Raby time - 10:10 An (pr. moulist
O.P. No Boby time - 10:10 Am Or. moulist
SUNSHINE HOSPITAL
II-413-C-3, Colony Gate, Society Colony, MADANAPALLE - 517 325. ©: 08571 - 224737 Cell: 7702747192
CASE SHEET LSCS+BT donc-
PATIENT'S NAME: 97 - DI'VY91
SIDMIOS. Rais Kunos Nayar DOA: 108/99 & DU ZM PM
AGE: Q YEARS DOS: 10 8 22 10 00 A.M. P.M.
SEX: FM DOD: 12 8 22 1. 15 A.M. P.M.
ADDRESS: Naucalolini, Madauapalli
PHONE : 9573981898
achilic zecur pallin_
PROVISIONAL DIAGNOSIS:
A FINAL DIAGNOSIS: Repett Sm cm + R1 t Andownells
SURGERY DONE:
CONSULTANT DOCTOR: DT. P. Sajada Begun RABS-DED
REFERRED BY :
ALLERGIC TO:

SUNSHINE HOSPITAL

Hosp Reg. No: 30/S0(FW)/16-17 # II-413-C-3, Colony Gate, Society Colony, MADANAPALLE - 517 325.

to me that I / the patient have / has to undergo the following operative reatment / procedure:								
	7		` -		1.			

Provisional Diagnosis Copylic 382 cpust 2-18CD.

NAME OF OPERATIVE
TREATMENT/PROCEDURE Lengt Sm VM-1137+ Abdonumouty

I have been explained the need for, the nature of the procedure, and the possible, side effects, risks, benefits and complications and I have understood the same and give my free and informed consent for the same to be performed and administration of any drugs, as may be deemed fit by attending doctors.

I also affirm that I have been educated on the Complications / untoward reactions, of anesthetic agents, medication, and blood transfusion, like cardiac arrest, prolonged unconsciousness, delayed post-operative recovery, massive thrombosis, embolism, death and other unforeseen complication which are documented in standard textbooks as well as Idiosyncratic reactions

I am also Informed that alternative operative measures may be found necessary during the course of the operations, for which also I give my consent, I further authorize the attending doctors for administrations of blood/blood components, as may be deemed fit, necessary or proper. I further authorize the hospital and its agents to dispose of removed tissue or amputated member of my (patients) body as result of the surgical operation/procedure in a manner deemed proper by the Hospital.

I certify and acknowledge that I have read and understood the contents of this from / it has been read and explained to me in language understood by me and that I understand the risk and have been made aware of attending risks of the procedure that / Patient have / has undergo.

NAME, AGE AND SIGNATURE OF PERSON GIVING THE ABOVE STATED CONSENT	M. Phys Boas 5 and - 25
RELATION WITH THE PATIENTS (if applicable)	Pt Heabourd
NAME OF THE PATIENT AND HOSPITAL / IP NUMBER	M-D9149
DATE AND TIME	1018/22
NAME & SIGNATURE OF DOCTOR TAKING THE CONSENT	Ziede.
WITNESS (Name & signature)	

SUNSHINE HOSPITAL, MADANAPALLE CASE HISTORY clo Scan Tendrem. :No clo hlude (u 011-871 m.1. pm 12 ain Led myle Ane. CHIEF COMPLAINTS Noulo ATMIDIN 18#1TB/RUDISpuller H/O PRESENT ILLNESS no ulody dly H/o PAST ILLNESS FAMILY HISTORY PERSONAL HISTORY MEL : pasuten pv 1 Sey cypheli en bey! : us cascle GENERAL EXAMINATION **EXAMINATION** all & contindens of. Ohase hanging abdoning early

A PROVISIONAL DIAGNOSIS Urfilic 38 min Spul

INVESTIGATION ADVISED

BLOOD

185-3. Where Desitive)

HOUSE Non reactive its Age - Non reactive copie - Non reactive copie - Non reactive Serme reactive - Non reactive Serme reactive - 0.72 mg till

URINE

ECG : OON'

USG

X-RAY

OTHERS

ECHO

/	(6)		
Per - Angesthetic Check	(up:		1
History of : Diabetes / Hypertension	n / Asthama / Epilepsy / Jaundice /	Haemoptysis /CAD/	
Rh fever / Chorea / Breathlessness ,	/ Wheeze / Chest Pain / Palpitation		
Habits , Smoking / Alcohol	, , , , , , , , , , , , , , , , , , , ,		1
Previous Surgery / Anaesthesia			1
	Orug Using at Present :		
Drug Allergy	Tell and the second		Cyanosis:
	RR:	Jaundice :	
O/E:PR BP:	Oedema	Gen. Lymphadenopathy	
Anaemia Clubbing	Oedeliio		1
			1
cvs :		5 ,	
RS 1 -			1
GIT 1		109 5AV	,
Others :	9me (-10:000)		7
2	gne:-10:00As Lone Surgery	Abter	Scriger
150	Rene organy		, U
	3PS- 136/85m	1001 to	סס
Pro- Operative Treatment :	3P1- 136(857	WA .	
A 30	-10 In711. C.	PRS- 9661	1151
2/Inj. TIG I.m	PR6-103 bluse	1 1000	
3. Soap/ Water Enema / Proctoclys	-0-0 001	SAQ5- 97.	1.
Skin Preparation	1875 - 78:11	700	5 01
1	1 00	1x Olighy (2	20ch
flore	20 (42) Koins	A AMINE	
			1
1		FE	
	1 11 D		
ANAESTHETISTS NOTES	Anaesthetist : Dr.	Timber of Starting	
Pre - medication		Timing of Starting	
	Spinal	Anaesthesia:	
General			
Induced with		Time of Closure	
		Drugs used during Sur	gery
Maintained / Orotracheal Spontaneous /		and anaesthesia	
Controlled Resp.		IV Fluids : Ringer	
Recovery :		DNS	
		Isolate - P	
		Antibiotics	
		Ambiones	
		Others	
		Olliers	
		Pulse	/ Mir
Condition at Shifting : Conscious Level :		Pulse	mm of Hg
Reflexes :			
			1
	4		

