checkbox"/> موضعي <input type="checkbox"/> عصبي</p> <p>للإجراء التالي:</p> <p>.....</p> | <p>I the undersigned:</p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative (Relationship to patient)</p> <p>I consent to undergo the following anesthesia</p> <p><input type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> regional <input type="checkbox"/> Epidural <input type="checkbox"/> Nerve block</p> <p>For the following procedures:</p> <p>.....</p> <p>.....</p> |
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| Doctor's statement توضيح الطبيب |
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|---|--|
| <p>لقد قمت بشرح حالة المريض الصحية وتو توضيح ما يلي:</p> <p>شرح إجراءات التخدير والهدف منها ودرجة خطورتها بواسطة طبيب التخدير</p> <p>البدائل المتوفرة والمضاعفات والمخاطر لتلك البدائل.</p> <p>المخاطر المحتملة في حالة عدم إجراء التخدير</p> <p>وقد تم إعطاء المريض الوقت الكافي للاستفسار وطرح الأسئلة وتم الإجابة عليها.</p> | <p>I have explained:</p> <p>The patient's education.</p> <p>The nature of the anesthesia</p> <p>Potential benefits, risks or side effects of the anesthesia</p> <p>, including potential problems that might occur during recuperation.</p> <p>Reasonable alternatives & the relevant risks, benefits & side effects related to such alternatives, including the possible results of not receiving care or treatment.</p> <p>I have given the patient / substitute decision maker an opportunity to:</p> <p>Ask questions about any of the above matters.</p> <p>Raise any other concerns which I have answered as fully as possible</p> |
|---|--|

| |
|--|
| The following Applies to high risk anesthesia فيما يلي يطبق على التخدير شديدة الخطورة |
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| | |
|--|---|
| <p>هناك بعض المضاعفات والمخاطر الخاصة بهذا النوع من التخدير والتي تتضمن:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p>There are some risks / complications, which may happen specifically with this type of surgery. They include:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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المقر بما فيه الشاهد الطبيب المعالج

Patient Witness Treating physician

Wesley Juarez Et placeat soluta a

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|---|---|
| <p>123</p> <p>كود المريض</p> | <p>موافقة مشفوعة بالعلم على نقل الدم ومشتقاته</p> <p>Informed consent for Blood & blood products transfusion</p> |
| <p>رقم الغرفة: 467 التاريخ: 12:00 Wesley Juarez اسم المريض</p> <p>كود الطبيب: 123 تليفون المريض: Et placeat soluta a 123 الطبيب الاستشاري</p> | |

Harum quae consequat: العملية الجراحية

تاريخ اجراء العملية 06-09-2023 : . الساعة: 12:00 تعليم مكان العملية □ يمين □ يسار

إجراءات التحضير بالقسم

ضع علامة (√) لما تم عمله

| | | | | | |
|---|---|----|---|---|---|
| | | | | | |
| 1 | التأكد من شخصية المريض وشريط الرسغ | 10 | ○ | إذا لم يكن المريض صائما. متى تناول اخر وجبة ونوعها | ○ |
| 2 | حلاقة منطقة الجراحة وتحضير الجلد | 11 | ○ | إتمام الفحوصات - الأشعة - الملاحظات - رسم القلب. | ○ |
| 3 | تم تحديد موضع الجراحة بالعلامات بواسطة السيد نائب الجراحة | 12 | ○ | توفير الدم - الفصيلة - كمية الدم | ○ |
| 4 | حمام المريض ونظافته | 13 | ○ | التأكد من امضاء إقرار الموافقة على الجراحة والتخدير | ○ |
| 5 | ارتداء المريض ملابس العمليات | 14 | ○ | إعطاء الادوية قبل العملية | ○ |
| 6 | إزالة المجوهرات واطقم الاسنان وخلافه | 15 | ○ | إتمام استكمال ملف المريض وارساله مع المريض | ○ |
| 7 | الاحتفاظ بمتعلقات المريض الشخصية بالقسم | 16 | ○ | اخذ القراءات الحيوية للمريض | ○ |
| 8 | تبول المريض قبل اجراء العملية | 17 | ○ | إعطاء الادوية قبل العملية طبقا لتعليمات الطبيب | ○ |
| 9 |:صوم المريض قبل اجراء العملية لمدة | | ○ | | ○ |
| | | | ○ | | ○ |

ممرض القسم الداخلي توقيع الطبيب المسؤول

.....

Intraoperative nurses record ملاحظات التمريض اثناء العملية الجراحية

Wesley Juarez:التاريخ: 06-09-2023 رقم الملف الاسم

Dolor voluptas sit d:تشخيص ما قبل العملية

Harum quae consequat: العملية

تشخيص ما بعد العملية:

طبيب التخدير Et placeat soluta a الجراح:

مساعد الجراح: مساعد التخدير:

بداية التخدير: نهاية التخدير:

بداية العملية: نهاية العملية:

وضع المريض: ☐ على ظهره. ☐ على بطنه ☐ على الجانب الايسر ☐ على الجانب الأيمن

☐ أخرى :

مكان الكانيولا او الخط الوريدي: ☐ الذراع الأيمن ☐ الذراع الايسر

☐ CVP ☐ Swan Ganz ☐ Arterial line ☐ Others :طبيعة الخط الوريدي

تحضيره إعطاء الدم

| بعد العملية | اثناء العملية | بعد العملية |
|-------------|---------------|-------------|
| | | |

حالة الجلد قبل العملية:

تركيب قسطرة : ☐ بالعمليات ☐ بالقسم الداخلي

تركيب درنقة: ☐ حصيرة ☐ بورتفاك ☐ أنبوبة صدرية ☐ أخرى

أخذ عينة: ☐ مزرعة ☐ تحليل نسيجي ☐ تحليل نسيجي مجمد ☐ خلوي

ممرض العمليات :

ممرض الدوار والمناول :

ساعة الانتهاء :





ممرض / فني التخدير :

Pathology report

اسم المريض Wesley Juarez

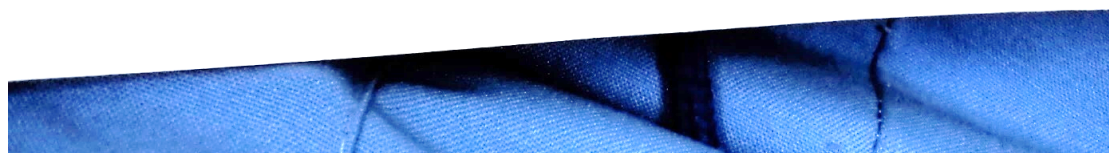
| | | | |
|---|--------------------|--------------------|--|
| Patient Name: | Sex: M / F | ASA: |  Anesthesia Records |
| Age: (Years) | Weight: (Kg) | Height: (Cm) | |
| Diagnosis: | | | |
| Operation: | | | |
| Anesthetist: OR Time: Start: End: | | | |
| Surgeon: | | | Date: / / 20..... |

| Medical History of Diseases | Investigations |
|---|--|
| 1- Chest (Y / N) 8- Hepatic (Y / N) 2- Smoking (Y / N) 9- Renal (Y / N) 3- Cardiac (Y / N) 10- Blood (Y / N) 4- Hypertension (Y / N) 11- Neurological (Y / N) 5- Diabetes (Y / N) 12- Musculoskeletal (Y / N) 6- Thyroid (Y / N) 13- Allergy (Y / N) 7- Other Endocrine (Y / N) 14- Drug Intake: | 1- Chest X-ray 8- Vital Capacity: 2- ECG: 9- FEV1/FVC%: 3- FBS: 10- Echocardiography: 4- CBC: (Hb: WCC: Platelets:) 5- BT: CT: PT: PTT: INR: 6- Proth.Cone.: SGPT: SGOT: Bilirubin : Total Ptn: Albumin: 7- Creatinine : Urea: Na+: K+: |