OPERATIVE NOTES

Kepeal 2m LSCS PB1 + Ahdonuinoplaly 1018/22 (Gefilie 38 m à put lscs + ohue abour) resjede ni. Moul Procedure: Il strit areplis lendeles akedomes is bleaned and changed and graned in layer Pon Lus well Jemeal. Baby Mr & delined arench A lighter Meysur, 2-74 : TOD! 10.10A M 101. 10/8/21. Ancine & -> @ live Men. Non - sette e andomn is eleved in lays AIVR Zark acejan 29 y Cyliane IV lipsayehlle 3 Dylleligh IV KU) 8U C udy dido 114 HEINAD S Dy Pand-1V PIA Welade. 6 Tra 18012/1 01s. woodishe 11 8 mg

OPERATIVE NOTES

ule No complainti

lig agel M184L B1:160170 L Heilan -11- elach OIE: No examplementy

Wer: No conglant

MISUL B1:120120L

HMNL

PlA: W. selward.

012: Moennble

Deening done

3/2 houle

RH1: soluy

BI. T. Linouydous wow

U.T. Laub 40 (0)

si amdi oru

	HOSPITAL NURSES DAILY I	, MADANAPALL	E
DATE NAME OF DRUG	DOSE TIMINGS SIGNAT	URE NURSING CARE	
10/5/74 Before Surge	9.43	-s preporatalien o	5
Mi Cefinare Mi Hebory Ly Mi perisél-24		10 162 2 440/44	Shen 981
Jiss. Gentomy Co	all	Jemp: 97-9F THE: 1526/m9n	
This partog	9,45	FHS: 148 Smin	
After Surgar	10-28010	(68)	ellopm 92%
	11.000m	tools minling 7	f John of
	M. 15 dm	122/69 mm/1299 7	4 ppm 98/
	n. yours	127/73 mm (Hg	42 Pallet 64.
	2-00pm	121/90 mm/Hg	4-4 John Jay
	12-15 pm	U7/78 mm/Ag	75 gpa 977

NURSES DAILY REPORT NURSING CARE DOSE TIMINGS SIGNATURE NAME OF DRUG DATE 115/2 mm/tg Fulgion 98 2-39/10 120/75 mm/Hey 77 lapm (12-457m 118 Hummpag 28 phin 1.00pm 130/28 mm 148 30 phm c 1.300 133/07 mon HA 825/15 2.00pm Init Hetrogelan 127/72mm H19 8 uldir 2-30pm 128/29 monthly Irldain 3.00pm 132 172 mm 149 296 with 3.80/20 131)71mm)49 216/2009 430/20 128 | Aumm | 49 39 | Bring 5,8000 126 /20mmlbg 236/ut 9 8:30pm lej:-Dicelven 121/6zmmlby Jubhir 9 L'3yam obsprinight charges 125 pomules 826 pt 985 ly;-cetriouve & y]-Genternychie) Ruje pantagen ly presogel a

/_		NU	RSES D	AILY REF	PORT		
DATE		DOSE	TIMINGS		NURSING	G CARE	
	Horarg drag Ly Cefrain ? Ly Gentain ? Ly gubraggi 20 Ly Diclo 211 Affectsurgery	<u>K</u>	8.co -Au		113/74aulby		
	Lujb Metrogel	av g	2130pm	- 1	125/78mmH	9 75460	961
	ight drugs ig aftroxion ig acutarung ig acutarung ig acutarung	19000 CUR(1)			Temp 6-96, BP 126/75mm 14. Temp; 76.21	Peely S y 82 bluet	
L H	mig duys mal-tablely	7-	3.00 Ay		127/82 will g	1 80 Ku	901
		15	2-00/218). I	20/70 mm Hg	79 pm	98 ^

(consent for Abdomino planty) इकारित क्रिकी क्रिकी कार्याक व्यक्तिक क्रिके · Ochowson Conmounts

> M. Divya > B. 8250 30 Enos F

Consent For Tubectomy

మేము ఇద్దరము పిల్లలు పుట్టకుండా అపరేషన్ చేయించుకొనుటకు **ဗဝင်္ဂနဗည်းကျွင်္ဆာ**

> M. Pinya B6286, 5235