| Monitors | Regional Anesthesia | General Anesthetic Drugs | Preop. Airway Assessment |
|--|--|---|--|
| CG: <input type="checkbox"/> P: <input type="checkbox"/> pO ₂ : <input type="checkbox"/> tCO ₂ : <input type="checkbox"/> Temp: C: <input type="checkbox"/> P: <input type="checkbox"/> N-Stim: <input type="checkbox"/> | Intrathecal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal <input type="checkbox"/> I. V. R. A. <input type="checkbox"/> Other: <input type="checkbox"/> Agent: Heavy Marcain <input type="checkbox"/> Lignoc. <input type="checkbox"/> Conc.: 2% <input type="checkbox"/> 1% <input type="checkbox"/> 0.5% <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.125% <input type="checkbox"/> Tourniquet: ON: <input type="checkbox"/> Off: <input type="checkbox"/> | *Thiop. <input type="checkbox"/> Prop. <input type="checkbox"/> Ketam. <input type="checkbox"/> *Morph. <input type="checkbox"/> Pethid. <input type="checkbox"/> Fent. <input type="checkbox"/> *Sux. <input type="checkbox"/> Panc. <input type="checkbox"/> Atrac. <input type="checkbox"/> Vecur. <input type="checkbox"/> Other: <input type="checkbox"/> *Midaz. <input type="checkbox"/> Diaz. <input type="checkbox"/> NSAID <input type="checkbox"/> *Haloth. <input type="checkbox"/> Isofl. <input type="checkbox"/> Sevofl. <input type="checkbox"/> *Antibiotics. <input type="checkbox"/> *Atrop. <input type="checkbox"/> Glyco. <input type="checkbox"/> Neost. <input type="checkbox"/> *Ephedrine. <input type="checkbox"/> Phynylephrine. <input type="checkbox"/> Adren. <input type="checkbox"/> Noradren. <input type="checkbox"/> Dopsm. <input type="checkbox"/> Dobutamlsupr. <input type="checkbox"/> *Nitroglycerine. <input type="checkbox"/> Nliroprusside. <input type="checkbox"/> *Beta Blockers <input type="checkbox"/> *Others: | 1- Short neck (Y/N) 2- Thyroid enlarge. (Y/N) 3- Recording mandible (Y/N) 4- Denture (Y/N) 5- Protruding maxilla or lucisors or loose tooth (Y/N) 6- Limited TMG mobility (Y/N) 7- Limited Cervical mobility (Y/N) 8- mallampati Class <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Class I  </div> <div style="text-align: center;"> Class II  </div> <div style="text-align: center;"> Class III  </div> <div style="text-align: center;"> Class IV  </div> </div> |

| Airway | Position: Supine O, Lithotomy O, H-Down O, H-Up O, Sitting O, Lat. (R/L) O, Kid. (R/L) O, Prone O, Prone Jaknife O, Kneeling C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Face Mask: <input type="checkbox"/> Carvn. Mask: <input type="checkbox"/> Size: <input type="checkbox"/> Cube: <input type="checkbox"/> ral <input type="checkbox"/> Nasel <input type="checkbox"/> ronch. (I/R) <input type="checkbox"/> Size: <input type="checkbox"/> Type: <input type="checkbox"/> Plain <input type="checkbox"/> Cuffed <input type="checkbox"/> Reinforced <input type="checkbox"/> Throat Pack: <input type="checkbox"/> (Y / N) | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 5%;">40</td> <td style="width: 5%;">200</td> <td colspan="20"></td> </tr> <tr><td>38</td><td></td><td colspan="20"></td></tr> <tr><td>36</td><td></td><td colspan="20"></td></tr> <tr><td>34</td><td></td><td colspan="20"></td></tr> <tr><td>32</td><td></td><td colspan="20"></td></tr> <tr><td>30</td><td>150</td><td colspan="20"></td></tr> <tr><td>28</td><td></td><td colspan="20"></td></tr> <tr><td>26</td><td></td><td colspan="20"></td></tr> <tr><td>24</td><td></td><td colspan="20"></td></tr> <tr><td>22</td><td></td><td colspan="20"></td></tr> <tr><td>20</td><td>100</td><td colspan="20"></td></tr> <tr><td>18</td><td></td><td colspan="20"></td></tr> <tr><td>16</td><td></td><td colspan="20"></td></tr> <tr><td>14</td><td></td><td colspan="20"></td></tr> <tr><td>12</td><td></td><td colspan="20"></td></tr> <tr><td>10</td><td>50</td><td colspan="20"></td></tr> <tr><td>8</td><td></td><td colspan="20"></td></tr> <tr><td>6</td><td></td><td colspan="20"></td></tr> <tr><td>4</td><td></td><td colspan="20"></td></tr> <tr><td>2</td><td></td><td colspan="20"></td></tr> <tr><td>0</td><td></td><td colspan="20"></td></tr> </table> | 40 | 200 | | | | | | | | | | | | | | | | | | | | | 38 | | | | | | | | | | | | | | | | | | | | | | 36 | | | | | | | | | | | | | | | | | | | | | | 34 | | | | | | | | | | | | | | | | | | | | | | 32 | | | | | | | | | | | | | | | | | | | | | | 30 | 150 | | | | | | | | | | | | | | | | | | | | | 28 | | | | | | | | | | | | | | | | | | | | | | 26 | | | | | | | | | | | | | | | | | | | | | | 24 | | | | | | | | | | | | | | | | | | | | | | 22 | | | | | | | | | | | | | | | | | | | | | | 20 | 100 | | | | | | | | | | | | | | | | | | | | | 18 | | | | | | | | | | | | | | | | | | | | | | 16 | | | | | | | | | | | | | | | | | | | | | | 14 | | | | | | | | | | | | | | | | | | | | | | 12 | | | | | | | | | | | | | | | | | | | | | | 10 | 50 | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | | | 6 | | | | | | | | | | | | | | | | | | | | | | 4 | | | | | | | | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | |
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| Ventilation Mods: Sp. Vent <input type="checkbox"/> L.P.P.V. <input type="checkbox"/> T.V. : <input type="checkbox"/> R.R. : /min PEEP: <input type="checkbox"/> O ₂ /N ₂ O: | Abbreviations: Sys. V, Dias. A, Meam ●, HR X, CVP □, SpO ₂ S, EtCO ₂ C, Temp.C. ▲, Temp.P. ▼. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| V. Fluids: | Fluid Balance: | Recovery Notes: |
|--|--|--|
| D5: <input type="checkbox"/> NS: <input type="checkbox"/> DS: <input type="checkbox"/> LR: <input type="checkbox"/> HES: <input type="checkbox"/> FWB: <input type="checkbox"/> PRBC3: <input type="checkbox"/> FFP: <input type="checkbox"/> Total Volume: ml | Total I.V.: ml UOP: ml Bl. Loss: ml NET Balance: ml | Consciousness: Fully awake. (Y / N) Pain Free: (Y) Activity: Able to move all limbs voluntarily or on command. (Y) Circulation: BP ± 20 mmHg of pre anesthetic level. (Y) Respiration: Able to breathe deeply and cough freely. (Y) O₂ Saturation: Able to maintain O ₂ saturation >92% on room air. (Y) |
| Transfer to: Ward O, PACU O, SICU O. | | Signature: |



Radiology request

| | | | | | | | | |
|--|------------------------------|-------|---|------------------------|-------|---|-------------------------|-------------|
| اسم المريض: Wesley Juarez Patient's Name: Wesley Juarez | | | رقم السجل الطبي: Medical record number: | | | التاريخ: 06-09-2023 Date: 2023-09-06 | | |
| العيادة / الجهة / الدور : Clinic \ Department: | | | النوع <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | السن : 13 Age: 13 | | |
| الطبيب المعالج: Et placeat soluta a Treating physician: Et placeat soluta a | | | | | | | | |
| التشخيص الطبي: Dolor voluptas sit d Diagnosis: Dolor voluptas sit d | | | | | | | | |
| | Knee joint US | 49244 | | Retrourethrogram | 8 | | X-ray | Code |
| | Trans-cranial US | 49245 | | Urogram antegrade | 9 | | Upper extremity | 387 |
| | Duplex Doppler US | | | Hystero-Salpingo-gram | 458 | | Elbow AP/ Lateral | 393 |
| | Carotid arteries | 324 | | WP | 459 | | Forearm AP/ Lateral | 395 |
| | Veins of both lower limbs | 325 | | Mammography unilateral | 25 | | Humerus AP/ Lateral | 398 |
| | Veins of one lower limb | 326 | | Mammography both sides | 48874 | | Shoulder - Neutral | 404 |
| | Arteries of both lower limbs | 328 | | CT | | | Wrist AP/ Lateral | 410 |
| | Arteries of one lower limb | 329 | | Pelvis | 242 | | Wrist AP/ Lat. & OBI | 411 |
| | Renal veins | 333 | | Upper extremity | 244 | | Lower Extremity | |
| | Arteries of both upper limbs | 335 | | Abdomen & pelvis | 263 | | Ankle AP/ Lateral | 32 |
| | Arteries of one upper limbs | 336 | | Abdomen | 215 | | Foot AP/ Lateral | 39 |
| | Arteries of both upper limbs | 337 | | Chest | 236 | | Hip AP only | 45 |
| | Arteries of one upper limb | 338 | | Lower extremity | 240 | | Hips bilateral w/Pelvis | 47 |
| | Testicular US | 48821 | | Elbow joint | 49238 | | Knee AP/ Lateral | 48 |
| | MRI | | | Shoulder joint | 49239 | | Knee bilateral standing | 54 |
| | Lumber spine | 291 | | Wrist joint | 49240 | | Pelvis AP only | 55 |
| | Cervical spines | 290 | | Hip joint | 49241 | | Leg | 48566 |
| | Dorsal spines | 295 | | Cervical spine | 427 | | Chest | |
| | Dorsolumber spine | 49246 | | Facial mandible | 249 | | Chest PA & lateral | 379 |
| | Coccyx | 49247 | | Lumber spine | 250 | | Chest PA or AP only | 380 |
| | Pelvis | 274 | | Nasopharynx | 251 | | Chest portable | 381 |
| | Hip joint | 280 | | Neck soft tissue | 252 | | Ribs (include PA chest) | 89 |
| | Knee joint | 281 | | Orbit | 253 | | Spine | |
| | Shoulder joint | 287 | | Sinus (full exam) | 257 | | Cervical AP/ Lateral | 66 |
| | Elbow joint | 283 | | Sinus simple | 258 | | Cervical AP/Lal./ Obl | 67 |
| | Wrist joint | 288 | | Temporal bones | 259 | | Coccyx | 73 |
| | Ankle joint | 278 | | Thoracic spine | 260 | | Lumber Ap/ Lat | 74 |
| | Abdomen | 264 | | Brain | 261 | | Lumber AP/Lat./FI/ Fat | 68 |
| | Abdomen & pelvis | 49248 | | Knee joint | 46242 | | Thoracic AP/ Lateral | 86 |
| | Chest | 468 | | Liver triphasic | 48771 | | Head & Neck | |
| | Cardiac | 270 | | Facial bones | 48806 | | Facial Bones | 11 |
| | Breast | 49257 | | Neck | 48652 | | Mandible | 12 |
| | Brain | 289 | | Ultrasound | | | Mastoid | 13 |

| | | | | | | | | |
|--|-----------------|--------|--|-------------------|-------|--|-------------------------|-----|
| | MRA | 492498 | | Abdomen & pelvis | 213 | | Nasal bones | 14 |
| | MRV | 49250 | | Abdomen | 306 | | Sinuses AP only | 16 |
| | MRA + MRV | 49251 | | Breast bilateral | 308 | | Skull Ap & Lateral | 18 |
| | CSF flometry | 49252 | | Neonatal head | 312 | | TMJs complete | 23 |
| | Sella Tersica | 49253 | | Obstetrics | 313 | | Gastrointestinal | |
| | Petrous bones | 49254 | | Pelvis | 315 | | Colon, Barium enema | 425 |
| | MRU | 275 | | Hips | 317 | | Barium swallow | 429 |
| | Leg | 282 | | Testicular US | 321 | | Fistulogram | 430 |
| | Upper limb | 275 | | Thyroid | 321 | | KUB | 433 |
| | MRCP | 49256 | | Transplant kidney | 323 | | Sialogram | 436 |
| | MRU / Urography | 49255 | | Prostatic US | 319 | | Ba meal follow through | 439 |
| | Other | | | Neck US | 48564 | | Urinary | |
| | | | | Shoulder joint US | 49243 | | Nephrostogram | 7 |
| | | | | | | | | |

Treating Doctor: Et placeat soluta a Date: 2023-09-06 Time: 12:00

Laboratory request

| | | | | | | | |
|--|---------------------|---|--|---|-------|--------------------|-------|
| اسم المريض: Wesley Juarez Patient's Name: Wesley Juarez | | رقم السجل الطبي: Medical record numb..... | | التاريخ: 06-09-2023 Date: 2023-09-06 | | | |
| الدور / العيادة / الجهة : Clinic \ Department: | | النوع <input type="checkbox"/> ذكر <input type="checkbox"/> انثى Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | السن: 13 Age: 13 | | | |
| الطبيب المعالج: Et placeat soluta a Treating physician: Et placeat soluta a | | | | | | | |
| التشخيص الطبي: Dolor voluptas sit d Diagnosis: Dolor voluptas sit d | | | | | | | |
| | Anti DNA | 1321 | | Acetone in urine | 1364 | Haematology | |
| | ANCA | 48791 | | Hormones | | CBC | 1261 |
| | Anticardiolipin IgG | 1323 | | FSH | 1329 | BT | 1293 |
| | Anticardiolipin IgM | 1324 | | Growth hormone | 48675 | CT | 1994 |
| | Anti Smith | 1317 | | LH | 1330 | Hg % | 1290 |
| | ASTHMA | 1316 | | Pregnancy in urine | 1367 | TLC | 48674 |
| | ASOT | 1379 | | Progesterone P4 | 1331 | Platelet count | 48515 |
| | Bilharzia Abs | 48720 | | Prolactine | 1333 | Blood group | 1340 |
| | Brucella | 48680 | | TSH | 1371 | RH | 48516 |
| | CRP | 1378 | | Free T3 | 1372 | Coomb's Direct | 48517 |
| | VDRL | 1382 | | Free T4 | 1373 | Coombs indirect | 48518 |
| | Wide test | 1301 | | Free T4 index | 48625 | PT (INR) | 1295 |
| | Antiplatelet Ab | 48784 | | Testosterone total | 1334 | PTT | 1298 |
| | IgG | 48750 | | Testosterone free | 1335 | ESR | 1359 |
| | IgM | 48751 | | 17 OH progesterone | 1336 | Retics | 1376 |
| | RF | 1380 | | Cortisone 9 AM | 1337 | D. Dimer | 48604 |
| | Rose Waller test | 1381 | | Cortisone 9 PM | 1338 | FDP | 48605 |
| | Anti SCI 70 | 1322 | | DHEA-S | 1358 | Chemistry | |
| | Microbiology | | | Estradiol (E2) | 1332 | SGOT | 1270 |

| | | | | | | | | |
|--|----------------------------|-------|--|---------------------------|-------|--|---------------------|-------|
| | Acid fast smear (ZN stain) | 48764 | | B-HCG (Qualitative) | 1355 | | SGPT | 1271 |
| | Blood culture | 48524 | | B-HCG (Quantitative) | 48676 | | Alk. Phosphatase | 1272 |
| | Stool analysis | 1361 | | HAV Abs (IgG) | 48676 | | T. bilirubin | 1268 |
| | Urine analysis | 1398 | | HCV Ab | 1391 | | D. bilirubin | 1269 |
| | Semen analysis | 1369 | | HAV Abs IgM | 48677 | | T. Protien | 1341 |
| | Fungus culture | 48526 | | Hbc Abs IgG | 48683 | | Albumen | 1265 |
| | Urine C/S | 48539 | | Hbc Abs IgM | 1389 | | A/G ratio | 48749 |
| | Sputum C/S | 48548 | | HBs Abs | 1385 | | GGT | 48594 |
| | Helicobacter Pylori | 48777 | | HBs Ag | 1384 | | Urea | 1262 |
| | Tumor Marker | | | HCV - RNA PCR Qualitative | 48645 | | Creatinine | 1245 |
| | AFP | 1308 | | HCV -RNA PCR Quantitative | 48646 | | Uric acid | 1264 |
| | CA 125 | 48837 | | EBV IgG | 48610 | | S. Cholesterol | 1281 |
| | CA 15.3 | 48762 | | EBV IgM | 48611 | | Triglycerides | 1280 |
| | CA 19.9 | 48607 | | HIV Abs | 48562 | | HDL cholesterol | 1282 |
| | Ferritin | 1328 | | TORCH screening | | | LDL cholesterol | 1283 |
| | PSA Total | 48647 | | CMV IgG | 45615 | | S. Amylase | 1287 |
| | PSA free | 48648 | | CMV IgM | 48660 | | S. Lipase | 48627 |
| | CEA | 48606 | | H. Pylori Abs | 48777 | | Total Serum Calcium | 1278 |
| | Miscellaneous | | | Herpes I IgG | 48833 | | Ionised calcium | 1288 |
| | CPK | 1285 | | Herpes I IgM | 48834 | | S. Phosphorus | 1279 |
| | CPK-MB | 1284 | | Herpes II IgG | 48335 | | Hb A1c | 1339 |
| | Treponin | 1350 | | Herpes II IgM | 48336 | | Fasting Blood Suger | 1346 |
| | ABG | 1302 | | Rubella IgG | 1306 | | Suger post prandial | 1347 |
| | VBG | 1302 | | Toxoplasma IgG | 1304 | | Random Blood suger | 1348 |
| | Others | | | Toxoplasma IgM | 1305 | | Potassium | 1275 |
| | | | | Immunology | | | Sodium | 1274 |
| | | | | AMA | 1315 | | Stone | 48820 |
| | | | | ANA | 1313 | | Albumen in urine | 48455 |

Treating Doctor: Et placeat soluta a Date: 2023-09-06 Time: 12:00

Modified caprine score for VTE risk assessment

| 1 point | 2 points | 3 points | 4 points |
|----------------------------|-------------------------------------|-----------------------|--------------------------------------|
| Age 41 - 60 years | Age: 61 - 74 years | Age: \geq 75 years | Stroke (1 month) |
| Minor surgery | Arthroscop surgery | History of VTE | Elective arthroplasty |
| BMI > 25 kg/m ² | Major open surgery (> 45 minutes) | Family history of VTE | Hip, Pelvis or leg fracture |
| Swollen legs | Laparoscopic surgery (> 45 minutes) | Factor V Leiden | Acute spinal cord injury (< 1 month) |
| Varicose veins | Malignancy | Prothrombin 20210A | |

| | | | |
|--|-----------------------------|--|--|
| Sepsis (<1 month) | Confined to bed (>72 hours) | Lupus anticoagulant | |
| Serious lung disease, including pneumonia (<1 month) | Immobilizing plaster cast | Anticardiolipin antibodies | |
| Abnormal pulmonary function | Central venous access | Elevated serum homocysteine | |
| Acute myocardial infarction | | Heparin induced thrombocytopenia | |
| Congestive heart failure (< 1 month) | | Other congenital or acquired thrombophilia | |
| History of inflammatory bowel disease | | | |
| Medical patient at bed rest | | | |
| Pregnancy or postpartum | | | |
| History of unexplained or recurrent spontaneous abortion | | | |
| Oral contraceptives or hormone replacement | Total score | | |

| Risk Level | Recommendation |
|----------------|---|
| 0-1 (Very low) | Early & frequent ambulation |
| 2 (Low) | Mechanical prophylaxis (graduated compression stockings) |
| 3-4 (Moderate) | <input type="checkbox"/> Enoxaparin 40 mg q 24 OR. <input type="checkbox"/> Heparine 5000 units q 12 OR. <input type="checkbox"/> Graduated compression device. |
| ≥ 5 (High) | <input type="checkbox"/> Enoxaparin 40 mg q 24 OR. <input type="checkbox"/> Heparine 5000 units q 12. + <input type="checkbox"/> Graduated compression device. |

Treating physician sign: Date: 2023-09-06

Blood delivery form

Age: 13 Sex: male Date: 2023-09-06 Department:

Diagnosis: Dolor voluptas sit d

| Components | Amount |
|---|--------|
| <input type="radio"/> Whole blood | |
| <input type="radio"/> Packed RBCs | |
| <input type="radio"/> Filtered Packed RBCs | |
| <input type="radio"/> Irradiated Packed RBCs | |
| <input type="radio"/> Fresh frozen plasma (FFP) | |
| <input type="radio"/> Platelet concentrate | |
| <input type="radio"/> Cryo precipitate | |
| <input type="radio"/> Irradiated platelets | |

Blood group: ☐ A ☐ B ☐ AB ☐ O

Rh (D- antigen) ☐ Positive ☐ Negative

Cross matching: ☐ Matched

| Bag No. | Time of delivery | Bag No. | Time of delivery |
|---------|------------------|---------|------------------|
| | | | |
| | | | |

Date of delivery Nurse Blood bank physician

.....

يتم الاحتفاظ بكيس الدم في ثلاجة بدرجة حرارة 2 - 6 لحين استخدامه ولا يجوز استقبال كيس الدم المرتجع لبنك الدم بعد مرور نصف ساعه على تسليمه للجهة الطالبة للكيس.

الأصل: بينك الدم

الصورة: بملف المريض

نموذج مستهلكات مريض بالعمليات

Et: التاريخ: 06-09-2023 الرقم الطبي: اسم الطبيب المعالج: Wesley Juarez اسم المريض

اسم طبيب التخدير: بداية التخدير: Harum quae consequat نوع العملية: placeat soluta a

نهاية التخدير:

| العدد | السعر | العدد | السعر | العدد | السعر | العدد | السعر | العدد | السعر | العدد | السعر | العدد | السعر |
|-------------------|-------|----------------------|-------|------------------|-------|----------------|-------|-------------------|-------|-------|-------|-------|-------|
| | | | | | | | | | | | | | |
| برولين 0 راوند | | بسميكر واير | | ممر هوائي | | رنجر | | ايزوفلورين | | | | | |
| برولين 1 راوند | | تفلون حر | | ابرة بنج نصفي | | %0,9 ملع | | سيفوفلورين | | | | | |
| برولين 0/3 راوند | | استيل وير 5 م | | انبوية رايل | | لاكتات الرنجر | | ديبريفان | | | | | |
| برولين 0/4 راوند | | استيل وير 7 م | | لارنجيال ماسك | | %جلوكوز 0,5 | | انترغال | | | | | |
| برولين 0/5 راوند | | صمام | | Y وصلة حرف كبار | | اكسجين | | سكسنييل | | | | | |
| برولين 0 قاطع | | برطمان شفت | | Y وصلة حرف صغار | | فرش جراحي معقم | | تراكيم | | | | | |
| برولين 1 قاطع | | انبوية صدرية | | قسطرة نيلتون | | جاون طبيب معقم | | بروستجمين | | | | | |
| برولين 0/2 قاطع | | كانيولا فيتس | | CVP قسطرة | | مفرش سرير | | ازميرون | | | | | |
| برولين 0/3 قاطع | | كانيولا شريانية | | CVP مسطرة | | جاونتي معقم | | هيفي ماركين | | | | | |
| برولين 0/4 قاطع | | كانيولا اورطي | | مجموعة ابيديورال | | مشرط جراحي | | ماركين | | | | | |
| برولين 0/5 قاطع | | كارديو بيلجيا بروج | | انبوية حنجرية | | يد دياثيرمي | | زيلوكين | | | | | |
| برولين 0/6 قاطع | | كارديو بيلجيا بروحين | | فلتر بكتيري | | عازل دياثيرمي | | اترويين | | | | | |
| برولين 0/3 ابرتين | | خرامة اورطي | | قسطرة فولي | | خرطوم شفاط | | افدرين | | | | | |
| برولين 0/4 ابرتين | | كانيولا فينت | | قسطرة سيلكون | | بلاستر | | افيل | | | | | |
| برولين 0/5 ابرتين | | كلبس قلب | | كيس جمع بول | | استيرياد | | ديكساميثازون | | | | | |
| برولين 0/6 ابرتين | | استيكر ماكينة قلب | | وصلة غسيل | | دباسة جلد | | ادريال | | | | | |
| برولين 0/7 ابرتين | | كانيولا دش معدني | | دورميه | | جوانتي لاتكس | | سوليوكورتيك | | | | | |
| برولين 0/8 ابرتين | | فرش قلب | | موسعات خالب | | بورتوفاك | | فولتارين | | | | | |
| حرير 0 قاطع | | مؤكسد غشائي | | موسعات كلي | | KY جل | | اوكميت | | | | | |
| حرير 1 قاطع | | كانيولا فنس دبل | | قسطرة حالب | | رباط شاش | | صوديوم بيكاربونات | | | | | |
| حرير 0/2 قاطع | | ACT انبوية | | ابرة بنشر | | رباط ضاغط | | بوتاسيوم كلوريد | | | | | |
| حرير 0/3 قاطع | | منشار جيولي | | جايد وير مستقيم | | كانيولا | | دايسينون | | | | | |
| حرير 0 راوند | | كلبس سره | | جايد وير منحني | | جهاز وريد | | كابرون | | | | | |
| حرير 1 راوند | | اسورة أطفال | | دبل جي | | سرنجة 60 سس | | سنتيسينون 5 وحدات | | | | | |
| حرير 0/2 راوند | | شرائط سكر | | جراب كاميرا | | سرنجة 50 سس | | ميثريجين | | | | | |
| حرير 0/3 راوند | | شكاكة | | كلبس مرارة | | سرنجة 20 سس | | كوناكيون | | | | | |
| فايكريل 0 راوند | | ماكنتوش | | صوف باند | | سرنجة 10 سس | | برميران | | | | | |
| فايكريل 1 راوند | | شاش معقم | | جيبسونا | | سرنجة 5 سس | | امينوفلئين | | | | | |
| فايكريل 2 راوند | | فوط بطن | | جيل فون | | سرنجة 3 سس | | كوردارون | | | | | |
| فيكريل 0/2 قاطع | | دريسنج | | حشو انف | | سرنجة 1 سس | | كالسيوم جلوكونيت | | | | | |
| فيكريل 0/3 قاطع | | شاش بعلامة | | حاجز انفي | | وصلة ثلاثية | | لازكس | | | | | |
| فيكريل 0/4 قاطع | | بامبرز | | انبوية شق حنجري | | وصلة وريدية | | اندرال | | | | | |
| فيكريل 0/5 قاطع | | كوب عينة | | انبوية تهوية | | وصلة شريانية | | ديبوتريكس | | | | | |
| فيكريل 0 قاطع | | ميولة | | مشرط رمد | | دوم | | دويامين | | | | | |
| فيكريل 1 قاطع | | مسحة مزرعة | | غطاء عين | | جهاز نقل دم | | نورادرينالين | | | | | |
| فيكريل 2 قاطع | | اوفر هيد حريمي | | سيلزون رمد | | جهاز وريد | | سلفات الماغنيسيوم | | | | | |
| فيكريل 6/ قاطع | | اوفر هيد رجالي | | عدسة رمد | | جهاز سالوسيت | | برفلجان | | | | | |

| | |
|--|---|
| <p>Case progress: Vital signs: <input type="checkbox"/> Stable <input type="checkbox"/> unstable Comment:</p> <p>Relevant clinical findings:</p> <p>Significant results of investigations:</p> <p>Diagnosis: Dolor voluptas sit d</p> | <p>Assessment</p> |
| <p>Plan of care: <input type="checkbox"/> Same plan <input type="checkbox"/> Need to be changed:</p> <p>If need to be changed reason :</p> | <p>Recommendation (Investigations, consultations, follow up)</p> |
| <p>Physician Name & signature :</p> | |
| <p>Consultant name & signature: Date: 2023-09-06 Time: 12:00</p> | |
| <p>Endorsing physician name & signature: Date: 2023-09-06 Time: 12:00 Receiving physician Name & signature: Date: 2023-09-06 Time: 12:00</p> | |